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MAL'UOCCHIU: THE SICILIAN-CANADIAN EVIL EYE COMPLEX

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THE SICILIAN-CANADIAN EVIL EYE COMPLEX

By

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ABSTRACT

Throughout the thesis, I examine the interrelationship between illness and the Sicilian-Canadian notion of evil eye (*mal'occhio*). Based on an analysis of evil eye beliefs and actual case histories of victims of *mal'occhio*, I arrive at the following conclusion: the illness/evil eye interrelationship involves a stress generating discrepancy between an individual's personal expectations and what actually takes place. This discrepancy may, in certain cases, cause physical symptoms. I discuss the implications of my work for evil eye, witchcraft and folk illness studies.

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Oi `e Venniri e (domani `e) Sabatu.
(Nessuna Strega o Fattucchiera ni
puo fare male o sentire).

Today is Friday and (tomorrow is) Saturday.
(Neither a witch nor a sorceress can harm
or hear us).

(Don Gesualdo)

CHAPTER I

INTRODUCTION

The "evil eye" refers to a belief in the ability of the human eye to cause, or at least project, harm when directed by certain individuals toward others (and/or their possessions). Although specific elements of the belief vary cross-culturally, the belief itself is widespread.¹ Anthropological literature on the evil eye attempts, at different levels of analysis, to provide an explanation for the phenomenon. My study differs from previous work by concentrating on the illness people attribute to the evil eye, rather than the evil eye itself. I believe an examination of the illness dimension is necessary for the following reasons:

- (1) The illness resulting from contact with the evil eye has received limited attention in scholarly literature.²
- (2) People subscribing to evil eye beliefs always regard the phenomenon as a potential cause of illness. The generation of universally applicable statements concerning the nature and effects of the evil eye can only follow from a thorough understanding of all aspects of the phenomenon.

(3) From an emic perspective, the evil eye is not only a potential cause of illness, but also *the actual cause of specific physical symptoms*. My research is intended to help elucidate the interrelationship between evil eye and illness. This, in turn, may provide information relevant for the study of other folk illnesses.

To accomplish the goals outlined in the preceding paragraph, I will examine Sicilian-Canadian evil eye beliefs, as well as case histories of victims of the evil eye. I obtained the ethnographic data necessary for my study by informally interviewing various Sicilian-Canadians, and by observing and participating in a number of diagnostic/therapeutic rituals. In the remainder of this chapter I will review literature on the evil eye.³ I then will discuss my inquiry within the context of the model Evans-Pritchard (1937) first introduces in his book *Witchcraft, Oracles, and Magic Among the Azande*. This will allow me to not only examine the interrelationship between evil eye and illness, but also to examine how the evil eye phenomenon compares to witchcraft, another system of explanation.

The first full-length publication devoted to anthropological interpretations of the evil eye appeared in 1976 (see Maloney, 1976). Spooner (1976), who provides one of the two concluding essays in this volume, suggests that anthropological literature dealing with the

phenomenon can be divided into four broad, but not necessarily mutually exclusive, categories: historical, ecological, functional, and psychological.⁴ In order to present an orderly discussion of evil eye literature, I will utilize these categories. My presentation, however, is not a summary of Spooner's ideas; instead, I review various publications, including works written by non-anthropologists, within the framework Spooner establishes.

Historical

Early publications dealing with the evil eye (i.e., Story, 1877; Elworthy, 1895 and 1912; Maclagan, 1902), although providing a great deal of ethnographic and historical data, tend to be primarily general and/or descriptive works. Elworthy (1895), for example, concentrates on the description of various ornaments and gestures that ancient and classical civilizations used to ward off the evil eye. According to Hocart (1938:156-157), these early publications "...do little more than add instances to instances...."; they fail to elucidate the people's perception of *how* the evil eye operates to cause misfortune.⁵

Hocart's brief discussion does not directly attempt to elucidate how the evil eye operates; it does, however, surpass previous work by making concrete suggestions.

Hocart focuses on the relationship, or connection, between the evil eye and certain qualities people attribute to gods and demons--i.e., the power to (a) move objects by means of levitation, and (b) control, change, or destroy objects by means of an intense stare. Although no attempt is made to elaborate or clarify how the evil eye and levitation are connected, Hocart does make a suggestion concerning the evil eye/staring interrelationship. He proposes that the evil eye and the beneficent eye are related phenomena associated with the state of possession. Since gods and demons have the power to cause things to happen by means of an intense stare, Hocart suggests that an individual possessed by a god may perform miracles, while an individual possessed by a demon may cause harm. More specifically, he proposes that researchers must consider the possibility that, in antiquity, people linked the evil eye process with the belief that demons, and individuals possessed by demons, can produce specific effects by means of a stare.⁶ To my knowledge, however, these suggestions have not been tested.

In recent years, certain writers (i.e., Maloney, 1976a; Roberts, 1976; Rush, 1974) have conducted historical analyses of the phenomenon in an attempt to determine the origin of the evil eye belief. Although conclusive evidence is difficult to obtain, these writers agree that the belief originated in the general area of the Middle East, during

the neolithic period, and later diffused to other areas.

In contrast to "origin"-related studies, Willa Appel (1976) examines the relationship between present evil eye beliefs in southern Italy, and historic developments. According to Appel, the medieval notion of fascination--a destructive power obtained through pacts with demons--was no longer tenable among the intellectual classes as Illuministic ideas began to reach southern Italy in the seventeenth century. These ideas, however, did not displace the feudal order; instead, the ideas stimulated ambivalent feelings among the intellectuals. She suggests that the notion of *mal'occhio* developed as a compromise between the conflicting world views. With the modernization of Italian society, the notion of *mal'occhio* lost its importance among the intellectual classes. The peasants were now in an ambivalent situation: increasingly, they were exposed to modern goods and ideas, but were not able to attain them. As a result, the peasants continued to believe that *mal'occhio* is a cause of misfortune. Since Appel's analysis is limited by the availability of historical documents, however, it is difficult to determine how the peasants actually perceived evil eye phenomena during the historical stages she examines.

Certain writers examine evil eye beliefs in terms of world view.⁷ I include their work in this section

because they often provide a brief discussion of the historical processes that led to the development of the particular world view.

- (a) Cosminsky (1976), for example, examines how Guatemalan villagers perceive health and illness. She concludes that the equilibrium theory of causation explains the occurrence of illness. More specifically, illness occurs when the internal equilibrium is disrupted by an excess of "hot" or "cold" in the body. Since they classify everything from food to bodily states as either hot or cold, Guatemalan villagers, and Latin Americans in general (Adams and Rubel, 1967; Kearney, 1976; Simeon, 1973; Simmons, 1955), believe an excess of hot or cold may result from various factors including the evil eye.

In Cosminsky's view, however, the hot/cold principle alone does not explain the evil eye process; evil eye phenomena also involve the strength/weakness dichotomy. The villagers believe that the gaze of an individual who is in a "hot" state such as pregnancy, menstruation, drunkenness, etc., is very strong and capable of affecting others, particularly women and children. Women and children are much more susceptible to the evil eye because they are innately weak. In this sense, a strong, "hot", external force disrupts the

internal equilibrium of a weak individual.

According to Cosminsky (1976:172), and Foster (1953), this equilibrium theory of health and illness diffused, with certain modifications, from Spain to the New World.

- (b) Maloney (1976a) suggests the evil eye is a logical phenomenon from an East Indian perspective because it reflects, or is at least consistent with, these aspects of their world view: (1) the universe is ordered, therefore there must be a reason for whatever happens; (2) misfortune, including illness, can be explained at several levels of causation;⁸ (3) these levels are not mutually exclusive--i.e., although natural factors may be the immediate cause of illness, supernatural forces can be the ultimate cause; and, (4) the psychic power of the mind can be projected.

These studies share certain essential features in common; they examine how members of a particular society, or culture area, perceive evil eye phenomena, and how this perception is related to other aspects of the belief system. In contrast, Swiderski (1976) discusses the effects of acculturation processes on evil eye beliefs. His study, for example, identifies differences between traditional Italian evil eye beliefs, and beliefs held by third- and fourth-generation Italo-Americans. I present these

differences later in the text (see p. 81).

In summary, the articles I include in this historical section are concerned primarily with: (1) the origin of the evil eye; (2) the relationship between evil eye and world view, or historical processes leading to the development of a particular world view; and, (3) acculturation.

These works contribute to our understanding of evil eye phenomena by providing relevant information concerning the historical roots of the belief and, in some cases, by examining current beliefs. Although the studies are useful in themselves, there are certain problems, or drawbacks, associated with the approaches the writers utilize. Historically oriented works, for example, are limited by the availability of resources. This is particularly true of studies that attempt to trace evil eye beliefs to the preliterate neolithic period in the Middle East. In contrast, the drawback associated with world view and acculturation studies is not so much the limitation of resources, but rather the narrow focus inherent in the approach. These studies can only provide culture-specific information; they do not attempt to make universally valid generalizations. The studies are important, however, because they provide necessary background information for future diachronic cross-cultural comparisons.

Ecological

Of the four categories proposed by Spooner (see p. 3), the ecological category is by far the least represented. The only article Spooner (1976:283) identifies explicitly with this category, and the only one to come to my attention, is Roberts' (1976) cross-cultural survey-- 'Belief in the Evil Eye in World Perspective'. In this survey, Roberts examines the evil eye from both an historical and ecological perspective.

The primary aim of Roberts' (1976:259) article is to identify "...the cultural environment in which the evil eye belief is likely to endure." In order to accomplish this goal, he conducts a statistical analysis to examine the strength of association between evil eye beliefs, and various socio-cultural variables related with cultural complexity. Based on this statistical analysis, Roberts suggests the evil eye belief is likely to endure in societies characterized by political integration, social stratification or social inequality, and technological specializations such as animal husbandry, dairy production, and/or cereal grain agriculture. Spooner places Roberts' article in the ecological section because it relates the belief to both the cultural environment, and the means by which members of a society interact with the physical environment for subsistence purposes.

Although the statistical evidence supports Roberts' conclusion, his evidence merely suggests a high correlation between evil eye beliefs and certain socio-cultural variables. The correlation does not hold up in all cases; various exceptions exist (see Roberts, 1976:235-250). A major drawback of the article is Roberts' inability to explain why these exceptions occur. In addition, the historical dimension of the article is based on a circular argument. Roberts utilizes statistical evidence to isolate various sociocultural elements associated with the evil eye, and then suggests that these elements are the essential features: (1) associated with the origin of the belief; and, (2) of the cultural environment in which the belief is likely to endure. These drawbacks weaken his conclusions.

Functional

Individuals subscribing to evil eye beliefs tend to associate, at least to some degree, the evil eye with the emotion of envy (*invidia*). Eric R. Wolf (1955) provides an early attempt to examine this relationship from a theoretical perspective. He suggests that economic and psychological leveling mechanisms exist, at the community level, among certain peasant groups in the high highlands of Latin America. *Institutionalized envy* is one of these psychological mechanisms. According to Wolf (1955:459), manifestations

of institutionalized envy such as gossip, evil eye attacks, and witchcraft help restrain non-traditional behavior and "...maintain the individual in equilibrium with his neighbors."

Elaborating on the notion that economic and psychological leveling mechanisms exist in certain peasant societies, Foster (1965a) suggests that peasant societies are characterized by a particular cognitive orientation. He refers to this orientation as the "Image of Limited Good". In Foster's view:⁹

...peasants view their social, economic, and natural universes--their total environment--as one in which all of the desired things in life...*exist in finite quantity and are always in short supply....in addition there is no way directly within peasant power to increase the available quantities....if 'Good' exists in limited amounts...it follows that an individual or a family can improve a position only at the expense of others* (1965a:296; original emphasis).

Although Foster regards envy as a universal phenomenon, he maintains that it is institutionalized in societies characterized by this "image of limited good". In this sense, Foster and Wolf are in agreement; they both believe that the evil eye, a manifestation of envy, serves a social control function: fear of envy and its consequences exerts pressure within the community to counteract over- and under-achievement, and thereby maintain the existing equili-

brium. However, since envy is a potentially dangerous emotion, the belief system also provides elaborate mechanisms that enable peasants to cope with both envy and fear of envy (Foster, 1965b; 1972). I discuss these mechanisms later in the text (see pp. 81-84).

Foster and Wolf base their conclusions primarily on research they and others have conducted among Latin American peasant groups. Recent studies indicate that the evil eye phenomenon also serves as a social control mechanism in other areas:

- (a) Dionisopoulos-Mass (1976), for example, suggests that the "image of limited good", as proposed and described by Foster (1965a), is observable in Greece. Unlike Foster, however, she examines both functional and dysfunctional aspects of gossip, evil eye, and magic.

According to Dionisopoulos-Mass (1976:56), evil eye phenomena can be divided into two broad categories:

- (1) *Matiazma*--potentially harmful, but unintentional use of evil eye; and, (2) *Vascania*--"malicious and intentional use rising from envy and greed." *Matiazma* serves a positive function within Greek peasant society. By generating fear that non-traditional behavior, such as conspicuous spending, may expose an individual to the evil eye, *matiazma* helps minimize deviant behavior. Since *matiazma* occurs unintentionally, however, it

does not disrupt social relations. In contrast, the "malicious and intentional" nature of *vascania* is dysfunctional; it disrupts social relations, and creates disharmony within the community.

- (b) In Teitelbaum's (1976) view, the evil eye serves as both a mechanism of social control and as a rationale for deviant behavior among Tunisian loom weavers. He maintains that evil eye beliefs tend to minimize overproduction and nonconformity, and thereby help maintain social and economic parity within the community. Between 1956 and 1971, however, the labor pool declined due to emigration. Certain weavers are taking advantage of the situation by increasing production. In order to avoid social pressure from other weavers, nonconforming weavers work in isolation. They rationalize this non-traditional behavior by suggesting that they wish merely to avoid exposure to the evil eye. In this sense, nonconforming weavers avoid the social control dimension of evil eye beliefs by utilizing the same beliefs to justify their actions.

Rubel (1960) approaches the problem from a different perspective; he is concerned primarily with traditional concepts of health and disease among Mexican-Americans. After a brief discussion of various folk illnesses, Rubel examines illness episodes people attribute to *mal ojo* (evil eye), *empacho*, and *susto*. His examination reveals that *mal*

ojo episodes are preceded by what Mexican-Americans regard as "highly irregular behavior"--i.e., when an infant/child is paid "...an unusual amount of attention...by a person whose relationship to the subject..." does not permit such familiarity (Rubel, 1960:812). Since Mexican-Americans suspect an individual who displays this type of behavior of causing the illness, and ask him to participate in the curing ritual, Rubel believes that this dimension of the illness process helps minimize irregular behavior. For this reason, although Rubel approaches the problem from a different perspective, he arrives at a similar conclusion: evil eye phenomena serve a social control function.

The studies I present above indicate that the evil eye belief tends to minimize non-traditional behavior within a society. At a more general level, certain writers (Reminick, 1974; Appel, 1977) suggest the belief also operates as one of the mechanisms maintaining the social structure of specific societies. Among the Amhara, for example, the belief helps maintain the existing social structure by symbolically projecting threats to the system onto the *buda* people, individuals the Amhara consider to be outside their society (Reminick, 1974:289-290).

Willa Appel (1977) examines the economic and political dimensions of evil eye beliefs in Southern Italy. She suggests the belief is a metaphor reflecting actual patron-client relationships in the economic sphere (1977:75).

More specifically, she maintains that the unequal power relationship between victim and individual capable of casting an evil eye symbolically represents the impotence peasants experience in their interaction with patrons. Based on this interpretation, Appel concludes that evil eye beliefs serve to: (1) redirect the frustrations and tensions peasants experience away from real economic and political problems; and, (2) channel these experiences toward other peasants in the form of evil eye suspicions and accusations. Reminick and Appel are therefore in agreement; they both suggest that evil eye beliefs help maintain the existing social order.

Although the type of analysis ranges from an examination of psychological functions (i.e., Wolf, 1955; Foster, 1965a; 1972) to that of symbolic functions (i.e., Reminick, 1976; Appel, 1977), the studies I include in this section attempt to examine how evil eye beliefs are integrated with, and function in association with, other aspects of the socio-cultural system. Dysfunctional aspects are either not examined or do not receive the same degree of attention; Dioniospoulos-Mass (1976), for example, provides the only explicit attempt to examine both dimensions.

Psychological¹⁰

It is often difficult for a psychiatrist to determine whether an individual is schizophrenic, suffering from

delusions, or merely relating a culturally relative experience. This difficulty may arise due to various factors. Tourney and Plazak (1954:478), for example, suggest that analogous correlates such as aggression and sexuality exist between thought content in schizophrenia and evil eye mythology. In addition, "since evil eye is available as an indigenous explanation for everything from neonatal deaths to warts, its use by psychotics in well-developed delusional systems could be predicted easily" (Stephenson, 1979:248). The problem can also extend to the legal system; Foulks, *et al.* (1977), provide an example of evil eye beliefs being utilized as a rationale for murder. It is therefore important to develop a methodology to help separate evil eye phenomena from actual delusions.

In order to differentiate evil eye phenomena from actual delusions, according to Parsons (1969), researchers must first obtain a detailed account of the folk model. They can then compare this model with actual case histories of victims of the evil eye, to determine whether these individuals utilize the belief correctly. Parsons assumes that the incorrect use of the belief will activate various social correction mechanisms within the community. Since these mechanisms are ineffective in the case of delusions, Parsons suggests that an individual's reaction to social correction mechanisms provides an additional means of distinguishing between evil eye phenomena and actual delusions.

I examine Parsons' suggestions on pages 126-127.

Stein (1976) is also interested in the psychological dimension of evil eye phenomena; however, he approaches the problem from a different perspective. He attempts to link evil eye phenomena with early childhood experiences. More specifically, Stein suggests that early childhood experiences provide the psychological basis, among Slovak-Americans, for both the acquisition of evil eye beliefs, and the conflict between independence and dependency needs individuals experience in adulthood. In Stein's view, children learn to associate the evil eye with envy and jealousy. At a psychological level, however, the evil eye belief reflects the internalized conflict between independence and dependency needs.

Although Stein (1976) is concerned primarily with the acquisition of the evil eye belief, and its symbolic expression of psychological conflicts in adulthood, he also suggests that the actual evil eye *process* involves both displacement and projection of envy, and hostility in general. Earlier, Kiev (1968) arrived at a similar conclusion for Mexican-Americans. Among Mexican-Americans, for example, an individual must suppress the expression of strong impulses. Kiev maintains that a person may unconsciously express hostile feelings toward others, however, by suspecting or accusing them of causing illness by means

of an evil eye. In this sense, the person displaces and projects his hostile feelings onto the source of these feelings to explain the occurrence of illness.

Stein and Kiev's suggestions are useful because they attempt to explain how, and why, certain individuals resolve internalized conflicts through evil eye suspicions and accusations. Their explanation, however, is very limited. They cannot elucidate: (1) why, although members of a particular society share similar beliefs and early childhood experiences, certain individuals develop these internalized conflicts while others do not; or, (2) if all members of a society develop similar psychological conflicts, why certain individuals express, or resolve, the conflict through evil eye suspicions and accusations, while others do not. The internalized conflict theory, therefore, can only provide a partial explanation.

