THE EVIL EYE AS A CAUSE OF MENTAL AFFLICTION: ANXIETY, DEPRESSION, AND PARANOIA IN MESOPOTAMIAN DIAGNOSTIC AND MAGICAL TEXTS

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This paper examines the evil eye (*īnu lemuttu*) in Mesopotamian diagnostic and magical texts as both a causal agent and a cultural symbol of mental affliction. Drawing on the *Diagnostic Handbook* of *Esagil-kin-apli*, anti-witchcraft series such as *Maqlû* and *Šurpu*, and therapeutic compendia, it demonstrates that the evil eye was understood as a major trigger of symptoms resembling anxiety, depression, and paranoia. These texts reveal a sophisticated integration of supernatural aetiology and observable psychological effects: envy or malice projected through the gaze produced emotional and psychosomatic consequences, including fear-induced isolation, emotional starvation, and delusional states. Therapeutic responses – amulets, figurine rituals, plant remedies – treated the condition as simultaneously magical and psychological. Recognising this connection enriches our understanding of Mesopotamian psychology and illuminates comparable conceptions of the harmful gaze in the broader ancient Near East, challenging modern dichotomies between "rational" medicine and "irrational" magic.

Key words: evil eye, *īnu lemuttu*, Mesopotamian medicine, mental affliction, anxiety

Introduction

Modern approaches to mental health frequently impose contemporary biomedical categories onto ancient sources, often resulting in anachronistic or reductive readings (Stol, 2004, pp. 1–16; Geller, 2010, pp. 1–18; Kinnier Wilson, 2014, pp. 1–18). In the ancient Near East, particularly in Mesopotamia, afflictions we

might now classify as psychological – such as anxiety, depression, or paranoia – were rarely isolated as distinct "mental illnesses". Instead, they were embedded within a holistic understanding of human suffering, where physical, emotional, and spiritual dimensions were inseparable, and aetiology was predominantly supernatural or interpersonal (Heessel, 2004, pp. 97–116; Yuste & Garrido, 2010, pp. 75–92). Disease and distress were attributed to divine displeasure, demonic agency, witchcraft, or the malevolent gaze (*īnu lemuttu*), reflecting a worldview in which fear, envy, and interpersonal dynamics played central causal roles (Ebeling, 1949, pp. 203–211; Thomsen, 1992, pp. 19–32; Elliott, 2015–2017, Vol. 1, pp. 5–45).

The evil eye, in particular, emerges as a potent cultural symbol and explanatory framework for psychological distress. In the ancient Near East, it was understood as a mechanism through which envy or malice could project harm via the gaze, manifesting in both somatic and emotional symptoms (Mouton, 2011, pp. 427–438; Geller, 2010, pp. 31–32). Anthropological literature highlights the evil eye's close association with fear, oral aggression, and envy: Dundes describes it as a form of "oral incorporation" (the envious desire to consume or destroy the envied object), while Seligmann and Elworthy document its links to melancholy, social withdrawal, sleeplessness, and anxiety across cultures (Dundes, 1981, pp. 257–312; Seligmann, 1922, pp. 197–203; Elworthy, 1895, pp. 87–158). These psychological dimensions were not incidental; they were integral to the evil eye's perceived operation, turning interpersonal envy into embodied suffering.

This article argues that in Mesopotamian diagnostic and magical texts, the evil eye was understood as a major trigger of symptoms we would now recognise as anxiety, depression, and paranoia, blending supernatural aetiology with observable psychological effects. Rather than a peripheral folk belief, it functioned as both a causal agent and a cultural metaphor for mental distress – fear of envy leading to self-isolation, "wasting away," sleeplessness, and delusional paranoia. The analysis draws on three main corpora: the Diagnostic Handbook (DH) of *Esagil-kin-apli* (c. 1069–1046 BCE) for symptom descriptions and empirical elements; anti-witchcraft series such as *Maqlû* and *Šurpu* for aetiological and ritual insights; and therapeutic compendia for practical responses to affliction. This combination reveals how the evil eye bridged the magical and the psychological, offering a window into ancient conceptualisations of mental suffering that prefigure later developments in Greek humoral theory and find echoes in other regional traditions of the ancient Near East.

