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FOLK INTERPRETATION OF ILLNESS IN TURKEY AND ITS PSYCHOLOGICAL SIGNIFICANCE *

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Introduction

In an article in the last issue of this Journal[1] we have tried to show the relationships between the child - rearing practices and the main areas of intrapsychic conflicts in the traditional society in Turkey. As a continuation of that discussion, we now shall endeaver to study the relationships between the folk understanding of illness and the main areas of intrapsychic conflicts, the development of which has been described in our previous article. In an extensive study on primitive cultures, Whiting and Child[2] have shown that the content of the existing folk interpretations of illness in a society are closely related to and probably determined by, certain culturally pervasive and predominant anxieties experienced during early childhood. Since we have already described the main areas of intrapsychic conflicts and sources of anxieties related to certain child-rearing practices in the Turkish traditional society, it would be indispensable, both clinically and theoretically, to show their relationships with the commonly encountered folk interpretations of illness in Turkey.

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Folk beliefs and practices concerning illness are known to have antique origins. Evil spirits, the evil eye and sorcery as causes of illness and amulets, prayers, sacrifice, laying on of hands, animal excrements and so forth as therapeutic agents are ageless beliefs and practices of man. To study the specific origins and other universal aspects of these beliefs and practices in Turkey is beyond the scope of this paper. A comparative study of ancient beliefs and customs about illness clearly reveals the fact that these practices and beliefs have universally common roots and characteristics.[3–7]

TABLE 1

DISTRIBUTION OF PATIENTS[a] ACCORDING TO DIAGNOSIS AND THEIR VERBAL REPORTS OF CONTACTS WITH FOLK THERAPY

Diagnosis	Used folk therapy	Did not use folk therapy	More than one visit to hodja	Verbal exchange with hodja[b]	Partial or temporary improvement	Total number of patients
Organic disorders	11	16	7	1		27
Schizophrenic disorders	22	4	8	5	3	26
Anxiety reactions (neurasthenias included)	16	6	10	10	5	22
Conversion reactions	5	3	3	1	1	8
Depressive syndromes	3	4	3	1	1	7
Manic reactions (M. D. P.)	1	1				2
Hypochondriasis		2				2
Character disorders	1	1				2
Paranoid reactions		1				1
Obsessive-compulsive neuroses	1			1		1
Undiagnosed		2				2
Total	60	40	31	19	10	100

a. Randomly selected from the Psychiatric and Neurological Clinics of the Faculty of Medicine, Ankara, Turkey.

b. This category refers to those hodjas who listen or make explanations to their patients. Obviously, the majority of hodjas prescribes treatment without much verbal exchange with the patients.

c. Naturally, there are many patients who never reach the clinics. Therefore the real therapeutic efficacy of these folk treatments cannot be reflected in this study. Of sixty patients who visited hodjas, all received muska, praying, and breathing. Twenty-one received conjured water and ten fumigations as well. Thirty-three patients stated that their illnesses were explained on the basis of jinns or sorcery. Twenty-seven patients reported no explanation of illness made by the hodja.

Our information is drawn from the literature and from a study of 100 patients most of whom had previously tried various folk cures as shown in the table. The writer's own experiences and observations were included only if they were confirmed by the study and the literature.[8–16] Obviously, there is no one single institutionalized method to be elaborated. As would be expected, due to the variety of influences on the present culture, the variety of beliefs and practices is wide. Nevertheless, certain generalizations can be made.*

Understanding of and attitudes towards physical or mental illness are changing as modern medical facilities and communication media are becoming more and more available to the rural people. It is therefore difficult to achieve a clear sample of the folk interpretation of illness. Within any given village, there are people who take their patients to medical doctors, while there are others who rely only upon traditional healers. On the other hand, people may try one first and then being disappointed may turn to the other. In general, patients with bodily complaints are more readily taken to medical doctors than those patients with mental illnesses. Our examples of folk treatment methods show clearly, however, that many of them are utilized for the treatment and prevention of both bodily and mental illness. Although we shall give more examples about mental illness, folk beliefs and ideas about illness are usually nonspecific and are applicable to all sorts of illnesses. Still a few specific etiological and therapeutic concepts do exist and provide the basis for a minor degree of specialization.**

The villager believes that his understanding of illness is in accordance with his faith, that is, with what is written in the «book». The average villager, however, actually knows very little about the

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* One fact should be emphasized here. In 1925 all religious and quasi-religious educational and therapeutic institutions were abolished, and the practice of magic and religion for therapeutic purposes was outlawed. In spite of many prosecutions and punishments, the practices do continue to some extent and still have a place in the lives of the traditional majority.