Meerloo (1971) and MacHovec (1976) examine, from different perspectives, the relationship between the evil eye and the process of staring. Meerloo, a psychologist, develops a psychological/philosophical argument linking the evil eye belief to both biological and psychological phenomena. According to Meerloo (1971:15-19), various animals have developed instinctual defense mechanisms due to predator-prey relationships. He assumes that fear of being "looked at" is a biological defense the human species developed in the remote past. Staring is an act of aggres-

sion that activates these instinctual defenses. Meerloo believes that psychological processes can transform our innate fear of being "looked at" into fear of the "evil eye". These psychological processes often commence as a consequence of the interaction, especially eye contact, between mother and infant/child--i.e., "The maternal gaze may remain a dominating coercive staring that becomes the prototype for all later fears of being bewitched...."--and are later affected by the belief system (Meerloo, 1971: 35-36). Meerloo (1971:12) concludes that: "We are afraid of anything that can peer into our conscience." Although he presents a logical argument, the philosophical nature of his argument makes it difficult to prove or disprove his theory.

In contrast, MacHovec regards the evil eye process as hypnotic phenomena. He suggests that religions, by instilling fear and insecurity concerning evil, make certain individuals "...receptive and susceptible to strong suggestion...." (MacHovec, 1976:77). When someone focuses a fixed stare at these individuals, they become self-conscious and anxious. If the gazer prolongs the process, the victim will experience "...a gradual loss of critical reasoning proportionate to the rise in anxiety...." (MacHovec, 1976:77). This may lead to a state appropriate for hypnotic induction; suggestions made while the individual is in this state could conceivably produce physical symptoms.

I will discuss the validity of this hypothesis in the context of my discussion of the evil eye/illness inter-relationship (see pp. 121-123).

Researchers, as well as individuals who adhere to evil eye beliefs, associate the evil eye with envy. Since envy is a universal phenomenon (Foster, 1972; Schoeck, 1969), however, Kearney (1976) contends that envy alone cannot explain evil eye, a widespread but not universal, phenomenon. According to Kearney, among the Zapotec of southern Mexico, evil eye and envy are manifestations of a paranoid world view. He bases this conclusion on the following factors: (1) local beliefs, attitudes, and circumstances generate fear concerning the presence of powerful, hostile, forces; and, (2) the people express these fears through non-objective realities such as the evil eye (Kearney, 1976:183). I discuss the validity of his conclusion briefly later in the text (see pp. 124-126).

In summary, researchers employ the psychological approach, at different levels of analysis, to examine the evil eye phenomenon. Studies range from discussions of similarities and/or differences between evil eye beliefs and actual psychiatric illnesses, to psychological discussions of world view.

The publications that I have discussed provide a great deal of information and insight concerning the evil

eye. Explanations, however, are often specific for the method used, the cultural area, or the group examined. Attempts to explain the phenomenon at a more general level tend to link the evil eye with envy and, directly or indirectly, paranoia (i.e., Foster, 1972; Kearney, 1976; Roberts, 1976). These writers also suggest or imply that social inequality provides the basis for both envy and paranoia. In order to arrive at a universal explanation of evil eye phenomena, Garrison and Arensberg (1976) incorporate these notions concerning envy, paranoia, and social inequality into their own work.

Garrison and Arensberg are concerned with the "deep structure" of the evil eye process. More specifically, they attempt to determine the social process or institution the evil eye belief may symbolize. They suggest that:

- (1) the evil eye belief originated in the circum-Mediterranean region;
- (2) strong patron/client relationships have a long tradition in the circum-Mediterranean region;
- (3) social inequality, in both past and present situations, provides the basis for evil eye beliefs;
- (4) both envy and fear of appropriation of goods occurs as a result of social inequality; and,
- (5) the evil eye process involves a triadic relationship: a gazer, a gazee, and a higher authority who acts upon the gazer and gazee.

Garrison and Arensberg combine these factors to hypothesize that the evil eye process symbolizes actual patron/client relationships.

Since the belief varies from region to region, they propose that this variation is due to differences in patronage patterns between regions.

There are two key assumptions inherent in Garrison and Arensberg's hypothesis, as well as the work of others. First, social inequality is a precondition for evil eye beliefs. Second, envy and paranoia are an integral part of evil eye phenomena. A recent article, based on Hutterite evil eye beliefs, by Peter H. Stephenson (1979) casts doubt on the validity of these assumptions. The Hutterian Brethren employ a communal economic system; social inequality is negligible, except for that based on age and sex. In addition, "the Hutterites do not even hold wealth individually and they are collectively wealthy" (Stephenson, 1979:259). For these reasons, he maintains that social inequality is not a precondition for existing evil eye beliefs among Hutterites. By observing evil eye episodes that involve both the initial stare and the response, Stephenson also demonstrates that the process is not merely a delusion, but rather an actual aspect of social interaction. Paranoia, therefore, does not necessarily explain evil eye/envy phenomena. He (1979:262) concludes that "...a general theory of *invidia* must confront the idea that envy may be a causal factor in human suffering and not merely an outcome of economic disenfranchisement...." The evil eye is one of the ways envy may find expression

in various cultures.

My review of evil eye publications demonstrates that: (1) the phenomenon has received considerable attention in the literature; (2) anthropologists who attempt to arrive at universally valid statements concerning the evil eye generally link the phenomenon with social inequality, paranoia, and/or envy; and, (3) with few exceptions (see footnote #2), anthropologists have not focused their attention on the evil eye/illness interrelationship.

Evans-Pritchard and the Evil Eye

Although Evans-Pritchard first published *Witchcraft, Oracles, and Magic Among the Azande* in 1937, many scholars continue to find his model of value in the analysis of beliefs and behavior associated with the supernatural. Mary Douglas (1970:xxxvi), in her discussion of witchcraft studies published between 1937 and 1970, not only gives Evans-Pritchard's work a favorable review, but also stresses that: "We can confidently expect that the full insight of the Azande book will be exploited in many other disciplines." Historians such as Peter Brown (1970), Alan MacFarlane (1970), and Keith Thomas (1970, 1971) all make explicit use of one or more aspects of Evans-Pritchard's model. For example, Brown contends that Roman sorcery beliefs served as an important means of explaining misfortune in Late Antiquity. He (Brown, 1970:28) also maintains

that Christianity was able to displace sorcery as a system of explanation of misfortune, because it "...embraced all the phenomena previously ascribed to sorcery, and armed the individual with weapons of satisfying precision and efficacy against its suprahuman agents...." With respect to the evil eye, Spooner (1970:314; 1976:281) and others accept the notion that the phenomenon serves as an explanatory device.

Evans-Pritchard's model consists primarily of three interrelated components. He examines how Azande beliefs serve as: (1) a system of explanation; (2) a means of establishing a course of action; and, (3) social control mechanisms. Since I will present the Sicilian-Canadian data within the general context of this model, I feel it is necessary to briefly examine each component and consider its applicability for the thesis.

According to Evans-Pritchard, "witchcraft" is an integral part of the Azande belief system. It provides members of the society a means by which they can explain the occurrence of misfortune. More specifically, witchcraft beliefs serve to explain *why* misfortune strikes certain individuals, rather than others, at a specific time and place. As Evans-Pritchard (1937:69-70) points out, when an old granary collapses and injures people in Zandeland:

We have no explanation of why the two chains of causation intersected at a certain time and...place, for there is no interdependence between them. Zande philosophy can supply the missing linkWitchcraft explains the coincidence of these two happenings.

Evans-Pritchard shows that, for the Azande, witchcraft serves a vital role in explaining coincidence.

I will show that evil eye beliefs serve a similar function; they provide Sicilian-Canadians with an important means of explaining why certain cases of illness, or misfortune, occur. This is particularly true in cases where other explanations are either not possible, or unacceptable, from the point of view of the victim and/or significant others. In order to support this contention, I will examine how Sicilian-Canadians perceive health and illness, and relate this conception to their world view.

Evans-Pritchard emphasizes that the Azande belief system not only provides a culturally relative explanation for the occurrence of misfortune, but that it also provides a means by which individuals can take appropriate measures to avoid, or counteract, the forces responsible for causing misfortune. When an Azande suspects that he has been bewitched, for example, he can consult one of several oracles to verify his suspicion and, if the suspicion is corroborated, re-consult the oracle to establish a plan of action.

This second component of Evans-Pritchard's model can be applied to Sicilian-Canadian evil eye beliefs. Within the Sicilian-Canadian community, there are a number of traditional healers who possess the power and knowledge to cure symptoms people attribute to the evil eye. In addition, Sicilian-Canadians recognize various measures that can be taken to prevent effective exposure to the evil eye. I will present a discussion of both therapeutic and preventive measures later in the text.

Evans-Pritchard also examines how witchcraft-related beliefs function, at a more general level, to help maintain order within Azande society. This aspect of his study focuses on social control mechanisms. Although Sicilian-Canadian evil eye beliefs may serve a similar function, I will not attempt to elucidate this feature of the phenomenon for two reasons. First, other researchers have already examined evil eye beliefs in terms of social control. I refer interested readers to my review of the literature (see pp. 10-15). Second, I believe that an examination of social control mechanisms will not help explain how and why Sicilian-Canadians relate the evil eye to actual physical symptoms. For this reason, I will restrict my analysis to medical dimensions of the evil eye complex.

In order to generate hypotheses concerning the evil eye/illness interrelationship, I will attempt to isolate specific features that consistently occur, and re-occur, in

case histories of victims of the evil eye. This will help me determine why certain individuals attribute illness to the phenomenon. I suggest that a stress creating discrepancy between an individual's personal expectations and what actually transpires either precedes the manifestation of physical symptoms, or precedes suspicion that the evil eye caused the symptoms. Evil eye beliefs help relieve stress by providing the victim, or significant others, with a culturally relative means of explaining the cause of illness, and defining appropriate measures that can be taken to counteract its effects. Furthermore, I contend that the discrepancy can generate sufficient stress, in certain cases, to cause illness. In this sense, the evil eye is a direct or indirect cause of illness as well as a means of explaining illness. Once I establish these hypotheses, I will examine their implication for evil eye, folk illness, and witchcraft studies.

CHAPTER II

BACKGROUND: SICILIANS IN HAMILTON

Two prominent features of Sicilian, as well as southern Italian, history are foreign domination and an extended period of feudalism. These factors, and historical developments associated with these factors, are responsible for creating a state of economic and social poverty in the region. According to Lopreato (1967), this state of affairs reached severe proportions by 1861, the year of Italian unification. The economic policies of the new government, however, favored the northern regions of Italy. Unification did not improve conditions in the south. In response to government inaction and increasingly adverse economic and social conditions, a large portion of the population chose out-migration.

Initially, southern Italians migrated to northern Italy and other European countries. By 1900 the migration pattern changed, people began to travel to overseas destinations such as Argentina, Brazil, Canada, and the United States. Weaver (1977:10) estimates that "...between 1900 and 1910 roughly two million southern Italians...." emigrated, either permanently or temporarily, to overseas destinations. Although Canada received only a small

portion of this mass exodus, it was sufficient to increase the number of Italians living in Canada, including both Italian-born and individuals of Italian ethnic origin, from a low of 17,688 in 1901 to a total of 80,702 by 1911 (Spada, 1969:135). The Italian community in Hamilton, Ontario numbered approximately 1,500 in 1910 (Weaver, 1978:11).

Italian immigrants continued to arrive and settle in Canada after 1911. The next major wave of immigration, however, did not occur until the end of the Second World War. By 1961 the number of Italians residing in Canada increased to approximately 708,422, including 258,071 Italian-born individuals (Spada, 1969:135). The majority of these post-war immigrants emigrated to Canada from southern Italy.

Hamilton, with its wealth of industries, attracted many post-war immigrants. The number of people in the Italian community increased from 6,294 in 1941 to approximately 23,203 by 1961 (Roncari, 1977:21-22). However, since census figures tend to lump Italians together, it is difficult to determine the actual number of *Sicilians* residing in Hamilton. Sicilians living in the area orally estimate that they number at least 10,000 at present;¹¹ furthermore, they estimate that approximately 90% of these individuals can trace their ancestry to one specific town in Sicily: Racalmuto, province of Agrigento.

Racalmuto, Province of Agrigento

Based on data I obtained from Sicilian-Canadians currently residing in Hamilton, it is possible for me to provide the following background information concerning Racalmuto:

Location: The region of Sicily is divided into several provinces. Racalmuto is located in the southwestern province of Agrigento. More specifically, the town's exact location is no more than several kilometers away from the Agrigento/Caltanissetta provincial boundary.

Economy: The economic base of Racalmuto and its environs consists primarily of three sectors: (1) agriculture and animal husbandry; (2) salt and sulphur mining; and, (3) service- and sales-oriented small businesses. In comparison to the industrialized regions of Northern Italy, Sicily in general and western Sicily in particular is an economically depressed region. Racalmuto is no exception; the town provides limited employment opportunities for its inhabitants. The agricultural sector, for example, is very weak. Informants stress that heavy winter rainfall, inability to implement erosion prevention methods due to financial problems, combined with low returns for agricultural goods have forced small landowners to seek other employment.

These informants also stress that many plots of land remain fallow because the owner has either left the area, or prefers other employment. This, in turn, creates additional stress on the economic base of the area, and stimulates out-migration.

Population Size: According to informants, the number of people residing in Racalmuto fluctuates between twelve to fourteen thousand from year to year and season to season.¹² This fluctuation occurs as a result of economic conditions. Due to limited employment opportunities, many individuals either emigrate abroad, or migrate to Northern Italy and other parts of Europe such as Germany, Belgium, and Luxembourg in search of work. In general, migrants do not take up permanent residence in the country or region of employment; they consistently return to Racalmuto in course of time. This is particularly true in cases where one or more members of a family migrate north, while the rest of the family remains in Racalmuto.

The information I present in this section does not necessarily reflect actual conditions in Sicily; instead, it reflects the Sicilian-Canadian perception, either in retrospect or based on correspondence with family and friends, of what conditions are like. I believe that this perception is important for my discussion, because it helps illustrate: (1) why these individuals left Sicily; and/or,

(2) one of the factors that influences their decision to remain in Canada.

Sicilians in Hamilton

Although further research is needed to determine why a portion of the initial wave of *Racalmutese* (inhabitants of Racalmuto) to emigrate to Canada chose to settle in Hamilton, I feel it is sufficient for this discussion to state that a small Sicilian community, composed primarily of Racalmutese, was firmly established in Hamilton prior to the Second World War. These individuals provided the necessary catalyst to attract additional emigrants during the post-war period. Post-war emigrants, for example, chose to settle in Hamilton for the following reasons:

- (1) Through correspondence with friends and relatives in Hamilton, many Racalmutese became increasingly aware of the potential benefits, such as employment opportunities, high wages, etc., of emigration to Canada.
- (2) Close relatives already established in Hamilton could provide the funding necessary to finance trans-Atlantic travel.
- (3) Once emigrants arrived in Hamilton, they could expect close relatives to provide shelter, assistance in finding a job, and support in the new cultural environment.
- (4) The presence of various Sicilian/Italian associations

and recreational clubs enables emigrants to maintain their cultural identity, while adjusting to the new cultural environment (see Migliore, 1980).

These factors, combined with the economic and social upheaval present in post-war Italy, provided an incentive for individuals to emigrate to, and settle in, Hamilton. Their decision to remain in Hamilton, in turn, provides both an incentive and a model for other Racalmutese. In this sense, their decision operates as a positive feedback mechanism to stimulate further emigration from Racalmuto. This helps explain why an overwhelming majority of Sicilians currently residing in Hamilton can trace their ancestry to Racalmuto.

Throughout the thesis, I will present and discuss ethnographic information I obtained primarily from Italian-born Racalmutese during an 18 month period in 1979-80. A four family core provided the initial information; in time, however, it was possible for me to move along both kinship and friendship networks to obtain additional information. Of particular importance was the relationship that developed between a male folk healer (Mastro Don Gesualdo¹³) and myself. Don Gesualdo either provided, or at least corroborated, a great deal of the ethnographic data I will present. In addition, since female folk healers outnumber male folk healers, I also obtained information concerning

the illness process, its prevention, and cure from three female healers.

Since I obtained the ethnographic data from Italian-born Racalmutese currently residing in Hamilton, I feel it is necessary to provide the following background information concerning this group:

Occupation: Although second- and third-generation Sicilian-Canadians are diversified in terms of occupation, Italian-born individuals are predominantly wage laborers. This is particularly true of individuals who came to Canada as adults. Certain exceptions, however, do exist; a number of Italian-born Racalmutese, for example, own and operate small businesses. In addition, although numerical figures are not available, I suggest that a significant percentage of this group can be classified as either pensioners or housewives.

Education: According to informants, Sicilian-Canadians educated in Canada often complete at least a segment of their high school requirements, and in many cases attend either a university or a community college. In contrast, individuals who come to Canada as adults do not have a formal education beyond the primary school level. Again, however, there are a number of exceptions.

Religion: Sicilian-Canadians are predominantly Roman Catholic. In general, Italian-born Racalmutese residing in Hamilton are either directly or indirectly affiliated with the Roman Catholic parish of "All Souls", where the mass is celebrated in Italian.

Prior to 1965 most Sicilian-Canadians lived within the general vicinity of "All Souls" church. Today, since individuals prefer to own newer homes, Sicilian-Canadians are spread throughout the city. Informants stress that the parish remains the focal point of the Sicilian community for the following reasons: (1) as I mention above, the Italian language is used during church services; (2) many women belong to the parish affiliated Christian Women's League (*Madre Christiani*), which organizes various activities for both men and women; (3) a member of the Italian Consulate stationed in Hamilton holds office hours at the church rectory; (4) the Roman Catholic convent near "All Souls" church provides English language classes for immigrants; (5) various Sicilian/Italian associations, recreational clubs, and small businesses are located near the church; and, (6) since the church, as well as clubs and businesses, is located within walking distance of the intersection at James and Barton Streets, Italian-born Racalmutese regard these streets as a type of *piazza* where men walk and talk with friends as they did in Sicily (see Migliore, 1980:43-45).

The presence of highly visible signs and symbols, such as associations, a *piazza*, etc., indicates to me that a Sicilian community does exist, and that its members are very aware of their cultural identity. According to informants, however, active participation in community affairs is often restricted to first-, and to a lesser extent, second-generation Sicilian-Canadians. Very few second- and third-generation Sicilian-Canadians, for example, are enrolled as members of Sicilian recreational clubs (Migliore, 1980).

CHAPTER III

ETHNOMEDICINE: 1. ETIOLOGY AND ILLNESS PROCESS

In societies where evil eye beliefs are prevalent, people regard the phenomenon as a primary cause of human suffering. They maintain that effective exposure to the evil eye produces either social misfortune such as financial loss, or specific physical symptoms. According to Simeon (1973:437), "...the evil eye as a misfortune-causing agent is best analyzed within the framework of magic and religion and world view. However, the illness aspect of the evil eye...is best treated as a phenomenon of the ethnomedicine of a particular social group." Since I am concerned primarily with the illness attributed to the evil eye, I will concentrate my discussion on ethnomedical dimensions of the Sicilian-Canadian evil eye complex. In addition, however, I will place the ethnomedical beliefs within a broader context by briefly examining relevant aspects of the world view.