The Diagnostic Handbook, a foundational first-millennium BCE medical compendium, organises symptoms in a systematic yet supernatural framework, frequently attributing anxiety-like restlessness, despondency, and paranoia to divine wrath, ghosts, or witchcraft (Labat, 1951; Heessel, 2004, pp. 97–116). Anti-witchcraft rituals (*Maqlû*, *Šurpu*) describe victims suffering from fear-induced

isolation, low mood, and delusional states, often linked to the evil eye or envious gazes (Abusch & Schwemer, 2011; Schwemer, 2019, pp. 37–68). Therapeutic texts prescribe amulets, figurine rituals, and plant remedies to alleviate "heart-sickness" and anxiety caused by malevolent forces (Abusch & Schwemer, 2011, pp. 19–24, 154–272).

Diagnosis of Mental Affliction in Ancient Near Eastern Literature

In Mesopotamian medical literature, the distinction between physical and mental affliction was not sharply drawn. The Diagnostic Handbook (DH) of *Esagil-kin-apli*, compiled around 1069–1046 BCE in Borsippa, represents the most systematic surviving compendium of symptoms, prognoses, and aetiologies from the first millennium BCE (Labat, 1951; Heessel, 2004, pp. 97–116). This text organises observations in a predominantly empirical manner – recording observable signs, patient history, and environmental factors – while simultaneously attributing many conditions to supernatural agents such as gods, demons, ghosts, or witchcraft (Heessel, 2004, pp. 97–98). The handbook's structure reflects a worldview in which bodily and psychological distress were interconnected and often traced to external or interpersonal causes rather than isolated internal pathology.

The Diagnostic Handbook divides symptoms across six main sections: omens and inspections, infectious diseases, neurological and head-related complaints, fever, paediatrics, and miscellaneous conditions (Labat, 1951, pp. 1–10; Heessel, 2004, pp. 99–102). Within these, a range of symptoms closely resemble what modern psychiatry would classify as anxiety, depression, and paranoia. Anxiety-like states are frequently described as "heart-sickness" (*hūṣ libbi* or related terms), characterised by restlessness, insomnia, racing thoughts, and a sense of impending doom (Kinnier Wilson, 2014, pp. 4–7). As Dhorme (1923, pp. 109–115) demonstrated in his classic comparative study, the heart (*libbu*) served in Akkadian as the primary seat of cognition, emotion, and psychological distress. Akkadian expressions such as *hūṣ libbi* ("tightness of the heart"), *libbu hepû* ("broken heart"), and *libbu nadû* ("cast-down heart") functioned as conventional metaphors for anxiety, despondency, and dejection. Al-Rashid's (2014) detailed analysis of the Diagnostic Handbook shows that these heart-related idioms frequently co-occur with symptoms of fear, worry, and emotional upheaval, underscoring the embodied and cognitive dimension of mental affliction in Mesopotamian thought. A parallel Sumerian concept appears in expressions involving the "sick heart" (šà-gig), conveying inner affliction and emotional pain. These metaphors reveal a shared cognitive-linguistic framework across ancient Near Eastern languages.

Depression appears under descriptions of "wasting" (*tabālu* or related wasting syndromes), despondency, social withdrawal, loss of appetite, and exhaustion without apparent physical cause (Kinnier Wilson, 2014, pp. 8–10). Paranoia and delusional states are indicated by reports of "seeing ghosts," hearing voices, fear of enemies or supernatural pursuers, and irrational suspicion (Geller, 2010, pp. 147–156). These symptoms are often grouped with physical complaints (headache, vertigo, limb pain), underscoring the absence of a strict mind/body divide (Heessel, 2004, pp. 105–108).