** The passages about social hierarchies in Kutadgu-Bilig (a book written in the Turkish language in the eleventh century A. D.) are interesting in this respect. They indicate that at the top of the social heirarchy there was the hekim (the physician), who treated physical illness with medications. Next came the efsuncu, who treated mental illness by warding off the jinns.[15] This distinction suggests that, in the past, there was probably more specialization among folk practitioners than there is now.

meaning of the Koran, which is in the Arabic language; what he knows is usually certain common rules and rituals for daily worship. Because of this ignorance, we find discrepancies between what the villager believes and what the Koran «really» says. Beliefs in sorcery, magic, evil eye, and supernatural healing powers attributed to men are among such discrepancies. It appears that the Moslem religion, as it is practiced in the village, is considerably modified by local social and psychological characteristics. An elaboration of the authentic Islamic interpretation of illness is beyond the scope of this paper. It is a well known fact that during the Middle Ages science did advance with the expansion of Islam, that medicine became a practical science,[17] and that patients (including the mentally ill) were treated kindly and with humane interest. It is also very clear that, although the Koran does not deny the existence of sorcery, it does not approve it either and does not attribute supernatural powers to mankind.[18] Miracle cures by men are not accepted. In our opinion however, like other religions, it does include concepts that can easily nourish any tendency towards magical thinking and practices. The Koran states that all evil and good come from God,[19] and God is therefore the literal provider of health and sickness in the eyes of the villager. «God gave an illness» is a common expression, which the villager uses concretely. God is the foremost etiological agent. How and why God gives an illness are not explained and are considered beyond human curiosity. As long as the patient is not depressed, he does not feel or consider that his illness is a punishment from God. God knows better, and there is no need to ask questions of him, but one can wish and hope from Him and Him alone. The Moslem religion accepts the existence of spiritual beings like the *jinns* (equivalent to demons), the angels, and the fairies. The *jinns* are capable of taking the shape of anything (human, animal, or plant). They are invisible, extremely mobile, and usually aggressive beings that dwell in ruins, woods, rocks, caves, deserted houses, fireplaces, chimneys, and so forth. They can be male or female and beside having sexual relations with each other and having children of their own, they can seduce human beings and make love to them. Children who are too independent, curious or disrespectful toward their parents are frequently frightened by jinn tales. From early childhood, the jinns are recognized as aggressive, mobile, deceptive, and punitive agents. Villagers commonly believe that various illnesses, mental illness in particular, is a result of being *possessed or «mixed-up»* by the jinns. Possession or being «mixed up» is believed to occur usually by accident—but

sometimes as punishment for violation of certain taboos or for performing daily activities without ritual precautions against the jinns. Cursing bread, failure to take a ritualistic bath after sexual activity with ejaculation (whether heterosexual, autoerotic, or in dreams), and repudiation of parents or of God are some of the violations of taboos that may incite jinns to strike. Among many people numerous daily activities like urinating, pouring waste water, sitting, and so forth are preceded by verbal expression of *destur* («excuse me», used specifically for the jinns) to ensure safety from the evils of the jinns. The jinns may be «seen» accidentally or following such incidents, or one may get an immediate «strike» or the «breeze» or the «holding» from the jinns. The result may be aphonia, aphasia, strokes, epileptic reactions, manias, and severe delusional depressions. We have observed that many patients with free-floating anxiety or repetitive anxiety dreams often claim that «they are frightening me», referring to the jinns.

The *evil eye* is another extremely common belief, not only among the illiterate, but also among many sections of the literate population. Many illnesses, especially unexpected diseases of children or accidents, failures in life, and physical or personality defects are explained by reference to the evil eye. Certain people (most likely those with blue or green eyes) are believed to have the capacity to look with evil eyes. Successful, progressing, healthy, and attractive people are particularly vulnerable to the evil eye. Such people are believed to arouse envy and hostility in others whose eyes have the power to inflict various diseases by a mere glance. It is the envy-hostility behind the glance that causes the ailment in the victim. Paradoxically, it is sometimes believed that the eyes of the closest and dearest person may have an evil influence. For example, some people believe that mothers are not supposed to praise or to look at their children with admiration. Villagers usually hide their newborn babies from the eyes of other people in order to protect them from evil influences. Verbal and visual influences seem to be equally powerful. If one does not wish his eyes to have an evil influence on someone he admires, before he looks with admiration or says something complimentary, he must say *maşallah* (God protect him). This verbal utterance counteracts the evil eye or the evil wish behind the praise. Other methods used to counteract the evil eye will be described below.