In order to identify and discuss ethnomedical dimensions of the illness attributed to the evil eye, it is first necessary to define a "folk illness". Arthur Rubel (1964:268) defines a "folk illness" as a syndrome that,

although incomprehensible from an orthodox Western medical perspective, is recognized by, and affects, members of a particular social group. Furthermore, he stresses that members of the group can provide relevant information concerning etiological, diagnostic, therapeutic, and preventive aspects of the syndrome. It is this information that comprises the group's ethnomedical knowledge of specific ailments.

Implicit in Rubel's definition of a folk illness is the suggestion that the ethnomedicine of a particular group consists of two interrelated components. The first component involves metaphysical beliefs. More specifically, it involves culturally relative explanations for the occurrence of illness, its prevention, and its successful or unsuccessful treatment. The second component involves the various steps individuals can take to prevent, neutralize, or counteract the physical discomfort associated with a specific syndrome. A thorough study of a folk illness, therefore, should examine both metaphysical and behavioral aspects of the syndrome. It is precisely these two components that Evans-Pritchard (1937) addresses, although within a different context, in much of his discussion of the Azande material. For this reason, I will utilize Evans-Pritchard's model as a framework for my presentation and analysis of the Sicilian-Canadian evil eye data.

Disease Classification, Etiology, and World View

Moss and Cappannari (1976) examine the relationship between evil eye beliefs, religion, and world view for the Mediterranean region. They suggest that the major religions of the area, both past and present, share an important feature in common; they all emphasize the distinction between good and evil. Since the dichotomy between good and evil was, and still is, an important feature of the belief system, it became an entrenched part of the world view. The evil eye belief, according to Moss and Cappannari, is an elaboration of this dichotomy.

Due to the limited availability of reliable historical data (see p. 8), it is not possible for anyone to determine whether belief in the evil eye did, or did not, originate as an elaboration of the good/evil dichotomy. I agree, however, with Moss and Cappannari's assertion that this dichotomy is an important feature of Sicilian world view. Religious doctrines associated with the Roman Catholic Church tend to emphasize the distinction between good and evil. This distinction is clearly visible in Roman Catholic beliefs concerning the relationship between God and Satan, heaven and hell, saints and sinners, etc. Since Sicilian-Canadians are predominantly Roman Catholic, and Christianity has been a dominant force in Sicilian history for centuries, we may assume that the dichotomy between good and evil is

an important part of the world view. A religious dimension, including this good/evil dichotomy, is present in Sicilian-Canadian evil eye beliefs; this will become apparent as I examine the ethnomedical dimensions of the phenomenon.

The good/evil dichotomy is also discernable in secular matters. Interpersonal relations are often characterized by ritualized behavior that emphasize the correct and incorrect way of doing things. This ritualized behavior is linked with the notion of respect; to give, and thereby receive, respect is good and honorable, while disrespect is an insult that breeds hostility. Envy, or *invidia* (*mmidia* in Sicilian), is an expression of disrespect.

For Sicilian-Canadians, to be envious of another has a twofold implication. It implies you not only desire what belongs to another, but also that you wish the other individual will forfeit the desired item. From the point of view of an individual who believes he is the victim of envy, it does not matter whether the envious person(s) does, or does not, actually gain the desired item; what is important is that he himself has suffered a loss. It is the possibility that a desired item, such as monetary wealth or good health, may be lost as a result of another's envious feelings that makes *invidia* a potentially dangerous emotion.

Since Sicilian-Canadians recognize that envy is a potentially dangerous emotion, they show their respect for others by controlling, or counteracting, envious feelings.

In this sense, to intentionally display envy, or to ignore ritualized behavior that counteracts unconscious envy, is a sign of disrespect. The good/evil dichotomy, therefore, is an important feature of the world view in general, not merely a part of the religious belief system.

Sicilian-Canadians regard illness (*malatia*) as a specific manifestation of misfortune (*disgrazia*). In addition, they recognize a number of factors, including the evil eye (*mal'uocchiu*), as potential misfortune-causing agents. I identify and distinguish between these causal agents in chart #1 and table #1 below.

Chart #1: *Mal'uocchiu*, a cause of misfortune.

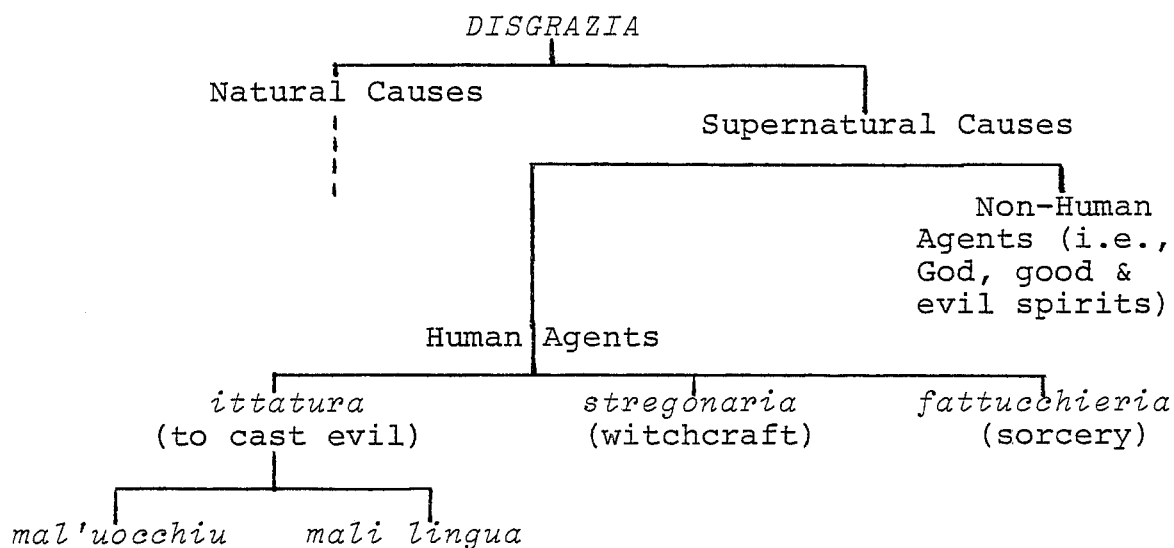


Table #1: Causal factors associated with Human Agents

Fattucchieria is similar in meaning to the set of beliefs many anthropologists define as "sorcery".¹⁴ It involves the mechanical manipulation of devices to cause, prevent, or counteract misfortune. Sicilian-Canadians believe that men and women are equally capable of learning the various techniques, and obtaining the necessary materials, to become *fattucchieri*. Although *fattucchieri* often employ their power and knowledge to treat illness, they differ from other folk healers in two essential ways. First, they are *paid* for their services. Secondly, they are capable of using their power to intentionally cause harm. In appendix #1, I describe two *fattucchieri*-related folk tales.

Stregonaria is similar in meaning to the set of beliefs many anthropologists define as "witchcraft".¹⁵ *Stregi* (plural for "witch"), whether male or female, have an innate power to cause harm. In order to supplement this power, *stregi* can either act in unison, or manipulate various devices in much the same way as *fattucchieri*. Sicilian-Canadians believe that the effects of *stregonaria* are always produced intentionally.

The term *ittatura* refers to "the casting of evil" by means of either *mal'uoocchiu* (evil eye) or *mali lingua* (evil tongue).

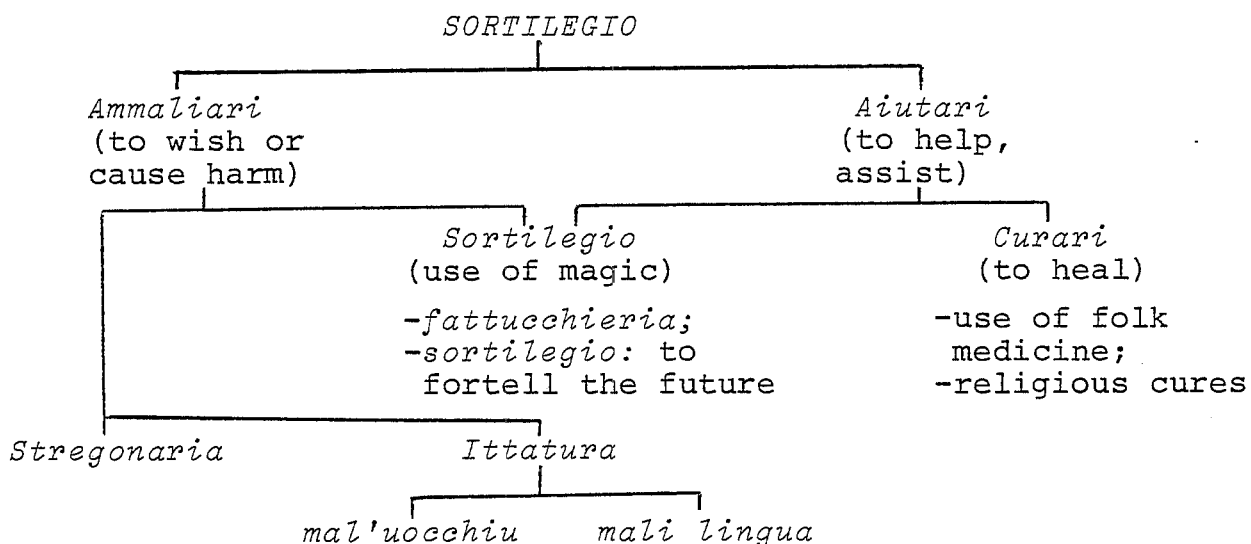
Table #1, continued

These two processes share the following features in common:

(1) they involve ordinary people; (2) *ittaturi* do not have actual control over the power to cause harm; and (3) they involve strong emotions such as envy or anger. Examples of *mali lingua* include the verbal curse and vicious backbiting.

I developed the classificatory model presented in chart #1 (p. 41) in order to distinguish *mal'uocchiu* from other sources of misfortune. Once complete, I discussed the model with Don Gesualdo. He agrees that my model accomplishes what I set out to do; however, he suggests that *mal'uocchiu* is best classified under the broad category of *sortilegio*. Although *sortilegio* literally means "to fortell the future," Don Gesualdo maintains that, at a very general level, it refers to the various means by which humans can affect or disrupt the natural course of events. I present Don Gesualdo's classificatory system in chart #2 below.

Chart #2: *Mal'uocchiu*, a means of disrupting future events.



Although Don Gesualdo and I present conceptually different frameworks, the two systems are complementary. Both systems identify *mal'uocchiu* as a means by which humans cause misfortune. By classifying the phenomenon within the broad category of *sortigelio*, however, Don Gesualdo provides additional information that clarifies the link between *mal'uocchiu* and misfortune. More specifically, he suggests that *mal'uocchiu* causes misfortune by disrupting the natural course of events.

Belief in the ability of humans to affect future events, by either causing or alleviating the effects of misfortune, is an important feature of Sicilian world view. This feature is directly related to the good/evil dichotomy. Don Gesualdo's division of *sortilegio* into the sub-categories of *aiutari* and *ammaliari* (see chart #2, p. 44) reflects this dichotomy; *aiutari* represents the "good" dimension, while *ammaliari* represents the "evil" dimension. Since *mal'uocchiu* is classified under the sub-category of *ammaliari*, it too is part of the "evil" dimension. In contrast, the use of magic is not clearly defined as part of one sub-category or the other; its classification depends on the specific results each *fattuchieri* attempts to achieve.

Etiology and Illness Process

Mal'uocchiu refers to an internalized evil power that may emanate from the eyes, when an individual is in

a highly emotional state, to cause illness and/or misfortune. The process involves primarily two components:

(1) a gazer, or *ittaturi*, who possesses the power to cause harm by directing a glance (*taliatura*) at another individual in anger, envy (*mmidia*), or simply over admiration; and, (2) the victims, or *li culpiti* (the stricken); anyone exposed to and affected by *mal'uocchiu*.

Initially, I found the information I received about who may possess the *mal'uocchiu* to be somewhat contradictory. Many individuals believe that everyone possesses this power to some degree or another, while others insist that it is an innate power possessed by specific individuals. After I discussed the problem with several folk healers, the apparent contradiction was resolved; both responses can be considered correct.

Mal'uocchiu is associated with the notions of strength and weakness. Although anyone may possess the *mal'uocchiu*, it is usually very weak and ineffective. Strong emotions, especially *mmidia* (since it occurs in combination with, or at least underlies, other potentially dangerous emotions), tend to increase an individual's strength to the point where *mal'uocchiu* may become effective. At this point, a *taliatura* in conjunction with a covert or overt expression of hostility may be enough to cause illness. These individuals, however, often do not know they possess the power, and have no direct control over its effects.

Illness and misfortune, therefore, are produced unintentionally. In contrast, *stregi* have the innate power to intentionally cause harm through *mal'uocchiu*.

Although exposure to *mal'uocchiu* often produces specific symptoms, susceptibility varies. This variability is also associated with the notions of strength and weakness. Children, and infants in particular, are most susceptible to attack; they have not yet developed the internal strength to prevent or cause illness. Old, ill, and physically disabled adults, as well as individuals already suffering from *mal'uocchiu*, are also very susceptible. In contrast, individuals who are healthy, physically strong, and mentally prepared (i.e., constantly aware of the possibility of exposure, therefore able to take preventive measures) are much less susceptible; plus, most people consider individuals born on Fridays or feastive days such as Christmas, Easter, and certain Saint's days to be immune. According to Don Gesualdo and other folk healers, however, birth dates do not produce immunity.

Once an individual is effectively exposed to *mal'uocchiu*, he experiences certain presymptomatic processes such as uncontrollable yawning, hiccups, and twitching of the eye muscles. The appearance of actual symptoms usually occurs within a day of exposure. Initially the victim feels nervous, confused, or depressed. Clinical manifestations of mild to moderate cases also include headache,

stomach cramps, a weak or exhausted feeling, and continued depression. If caused unintentionally, these symptoms will often disappear within three to seven days, although certain stubborn cases may last from three to seven weeks.

Intentionally produced symptoms usually appear three to five days after exposure to prevent the victim from determining the identity of the assailant (*strega/stregone*). The symptoms themselves are much more severe and long lasting. In extreme cases, they may lead to mental disorder, partial or total paralysis, and in rare cases death. When *stregi* employ additional devices, such as potions, to supplement their evil eye powers, the illness is attributed to *fattura* (an act of sorcery) rather than *mal'uocchiu*. Since I am primarily concerned with *mal'uocchiu*, *fatturi* (plural) will be discussed briefly in appendix #2.

Although compliments, stares, and other factors may lead to suspicion of exposure, individuals are often not aware that they have been exposed to *mal'uocchiu* until certain signs or symptoms appear. The individual may then attempt to cure himself, or consult a traditional healer who has the power and knowledge to diagnose and cure the ailment (see Chapter IV, pp. 57-70). Although cures do exist, neither the illness nor the cure can produce immunity to future attack. Various protective measures, however, do exist (see Chapter IV, pp. 75-79).

Discussion and Comparison

René Dubos (1976:319-343), a microbiologist, suggests that throughout the history of medicine disease causation has been explained by either the 'physiological' doctrine, the 'ontological' doctrine, or both. The 'physiological' doctrine stresses that an individual will remain healthy as long as his internal bodily processes function normally; disease is simply an abnormal state that occurs as a result of an internal disruption of the natural equilibrium (Dubos, 1976:319). Of primary importance in this medical philosophy is the notion that disease causation is directly related to the individual's personality, bodily constitution, and mode of life. The humoral theory, as outlined in the Hippocratic and Galenic writings (see Brock, 1972; Siegel, 1968; 1973), is a primary example of a 'physiological' doctrine.

In contrast, the 'ontological' doctrine stresses that disease occurs as a result of damage caused by an external agent that either acts upon, or enters into the human body. Mary Douglas' discussion of witchcraft provides an excellent example of the 'ontological' doctrine. She suggests that the dominant symbols found in witchcraft beliefs consistently "...build on the theme of vulnerable internal goodness attacked by external power...." (Douglas, 1970:xxvi). Witches are malevolent external agents capable

of injuring unsuspecting others. Although they may be physical members of the society, witches are the direct embodiment of everything despised by the society (Douglas, 1973:138-140).

This negative image of the witch derives from Evans-Pritchard's (1937) discussion of Azande witchcraft beliefs. The Azande believe that certain individuals inherit, and are born with, witchcraft-substance in their bodies. As long as this witchcraft-substance remains inactive, these individuals are incapable of causing misfortune. It is hostile emotions such as hatred, jealousy, and envy that activate a witch's innate propensity to cause harm. Individuals experience the effects of misfortune because a witch(es) intentionally projects his hostile feelings toward them. Since the Azande associate witchcraft with the expression of hostile emotions, their witchcraft beliefs not only explain why misfortune occurs, but also why witches cause misfortune. Witches cause misfortune because they are morally evil; they express anti-social sentiments (Evans-Pritchard, 1937:107-117; Gluckman, 1944: 65).

Ethnographically, Azande witchcraft beliefs differ significantly from the Sicilian-Canadian evil eye beliefs I present in this chapter. At a more general level, however, the two belief systems share certain similarities. First, both systems explain why misfortune occurs. The

Azande attribute misfortune to witchcraft, while Sicilian-Canadians recognize *mal'uocchiu* as one of several misfortune-causing agents. Second, both systems provide an 'ontological' explanation for disease causation. *Mal'uocchiu* and witchcraft are related phenomena; they both involve, as Mary Douglas (1970:xxvi, xxx) suggests, an external power that affects unsuspecting individuals. Third, inherent in each system is a moral statement concerning what is, and what is not, acceptable behavior. Both Azande and Sicilian-Canadians recognize that it is not the external power itself that is dangerous, but rather the hostile emotions that activate and direct it. A *taliatura*, for example, is ineffective unless it occurs in conjunction with an expression of envy, hatred, jealousy, etc. The moral implication of this belief is that misfortune can be prevented if people avoid anti-social behavior.

Sicilian-Canadian evil eye beliefs differ from Azande witchcraft beliefs, because *mal'uocchiu* involves both an 'ontological' and a 'physiological' explanation of disease causation. The 'physiological' dimension is directly related to the strength/weakness dichotomy. Each person possesses a degree of internal strength, or power, that varies from individual to individual. As long as this internal strength does not exceed or fall below a particular level, an individual is unlikely to either cause the effects of, or be affected by, *mal'uocchiu*. Although informants could not provide additional information concerning this

level of internal strength, they suggest that most people, at least under normal conditions, are in a state of equilibrium.¹⁶ Strong emotions such as *mmidia* (envy), however, upset an individual's strength/weakness balance. An *ittaturi* is potentially dangerous because he is in a state of disequilibrium. The victim is also in a state of disequilibrium; he is susceptible to *mal'uocchiu* because his strength/weakness balance has been disrupted by a physical disability, previous exposure to *mal'uocchiu*, or other factors. When an *ittaturi* directs a *taliatura* at a susceptible individual, the victim's strength/weakness balance is disrupted further. It is this extreme disruption of the strength/weakness equilibrium that produces physical symptoms.