The practitioners responsible for diagnosis and treatment were the *asipu* (exorcist/incantation priest) and the *asu* (physician/herbalist) (Geller, 2010, pp. 43–50). While modern scholarship has sometimes portrayed these roles as distinct – the *asipu* dealing with supernatural causes and the *asu* with natural ones – the textual evidence shows significant overlap (Scurlock, 1999, pp. 69–79). Both professionals employed empirical observation, prognosis, and therapy; both used incantations, rituals, and materia medica. The *asipu* was authorised to perform in temple contexts and often dealt with conditions attributed to divine anger or witchcraft, while the *asu* focused more on herbal and surgical interventions. Yet diagnostic texts frequently combine their approaches: a single entry may recommend both a ritual purification and a plant-based remedy (Geller, 2010, pp. 49–50). This integration reflects the Ancient Near Eastern understanding that affliction – whether somatic or psychological – could stem from intertwined natural and supernatural causes.

Comparisons with neighbouring traditions highlight the distinctiveness of the Mesopotamian approach. Egyptian medical papyri emphasise empirical observation and prognosis but contain fewer explicit psychological descriptions and almost no systematic diagnostic handbooks (Nunn, 1996, pp. 144–148). Mental distress is often subsumed under "heart" or "stomach" disorders, with less attention to paranoia or social withdrawal (Nunn, 1996, pp. 146–147). Hittite sources, by contrast, frequently attribute affliction to curses or sorcery, with symptoms resembling anxiety and depression linked to divine displeasure or witchcraft, but without the comprehensive symptom catalogues of the Diagnostic Handbook (Mouton, 2011, pp. 430–432). The Mesopotamian corpus stands out for its combination of empirical detail, prognostic precision, and supernatural aetiology – a framework that allowed complex psychological states to be explained and treated within a unified cultural model.

This diagnostic tradition provides the necessary backdrop for understanding the evil eye's role in Ancient Near Eastern perceptions of mental affliction. The Handbook and related texts do not always name the evil eye explicitly as a cause, yet the symptoms they describe – restlessness, wasting, fear, isolation – frequently overlap with those attributed to *īnu lemuttu* in magical and therapeutic literature. The next section examines these intersections directly.

The Evil Eye as Specific Aetiology of Mental Affliction

While the Diagnostic Handbook and related medical texts frequently describe symptoms resembling anxiety, depression, and paranoia without always identifying a single cause, a significant subset of magical and therapeutic literature explicitly or implicitly attributes such states to the evil eye (*īnu lemuttu*). In these sources, the evil eye is not merely a general source of misfortune but a targeted mechanism of psychological harm, manifesting in emotional distress, social withdrawal, delusional fear, and psychosomatic depletion. This section examines the evil eye's role as a specific aetiology across three key dimensions: anxiety and depression, paranoia and schizophrenia-like states, and the therapeutic responses that treated it as both a magical and psychological affliction.

Anxiety and Depression

Mesopotamian anti-witchcraft and therapeutic texts frequently link anxiety and depressive states to the evil eye or related malevolent forces. Rituals against "divine wrath" and witchcraft often describe victims suffering from persistent fear, sleeplessness, despondency, social isolation, and a wasting syndrome ("drying out") that mirrors depressive exhaustion (Abusch & Schwemer, 2011, pp. 19–24, 154–272). Similar associations appear in an Old Assyrian incantation that links the evil eye to trembling, sleep disturbance, and the ruin of the household, illustrating the gaze's capacity to induce both psychological and social harm (Barjamovic & Larsen 2008). The Diagnostic Handbook occasionally notes comparable symptoms under "heart-sickness" (*hūṣ libbi*), but magical compendia more explicitly connect these to envious or hostile gazes (Abusch & Schwemer, 2011, pp. 19–24).

The evil eye's role in producing anxiety and depressive states is explicit in several Old Babylonian incantations. These texts portray the harmful gaze as the direct agent triggering a cluster of embodied symptoms that can be analysed as conceptual metonymies and metaphors grounded in physical experience.