Although *sorcery* is banned by the Moslem religion, there are many people who believe in it as a source of illness. Such conditions as inability to concentrate, physical weakness, restlessness and

agitation, headache, hallucinatory and confusional states, sexual impotence, and loss of love for one's spouse are attributed to the influence of a sorcerer hired by an enemy. This enemy may be a rival, an in-law, a spouse, a neighbor, or more often some unknown person. Among methods of performing sorcery, hiding amulets in the house of the victim, reading from the «book», tying knots, and putting pork fat or hair on household materials are held to be some common methods of sorcery. It should be emphasized that the actual application and practice of sorcery are much less common than the belief in them or in actual antisorcery practices.

Folk Prevention and Treatment of Illness

These beliefs and practical measures are essentially based on the etiological concepts already described. They are numerous. We can mention only the general categories of treatment and prevention that are most common.

Individual praying is considered to be both preventive and curative. If praying is done by men of religion — the *hodjas, sheiks,* and *dervishes* — it is undoubtedly more effective. Praying is often accompanied by other methods like sacrifices, visiting holy places, tombs of saints, and *hodjas;* or visiting certain other places like caves, rocks, or fountains to which some sort of supernatural healing power is attributed. Special words or prayers are used to ward off the *jinns* while passing certain places or performing certain daily activities. Beside praying, «writing» is also used as a therapeutic device, for it is believed to be holy and powerful. This belief is not surprising when one considers that for many centuries a monopoly of reading and writing was kept by the priests, who could establish contact with God's wishes and powers. Copies of the Koran or even of the Bible are highly revered in a Moslem community. This belief in the power of written material is reflected clearly in the technique of *muska.* A muska is an amulet inscribed by the *hodja* for the treatment or prevention of such evils as illness, evil and sorcery. On a piece of scroll, various *surahs* from the Koran are inscribed, and certain ill defined ritualistic signs and numerical figures are added. The scroll is folded into a triangle or a rectangle and covered with cloth or leather to protect it from dirt and keep it from becoming worn. This practice is the most common, and one can see muskas worn like necklaces or tied under the arms beneath the clothes of physically or mentally ill patients. They are also extremely common among healthy people for preventive purposes.

Since belief in the evil eye is popular, methods to combat it are very popular also. Eye-shaped blue beads or unattractive objects (bone, animal excreta) are hung on the clothes of children or put on valued objects. As the evil eye is supposed to be directed particularly toward something attractive and perfect, imperfection, unattractiveness, inconspicuousness, or hiding from other people are also preventive measures. Fumigations, various phrases (maşallah), prayers, and certain ritualistic actions like spitting and knocking on wood are also utilized against the evil eye.

Ritualistic praying, breathing, laying on of the hodja's hands, animal sacrifices, fumigations, special phrases, tying pieces of cloth on consecrated places (*odjak, yatir,* and tombs of saints) are other common methods of treatment. Melting lead and pouring it into a cup held over the body of the patient is another common method of exorcism of the jinns, sorcery, or the evil eye. The ambiguous figure of the melted and frozen lead stimulates speculations on the type and shape of the jinns, the sorcerer, or the person with the evil eye.

Although these methods are the most common and major practices, each individual practitioner has his own style. The main therapeutic practitioners are *hodjas,* the *sheiks,* the *dervishes,* and the *odjaks* and *yatirs.*

The *hodjas* are the priests of the Moslem religion. In the past, they were both priests and teachers. The word hodja is still synonomous with teacher. They conduct the religious ceremonies in the mosques, at funerals, and during religious marriages. For many centuries, hodjas were trained and educated in the religious schools called *medresehs.* When those schools were abolished with the establishment of the Republic, hodjas apparently were trained through apprenticeship. About fifteen years ago, there was a partial revival of the old schools with some superficially modernized additions to the curricula. Among the hodjas, some are believed to have inherited from their masters capable «hands» or particular styles of praying or writing. They are considered to have real *keramet,* a supernatural power to heal and to strengthen. Some are believed to have «armies of jinns» at their service, which they use against other evil-producing jinns. When the hodja is the leader of a particular sect, he is called a *sheik* or a *dervish.* Most hodjas are male, but there are occasional female healers who utilize similar methods. Our personal observations and the study of patients who have visited such practitioners indicate that the great majority of these