Evans-Pritchard (1937:67-68) stresses that Azande witchcraft beliefs serve an important function; they explain why illness and misfortune occur. Sicilian-Canadian evil eye beliefs serve a similar function. In addition, however, they explain how illness occurs. This is possible because *mal'uocchiu* involves both an 'ontological' and a 'physiological' explanation of disease causation.

To my knowledge, other writers dealing with Sicilian or Italian evil eye beliefs do not link the phenomenon with the equilibrium theory of illness. The evil eye, however, is discussed in terms of strength/weakness by writers dealing with certain Latin American groups (see review of

literature pp. 6-7). This discrepancy may be due to the nature of the work. In Latin America, the term *mal ojo* (evil eye) refers to the actual illness, rather than the cause of the illness. For this reason, studies of *mal ojo* tend to emphasize the illness dimension. I suggest that writers dealing with Sicilian or Italian evil eye beliefs fail to link *mal'uocchiu* with the equilibrium theory of illness because they are primarily interested in the evil eye, rather than the illness attributed to the evil eye.

Other notable differences between the information I received, and that presented by other writers dealing with Italians, are outlined briefly below:

- (1) A minor difference concerns symptomology. Certain writers (i.e., Smith, 1970:100; Moss and Cappannari, 1960:98) suggest that 'fever', or other symptoms not mentioned by individuals I interviewed, are classic symptoms of *mal'uocchiu*. However, since *mal'uocchiu* is not only a cause of specific symptoms, but also misfortune in general, individuals can attribute various symptoms, including 'fever', to *mal'uocchiu* as manifestations of misfortune. In this sense, the specific symptoms I describe are merely *core* symptoms. I suggest that *core* symptoms may vary slightly from community to community.

- (2) The classificatory system I propose in chart #1 and table #1 differs from the system suggested by Smith (1972:97) for Sicilian-Americans residing in Buffalo, New York. According to Smith, supernatural causes of illness can be divided into four broad categories: (a) curses (by witches and other humans); (b) God's curse; (c) *mal'ucchiu* (unconscious intent); and, (d) *fattura* (similar to *mal'ucchiu*, but involves conscious intent). The major differences between the two systems are: First, Smith separates curses and *mal'ucchiu*, while I subsume them both under the general category of *ittatura*. Second, among Sicilian-Canadians *fattura* is more than the conscious manipulation of *mal'ucchiu*; it involves the mechanical manipulation of various devices to cause misfortune. Third, by suggesting that *mal'ucchiu* and *fattura* are closely related phenomena differing only in terms of conscious intent, Smith ignores sorcery (*fattucchieria*) as a possible cause of misfortune.

It is difficult to determine why this discrepancy exists between the classificatory systems Smith and I develop. A possible explanation may be related to the source of information. Smith obtained her information from both Sicilian- and American-born individuals; however, she did not obtain detailed information from traditional healers. In contrast, I rely primarily

on information provided by Sicilian-born individuals, including several healers.

Although certain basic differences do exist, the ethnographic information I present is generally comparable to, and consistent with, the data presented by other writers dealing with Italian evil eye beliefs.

CHAPTER IV

ETHNOMEDICINE: 2. DIAGNOSIS, TREATMENT, AND PREVENTION

Although most individuals are able to provide some information concerning traditional methods of diagnosing and treating *mal'uocchiu*, their knowledge of this dimension of the evil eye complex is limited. Traditional healers possess secret knowledge that is not readily available to the layman. To obtain detailed information, therefore, I found it necessary to consult several healers. Don Gesualdo was particularly helpful; I obtained the bulk of my information from him. In the initial part of this chapter, I describe the diagnostic and therapeutic procedures used by Don Gesualdo to treat cases of *mal'uocchiu*. At his request, however, I will not include the 'prayers' that make these procedures effective.

In contrast to the diagnostic and therapeutic dimension of the evil eye complex, preventive measures do not involve secret knowledge. Sicilian-Canadians recognize, and are able to adequately describe, a number of measures that can be taken to prevent effective exposure to *mal'uocchiu*. Later in the chapter, I classify these measures into two broad categories: first, measures that a potential *ittaturi*

can take to prevent his evil eye power from causing misfortune and, second, measures that a potential victim can take to ensure he is not adversely affected by *a taliatura*.

Don Gesualdo, A Traditional Healer

Don Gesualdo, a 72 year old pensioner, was born in a small village on the outskirts of Racalmuto, in Western Sicily. Since his father was a traditional healer specializing in naturally caused ailments, he became interested in traditional healing methods at an early age. Initially, Don Gesualdo learned to heal ailments such as colds, stomach aches, and strained muscles (*spilaturi*). Gradually, however, he became interested in ailments and processes that are not as easily explained or cured.

Don Gesualdo's initial experience with supernatural forces occurred at age thirty-five. A local spiritualist (Don Pippino), impressed by Don Gesualdo's healing ability and willingness to learn, asked him to serve as an assistant at various spiritualist meetings. During one of these meetings, the elderly spiritualist was called away suddenly because of a family crisis; before leaving, however, Don Pippino asked Marcellus, the attending spirit, if Don Gesualdo could continue the questioning process.

Marcellus--a non-human, beneficent, celestial spirit--quickly responded: 'What you can do, he can do; he has the power.' From this point on, Don Gesualdo began to conduct his own spiritualist meetings, although he and Don Pippino continued to collaborate at certain encounters.

By contacting Marcellus through a medium (*sugetu*), Don Gesualdo was able to gradually obtain a great deal of information concerning numerous ailments, including the illness caused by *mal'ucchiu*. This enhanced his position as a practitioner. Don Gesualdo gained further recognition and respect by refusing payment for his services; this indicated to others that he was a true folk healer, not a *fattucchieri*.

Don Gesualdo and his wife came to Canada during the late 1960s in order to visit their daughter and her family. After a great deal of deliberation, they decided to stay here in Hamilton. Today, Don Gesualdo continues to operate as an all purpose healer. He does not, however, attempt to utilize his power and knowledge to conduct spiritualist meetings; according to Don Gesualdo this phase of his life has ended.

Don Gesualdo does not advertise his healing ability; he prefers to serve a relatively small group of friends and relatives. Since Don Gesualdo usually knows the individuals asking for help intimately, the healing session has a very relaxed and friendly atmosphere. Several informants indi-

cated to me that they prefer Don Gesualdo to a medical doctor for several reasons. First, Don Gesualdo does not limit visits to specific days or time periods. Second, he is not solely interested in asking a few questions and making a quick diagnosis; he is willing *to talk and listen to the patient*. Third, he actually attempts to cure people, rather than prescribing medication and asking them to return for further consultation in a week's time. Fourth, if he does not understand the ailment he will let the patient know immediately. Finally, he understands ailments that medical doctors are not even aware of. According to Don Gesualdo, however, ailing individuals usually visit a doctor before they consult him. These individuals are dissatisfied with the attention they receive from medical doctors.

On several occasions, I observed Don Gesualdo as he treated the effects of *mal'ucchiu*. The sequence of events in the treatment I observed is as follows:

After reassuring the patient that my presence will not be a disruptive factor, Don Gesualdo begins the process by questioning the individual. He is primarily interested in *why* the individual believes he is suffering from *mal'ucchiu*. While the patient slowly answers these questions, Don Gesualdo listens attentively, and looks for certain signs--

e.g., does the patient yawn; or, do the patient's eye muscles twitch. Based on information provided by the patient, and the presence/absence of visible signs, Don Gesualdo lets the individual know whether he believes the ailment is due to *mal'ucchiu*. In order to be sure, however, he always performs a diagnostic test.

The diagnostic test involves the following procedure:

1. The preparation of items necessary for the test; these include a saucer of water, olive oil, a penny, a strip of cloth, matches, and an empty drinking glass.
2. Several drops of oil are sprinkled into the saucer of water.
3. Don Gesualdo makes the sign of the cross and recites a silent prayer over the saucer. This step is repeated a total of three times.
4. The strip of cloth is wrapped securely around the penny and moistened with oil; it is then placed into the saucer of water.
5. Don Gesualdo uses a match to light the moistened cloth and places the glass over the flame.

When the glass is placed over the flame, the flame is extinguished. This produces a slight bubbling action in the water. If the oil droplets enlarge and spread throughout the water, Don Gesualdo confirms that the

ailment was in fact caused by *mal'uocchiu*.

Although the reaction of victims who see proof that *mal'uocchiu* caused their illness varies, these individuals are generally satisfied and relieved by the diagnosis. The diagnostic test confirms what they themselves suspect. They experience a sense of relief, because they know Don Gesualdo can effectively handle cases of *mal'uocchiu*. Don Gesualdo reinforces the patient's sense of relief by stressing that the symptoms probably occurred as a result of an unintentional *taliatura*. Since the patient is a victim of an unintentional *taliatura*, there is no reason for him to fear that someone will attempt to counteract the beneficial effects of the curing ritual. For certain individuals, however, a positive diagnosis generates anxiety. In order to relieve their anxiety, Don Gesualdo reassures the victims that the diagnostic test is merely the first step toward recovery.

In one particular case the victim became very angry, and began to name several individuals that may have caused the ailment. Don Gesualdo responded slowly and calmly; he suggested that the ailment was not caused intentionally. He even went as far as to suggest that *stregi* no longer exist, because the pope performed a religious ceremony during the 1920s to ask God to ensure that *stregonaria* would no longer

be effective. Since *stregi* no longer exist, the ailment must have been caused by an *ittaturi* who probably does not even know that he possesses the power to cause harm.

Whenever a positive diagnosis is made, Don Gesualdo performs a specific curing ritual. This ritual (see chart #3 below) involves both a verbal and a mechanical dimension.

Chart #3: A Curing Ritual¹⁷

<u>Silent, verbal prayer</u>	<u>Mechanical process</u>
1. -	1. Fill glass with water.
2. "O Fader"; plus short prayer.	2. Lick thumb and make sign of cross with thumb over glass. Make sure thumb touches both glass rim and water.
3. "O Felle"; plus short prayer.	3. Repeat step #2.
4. "O Saba"; plus short prayer.	4. Repeat step #2.
5. "Sabaticon".	5. -
6. Process repeated two more times.	6. Same procedure repeated each time prayer repeated. Patient drinks water.

Once the curing ritual is completed, Don Gesualdo repeats the diagnostic test. This is done to determine whether *mal'uochiu* is completely removed. A

positive diagnosis signifies that the individual is heavily affected (*carricatu/carricata*), and entails a repetition of the curing ritual. According to Don Gesualdo, the diagnostic and therapeutic procedures can only be performed three times per day, per patient. If it is necessary to repeat the procedure three times, Don Gesualdo asks the individual to return the next day, or as soon as possible, to ensure that he is completely cured. The procedure is repeated until a negative diagnosis is made.

On one occasion, I witnessed a case in which the first diagnostic test indicated that the person was not suffering from *mal'uocchiu*. The patient became noticeably agitated, and asked Don Gesualdo if anything could be done. Don Gesualdo did not answer the question; he simply began to question the patient. Finally, Don Gesualdo concluded that the patient's severe headaches were due to natural causes. In order to relieve the symptoms, he recited a short prayer and recommended camomile (*cucumidda*) tea mixed with three fennel (*finucieddu*) seeds. After the patient had left, I asked Don Gesualdo if this is standard procedure in cases where *mal'uocchiu* is definitely not responsible. Don Gesualdo replied that the herbal tea is effective for headaches and stomach problems. He also stressed that in serious cases he

recommends that the patients see a medical doctor.

Other Traditional Healers

In this section, I present information provided by three female folk healers--Zia Elena, Zia Mimma, and Zia Rosa. Although I obtained limited information from these healers, I suggest that it is sufficient to help corroborate and supplement the information I obtained from Don Gesualdo.

Zia Elena: is approximately forty years old. She was born in Racalmuto, but has resided here in Hamilton for about twenty-five years. In contrast to Don Gesualdo, Zia Elena has never participated in spiritualist activities, nor does she consider herself an all-purpose healer.

Years ago, Zia Elena's maternal grandmother taught her how to diagnose and treat cases of *mal'uoocchiu*. According to Zia Elena this information is passed down within the family. In order to be effective, the procedures must be taught on either Christmas Eve, as close to midnight as possible, or Good Friday (Easter Friday). If the healer reveals this information at any other time, neither he nor the student will be able to use the procedures effectively.

Without revealing pertinent information, Zia Elena described the diagnostic and therapeutic process as follows:

'Initially, I make the sign of the cross and recite a short prayer. After repeating the prayer two more times, I place several drops of oil into a saucer of water. If the oil droplets enlarge, and spread throughout the saucer, the ailment is *mal'ucciu*. In order to cure the ailment, I repeat the procedure until the oil droplets remain small and distinct.'

Zia Mimma: a 32 year old healer, is not Sicilian; she was born in a small town in Calabria. She came to Canada, with her family, at age 15. Although she is not Sicilian, Zia Mimma often treats Sicilian-born neighbors who are suffering from the effects of *mal'ucciu*. On one occasion, I observed how Zia Mimma cured an elderly lady. Zia Mimma made the sign of the cross and silently recited a short prayer a total of nine times. She then asked her son to bring the lady an orange and a knife. Once the lady had eaten the orange, Zia Mimma repeated the prayer nine more times. While reciting the prayer, Zia Mimma began to yawn; this signified to her that the ailment occurred as a

result of *mal'ucchiu*.

After reassuring the patient that there was nothing to worry about, Zia Mimma stated:

'Chi va fascina, cu luocchi vi guardo,
lu cori vi tasso;
cu luocchi e cu la menti vi guardo,
passa afascina, va fori e nun fa nenti.'

'He/she who fascinates, with the eyes has
looked upon you, your heart has wounded;
with the eyes and with the mind has looked
upon you, leave fascination and do no harm.'

At the end of this statement, she recited the silent prayer a total of nine more times to end the curing ritual.

In general, Zia Mimma agrees with the statements made by Zia Elena concerning the transmission of secret information. She insists, however, that the procedures cannot be taught on Good Friday. Since Good Friday is the day Jesus Christ was crucified, Zia Mimma maintains that effective transmission of prayers is not possible.

Zia Rosa: is a 68 year old pensioner. Although she was born in Calabria, she has resided in southern Ontario for most of her life. One Christmas Eve, her mother taught her how to diagnose and cure cases of *mal'ucchiu*. She insists that the procedures can only be transmitted, from one family member to another, on Christmas Eve.

To conduct a diagnostic test, Zia Rosa places several drops of oil into a saucer of water, and recites a short prayer silently. If the oil spreads throughout the water, the ailment is due to the effects of *mal'uocchiu*. Although Zia Rosa did not volunteer additional information concerning the diagnostic and therapeutic procedures, she stressed that traditional healers do not accept payment for their services.

Healing Methods of Non-Specialists

In addition to traditional healers, 'non-specialists' may attempt to treat certain cases of *mal'uocchiu*. These individuals do not perform diagnostic tests. When they suspect *mal'uocchiu* of causing an ailment, non-specialists will merely recite a prayer that has been passed down within the family. They believe that these prayers provide an effective treatment for mild symptoms.

I use the term 'non-specialists' to describe these individuals for several reasons. First, they do not consider themselves to be traditional healers. Second, they are not recognized as traditional healers by other Sicilian-Canadians. Third, they do not perform diagnostic tests because they do not possess secret information; only true traditional healers possess secret information. Finally,

although the procedure they use may be effective in certain cases, they admit that the procedure is often unreliable.

I describe the procedure used by two non-specialists briefly below:

Signora Franca: a native of Racalmuto, is approximately fifty-eight years old. She has resided in Hamilton for over twenty-five years. In order to relieve mild symptoms of *mal'ucchiu*, Signora Franca employs a simple procedure. She makes the sign of the cross over the victim's forehead, and recites the following prayer:

'Gesu, Giuseppe, e Maria
leva stu mal'ucchiu di
li carni mia.

Fori mal'ucchiu!'

'Jesus, Joseph, and Mary
remove this evil eye
from my flesh.

Be gone evil eye!'

According to Signora Franca, this cure is passed down from one family member to another. She also states, however, that there is no need to maintain it as a secret. This prayer, unlike the secret prayers of traditional healers, does not become impotent if it is revealed to others.

Signor' Antonio: a 69 year old native of western Sicily, has resided in Hamilton for over thirty years. Whenever a family member believes he is suffering from *mal'uccchiu*, Signor' Antonio performs a simple curing ritual. While standing behind the victim, he places his left hand on the victim's left shoulder, and recites a short prayer.

'Fuocu di Dio Io ti scongiuro
di perdere il tuo furore,
come fece Giuda dinanzi il
nostro Signore persi il suo
colori, cosi tu perdi il tuo
furore.'

'Fire of God I appeal to you,
lose your fury, as Judas lost
his color [became pale] in the
presence of our Lord, in this
way you will lose your fury.'

Once the prayer is recited, the healer makes the sign of the cross over the victim's right shoulder, and makes a motion as if to draw something out of the victim. He repeats the procedure a total of three times.

Signor' Antonio stresses that the prayer does not imply that God is responsible for causing the ailment. It suggests that God, for some reason, has chosen to remain distant; the prayer is an appeal for God to assist the victim. Signor' Antonio also suggests that the prayer can be employed to ask God's help in

curing other ailments, including naturally caused ailments. Since the prayer is merely an appeal for help, he maintains that it is not necessary to keep it a secret.

Discussion and Comparison of Healing Methods

Thus far in the chapter, I have described various means of diagnosing and treating *mal'uocehiu*. Although these methods vary, an underlying unity is discernible. A religious prayer, or at least the invocation of the Christian Trinity, provides the basis for each procedure. In addition, I suggest that Roman Catholic beliefs are symbolically represented in the healing ritual.

Most traditional healers use water and oil as the essential ingredients of the diagnostic test. These ingredients are also essential for various Roman Catholic ceremonies, including the administration of certain sacraments. By reciting a short prayer while he sprinkles several drops of oil into a saucer of water, the healer symbolically takes on the role of a Roman Catholic priest; he becomes God's representative here on earth. With God's assistance, the healer purifies the ingredients and charges them with power. He transforms the water and oil mixture into a "holy" oracle capable of providing a yes/no answer. If the oracle provides a positive diagnosis, the healer

recites a secret prayer to appeal to God and the saints to cure the victim. This appeal is effective because the prayer the healer recites is also charged with power.

During the diagnostic and therapeutic process, traditional healers repeat the religious prayer, and in some cases the procedure itself, either a total of three times or by a multiple of three. I suggest that the number three is a symbolic representation of the Christian Trinity.¹⁸ In this sense, traditional healers identify and counteract the effects of *mal'uocehiu*, a component of the "evil" dimension of the good/evil dichotomy, by both consciously and symbolically invoking the forces of "good".

The diagnostic and therapeutic information I present is comparable to, and relatively consistent with, the ethnographic data described by other writers dealing with Italians. In general, although specific techniques vary, the procedures always involve a religious dimension.¹⁹ I provide several brief examples below:

- (1) Willa Appel (1976:18-20) describes a "standard" cure used by people from an Italian village on the Adriatic coast. She states that the healer allows three drops of oil to fall into a bowl of water, makes the sign of the cross, and recites the following prayer:

Two eyes have looked at you,
Two saints have enjoyed you,
Father, Son, Holy Ghost;
Enemies run away!