Trembling (*tarāru*) functions as a clear conceptual metonym in which the bodily symptom stands for the emotion itself: the involuntary shaking of the body directly manifests the fear and anxiety induced by the evil eye (YBC 4622; Geller, 2003, p. 120). Fear of enemies (Akkadian *palāḫu* / Sumerian ni_2) is likewise listed in both YBC 4622 and AO 8895 as a direct effect of the gaze. This is best understood as an anxiety symptom – an acute, gaze-induced terror of harm from others – rather than full paranoia, although it overlaps with paranoid ideation in broader witchcraft contexts (Geller, 2003, pp. 120–126). The symptom resonates with the "enemy" language in many Hebrew Psalms, where fear of adversaries similarly produces anxiety and depressive withdrawal.

Sleeplessness is expressed through the formula *nûra lā napāḫu* ("the light does not rise"). This draws on the natural solar cycle as an orientational schema in which light signals the return of daily activity and renewal; its failure means the victim is trapped in a state of perpetual unrest and emotional exhaustion (BM 122691 and AO 8895; Geller, 2003, pp. 122–124; Thomsen, 1992, pp. 26–28). Emotional depletion and bodily wasting are conveyed through *mūtu* ("drying out") and *ḫīp libbi* / šà-gig ("broken/sick heart"). The Akkadian *ḫīp libbi* employs the container metaphor of the heart as a fragile vessel that can be crushed or emptied by the gaze, while the Sumerian šà-gig focuses on the heart/inside as something that has become sick or afflicted. Both share the same cultural focus: psychological despondency and social withdrawal. Dundes' (1981) cross-cultural observation that the evil eye universally "dries out" vital bodily fluids and life force strengthens the interpretation of *mūtu* as the psychosomatic depletion caused by projected envy. Protective amulets and stone necklaces are frequently prescribed in the anti-witchcraft corpus to counteract the evil eye (*īnu lemuttu*), demonstrating that the gaze was perceived as a direct cause of these wasting and fearful states (Abusch & Schwemer, 2011, pp. 19–24).

Paranoia and Schizophrenia-like States

Paranoia and delusional states are among the most striking psychological effects attributed to the evil eye and related witchcraft in Mesopotamian literature. Anti-witchcraft series such as *Maqlû* and *Šurpu* describe victims experiencing intense fear of enemies, "seeing ghosts," hearing voices, irrational suspicion, and antisocial behaviour – symptoms resembling paranoid ideation or schizophrenia-like hallucinations (Geller, 2003, pp. 115–134; Geller, 2004, pp. 52–64; Geller 2010, 147–156).

Geller has argued that certain Sumerian incantations reflect symptoms more consistent with paranoid states (feelings of persecution, delusions, hearing voices, and social withdrawal) than with the "evil eye" as a cultural belief system known from later Akkadian texts, where *īnu lemuttu* often functions as a more abstract demonic force. In his view, Sumerian igi ḫul more frequently means "evil face" rather than "evil eye," and the incantations describe hallucinatory experiences of a terrifying face or enemy rather than an abstract envious gaze (Geller, 2003, pp. 115–134). While this distinction highlights important differences in emphasis between Sumerian and Akkadian material, the broader evidence – including explicit Old Babylonian and Sumerian incantations against the evil eye – points to a shared harmful-gaze complex in which the evil eye serves as one important vector of psychological distress (Kotzé, 2017b, pp. 103–116; Kotzé, 2021, pp. 53–74). Explicit Old Babylonian and Sumerian incantations, such as those from Tell Haddad

and Sippar, describe the gaze as causing fear, isolation, and hallucinatory persecution, often linking it to Lamashtu or other malevolent forces (Cavigneaux & Al-Rawi, 1993; Wasserman, 1995). Similar associations appear in an Old Assyrian incantation that links the evil eye to trembling, sleep disturbance, and domestic disruption (Barjamovic & Larsen, 2008).