hodjas has no particular skill or specialized ritual. Many of them have no religious training or function but introduce themselves as men of religion and wisdom and use a good deal of quackery. Their practices are rather stereotyped, in that they write muska, pray, breathe or lay their hands on patients, massage, and pray to the water and offer it as a conjured drink. These practices are usually carried on without first asking anything about the patient's problem. Only a few seem to be closely and genuinely interested in the individual problem of the patient. They listen to the patient's complaints and occasionally to his dreams. There are hodjas who continue seeing their patients in fifteen to twenty minute or longer daily sessions for weeks and, rarely, for months. The process in each session does not vary and includes the methods already cited. The following case is illustrative of an uncommon practice that has some relevance to psychotherapy.

A thirteen year old schoolboy, the son of a bookseller was taken to several psychiatrists, but his father was not satisfied with their recommendations for medication and psychotherapy. The father and the son then made a long trip to see a recommended hodja in a remote village on the Black Sea coast. The boy was suffering from acute anxiety attacks which at times seemed to suggest serious decompensation in the form of a schizophrenic reaction. The father and his son were welcomed by the hodja in his village home, and they lived there for two weeks, during which time the hodja applied his method of intensive treatment. The hodja had a family and lived a very ordinary village life but was highly respected in the vicinity. Every day, in two or three sessions that lasted altogether between two and three hours, he and the patient sat facing each other on pillows on the floor. The hodja started by praying, reading from the Koran, and breathing on the patient. Then he drew an irregular incomplete circular figure on a piece of paper. On one side of the figure, there was an opening, an «exit». The patient was asked to look carefully at this figure and to try to recall the jinns he had encountered in his recent life. The hodja with his particularly commanding and awe-inspiring tone of voice insisted that the patient see these jinns within the circle as images of real people. With much excitement, fear, and crying the patient produced certain images (the jinns) in the circle. He was then asked to cut these jinns into pieces and burn them one by one. In every session, this process of recalling the jinns and burning them on pieces of paper continued until the jinns were eradicated. Every time a jinn was destroyed, the exit on the circle was closed. After fifteen days of such treatment, the father and the patient returned to Ankara, and both believed that there was marked improvement. A psychiatric interview supported this belief. About a month later, however, the patient was brought again to the clinic because of recurrence of his symptoms.*

* We wish to thank Doğan Karan, M. D. of the Department of Psychiatry of the Hacettepe Faculty of Medicine of the University of Ankara for his follow-up information on this patient.

It is extremely difficult to locate and investigate such hodjas as they seem to be more sophisticated and more capable of carrying on their practices in secrecy since legal prohibition. The fact that some data have been obtained on a few suggests that they probably are more common than suspected.

The other group of common treatment agents beside the hodjas are the *odjak* (literally, the hearth) and the *yatir* (the laying one). The *odjak* may be a living specialized hodja, or it may be a tomb, a secret convent, a tree, a rock, a fountain, or any other place where magical influence is believed to be present to ward off evil and sickness. One frequently hears of a malaria odjak or a jaundice odjak or an odjak for mental illness. When the odjak is a living hodja, the methods are not different from those described above. When it is a location, people simply come to pray and sacrifice an animal; a sheep, lamb, goat or rooster. Animal sacrifice in Turkey is conducted according to the principles of the Moslem religion. On a certain religious holiday people who can afford it are expected to sacrifice a sheep or a goat. Sacrifice is also made when health is regained or sought. In all conditions, the meat of the sacrificed animal is supposed to be distributed to the poor. Before leaving the odjak the people tie a piece of cloth on the tomb, rock, tree or whatever serves as odjak. The *yatir,* literally translated as the «laying one», is not radically different from the odjak, except that it is always a highly honored, revered, and spiritually gifted dead hodja. Many villages have their own yatirs buried nearby, around whom much elaborate fabulation is constructed. The villager has a rich inventory of fabulations to support this belief. The sick villager visits the yatir, brings gifts to the keeper of the tomb, prays there, and sacrifices animals.

Finally, we should add that there are many other types of folk beliefs and ideas about illness in Turkey. For example, among both illiterate and literate people, certain common-sense explanations for mental illness are typical. Life's miseries, frustrations, conflicts, fears, fatigue, and loss of love objects are frequently accepted as causes of neurotic and psychotic disorders. Rest cures, baths, certain spas, good nourishment, herbs, and marriage are among the most common recommendations for the treatment of such disorders. Stereotyped interpretation of dreams based on folk symbolism is also used for foretelling the future. These recommendations or dream interpretations are made among the people themselves. If they come from a hodja, however, they are considered more reliable and effective.