This procedure is repeated three times. If the healer obtains a positive diagnosis, he tosses the water and

oil mixture out the door. The victim is cured when the next passerby absorbs the evil force contained in the mixture.

- (2) To determine whether *mal'uocchiu* is, or is not, responsible for causing a particular ailment, certain Italian-American healers use the following technique (see Foulks, *et al.*, 1977:30-32). The healer holds a bowl of salt water over the head of the victim, and slowly sprinkles several drops of olive oil into the water. After invoking the Christian Trinity, he uses a scissors to cut the oil globules. The healer makes a positive diagnosis if the oil continues to float on the surface of the water.

According to one healer, the curing ritual involves a simple procedure:

Make the sign of the cross on the forehead of the one who has been cursed with a small cross and an old key, and then say: Sad eye, go away for the love of Jesus Christ; go to the mountain for the love of Saint Anna. Two have wounded you and three have saved you: the Father, the Son, and the Holy Spirit. Sad eye, go away for the love of Jesus Christ; go to the mountain for the love of Saint Anna (Foulks, *et al.*, 1977:32).

This procedure is repeated three times. The victim is then given, by the healer, a written prayer to insert into a small cloth amulet.

- (3) Williams (1938:169) provides the following example of a

charm used by a Southern Italian healer to treat the effects of *mal'uocchiu*:

In the name of the Father and of the Holy Trinity.
Two eyes have harmed you,
May three person relieve you:
Father, Son, and Holy Spirit.
Away with envy and iniquity,
May they scotch and burn in the flaming fire.
Drive away all evil.
In this house there are four evangelists:
Luke, John, Mark and Matthew.

- (4) An Italian-Canadian woman treats cases of *mal'uocchiu* by reciting a brief prayer:

Father, Son, Holy Spirit.
Think of your Mother,
Think of your Mother,
Let us fight with Holy Mary.
Two eyes offended me,
Four eyes offended me.
First, Second, Sixth Saints,
The Universe blow away the evil.
(Rush, 1974:48)

She recites this prayer three times. Each time the prayer is recited, she makes the sign of the cross on the victim's head.

The precise techniques healers use to assist victims of *mal'uocchiu* differ in a number of ways. In order to effect a cure, for example, one healer may simply invoke the Christian Trinity, while another will invoke the Trinity plus appeal to the Virgin Mary, or one of the saints, for additional assistance. The particular saint

healers appeal to varies. They may appeal to Santa Lucia, the patron saint of vision (Moss and Cappannari, 1976:11), Saint Luke, the physician (Williams, 1938:169), or one of the other saints the Roman Catholic Church officially recognizes. In addition, certain Sicilian-Canadians appeal to individuals such as Santo Scintilla and Padre Iachinu (Gioacchino) who, to my knowledge, are not officially recognized as saints by the Catholic Church.²⁰

The diagnostic and therapeutic process involves the use of secret information. This information is transmitted, from generation to generation, by one family member to another. Unless two individuals are taught the procedure by the same traditional healer, I suggest that it is unlikely they will use precisely the same techniques during the healing ritual. This explains why local, as well as regional, differences exist. These differences, however, are superficial. The healing ritual always involves a direct or indirect supplication to God, the ultimate symbol of "goodness".

Prevention

The evil eye process involves primarily an interaction between *ittaturi* and victim. The effects of this interaction are dependent upon the strength/weakness equilibrium of both parties. More specifically, a *taliatura*

is most effective when the following conditions prevail: first, the *ittaturi* experiences strong emotions such as *mmidia*; second, the potential victim is in a physically or mentally weak state. Sicilian-Canadians, however, believe they can neutralize the *taliatura* by taking preventive measures. These measures can either decrease the strength of the *ittaturi*, or increase the strength of the potential victim. In either case, these measures help prevent effective exposure to *mal'uocchiu*.

Preventive Measures that a Potential *Ittaturi* Can Take

During the process of social interaction, an individual who believes he is a potential *ittaturi* can take appropriate measures to ensure that he does not cause misfortune. After praising or complimenting a child, for example, the individual can include a protective phrase such as '*Diu ti binidici*' (God bless you), '*Fori mal'uocchiu*' (be gone evil eye), or '*Tocca fierru*' (touch iron). Sicilian-Canadians regard praise and compliments as signs that an individual may be consciously or unconsciously envious of others. Envy is the activating force behind *mal'uocchiu*. By repeating a protective phrase, the potential *ittaturi* avoids unintentionally exposing the child to *mal'uocchiu*.

Ittaturi, unlike *stregi*, generally do not know

they possess *mal'uocchìu*, and have no control over its effects. For this reason, most people take preventive measures at the appropriate times. This does not mean that every time an individual utters a protective phrase he actually believes he is a potential *ittaturi*. Sicilian-Canadians repeat protective phrases not only to prevent misfortune, but also to demonstrate their respect for the individual(s) they are communicating with. The recipient of the protective phrase accepts the phrase as a sign of good will.

Preventive Measures That a Potential Victim Can Take

When an individual comes in contact with a person he believes may be a potential *ittaturi*, he can take various measures to prevent effective exposure to *mal'uocchìu*. These measures include gestures, spoken words, and use of talismans. I list specific measures below:

(A) Gestures.

1. Touching the genitals.
2. *Mani cornuta*, made by closing the fist and extending the index and small finger.
3. *Mani fica*, made by closing the fist and extending the thumb between the index and middle finger.

(B) Spoken words.

1. *Tocca fierru* (touch iron). Some informants stress

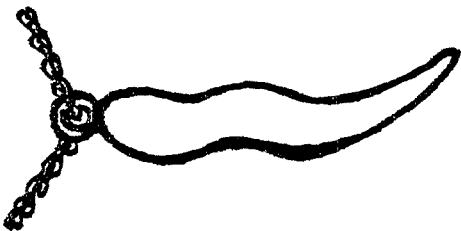
that the individual must also touch something made of iron or steel.

2. *Corna* (horns). This word is most effective when the individual uses it in combination with the *mani cornuta*.
3. *Fori mal'occhio* (be gone evil eye).

(C) Talismans.

1. *Cornetto*, a small horn-shaped item often made of gold. These items are worn by the individual. In addition, some people hang large *corni*, made of gold-colored plastic, from the rear view mirror of their car.
2. *Chiavi Masculina*, a key of male gender. Individuals carry these keys in their pockets. Plastic, gold-colored, keys are also displayed over an individual's doorway.
3. Any object made of iron or steel.
4. A red ribbon, or any red-colored article.
5. A packet of salt. Individuals usually sew the packet into their clothing. This device is most effective if the packet is made of red cloth.
6. Religious items such as a crucifix or medallion.

- (D) Many female informants stress that regular attendance of church services also provides a degree of immunity to *mal'occhio*.
- repeated



Cornetto



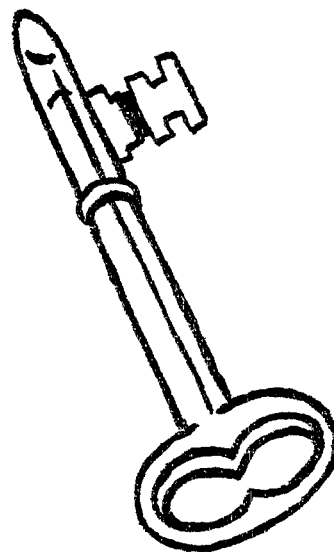
Mani fica



Mani Cornuta



Plastic, gold-colored, *chiavi*



Chiavi masculina

Although these measures can neutralize *mal'uoocchiu*, and thereby prevent the occurrence of misfortune, they are not effective in all cases. Several informants, including Don Gesualdo, estimate that preventive measures are effective in approximately 90% of cases. In order to reduce the risk factor, many individuals employ more than one measure.

Symbolic Aspects of Preventive Measures

Mal'uoocchiu is a primary component of the "evil" dimension of the good/evil dichotomy for two reasons. First, it is an internalized evil power capable of injuring unsuspecting individuals. Second, it is activated by anti-social emotions; these emotions, according to Christian belief, are themselves a part of the "evil" dimension. I suggest that certain preventive measures neutralize *mal'uoocchiu*, because they are directly associated with the "good" dimension. Religious items, for example, symbolically invoke the forces of "good". An individual who wears a crucifix or medallion does not have to consciously appeal to God for help. By wearing the religious item he makes the following symbolic statement: "I constantly appeal to God for help; He will deliver me from evil."

Some of the preventive measures I list above are obviously of Christian origin; others, however, are of pre-

Christian or non-Christian origin. Many of the non-Christian measures have a sexual connotation. Various protective devices, including the *cornetto* and *chiavi masculina*, are phallic symbols (Elworthy, 1895; Tourney and Plazak, 1954; Rush, 1974). As phallic symbols, these devices represent virility and masculinity. In contrast, the ending of the words *taliatura*, *mmidia*, and *ittatura* implies that these terms are of feminine gender. Several informants maintain that the *cornetto* helps prevent misfortune by piercing the evil *taliatura*.²¹ I believe that, during the process of social interaction, the person who is wearing the *cornetto* symbolically engages in sexual intercourse with the potential *ittaturi*. Victim and *ittaturi* become "one". The *taliatura* is effectively neutralized, because an *ittaturi* does not project *mal'uocchio* upon himself.

The major stumbling block to this interpretation is the fact that the word *mal'uocchio* is itself of masculine gender. I argue that the phallic symbols do not directly counteract *mal'uocchio*; instead, they neutralize the factors that activate (i.e., *mmidia*) and direct (i.e., a *taliatura*) the phenomenon. These factors are of feminine gender. If the preventive measures fail, *mal'uocchio* will cause misfortune. To neutralize the effects of *mal'uocchio* the victim consults a traditional healer who performs a cure (*cura*). Since the word *cura* is of feminine gender, it

counteracts the effects of the evil masculine force.

Discussion and Comparison of Preventive Measures

Concentrating on evil eye talismans and charms, Swiderski (1976) examines certain differences between traditional Italian evil eye beliefs and beliefs held by third- and fourth-generation Italian-Americans. He suggests that folk talismans were originally used by Italians to negate the effects of *mal'uocchiu*. In contrast, Italian-Americans do not regard the talismans as mere preventive devices; they attribute *positive* value to the talismans. For Italian-Americans, the talismans are "good luck" charms. In addition, Swiderski suggests that these charms have become symbols of ethnic identity.

The Italian-American charms Swiderski describes are made of plastic, and often combine various features of different talismans.²² I did not observe, nor hear of, these conglomerate charms during my field research here in Hamilton. The reason for this discrepancy may be related to the fact that I interviewed primarily Sicilian-born individuals. The presence of plastic, gold-colored, talismans (see p. 77) suggests to me, however, that the process Swiderski describes may be just beginning.

According to Foster (1972:165), "in every society people use symbolic and nonsymbolic cultural forms...to

neutralize...the dangers they see stemming from envy, and especially their fear of envy." He divides these cultural forms into three broad categories. First, cultural forms used by individuals who are afraid to recognize their own envy. Second, cultural forms used by individuals who fear others may suspect them of envy. Third, cultural forms used by individuals who fear the envy of others. Since Sicilian-Canadians explicitly link *mal'ucchiu* with *mmidia*, I will briefly examine whether *mal'ucchiu*-related beliefs and practices are comparable to these cultural forms.

Foster (1972:184) maintains that it is difficult for a person to admit he is envious of others, because this admission implies he is inferior in some way to the individual he envies. Since people find this admission unacceptable, they use various culture-specific devices to rationalize that they are not envious, or at least not consciously envious, of others. I suggest that Sicilian-Canadian evil eye beliefs provide the basis for similar rationalizations. If an individual, for example, displays what others interpret as envious behavior, and the victim subsequently becomes ill, he must rationalize both to himself and others that he is not directly responsible. He can do this by suggesting that on that particular occasion, although he is not thoroughly convinced, he may have been an *ittaturi*. As an *ittaturi*, he was not aware of the envious feelings, and did not intend to injure the

victim. This admission allows the person to maintain a positive self-image.²³

Foster (1972:182-184) also maintains that people use various symbolic expressions, such as 'God bless you', to avoid suspicion of envy. Most Sicilian-Canadians take preventive measures to avoid unintentionally injuring others. By repeating a protective phrase, as Foster suggests, the potential *ittaturi* symbolically ensures others that he is not envious of them. This, in my view, represents the negative dimension of the protective phrase; it clarifies precisely what the potential *ittaturi* does not wish to communicate. He obviously does not want others to interpret his behavior as a sign of *mmidia*. The protective phrase, however, also has a positive dimension. The potential *ittaturi* uses the phrase to protect, and demonstrate his respect for, the individual he is communicating with. For this reason, I argue that Foster's interpretation of these symbolic expressions is incomplete. His presentation focuses solely on the negative dimension.

Finally, Foster (1972:175) maintains that people can use "four distinct but intimately related types of behavior" to avoid provoking the envy of others. These forms of behavior include: concealment, denial, symbolic sharing, and true sharing. Since envy is the activating force behind *mal'uocchiu*, Sicilian-Canadians agree that the best way to avoid the dangers of *mal'uocchiu* is to make

sure you do not give others a reason to be envious. If an individual achieves a particular goal, for example, he should not brag or unnecessarily advance himself in the eyes of others. Instead, he should play down the importance of the achievement. If the importance of the achievement is too obvious to conceal or deny, the individual can invite others to help him celebrate, and thereby share in his good fortune. Although symbolic and true sharing occur, Sicilian-Canadians do not regard sharing as an envy-reducing mechanism; sharing is intimately linked with Sicilian etiquette and the notion of "respect". From Foster's point of view, however, these forms of sharing are institutionalized, and therefore unconscious, mechanisms of reducing envy, or fear of envy.

During the course of social interaction, people find that it is not always possible or desirable to conceal, deny, or share a valuable asset. In this case, the individual who fears the envy of others must take appropriate measures to reduce his vulnerability to *mal'uocchiu*. Preventive measures (see pp. 76-77) serve this function.

Summary

Sicilian-Canadian evil eye beliefs help people cope with personal misfortune. They do this in two ways. First, evil eye beliefs provide individuals with a means

by which they can explain the occurrence of misfortune. Second, they provide individuals with a means by which they can take action when confronted by misfortune. An individual who believes he is a victim of *mal'ucchiu*, for example, can consult a traditional healer. The healer will perform a culturally relative diagnostic and therapeutic procedure to assist the victim. Most Sicilian-Canadians, however, do not wait for misfortune to strike; they take various measures to avoid or prevent exposure to *mal'ucchiu*. Since Sicilian-Canadians believe that everyone is, at one time or another, a potential *ittaturi*, they also take appropriate measures to ensure that they do not unintentionally expose others to *mal'ucchiu*.

CHAPTER V

LI CULPITI: VICTIMS OF MAL'UOCCHI U

For many Sicilian-Canadians, *mal'uocchiu* is not merely a remnant of traditional beliefs. It is, when the appropriate conditions prevail, an active force that has deleterious effects on certain individuals. In this chapter, I will present and examine actual case histories of victims of *mal'uocchiu*.²⁴ I divide the case histories into two broad categories. The first category involves *retrospective information*. More specifically, I base my presentation of these cases on the recall of either the victim or a significant other. In contrast, the second category involves *cases I observed*. My presentation of these cases is based on both personal observations and information I obtained from either the victim, healer, or significant others. The case histories will provide the necessary background information for my analysis of the evil eye process.

Case Histories: A. Retrospective Information

Case #1: Alfredo

Alfredo, a Canadian-born Sicilian, is approximately fifty-five years old. During the early 1960s, he was

stricken by a severe illness which has left his legs partially paralyzed. Prior to the illness, Alfredo was an employee at a local factory.

Alfredo consulted medical specialists in both Canada and the United States. According to Rena, Alfredo's Sicilian-born wife, these specialists were not able to produce positive results, nor provide explanations acceptable to the couple. For these reasons, she began to suspect that either *mal'uocchiu* or a *fattura* caused the illness. In order to verify her suspicion, they consulted a *sonnabola*. *Sonnaboli* are capable of going into a deep sleep to see past, present, and future events. Rena and Alfredo stress, however, that this particular *sonnabola* also has healing powers.

The *sonnabola* suggested that the illness was intentionally caused by an individual, or several individuals, utilizing *mal'uocchiu*. The severity of the illness was due to repeated exposure over a relatively long period of time. She also suggested that the illness process had proceeded too far; it was no longer possible to cure the problem. The couple accepted this explanation.

Case #2: Ninarda

Ninarda, a middle-aged woman, was born in Racalmuto. She came to Canada approximately twenty years ago, and is presently employed at a local factory.

After a difficult day at work, she rushed to the ladies locker room in order to change into her good clothes. Ninarda and her husband were planning to spend the evening with friends. The other female workers, however, delayed Ninarda by expressively complimenting her on the way she was dressed. An Italian woman (P.) was particularly vocal. Within minutes, Ninarda came down with a headache, and experienced stomach problems.

P. took Ninarda aside, asked about the symptoms, and mentioned that she could cure *mal'uocchiu*. Although P. was not absolutely sure, she suggested that she may have unintentionally caused the ailment. In order to relieve the symptoms, P. silently recited a prayer while making the sign of the cross, with a knife, over Ninarda's abdomen. She repeated the procedure a total of three times, and then asked Ninarda to drink a glass of water. According to Ninarda, the symptoms disappeared as soon as she finished drinking the water.

Case #3: Mariella

Mariella is approximately sixteen months old. Although her parents, Mr. and Mrs. C., were both born in Sicily, they have resided in Canada for most of their lives. Mariella is an only child.

While shopping one day, Mrs. C. and Mariella

encountered certain female acquaintances. These individuals were very polite, and made various complimentary remarks about the child; however, they failed to add a protective phrase. That evening, Mariella became very nervous, restless, and cried uncontrollably. Since the child's condition did not improve after two days, several neighbors suggested that *mal'uocchiu* may have caused the problem.

Mr. and Mrs. C. took Mariella to see a traditional healer. Zia Mimma (see pp. 65-66) performed the diagnostic test, and affirmed that *mal'uocchiu* did in fact cause the ailment. She then performed the therapeutic ritual. Mrs. C. reports that the symptoms gradually disappeared within the next two to three hours.

Case #4: Rosetta

Rosetta, a four year old girl, is Mr. and Mrs. F.'s oldest child; they also have a two year old son. Mrs. and Mrs. F. are Canadian-born Sicilians.

Each year Rosetta and her family, including the grandparent, eagerly await the Christmas festivities. The children usually receive a number of gifts from various friends and relatives. Prior to the 1979 Christmas festivities, Rosetta was particularly anxious to open her presents. On Christmas Day, however, she suddenly became ill. She experienced severe stomach cramps and general nausea.

During the festivities, Rosetta received complimentary remarks from most of the guests. Since compliments are often a sign that an individual is either consciously or unconsciously envious of others, Mrs. F. initially considered the possibility that *mal'uocchiu* caused the symptoms. Only close relatives, however, were present at the festivities. For this reason, Mr. and Mrs. F. decided that Rosetta had probably become too anxious, and was merely suffering from indigestion. Since the symptoms disappeared later that same day without treatment, and *mal'uocchiu*-related ailments usually last three to seven days unless treated, they consider their final decision to be accurate.