Yuste and Garrido (2010) have drawn attention to the sophisticated Mesopotamian recognition of neurological and psychiatric symptoms, including those that overlap with modern descriptions of paranoia, psychosis, and mood disorders, often attributed to supernatural causes such as the evil eye or divine wrath. These descriptions align with modern diagnostic criteria for paranoia (irrational fear of harm) and certain schizophrenia-spectrum symptoms (hallucinations, social isolation), though framed within a supernatural aetiology.

The evil eye's role in these states is explicit in some therapeutic texts. Incantations and rituals against *īnu lemuttu* prescribe amulets or figurines to "bind" or "turn back" the gaze, indicating that the evil eye was perceived as a direct cause of delusional fear and social paranoia (Abusch & Schwemer, 2011, pp. 19–24). This connection suggests that the evil eye was not only a symbol of envy but a culturally recognised trigger for psychotic-like experiences.

Prophylaxis and Therapy: Magical and Psychological Dimensions

Mesopotamian incantations frequently pair the evil eye with other agents of harm (witches, demons, curses), treating it as part of a broader spectrum of malevolent forces that could be countered through ritual transfer or expulsion (Cunningham, 1997, pp. 60, 104–105, 125). Responses to evil-eye-induced mental affliction combined magical and practical measures, reflecting the belief that the condition was both supernatural and psychological. Amulets (often eye-shaped or inscribed with protective incantations), necklaces, and pouches were worn to "to bind" (*kasāru*) or "to turn back" (*târu*) the gaze (Abusch & Schwemer, 2011, pp. 19–24). Figurine rituals involved creating substitutes to absorb the evil eye's harm, while plant remedies (e.g., *azallu* for "forgetting depression") addressed symptoms directly (Kinnier Wilson, 2014, pp. 12–14). These therapies indicate that the evil eye was treated as a dual affliction: a magical intrusion requiring ritual counteraction and a psychological state requiring relief of fear, anxiety, and isolation.

The integration of magical and therapeutic elements reveals a sophisticated understanding: the evil eye's harm was not purely supernatural but produced real emotional and physical consequences that could be mitigated through both ritual and material means. This dual approach prefigures later Greek and biblical attempts to address mental suffering through a combination of spiritual and practical interventions.

Broader Implications and Ancient Near Eastern Connections

The Mesopotamian understanding of the evil eye (*īnu lemuttu*) as a culturally embodied aetiology of mental affliction provides a valuable comparative framework for interpreting similar conceptions across the ancient Near East. Symptoms of anxiety, depression, paranoia, and psychosomatic distress attributed to envious or malevolent gazing appear not only in Akkadian and Sumerian sources but also find echoes in other regional traditions, suggesting a widely shared cultural model in which the gaze could function as a vector of psychological and social harm.

This framework is particularly illuminating when compared with biblical texts that portray psychological torment, such as Saul's episodes of paranoia, rage, and social withdrawal (English Standard Version Bible, 2001, 1 Sam 16:14–23; 18:10; 19:9), or the prophetic descriptions of fear, isolation, and "wasting" in Jeremiah and Ezekiel (Williams & le Roux, 2012; Wazana, 2007, pp. 685–690; Garber, 2014, pp. 346–357). While some editorial layers in the Hebrew Bible appear to ethicise explicit evil-eye idioms, conceptual metaphors for the harmful gaze – including envy-driven "eyeing," divine "face against," and affliction through looking – remain widespread and functionally similar to their Mesopotamian counterparts (Kotzé, 2006, pp. 1215–1224; Kotzé, 2007a, pp. 387–394; Kotzé, 2007b, pp. 141–149; Kotzé, 2010, pp. 140–148; Kotzé, 2017a, pp. 1–6; Kotzé, 2017b, pp. 103–116; Kotzé, 2021, pp. 53–74; Kotzé, 2024, pp. 1–5). These motifs attest to substantial continuity with ancient Near Eastern patterns rather than a complete break from them.