Discussion and Conclusions

Unlike relatively homogenous primitive cultures, Turkey's traditional society does not lend itself to clear cross-sectional study because of its heterogeneity and the fact that the stability of its traditions has been shaken. It is very difficult to localize and describe Turkish folklore in time and space, for its long documented history is spotted with numerous contacts with other cultures. As we are not particularly concerned with origins, our discussion will be on the authentic meanings and functions of these beliefs and how have they been perpetuated under the conditions in which people live? In what ways are they related to the central personality conflicts of the traditional society?

In our previous article, an attempt was made to give a brief presentation of the sociocultural background and of the specific conditions of existence and childrearing, and certain traits of a traditional people were described. A discussion of the «constricted self» and of the problems of *autonomy* and *initiative* was made with particular emphasis on the psychosocial developmental aspects of childrearing. It is clearly seen that in this traditional group, human life, instead of being well regulated and subject to secure human care, is generally more exposed to chance and to the mercies of the natural and the supernatural — the soil, the sun, the rain, illnesses and all other evils, and God. Children apparently can learn to adapt themselves to many modes of care and to be satisfied within limits with what they are given by their earliest providers. It can be assumed that the village child learns to modulate his needs and frustration thresholds and learns to live with what can be given. Erikson has written :

> the amount of trust derived from earliest infantile experience does not seem to depend on absolute quantities of food or demonstrations of love but rather on the quality of the maternal relationship... A traditional system (italics mine) of child care can be said to be a factor making for trust, even where certain items of that tradition, taken singly, may seem unnecessarily cruel.

He also points out that :

> religion and tradition are living psychological forces creating the kind of faith and conviction which permeates a parent's personality and thus reinforces the child's basic trust in the world's trustworthiness.[20]

We suggest that, in the Turkish village, religion and tradition play a compensatory rather than reinforcing role in the establishment

of internal security. That is, what is not provided adequately by the human and the natural environment is provided or is sought through faith and conviction in what is beyond the human and the natural. This compensation or reinforcement by tradition does not, however, seem to rule out the possibility of a nuclear deficiency in «basic trust»[20, 21] and of accumulation of aggressive impulses in accordance with the frustration-aggression rule. To be more specific, *acceptance of helplessness and fatalistic-passive dependent expectations, on one hand, and accumulation of aggressive drives, on the other* become inevitably rooted during the oral-incorporative stage of childhood. These become further reinforced by the training attitudes and adult expectations during the following stages of childhood. In these training attitudes and expectations, we see predominantly a severe and diffuse suppression of behavior modalities of *autonomy* and *initiative*; that is, of autonomous will and activity, independent vigorous motility, intrusion, and curiosity. Granted that such suppression exists in a «traditional system of child care», the increase in aggressive drives in accordance with the frustration-aggression sequence still persits. In this sense, the child-rearing methods can be said to reinforce passive-dependency and the process of accumulation of aggression which finds its expression usually in certain culturally sanctioned areas.

Freud and subsequent writers have pointed out the homeostatic significance of magical and animistic thinking associated with such concepts as evil spirits, the evil eye, sorcery, amulets, and prayers. Freud has written :

> Magic must serve the most varied purposes. It must subject the processes of nature to the will of man, protect the individual against enemies and dangers and give him the power to injure his enemies.

He concludes that :

> spirits and demons were nothing but the projection of primitive man's emotional impulses.[22]

Along the same line, Erikson wrote :

> The belief in demons permitted persistent externalization of one's own unconscious thoughts and preconscious impulses of avarice and malice as well as thoughts which one suspected one's neighbor of having.[23]

More specifically, sorcery and magic have been shown to be institutionalized instruments of covert aggression.[24 - 26]

The homeostatic significance on psychological and sociological levels lies not only in provision of socially sanctioned means to pro-

ject, to displace, and to express aggression, but also in mastering the unknown. Vague and intangible threats are rendered recognizable and concrete through beliefs in evil spirits, evil eye, and sorcery in the same way that the concretization process takes place in individual symptom formation.[27] In his description of middle European superstitions of the Middle Ages, Erikson writes :