Case #5: Lillo

Lillo, a Canadian-born male, is approximately fifteen years old. Although his parents, Mr. and Mrs. R., were both born in Italy, only his mother is from Racalmuto. Mr. R. was born in Calabria.

Late one evening, Lillo became restless and began to complain that he was suffering from a severe headache. Mrs. R. recommended a patent medicine, but the medication did not relieve the problem. She then suggested that they visit a traditional healer. Lillo, however, refused to go; he was afraid that the healer's son, who was in the same

class at school, would tell everyone. The symptoms disappeared a few days later. Mr. and Mrs. R. are convinced the ailment occurred as a result of *mal'uocchiu*.

Case #6: Silvana

Silvana, a second generation Italo-Canadian, recently married Ricco, a Sicilian-born Racalmutese. They are both employed and have just purchased a new home. Silvana is approximately twenty-eight years old.

Silvana was ill for a relatively long period of time prior to the wedding ceremony. Her symptoms included: sore throat, a minor body rash, headache, and a lack of energy. A medical doctor diagnosed the illness as an infection and prescribed antibiotics. The medication, however, failed to produce positive results. Instead of re-visiting the medical doctor, Silvana's parents took her to see Don Gesualdo.

The diagnostic test Don Gesualdo performed revealed that Silvana was suffering from *mal'uocchiu*. After performing the healing ritual, Don Gesualdo recommended that she re-visit the medical doctor. Silvana, apparently was suffering from both *mal'uocchiu* and an infection. Don Gesualdo suggested that the medication would be much more effective now that *mal'uocchiu* was no longer a complicating factor.

The medical doctor prescribed stronger antibiotics.

Silvana followed the treatment regimen rigorously, and recovered fully within a week.

Case #7: Fofo

Fofo, a primary school student, is approximately seven years old. Since his parents do not own a home, they live with Fofo's maternal grandparents. His grandparents were born in Racalmuto.

Although Fofo's maternal grandmother (Mrs. A.) and a neighbor (Mrs. T.) belong to the same age group, and grew up together in Sicily, a major argument drew them irreconcilably apart. According to Mrs. A.'s daughter, "for years the two women have not even looked at each other whenever a chance encounter has occurred." Her statement, however, should not be taken literally; it is an emphatic expression relating the extent of the conflict between the two women.

Fofo usually returns home promptly after school. One day, however, Mrs. T. delayed his return. She stopped Fofo and asked him several questions. During this brief conversation, Mrs. T. commented that Fofo was growing rapidly. The boy became very ill that evening; he experienced general nausea, stomach cramps, and a headache. After questioning Fofo, Mrs. A. rushed to Mrs. T.'s home, accused her of causing the illness by means of either *mal'uocchiu* or a *fattura*, and warned Mrs. T. that the police would be

notified if the condition did not improve. Mrs. T. denied any responsibility concerning the illness.

Without the benefit of a diagnostic/healing ritual, Fofo recovered fully by morning. Mrs. A. believes that her scare tactic forced Mrs. T. to break or remove the spell. By accusing and threatening Mrs. T., Mrs. A. not only insulted Mrs. T., but also implicitly suggested that she is either a *strega* (witch) or a *fattucchiera* (sorceress). Other Sicilian-Canadians living in the neighborhood, although somewhat wary, are not entirely convinced that Mrs. T. can intentionally cause harm.

Case #8: Roberto

Roberto, a 55 year old construction worker, emigrated to Canada with his wife Lidia and their two children approximately twenty-five years ago. Mr. Ca., Lidia's brother, provided the financial assistance for their trans-Atlantic passage. The Ca. family left Racalmuto several years earlier, in order to improve their economic situation. Both families now reside in Hamilton.

During an informal visit, Roberto and Mr. Ca. began to argue over a minor matter. The argument, however, generated a great deal of tension; eventually, the two men exchanged offensive words. Although Roberto made several reconciliatory gestures later that evening, the Ca.'s

refused to return the visit for several months. Both Roberto and Lidia regard the refusal as a personal insult.

Roberto experienced a great deal of physical and mental discomfort during this time period. His symptoms-- i.e., headache, stomach cramps, depression and an inability to concentrate--recurring repeatedly; they would gradually disappear after a three or four day outbreak, only to reappear several days later. A noticeable twitching of his left eye muscles preceded each illness episode. Roberto finally consulted a traditional healer for the following reasons: first, during the original argument, Lidia saw Mrs. Ca. give Roberto a quick *taliatura*; second, other Sicilian-Canadians suspect Mrs. Ca. of possessing *mal'uocehiu*; third, a medical doctor merely prescribed ineffective, but expensive, tranquilizers;²⁵ fourth, the symptoms were beginning to affect Roberto's work performance.

After questioning both Roberto and Lidia concerning the ailment, an unidentified male healer performed the following diagnostic/healing ritual:

Initially, the healer placed several drops of oil into a saucer of water, while he silently recited a prayer. Following a positive diagnosis, he poured the oil and water mixture into the sink, and emphatically stated '*Fori mal'uocehiu!*' ['Be gone evil eye!'] three times. He then made the sign of the cross a

total of three times over Roberto's forehead to end the healing ritual.

Roberto reports that the illness has not recurred.

Case #9: Richard

Richard is approximately forty years old. Although he is not Italian, he has many Italo-Canadian, including Sicilian, friends. Of special interest for this discussion is his friendship with Zia Rosa (see pp. 66-67).

On several occasions Richard became ill immediately following an encounter with a specific Italo-Canadian woman. He experienced a slight headache and an inability to concentrate. His symptoms, however, usually disappeared later the same day. According to Richard, this woman "possesses eyes that appear to stare right through a person."

During a chance encounter at a local park, Richard related the problem to Zia Rosa. She quietly recited a short prayer and gave Richard a red ribbon to sew into his clothing for protection against *mal'occhio*. The symptoms have not recurred.

Case #10: Lora

Lora, a Sicilian-born Racalmutesa, is well over sixty years old. She currently works as a private seamstress.

During approximately thirty-two years of residence in Hamilton, Lora has been afflicted by *mal'occhiu* on numerous occasions. I will present three relatively recent cases that occurred between October, 1979 and May, 1980 below:

- (A) Lora designed and prepared a special dress for her daughter-in-law. An unexpected visit from two female acquaintances, however, delayed the completion of last minute alterations. Although Lora was anxious to complete the work, she prepared coffee and allowed Malba and Marinara to inspect the work. Both ladies commented favorably, and praised Lora's natural ability. In addition, Malba indicated that she wished to borrow the design. Since Lora designed the dress specifically for her daughter-in-law, she suggested that this was not possible. Malba interpreted the refusal as a personal insult; this precipitated a lengthy argument.

When Malba and Marinara finally departed, Lora attempted to complete the work. Although the alterations should have been completed within a couple of hours, the dress remained unfinished for well over a week. Whenever Lora attempted to work on the dress, she would begin to yawn uncontrollably, gradually lose the strength in her hands, and not be able to concentrate on the work. Following the advice of a

friend, Lora consulted Don Gesualdo.

Don Gesualdo suggested that the visitors may have been somewhat envious of Lora's work, and thereby exposed her to *mal'uocchiu*. Since the effects were relatively minor, he also suggested that the problem was caused unintentionally. The diagnostic test corroborated Don Gesualdo's initial diagnosis, therefore, he performed the healing ritual. Lora completed the alterations later that day.

- (B) Several weeks after Don Gesualdo performed the diagnostic/healing ritual, Lora encountered Malba unexpectedly at a local grocery store. According to Lora, Malba gave her a strange *taliatura*, refused to exchange greetings, and quickly departed. Lora became seriously ill that day; the symptoms included: depression, headache, general aches and pains, forgetfulness, inability to concentrate, and "the feeling that the house was caving in on her." These symptoms persisted for approximately two weeks.

Although Lora suspected *mal'uocchiu* as the cause of the ailment, she consulted a medical doctor. The doctor suggested that the problem occurred as a result of stress, therefore Lora should attempt to relax and enjoy herself. Dissatisfied with both the diagnosis and recommendation, she visited Don Gesualdo. Since the diagnostic test produced a positive result, Don

Gesualdo performed the healing ritual. Lora, however, was *carricata* (heavily affected); it was necessary to repeat the diagnostic/healing ritual three times.

The diagnostic/healing ritual can only be performed a total of three times per day, per person; therefore, Don Gesualdo could not determine whether *mal'uocchiu* was effectively neutralized. In order to re-administer the diagnostic test, he recommended that Lora return within the next two or three days. Early the next morning, however, Lora experienced a severe headache that caused her to collapse. She quickly consulted Don Gesualdo, but the diagnostic test produced a negative result. Don Gesualdo explained that the illness may reach its peak just after the healing ritual, therefore the individual, although cured, may experience temporary discomfort.

- (C) Lora's attempt to resolve the disagreement between Malba and herself, by designing and preparing a dress for Malba at a low price, failed. When she delivered the dress, Malba complained that the finished product, due to certain imperfections, was not worth the asking price. This precipitated a major argument. The final result of the argument was the termination of their relationship.

While walking home after the argument, Lora experienced considerable discomfort--i.e., severe

stomach pains, difficulty breathing, nervous tension, and an inability to forcefully move her legs. Lora maintains that she was fortunate to encounter two female acquaintances. With their assistance, she was able to reach a friend's (Nonna) home. Based on the information she obtained from Lora and the other ladies, Nonna quickly prepared a glass of liqueur, made the sign of the cross over Lora's forehead while silently reciting a short prayer, and forced Lora to drink the liqueur. Lora was initially reluctant to drink the liqueur, because she has an ulcer. Although Nonna is not a traditional healer, she performed this ritual to counteract the possible effects of *mal'uocchiu*. Lora's condition improved significantly within a short period of time.

Case Histories: B. Cases I Observed

Case #11: Stella

Stella, Signora Franca's (see p. 68) only grandchild, is approximately eight months old. Stella was a victim of the effects of *mal'uocchiu* on two separate occasions. I will describe both cases below.

- (A) Friends and relatives consider Stella to be a very friendly, loveable child; Signora Franca is particularly proud of her granddaughter's disposition. In order to

introduce Stella to certain relatives, Signora Franca convinced Stella's parents to bring the child to an important wedding reception. Upon arrival at the reception hall, Stella began to cry violently. Although the parents made various attempts to calm Stella, she continued to cry uncontrollably. Signora Franca finally took the child outside, made the sign of the cross over her forehead, and recited a short prayer (see p. 68). She then took Stella home. According to Stella's parents, "the crying probably resulted because Stella is not used to seeing so many people at one time." Signora Franca, however, insists that the child was a victim of an envious *taliatura*.

- (B) Several days later, I discussed the incident with Signora Franca and Stella's parents. During the conversation Chirasa, a neighbor, paid us an unexpected visit. She participated in the discussion, and provided useful information concerning the evil eye process.

As Chirasa prepared to leave, she directed several complimentary remarks toward Stella. Her departure coincided with another bout of crying; it was difficult to control Stella. Signora Franca quickly repeated the family healing ritual. At this point, Stella suddenly stopped crying. Although Signora Franca did not explicitly accuse Chirasa of causing the problem, she stated that: "an individual who claims to know information

about *mal'ucchiu* should be more careful to employ the appropriate protective phrases after making a compliment."

I suggest that Chirasa was not careless. Since she considers Signora Franca to be her best friend, and she is in continuous contact with Stella's family, Chirasa believes she is above suspicion. She considers herself a part of the family. Although anyone may be a potential *ittaturi*, family members generally do not injure each other by means of *mal'ucchiu*. Sicilian-Canadians believe that close relatives are rarely envious of each other. I also suggest, however, that Signora Franca does not share this definition of Chirasa's family status.

Case #12: Pippinedda

Pippinedda, a Canadian-born Racalmutesa, is currently seven years old. At school, Pippinedda has disciplinary problems. Her parents suggest that she is merely a hyper-active child. Both relatives and friends, however, consider Pippinedda to be a 'troublemaker'.

While attending an informal reception in honour of a newly arrived emigrant family, Pippinedda and several other children began to create a minor disturbance. Although most adults ignored the incident, the host was noticeably annoyed. Rather than complain to the parents, the host

rushed toward Pippinedda and administered a verbal chastisement. The host's unexpected behavior stimulated an unpredictable reaction. Pippinedda began to cry uncontrollably, hyperventilate, and shake violently. Her parents had to carry her home.

The next morning Pippinedda was unable to attend school. She experienced a severe headache, an exhausted feeling, and noticeable depression. Her parents consulted Don Gesualdo, because they suspected that *mal'uocchiu* triggered the symptoms. Don Gesualdo stated that it was not necessary to conduct a diagnostic test; the ailment was not due to *mal'uocchiu*. He attributed both the reaction and the symptoms to *spavientu* (sudden, extreme fright). In order to relieve the symptoms, Don Gesualdo silently recited a short prayer and recommended she drink a hot cup of camomile tea.

Analysis of Case Histories

The preceding case histories share an essential feature in common. In each case, either the victim or a significant other experiences a stress creating discrepancy between personal expectations and actual occurrences. This discrepancy occurs when one or more of the following conditions prevail:

- (1) The victim, or significant other, fails to realize his

wishes, hopes or desires.

- (2) The victim, or a significant other, is confronted by a sudden, unexpected, event.
- (3) An individual displays culturally inappropriate behavior, such as failure to repeat a protective phrase after a compliment, toward the victim.

Whenever an individual's expectations do not correspond with what actually takes place, he experiences a degree of stress or tension. Although everyone experiences this discrepancy daily, the degree of stress it stimulates varies from one individual to another, and from one situation to another. The degree of stress the discrepancy generates depends on two interrelated factors. First, it depends on the individual's emotional, physical, and psychological state at the precise moment the discrepancy occurs. Second, it depends on the importance the individual attaches to his expectations. I suggest that the stress:

- (a) creates a need for the individual to explain why the discrepancy, or events following the discrepancy, occurred; or,
- (b) in extreme cases, actually causes physical symptoms.

(a) Need to Explain Discrepancy

When an illness episode is preceded by, or involves, an expectation/actual occurrence discrepancy that creates stress, Sicilian-Canadians may react in a variety of

different ways. One possible reaction is to attribute the illness to *mal'uocchiu*. Factors that influence an individual's decision to attribute the illness to *mal'uocchiu* include: (1) the degree to which the illness episode is consistent with ethnomedical beliefs; (2) the presence or absence of other, appropriate, explanations; (3) the emotional state of either the victim or a significant other, and the potential *ittaturi*; and, (5) whether relatives, friends, and a traditional healer support or criticize the individual's initial suspicion that *mal'uocchiu* is responsible for causing the ailment.

By identifying *mal'uocchiu* as the cause of the illness, the individual utilizes a culturally relative means of explaining why he, rather than another individual, is suffering from a particular ailment. Once the individual accepts this explanation, he can choose one of several alternative measures to neutralize or counteract the effects of *mal'uocchiu*. I suggest that both the explanation and the alternative means of taking action serve as mechanisms that relieve stress. These mechanisms relieve stress generated by the expectation/actual occurrence discrepancy, because they provide Sicilian-Canadians with a means by which they can cope with the discrepancy.

In order to illustrate how people utilize evil eye beliefs to cope with a stress creating discrepancy between personal expectations and actual occurrences, I will briefly

examine two case histories below.

Case #1: Alfredo (pp. 86-87)

Alfredo and Rena went to great lengths to consult medical specialists in both Canada and the United States, in the hope that one of these specialists could provide an effective medical treatment for Alfredo's partial paralysis. The couple, however, failed to realize their hopes and desires. The medical specialists were neither able to provide an effective treatment, nor an explanation acceptable to the couple. I suggest that Alfredo and Rena experienced a stress-creating discrepancy between their initial hopes for Alfredo's recovery and their realization that, from an orthodox medical perspective, he is permanently disabled.

Although the *sonnabola* did not cure Alfredo, she provided the couple with a culturally relative explanation for the cause of the ailment, its severity, and failure of medical treatment. Medical specialists failed to produce positive results because Alfredo is not suffering from a natural disorder. I suggest that this explanation resolves the expectation/actual occurrence discrepancy, and thereby relieves, at least to some degree, the stress Alfredo and Rena experienced as a result of the discrepancy.

Case #7: Fofu (pp. 92-93)

Prior to the events I describe in this case history, Mrs. A. and Mrs. T. were able to avoid and ignore each other for a relatively long period of time. This avoidance behavior represents the plan of action the two women chose to cope with the conflict situation. Mrs. T., however, disrupted the established pattern of interaction by accosting Fofu. Since Mrs. T.'s actions did not correspond to the established pattern of interaction, and Fofu became ill immediately following the encounter, Mrs. A. experienced a stress-creating discrepancy between her personal expectations and what actually transpired.

In order to explain why the discrepancy occurred, Mrs. A. interpreted Mrs. T.'s behavior as a disguised act of hostility. She accused Mrs. T. of causing Fofu's ailment intentionally, and threatened to call the police if Mrs. T. did not remove the spell. Mrs. A. based her interpretation and plan of action on the following evil eye beliefs. First, *mal'uocchiu* is a potential source of human suffering. Second, due to his age, Fofu does not possess the internal strength to prevent effective exposure to *mal'uocchiu*. Third, Mrs. T. displayed strong, hostile, emotions toward Mrs. A. in the past. Fourth, according to Mrs. A., Mrs. T. did not include a protective phrase at the end of the compliment. Fifth, *stregi* and *fattucchieri* are capable of

removing their evil spells.

Mrs. A. implied that Mrs. T. is innately evil, by suggesting that she caused the ailment intentionally. As a result of the sudden and unexpected nature of Mrs. A.'s actions, and the implication these actions conveyed to Mrs. T. and others, Mrs. T. also experienced a great deal of stress. The implication does not correspond with Mrs. T.'s self-conception. For this reason, she denied any responsibility for causing the ailment; the denial reaffirmed her self-conception. Since Fofu recovered fully by morning, Mrs. T. suggested that the ailment occurred as a result of natural causes. *Mal'uocchiu*-related ailments usually last three to seven days if the individual does not receive treatment.

Since both Mrs. A. and Mrs. T.'s interpretation of the events that transpired are consistent with ethnomedical beliefs, Sicilian-Canadians living in the neighborhood are not entirely convinced that Mrs. T. can intentionally cause harm. I suggest that the two women arrived at different interpretations because they manipulated and addressed different aspects of the folk model. I also suggest that, by manipulating evil eye beliefs, they relieved stress generated during the course of social interaction.

(b) Discrepancy as Cause of Illness

I propose that in certain cases the expectation/actual occurrence discrepancy generates sufficient stress to cause, or at least contribute in causing, illness. The discrepancy, however, does not have a similar effect on everyone. Whether the discrepancy does, or does not, cause illness depends on both the degree of stress the individual experiences, and the degree of stress the individual is able to tolerate. The notion that certain people are not mentally or physically prepared to handle excess stress is consistent with ethnomedical beliefs. Sicilian-Canadians, for example, believe that "weak" individuals are more likely to succumb to the effects of *mal'uocchiu*.