The evil eye thus emerges as part of a larger regional complex of beliefs concerning the destructive power of envy and the gaze, a complex that persisted in various forms across Mesopotamia, the Levant, and beyond. Recognising this continuity helps us avoid overly compartmentalised readings that separate "magical" from "medical" or "psychological" explanations in Ancient Near Eastern sources and invites further comparative study with Hittite, Egyptian, and Old Assyrian evidence (Mouton, 2011, pp. 427–438; Nunn, 1996; Schwemer, 2019, pp. 37–68).

This perspective also carries broader implications for the cultural history of mental affliction in the ancient world. The Ancient Near Eastern material demonstrates that fear, envy, and interpersonal malice were understood as tangible causes of psychological distress, producing real emotional and somatic consequences. Such insights challenge modern dichotomies between rational medicine and supernatural belief and highlight the deeply relational and embodied nature of suffering in ancient societies.

By situating the evil eye within this wider ancient Near Eastern context, the present study contributes to a more integrated understanding of how Mesopotamian diagnostic and magical traditions conceptualised the interplay between supernatural agency, social dynamics, and mental health.

Conclusion

This study has demonstrated that the evil eye (*īnu lemuttu*) in ancient Mesopotamian diagnostic and magical texts functioned as both a feared causal agent and a powerful cultural symbol for mental affliction. In the Diagnostic Handbook, anti-witchcraft series (*Maqlû*, *Šurpu*), and therapeutic compendia, symptoms closely resembling modern anxiety (restlessness, insomnia, racing fear), depression ("wasting," despondency, social withdrawal), and paranoia (seeing ghosts, delusional suspicion) were frequently attributed – explicitly or implicitly – to the evil eye or related envious/malevolent forces. These texts reveal a sophisticated understanding: the evil eye was not merely a magical intrusion but a mechanism capable of producing real psychological and psychosomatic consequences, including fear-induced isolation, emotional starvation, and delusional states. Therapeutic responses – amulets, figurine rituals, plant remedies – treated the condition as simultaneously supernatural and psychological, integrating ritual counteraction with practical relief of distress.

The evil eye–mental illness link has been largely overlooked in scholarship for several reasons. Modern historiography of ancient Near Eastern medicine has often privileged the "rational" or empirical elements of the Diagnostic Handbook while downplaying its supernatural aetiologies (Stol, 2004, pp. 1–16; Heessel, 2004, pp. 97–116). The evil eye itself has frequently been studied as a distinct folk belief or anthropological phenomenon (Dundes, 1981, pp. 257–312; Seligmann, 1922) rather than as an integrated explanatory model within medical-magical texts. Retrospective diagnostic approaches have tended to impose contemporary psychiatric categories without fully engaging the cultural and relational framework in which ancient Near Eastern practitioners understood distress–particularly the role of envy, fear, and interpersonal malice as embodied causes (Kinnier Wilson, 2014, pp. 1–18; Geller, 2010). Finally, biblical scholars have rarely drawn on this ancient Near Eastern material when interpreting passages of "madness" or despair, missing an opportunity for comparative analysis that would reveal the extent of continuity – rather than rupture – between ancient Near Eastern and biblical conceptualisations of the gaze as a source of psychological harm.

Further research is urgently needed. Egyptian and Hittite parallels should be systematically compared to Mesopotamian texts to map regional variations in the evil eye's psychological role (Mouton, 2011, pp. 427–438; Nunn, 1996; Schwemer, 2019, pp. 37–68). Biblical integration remains a rich but underexplored field: how do implicit evil-eye motifs (e.g., divine "face against," Saul's "evil spirit") reflect Ancient Near Eastern conceptualisations of the harmful gaze? Modern anthropological applications also merit attention: the Ancient Near Eastern recognition that fear and envy produce tangible mental distress offers insights for contempo-

rary approaches to stigma, where mental illness is still sometimes framed as moral or spiritual failure rather than relational and psychosomatic suffering.

By recovering the evil eye's role as a trigger of mental affliction in the ancient Near East, this study integrates magic, medicine, and psychology in a way that challenges modern dichotomies and invites renewed attention to the cultural embeddedness of suffering – both ancient and present.

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