> In all magic thinking, the unknown and the unconscious meet at a common frontier: murderous, adulterous, or avaricious wishes... are all forced upon me by evil-wished neighbors... In a world full of dangers they may have served as a source of security, for they make the unfamiliar familiar, and permit the individual to say to his fears and conflicts, «I see you! I recognize you.»[23]

Although the villagers described in these articles cannot be considered primitive, they have characteristics of living and thinking in common with primitive man. This similarity is most pronounced in their concepts of illness and other natural phenomena that remain unknown. In describing the perplexing and potentially catastrophic aspects of illness for primitive man, A. Kiev has written :

> Given the threat to his existence and relative inability to cope with his environment, it seems likely that the primitive would be subject to anxieties more frequent and of greater magnitude than contemporary Western man. In addition, we should expect that the diffuse states of tension caused by a loss of regulation and a consequent upset in libidinal and aggressive controls would magnify and sometimes even create the illusion of an outer danger. Owing to his marked anxiety or fear the primitive would seem to be unable accurately to evaluate and objectify the external forces of disease. Accordingly we should expect primitive medicine to be more subject to influence of personality factors than to the immediate realities of the illness situation.[28]

The attribution of active, aggressive, changeable, and seductive characteristics to the jinns seems to parallel the need for denial of comparable needs in the villager. This observation is supported by the fact that behavior motivated by such needs is discouraged or punished in childhood. The extremely common belief in the evil eye shows conscious understanding of the destructive potential of hostility and envy. All glances and therefore all wishes can be destructive, but as long as one can take precautions one does not have to feel guilty about one's own eyes. The belief that demonstration of love and admiration should be preceded by a precautionary word or phrase indicates the presence of hostility behind these pleasant demonstrations. As institutionalized projections, sorcery and magic

serve a similar purpose. It is interesting to note that a strong denial of guilt is probably connected with this diffuse denial of aggression. When «God gives» an illness or when the jinns «strike» or «take» hold of» a person, there is usually little or no implication of consciously accepted guilty action or fantasy. Human will and responsibility have nothing to do with anxieties and fears.

In brief, then, the prevailing beliefs about illness in Turkey serve as institutionalized channels for the projection, displacement, and indirect expression of aggressive and other undesirable associated impulses, as well as attempts at mastering the unknown.

The healing and protective principles based on these etiological agents contain elements converging with what we have described of the villager's ego and the conflicts therein. On one hand, there is the passive dependent expectation, and, on the other, there is the need for adequate mastery of one's own ever-increasing internal aggression. The therapeutic measures seem to take advantage of these two facets, and they may persist in the society for that very reason even though their results are not always satisfactory. It has been pointed out that «the medium through which a mental cure is achieved is the psychological apparatus of the recipient.»[3] J. D. Frank argues :

> The core of the effectiveness of methods of religious and magical healing seems to lie in their ability to arouse hope by capitalizing on the patient's dependency on others.[20]

The fatalistic passive-dependent expectation already described is seen in the villager's attitudes toward God, the state, parental figures, hodjas, and medical doctors. The hodja's social role is actually structured with this aspect of the individual's psychology. To quote Frank :

> The patient's expectation of help is aroused partly by the healer's personal attributes, but more by his paraphernalia, which gains its power from its culturally determined symbolic meaning.[20]

In the case of the *hodjas,* or the *odjaks* and *yatirs,* this element is automatically supplied by the diffuse passive-dependent expectation of the villager.

The other fact, that of accumulated aggression, is handled by the therapeutic measures through reinforcement of the projections, displacements, and concretization. For example, the villager who suffers from an anxiety attack believes that he is being «frightened» by external forces (the jinns). He expects a cure from the hodja, who reinforces the belief that the jinns have taken hold of him.

The defense- strengthening aspect of this approach is obvious. The next step is dependence on the hodja's attributed powers to fight the jinns. Even in the example in which the hodja provided the patient with images to destroy and led the patient to express his aggressive feelings and fears, aggression and fears were displaced to objects on a fantasy level.

Finally, a few statements should be made about the guilt-reducing value of these beliefs and practices. We have already implied that, as long as the general tendency is to project all that is internally undesirable and all responsibility onto the institutionalized external forces, there is little or no awareness of guilt associated with one's own impulses or responsibilties as long as one complies with the rules and rituals of these forces. Certain atonement devices are also provided in daily religious ritual-daily prayers and worship and annual fasting and sacrifices. The commonly utilized therapeutic methods do not have gross selfpunitive elements. It appears that there is more guilt-denial than guilt reduction within the therapeutic and preventive framework of these belief.

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