The 'discrepancy as cause of illness' process operates in one of two ways:

- (1) An individual becomes ill as a result of a stressful discrepancy between his personal expectations and what actually transpires. This stressful discrepancy is the direct cause of illness. In order to explain why the illness occurred, the individual attributes the ailment to *mal'uocchiu*.
- (2) An individual becomes ill when the stress generated by the discrepancy is magnified and intensified because the discrepancy itself involves a *mal'uocchiu*-related dimension, such as an unexpected *taliatura* from a

known *ittaturi*. In this case, *mal'uocchiu* is the direct cause of stress and, therefore, the indirect cause of the ailment.²⁶

Below, I will briefly examine a case history to illustrate two points. First, that a stressful expectation/actual occurrence discrepancy may cause illness. Second, that traditional healers can cure stress-related ailments.

Case #10c: Lora (pp. 98-99)

Lora agreed to design and prepare a reasonably priced dress for Malba, in order to resolve their interpersonal conflict. Instead of accepting the peace offer, Malba criticized Lora's work; this precipitated a serious argument. Lora became ill within a short period of time. I suggest that the stress/tension Lora experienced as a result of her failure to resolve the conflict, Malba's unexpected behavior, and the intense argument caused the ailment. Nonna relieved the symptoms by performing a healing ritual.

Shrut (1960) and Kiev (1968) maintain that traditional healers who treat victims of the evil eye are ethno-psychiatrists. These healers provide effective treatment by recognizing and relieving the psychological stress / anxiety the patient is suffering from. I suggest that Sicilian-Canadian healers, including 'non-specialists' such as Nonna, also relieve stress and anxiety during the thera-

peutic process. The diagnostic and healing rituals provide the healer with a means by which he can explain, in a way acceptable to the victim and significant others, why the individual is ill. He can then take appropriate measures to cure the ailment. The fact that Lora recovered completely immediately following the healing ritual indicates to me that traditional therapeutic measures are effective in stress-related cases.

Discussion and Comparison

In this chapter, I propose that the critical feature of the evil eye/illness interrelationship is the presence, in each case history, of a stress creating discrepancy between an individual's personal expectations and what actually transpires. This type of discrepancy occurs either prior to the manifestation of physical symptoms, or prior to suspicion that *mal'uocchiu* caused the ailment. In order to demonstrate that my proposal is also applicable in other ethnographic contexts, I will briefly analyze three case histories that other writers describe.

Case A: Rafael, a Mexican-American (Rubel, 1960:802)

You know, the other day before I came to work I shaved, took my whiskers and all off. When I was outside I met a woman who looked at me and said, "You just shaved, didn't you? Took your whiskers off?" Well, I went on to work, and pretty

soon I was feeling sick, and then I felt real hot. Well, I went up to Mrs. Brown, my boss, and said, "...I don't think I'm going to make it today!"....I went on home and got into bed...my brother came home and said, "...let's go see the doc."...he gave me a shot, and gave me some pills, and I went on back to bed. I wasn't feeling any better, so I told my wife to go on over to that woman's house and bring her over here. She came... and ran her hands over my face and said, "Well, you looked so young and so cute that I guess that's why I noticed you."...she went away then, and pretty soon I began to feel better....

I suggest that Rafael experienced two expectation/actual occurrence discrepancies. The first discrepancy occurred during the initial encounter with the woman. According to Rubel (1960:812), the woman displayed what Mexican-Americans consider to be inappropriate behavior; she "...reversed the expected sex roles, making him the passive partner...." This sudden, unexpected, event preceded the illness process. The second discrepancy occurred when the medical doctor failed to provide effective treatment for the ailment. This discrepancy preceded Rafael's decision to attribute the illness to *mal ojo* and take appropriate action to counteract its effects.

Case B: Sam, a Hutterite Preacher (Stephenson, 1979:256)

A preacher visiting a nearby colony was asked to give the Sunday sermon there. He did so but the following events, as described in his own words, ensued:

At the very end of the service I suddenly felt hot, and I started to sweat....I also got thirsty....

I almost couldn't get out of the building I felt so bad. Right after I got outside my legs started to feel weak and then this woman that I knew as a boy...came up to me....She said, "Sam it surely is good to see you and to hear you preach. I don't think I've ever heard such a fine sermon before..." After that she must have noticed that I was pale and sweating because she slapped the side of her face and said, "...I've *pshried* you!!" Well, they ran and got a piece of red cloth and rubbed it all over my face and wiped my eyes with it....all of a sudden I felt just fine!....I...felt like nothing had even happened....

In this case history, the preacher experiences two expectation/actual occurrence discrepancies. The first discrepancy occurs during the service. The preacher experiences sudden and unexpected physical symptoms. Immediately following the service, the second discrepancy occurs. Stephenson (1979:256) states that the woman acted in a very unconventional manner when she accosted and praised the preacher. Normally, Hutterites move quickly to the kitchen for dinner, while the preacher retires to his quarters, after a sermon. This unconventional, and from the preacher's point of view unexpected, behavior occurred before the woman attributed the symptoms to *pshrien* (evil eye). I suggest that these two expectation/actual occurrence discrepancies influenced the preacher's decision to accept the woman's interpretation of what transpired.

I also suggest that the woman herself experienced an expectation/actual occurrence discrepancy during the encounter. She did not expect to see the preacher suffering from an ailment. Since Hutterites believe praise and admiration may activate the evil eye, the woman concluded that she caused the ailment. She utilizes the evil eye belief to explain why both the preacher's illness, and the discrepancy she herself experienced, occurred.

Case C: An Italian-American Child (Williams, 1938:154)

A group of women meeting at a friend's house to pass the afternoon noticed with misgiving that a childless woman, said to have the Evil Eye, was present...A young mother who had brought her six-months-old baby was especially uneasy and planned to leave as soon as she could without attracting attention. Everyone said something complimentary about the child, carefully adding 'God bless it' afterwards. The childless woman did not say this, and the omission had such a depressing effect on the little party that in a short time they all went home. A few weeks later the baby died, and its death was attributed to the woman with the Evil Eye.

The primary factor that influenced the women's decision to attribute the death to the evil eye is the childless woman's failure to meet the expected behavioral requirements of the group. Everyone, especially an individual who is said to have the evil eye, should include a protective phrase after complimenting a child. Since her unexpected behavior preceded the illness process, I suggest

that this case history is consistent with my expectation/
actual occurrence hypothesis.

The preceding discussion supports my contention
that evil eye episodes involve an expectation/actual
occurrence discrepancy. This stress generating discre-
pancy occurs not only in cases I describe, but also in
cases other researchers describe.

CHAPTER VI

CONCLUSION

In *Witchcraft, Oracles and Magic Among the Azande*, Evans-Pritchard (1937) elucidates how the Azande perceive and attempt to handle misfortune. He suggests that witchcraft beliefs provide members of the society with both a means of explaining why illness and misfortune occurs, and a means of taking action to either prevent or counteract its effects. Throughout this thesis, I examine the interrelationship between *mal'uocheiu* and illness. This examination indicates to me that Sicilian-Canadian evil eye beliefs and Azande witchcraft beliefs serve similar functions. The evil eye process involves both an "explanation" and an "action" dimension.

The "explanation" and "action" dimensions of the evil eye process are an integral part of my conclusion. Based on a synthesis of information that derives from both ethnomedical beliefs and actual case histories of victims of *mal'uocheiu*, I propose that:

In each evil eye episode, either the victim or a significant other experiences a stress creat-

ing discrepancy between his personal expectations and what actually takes place. Among Sicilian-Canadians, evil eye beliefs operate in one of two ways. First, *mal'uocchiu* serves as an explanatory device; it explains why the discrepancy, or illness associated with the discrepancy, occurred. Second, in certain cases, *mal'uocchiu* may function as an integral part of the discrepancy to cause illness. More specifically, *mal'uocchiu*-related behavior may generate sufficient stress in the victim to cause physical symptoms. Once the individual accepts the notion that *mal'uocchiu* caused the ailment, he can take appropriate action to relieve the symptoms. He can, for example, consult a traditional healer. Healers relieve stress by providing a culturally relevant explanation and treatment regimen that is acceptable to the victim and significant others. Culturally relevant explanations are effective in relieving stress because "they reduce what appears to be unordered or chaotic to the semblance of order" (Spooner, 1976:281).²⁷

The ideas I develop in this thesis have certain implications for evil eye and folk illness studies. In the

remainder of the chapter, I will examine these implications. Before proceeding with this discussion, however, I will examine briefly the relationship between witchcraft and the evil eye.

Witchcraft and Evil Eye

Since witchcraft and evil eye are related phenomena, I suggest that it is not surprising to find that Evans-Pritchard's concept of witchcraft and the Sicilian-Canadian notion of evil eye share certain basic similarities. In addition to providing people with a means of explaining and reacting to misfortune, the two phenomena share the following features in common:

- (1) Both systems involve an "ontological" explanation of disease causation. More specifically, these beliefs stipulate that an individual suffers from the effects of misfortune because he is affected by an evil external force. Witches and *ittaturi* injure unsuspecting individuals; they do not use their power to produce "good" effects.
- (2) Since anti-social emotions such as envy activate and direct an individual's witchcraft or evil eye power, these beliefs identify implicitly what is, and what is not, morally acceptable behavior. The moral implications of these beliefs influence how people act in

specific situations. A potential *ittaturi*, for example, will repeat a protective phrase after complimenting an individual, in order to: first, avoid injuring the individual unintentionally; and second, ensure others that he does not harbor envious feelings toward the individual.

- (3) Evans-Pritchard (1937:99) suggests that "sufferers from misfortune seek for witches among their enemies." Although this process is not apparent in all evil eye cases, I maintain that interpersonal conflicts are one of the criteria people consider when they attempt to identify the *ittaturi*. The case history involving Fofo (see pp. 92-93; 106-107) demonstrates clearly how people can manipulate evil eye beliefs to implicate their enemies. Since hostile emotions are the activating force behind *mal'uoocchiu*, it is logical for an individual to suspect one of his enemies of injuring him by means of an evil eye.

Although certain basic similarities exist, the two phenomena differ on a number of counts. The Azande believe that witches are conscious agents who enjoy injuring others deliberately (Evans-Pritchard, 1937:119). This differs from Sicilian-Canadian evil eye beliefs. Sicilian-Canadians maintain that *ittaturi* either do not know they possess *mal'uoocchiu*, or are not able to control the power to

intentionally injure others. Individuals who, by means of *mal'uoocchiu*, deliberately cause misfortune are not *ittaturi*; they are *stregi*. This difference, however, is superficial; it only exists at the ideal level. In practice, as Evans-Pritchard (1937:119-121) points out, the victim of a witchcraft attack maintains that witches are conscious agents, while persons accused of being witches believe otherwise. The Azande, therefore, are inconsistent concerning "conscious intent". In addition, certain African peoples, unlike the Azande, explicitly believe that "a witch may act without volition" (Evans-Pritchard, 1937: 119). For these reasons, I suggest that we cannot use "conscious intent" as a general maker to distinguish between witchcraft and evil eye phenomena cross-culturally.

The primary difference between Azande witchcraft beliefs and Sicilian-Canadian evil eye beliefs, that has cross-cultural implications, concerns their degree of specificity. For the Azande, there are two levels of causation. They recognize that natural factors are the direct cause of misfortune but, by attributing the misfortune to witchcraft, they also identify the ultimate cause. Witchcraft beliefs explain *why* a specific individual suffers a misfortune at a particular time and place (see Evans-Pritchard, 1937:69-70). These beliefs, however, do not specify the precise social or physical symptoms characteristic of successful witchcraft attacks.²⁸ In

contrast, Sicilian-Canadian evil eye beliefs identify *mal'uoocchiu* as a cause of both general misfortune, including illness, and a specific folk illness. The ethnomedical beliefs Sicilian-Canadians associate with this folk illness specify precisely: (1) the core symptoms that are involved in the illness process; (2) the duration and severity of these symptoms; (3) the factors that affect an individual's susceptibility to the ailment; and, (4) the various measures people can take to prevent or counteract the symptoms. In addition, the ethnomedical beliefs not only explain why the illness occurs, but also *how* it occurs. As mentioned previously (see pp. 51-52), *mal'uoocchiu* causes illness by disrupting the victim's internal equilibrium.

I suggest that "symptom specificity", the extent to which ethnomedical beliefs concerning a particular phenomenon identify core symptoms and provide symptom-related information, is one of the factors we can use to distinguish between folk illnesses, illness people attribute to the evil eye, and illness that occurs as a result of witchcraft. Furthermore, I propose that these three phenomena can be placed on a "symptom specificity" continuum.

Chart #4: "Symptom specificity" continuum.

Folk Illness (i.e., <i>susto</i>)	Evil Eye	Witchcraft
Most specific		Least specific

Ethnomedical beliefs people associate with folk illnesses such as *susto* (see Rubel, 1964) identify the core symptoms characteristic of the phenomenon. Although secondary symptoms vary, these beliefs do not propose to explain misfortune in general. In contrast, witchcraft beliefs are much less precise concerning core symptoms; they are much more concerned with explaining misfortune in general. Evil eye beliefs are two dimensional. These beliefs identify the precise symptoms people associate with the phenomenon; in addition, however, they also explain the occurrence of misfortune in general. People can attribute any symptoms to the evil eye, by rationalizing that these symptoms are a manifestation of misfortune. For this reason, I place evil eye phenomena at the center of the continuum.

Evil Eye as Hypnotic Phenomena

As mentioned previously (see pp. 19-20), MacHovec (1976) regards the evil eye process as hypnotic phenomena. He suggests that a fixed stare generates stress and anxiety. If the gazer prolongs the stare, and the victim continuously remembers and worries about the stare, the degree of anxiety the victim experiences increases. This rise in anxiety leads to "a gradual loss of critical reasoning", and thereby exposes the victim to hypnotic suggestion (MacHovec, 1976: 77-78). MacHovec maintains that both "external" and

"auto-" suggestion can cause physical symptoms.

Although I agree that anxiety/stress and suggestion are often important factors in the evil eye process, I argue that MacHovec's proposal suffers from a number of drawbacks. First, he fails to address the fact that the evil eye is not always the cause of illness. In many cases, people utilize evil eye beliefs as explanatory devices; therefore, these episodes do not involve hypnotic phenomena. Since MacHovec does not provide criteria to distinguish episodes that involve hypnotic phenomena from those that do not, I propose that the explanatory power of his argument is limited.

In order to corroborate MacHovec's proposal, I believe that it is necessary to establish the presence, and importance, of a 'prolonged fixed stare' in evil eye episodes, because this provides the basis for the rest of his argument. The case histories I describe indicate to me that illness, if preceded by a stare, is preceded by a 'sudden unexpected stare' rather than a 'prolonged fixed stare'. It is my contention that the sudden, unexpected, nature of the stare, rather than the stare itself, generates the illness inducing stress. This contention is in agreement with certain aspects of the folk model. Sicilian-Canadian evil eye beliefs, for example, stipulate that susceptibility to *mal'occhio* is dependent upon the strength/weakness of both the

potential *ittaturi* and the victim. Since the degree to which an individual is prepared to handle *mal'uocchiu* affects the strength/weakness interrelationship, the victim is much more likely to succumb to a sudden, unexpected, *taliatura*. A prolonged, fixed stare would allow the victim to take various preventive measures to counteract its effects. In order for a prolonged fixed stare to be effective, the victim must not be aware of it; if the individual is not aware of the stare, it will not generate anxiety or stress, nor provide the suggestion necessary for hypnotic induction. The second drawback inherent in MacHovec's argument, therefore, is its inconsistency with both evil eye beliefs and actual case histories.

An unexpected *taliatura*, and the implications people associate with it, may act as a "suggestion" to affect an individual's mental processes. I argue, however, that this "suggestion" causes illness indirectly not because it occurs in conjunction with a hypnotic trance, but because it generates a great deal of psychic stress. A major weakness in MacHovec's argument is the fact that he does not differentiate between hypnotic and non-hypnotic suggestion. According to Weitzenhoffer (1972), an hypnotic trance enhances suggestibility; suggestibility, however, may exist separately from hypnotic phenomena.

Envy, Evil Eye, and Paranoia

Various writers conclude, or accept the conclusion, that envy, evil eye, and paranoia are intimately related phenomena. Foster (1972) and Wolf (1955), for example, state that both fear of envy, and fear of being suspected of having envious feelings, operate as social control mechanisms to restrain non-traditional behavior. They regard evil eye phenomena as manifestations of institutionalized envy. In contrast, Kearney (1976) suggests that both envy and evil eye are manifestations of a paranoid world view. He interprets the fact that Zapotec beliefs and attitudes generate fear, and that this fear is expressed through non-objective realities such as the evil eye, as evidence of a paranoid world view.

By suggesting that the evil eye phenomenon is related to, or a manifestation of, paranoia, these writers designate evil eye episodes to the realm of delusion. I argue that this implication is inappropriate for two reasons:

- (1) The term "paranoia" refers to a specific psychiatric disorder. When Kearney labels Zapotec world view as paranoid, he implies that culturally based fears are comparable to the fears of psychiatric patients who are suffering from paranoia. This type of comparison, according to Hallowell (1971:259), is both superficial

and misleading; it is not the set of fears members of a society share that are classifiable as paranoia, but rather the fears individuals experience which deviate substantially from the cultural pattern. I propose that Zapotecs do not have a paranoid world view; Kearney merely perceives their world view as "paranoid", because he examines Zapotec beliefs from an ethnocentric point of view.

- (2) By linking evil eye episodes with delusions, Kearney and others imply that the illness/evil eye inter-relationship does not have a factual basis. Individuals who attribute illness to the evil eye merely express a degree of envy-related paranoia. Based on an examination of Hutterite case histories, Stephenson (1979) rejects this suggestion. He observed that the evil eye, or expression of envy, often preceded the occurrence of physical symptoms. For this reason, he concludes that evil eye episodes are not merely delusions, but rather an aspect of social interaction. Although I approach the problem from a different perspective, my findings are in agreement with Stephenson's. In general, Sicilian-Canadians do not attribute illness to *mal'occhio* because they are paranoid; they attribute illness to the phenomenon, because they experience a stressful discrepancy between their personal expectations and what actually transpires. Paranoia, there-

fore, is not necessarily a primary factor of the evil eye process.

Evil Eye and Schizophrenia

Parsons (1969) states that it is necessary to obtain a detailed account of the folk model before an attempt can be made to differentiate cultural expressions of evil eye from actual delusions. Based on the assumption that individuals suffering from delusions utilize folk beliefs incorrectly, she maintains that a demonstration of lack of consistency between folk beliefs and evil eye episodes is the initial step toward identifying schizophrenics. In contrast, I argue that "consistency" is not an important distinguishing factor, because there are various inconsistencies and ambiguities in the folk model itself.

As mentioned previously (see pp. 119-121), Sicilian-Canadian evil eye beliefs differentiate between: *mal'uocchiu* as cause of a specific folk illness; and, *mal'uocchiu* as cause of general misfortune. The misfortune dimension of the evil eye belief is non-specific, and thereby ambiguous; either the victim or a significant other can attribute to *mal'uocchiu* anything from "illness" to "bad luck" as a manifestation of misfortune. Myth and folklore, as Leach (1954: Ch. 9) suggests, is a language of argument. People

can manipulate various inconsistencies and ambiguities in the folk model to support their claims. For this reason, I believe that all evil eye episodes are at least potentially consistent with the folk model. Other members of the society reject an individual's rationalization that *mal'occhio* caused his ailment not because he uses the belief incorrectly, but rather because they use different criteria to arrive at a different conclusion. Rather than examine the degree of consistency between folk beliefs and evil eye episodes, I propose that anthropologists/psychiatrists examine:

- (1) why other members of the society address different aspects of the folk model to reject an individual's rationalization; and,
- (2) whether the fact that others reject his rationalization affects the individual adversely, and thereby provokes and stimulates schizoid behavior.

Relationship to Other Folk Illnesses

Rubel (1964) employs epidemiological methods to examine the interrelationship between illness and *susto* (sudden or magical fright) among Hispanic-Americans. He arrives at the following conclusions (see Rubel, 1964: 280):

- (1) an individual experiences a *susto* syndrome only in social situations he perceives as stressful;
- (2) the *susto* syndrome reflects social stresses that "are intra-cultural and intra-social in nature";
- (3) an individual experiences a *susto* syndrome as a result of an episode in which he "is unable to meet the expectations of his own society for a social role in which he or she has been socialized."

In an attempt to test Rubel's conclusions, O'Neill and Selby (1968) conducted a statistical analysis to examine the relationship between sex role expectations and *susto*. They conclude that Zapotec women, in comparison to men, are much more likely to experience the *susto* syndrome. Since the sex roles of Zapotec women "...are more narrowly defined than are those for men and because fewer outlets for escape from stress are open to them....", O'Neill and Selby (1968:103) believe that their findings corroborate Rubel's proposal.²⁹

At a general level, my findings concerning the *mal'uocchiu*/illness interrelationship are consistent with Rubel's conclusions. Both syndromes involve a stress creating discrepancy between expectations and actual occurrences. *Mal'uocchiu*-related illness, however, may involve inter-cultural stresses, such as stress generated by a medical doctor's inability to effectively treat, or explain the cause of,

certain ailments. Since our findings are in certain respects similar, I propose that future studies examine whether other folk illnesses also involve some type of stressful expectation/actual occurrence discrepancy. I believe that a similar process occurs in other folk illnesses, including illness episodes people attribute to witchcraft.

For future study, researchers must also address the possibility that the specific types of expectations involved in the discrepancy may vary from syndrome to syndrome. If this is the case, I suggest that an attempt be made to develop a classificatory model that isolates not only the expectation/actual occurrence discrepancies characteristic of specific syndromes, but also those that are characteristic of the following general categories: folk illnesses; evil eye attacks; and witchcraft episodes. This information may be of value to medical professionals who are in direct contact with individuals who suffer from folk, or culture-specific, syndromes.

NOTES

1. A review of the literature indicates that the evil eye can be found: (1) throughout the circum-Mediterranean region (i.e., Foster, 1953; Hess, 1964; Moss and Cappannari, 1960; Teitelbaum, 1976); (2) Europe in general (i.e., Blum and Blum, 1965; MacLagan, 1902; Stein, 1976); (3) the Middle East (i.e., Barth, 1961; Ozturk, 1964; Spooner, 1970); (4) the Indian sub-continent (i.e., Maloney, 1976a); (5) parts of East Africa (i.e., Middleton, 1967; Reminick, 1974); (6) the Philippines (i.e., Flores-Meiser, 1976); (7) Latin America (i.e., Cosminsky, 1976; Kearney, 1976; Simmons, 1955); and (8) among certain North American immigrant groups (i.e., Italians--Foulks *et al.*, 1977; Rush, 1974; East Indians--Klass, 1961; Mexicans--Martinez and Martin, 1966; Slovaks--Stein, 1976).
2. Cosminsky (1976), Rubel (1960), and Simeon (1973) examine the illness dimension of the evil eye complex. Their conclusions, however, are only applicable for the culture area they study. They do not attempt to make general statements. I examine Cosminsky's article on pages 6-7, and I present a discussion of Rubel's article on pages 13-14. My review of the literature does not include a discussion of Simeon's work, because he merely describes evil eye symptoms, and methods used to counteract these symptoms.
3. Although I will present a thorough review of the literature, I exclude certain publications from my analysis for the following reasons: (1) they merely describe or mention the evil eye phenomenon; (2) the phenomenon is a minor consideration in the work; or, (3) the phenomenon is dealt with in another language (i.e., Bertrand-Rousseau, 1976; Gallini, 1973; Hurtado, 1968; Seligmann, 1910 and 1922; Vuorela, 1967).
4. Spooner initially presented these concluding remarks at the 1972 evil eye symposium held by the American Anthropological Association.
5. Although Hocart (1938:156-157) complained that many publications merely add "instances to instances", descriptive studies continue to appear in the literature (i.e., Gifford, 1958). In addition, Mancini (1977) uses the evil eye concept as an essential feature of his mystery novel.

6. Gorden (1937:293) arrives, independently, at a similar conclusion:

The universal belief in the evil eye among ancient peoples was based on ignorance of the structure and mechanism of the eye....the idea prevailed that vision emanated from within the eye... by a spirit....The idea that the spirit within the eye was responsible for the visual phenomenon paved the way for the belief that if the spirit in the eye happened to be of the evil and envious kind disease and misfortune would befall those looked on with aversion.

7. Moss and Cappannari (1976), for example, examine the relationship between evil eye and world view among Mediterranean peoples (see p. 39 of thesis).
8. According to Maloney (1976a:138-139), "the chief categories of reason invoked are: (1) birth stars or other astrological forces, (2) *Karma*, deeds in this life or a past life that determine one's qualities and fate, (3) the action of a deity, (4) the action of another person, as through his powerful eye, pollution, or sorcery, and (5) natural causes, such as germs."
9. Foster's notions concerning the "image of limited good" have received criticism in the literature (i.e., Bennett, 1966; Kaplan and Saler, 1966; Kennedy, 1966; Piker, 1966).
10. This section deals primarily with the anthropological literature; psychologists/psychiatrists, however, have also dealt with the evil eye (i.e., Roheim, 1952; Shrut, 1960; Skinner, 1965; Tourney and Plazak, 1954).
11. This figure includes individuals of Sicilian ethnic origin, as well as Sicilian-born residents.
12. In general, informants are in agreement with these figures; their estimates, however, range from a high of 19,000 to a low of 10,000.
13. To provide anonymity, I use fictive names to refer to my informants. Mastro Don Gesualdo, for example, is a name I have taken from a novel written by Giovanni Verga (1940). Although I chose the name arbitrarily, the two adjectives preceding the name are important for this discussion; they are important because:
(1) *Mastro* implies that the individual is a teacher

and/or professional and, (2) *Don* is a title of respect.

14. Evans-Pritchard (1937:387), for example, states that "sorcery" involves the use of magical rites and spells for anti-social purposes.
15. Evans-Pritchard (1937:387) stresses that "witchcraft" involves the use of "hereditary psycho-psychical powers" for anti-social purposes; witches do not use magical rites and spells.
16. *Stregi* and children, however, are at opposite extremes of the strength/weakness dichotomy. *Stregi* possess sufficient internal strength to intentionally cause harm. In contrast, children do not develop the strength necessary to cause or prevent misfortune until they reach adulthood.
17. According to Don Gesualdo, this ritual is also effective for *fattura* related ailments. The vocalized portion of the prayer simply invokes the Christian Trinity ("God the Father, the Son, and the Holy Spirit), in what Don Gesualdo considers to be an old form of Latin.
18. Willa Appel (1976:18-19) arrives at a similar conclusion for mainland Italian evil eye beliefs.
19. Williams (1938:155) provides a verbal charm that she considers to be of pre-Christian or non-Christian origin:

Ciglia cigliano,	We pare the eyelash,
coltello tagliamo,	We cut it with a knife,
menamelo a mare.	Take it to the Sea.

Non-Christian charms, however, are exceptions to the general rule.

20. Padre Gioacchino La Lomia (1831-1905), known simply as Padre Iachinu by Sicilians, was a Cappuccino monk from Canicatti, Sicily. Sicilians regard him as a saint. Although he is not yet a canonized saint, the Church is currently investigating his life history. I have not obtained additional information concerning Santo Scintilla.
21. Swiderski (1976:31) obtained similar information from Italian-Americans.

22. One conglomerate charm, for example, depicts a male hunchback (*gobbo*). The *gobbo*'s legs are replaced by a red chili-corno; "his right hand makes the *mano cornuta* straight out from the chest, while the left hand carries a horseshoe" (Swiderski, 1976:39).
23. Evans-Pritchard's (1976:56-61) discussion of Azande witchcraft accusations reveals that the accused use similar rationalizations to protect their self-image.
24. In order to ensure anonymity, I have altered each case history slightly. I have not altered any salient points.
25. Many Sicilian-Canadians believe that medical doctors prescribe tranquilizers whenever they cannot determine the cause of the ailment.
26. Although Cannon (1957), Richter (1957), Mathis (1964), Lex (1974) and others develop different theoretical arguments, their work supports the notion that the combination of suggestion and stress can produce physical symptoms, including death.
27. In this quote, Spooner is referring specifically to Evans-Pritchard's (1937) work.
28. By making this statement, I do not wish to imply that Azande witchcraft beliefs, and witchcraft beliefs in general, are "non-specific". Witchcraft beliefs do involve a degree of specificity. Evans-Pritchard (1937:38), for example, states that: "A slow wasting disease is the type of sickness caused by witchcraft." I merely wish to stress that Azande witchcraft beliefs lack the degree of "symptom specificity" (see p. 120) encountered in folk illness and evil eye beliefs.
29. Fabrega (1974:18-19) has criticized O'Neil and Selby's study, because they do not take into account the possibility that women simply report instances of *susto* more readily than men. He cites several epidemiological studies that indicate that women tend to report more cases of illness.
30. At Don Gesualdo's request, I did not tape-record these folk tales.

APPENDIX #1: FATTUCCHIERI-RELATED FOLK TALES³⁰

LA MAZZA DI CIURLA

Don Gesualdo: "So you want to know about *fattucchieri*. Well, I don't really know too much about them. I'll tell you a story. This is a true story; it happened in the 19th century, but you won't find it in any history book....

Ciurla was a *fattucchiera*. She prepared various potions, and occasionally cured people, but she probably did more harm than good.

She didn't have a family. She wasn't married. May have had distant relatives, but not in this town. She was known to be a *fattucchiera*.

When sick and about to die, she called different people. She wanted to teach them how to do *fatturi*. But no one consented to learn.

Ciurla had to free herself of this knowledge before she died. It was necessary to leave it behind. Evil knowledge is like a spirit that attaches itself to a person, until

another person is willing to accept it. When a person willingly accepts this knowledge, the information will make itself known in a dream. But no one consented to learn.

At the last moment, when Ciurla was about to die, she touched her *mazza* (walking cane) and said a few words.

Once she died, the *mazza* began to move and jump about the house. Everyone ran away. They were afraid that even after death Ciurla would cause harm.

One man who didn't believe in *fattura* told the people to wait. He would stop Ciurla. He took an axe and went to chop up the *mazza*.

The man succeeded, but one piece jumped up and broke his leg. It was serious, he spent several months in bed. But the spell was broken and he had a broken leg to remember Ciurla.

MATRI CRUCI

Don Gesualdo: "I want to tell you another story. This is a true story my father told me. He heard the story from the step-daughter of a known *fattucchiera* and *sonnabola*.

In Sicily, a couple was in the *fattucchieria* business. Matri Cruci was the *fattucchiera* and *sonnabola*. Her husband was the assistant.

Matri Cruci was well known and respected. She knew many different *fatturi*, and kept a human skull on her table.

When people visited to make requests, she would place a blanket over the skull, and strike it with a small cane. Strange voices would provide the answers.

People didn't know this, but the voices were made by her husband. They had a pipe running from one floor to another. The sound appeared to come out of the skull.

Over the years the skull began to crack, and eventually broke. They needed a new

skull.

At that time the dead were kept in the church basement. One night, after dark, the husband hid in the church and waited for the priest to lock the doors and leave for the night.

He opened a casket, and threw out the skull. Then he prepared to leave. But he heard a strange noise. It was the skull, it was moving.

He was a brave man. Although terrified and shocked, he ran forward and picked up the skull. He found a mouse stuck in the eye socket.

He regained his composure, and took the skull home. When he finished telling his wife the story, she gave him a glass of wine. But he never recovered from that fright. He died six months later.

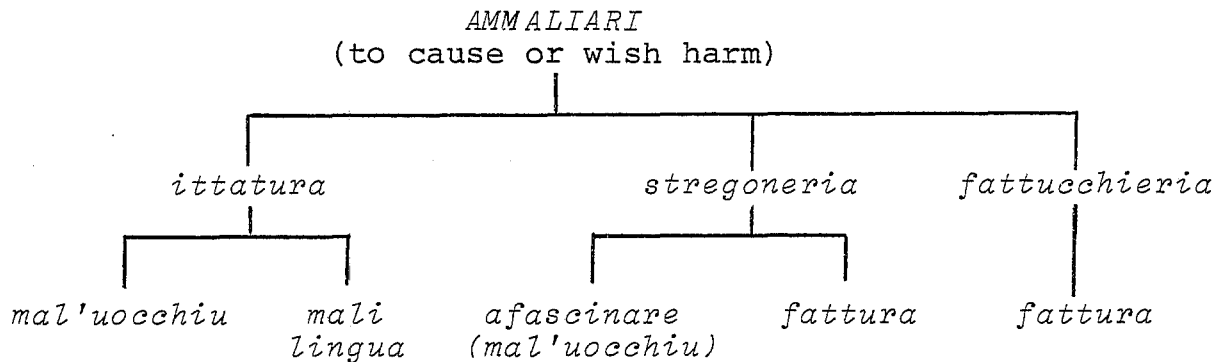
The step-daughter had overheard the story. She disliked Matri Cruci, so she told people why her father had died. And insisted that Matri Cruci had no real power.

The skull may have been used to trick people, but the young woman's death was easy to explain. Matri Cruci had prepared a *fattura*, and poisoned the step-daughter with it."

APPENDIX #2: FATTURI

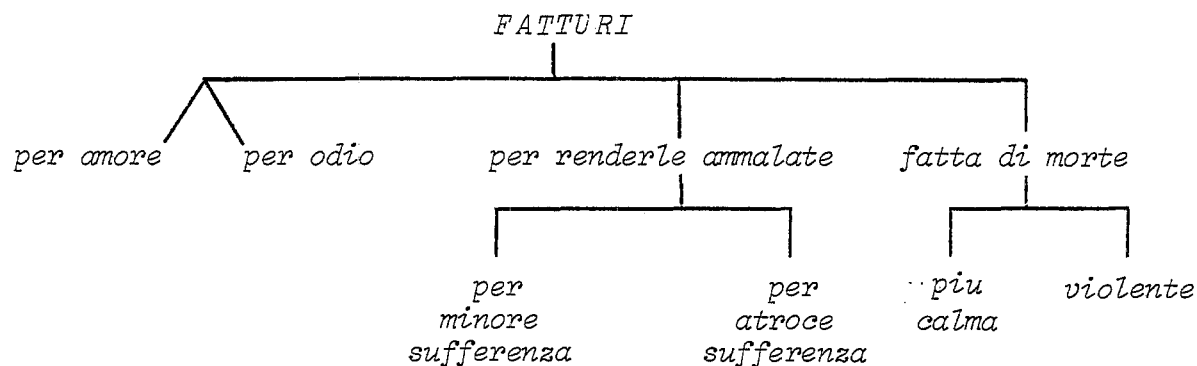
Fatturi involve the mechanical manipulation of specific devices in order to disrupt the natural course of events. These devices are employed primarily by *fattucchieri*; however, *stregi* often utilize these devices to supplement their power. A *fattura*, therefore, can be used to *intentionally* cause harm.

Chart #B-1: Potential methods of intentionally or unintentionally causing harm.



In general, *fatturi* fall into three broad categories: (1) '*per amore*' (love) or '*per odio*' (hate); (2) '*per renderle ammalate*' (cause illness); and, (3) '*fatta di morte*' (cause death). These categories are illustrated on Chart #B-2 below.

Chart #B-2: Types of *fatturi*.



MISCELLANEOUS POINTS CONCERNING *FATTURI*

1. *Fatturi* are made by:

- (a) preparing potions or poisons to be consumed by the victim;
- (b) performing a ritual over an individual's clothing (article of clothing), and placing it where the victim will come in contact with it;
- (c) making a statue out of beeswax that resembles the victim, and piercing it with pins and needles; the process is more effective if an item belonging to the intended victim is attached to the statue;
- (d) constantly wishing an individual harm, and reciting certain words.

2. '*Per amore*': performed to unite a couple.

3. '*Per odio*': performed to draw a couple apart, or to cause 'bad luck' in general.

4. '*Per renderle ammalate*':
 - (a) '*per minore sofferenza*'--to cause minor suffering;
 - (b) '*per atroce sofferenza*'--to cause extreme suffering.
5. '*Fatta di morte*':
 - (a) '*piu calma*'--to cause peaceful death;
 - (b) '*violente*'--to cause violent death.
6. In order to cause severe suffering *or* death several *fattucchieri* must combine their powers. This is usually done in groups of seven (*la setima*).
7. A *fattucchieri* can also stipulate whether the *fattura* will be temporarily or permanently effective. In many cases only the *fattucchieri* or *stregi* can remove the spell.
8. Certain individuals may have immunity to *fatturi*; this can occur in two ways:
 - (a) according to various individuals, a person born on a Friday or feastive day gains lifelong immunity; and
 - (b) a person may acquire immunity by performing a particular ritual; for example:

Take a fresh egg, and place it in a cup. Cut a lemon in half, and squeeze the juice into the cup. Place the lemon peel on top of the egg. Leave it for 3 days, the first day must always commence on a Friday. On Monday, before having anything to eat or drink, you must drink the lemon juice and throw the egg and lemon peel away. The individual becomes

immune to *fatturi* as long as he/she resides in that particular town. The procedure must be repeated if the individual moves to another town.
(Don Gesualdo)

9. Knowledge of specific *fatturi* is passed down within families.
10. Only *fattucchieri* and *stregi* possess the power and knowledge necessary to produce effective *fatturi*.
Although these individuals may produce *fatturi* for personal reasons, they are often hired by others to cause harm.

The material presented above is based on information I received from a number of informants. In general, these individuals are in agreement concerning the various points I present. It was not possible, however, to obtain information concerning the actual process involved, including the words used, in making a *fattura*. Since Rush (1974:53-57) obtained this information from Italian-Canadians residing in Toronto, Ontario, I will provide a brief example below:

A photograph of the intended victim can be burnt or stuck with pins, thus causing severe pain. While the burning is in progress, the following words are spoken.

In vita o morte,
Fai soffrire questa persona.
Per la fattura in progresso,
Fai che non ci sia cura.

In life or death,
Let this person suffer.
For the spell is cast,
Let there be no cure.

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