Faith in Wellbeing-HCI: A Study on Islamic-Parareligious Practices in Bangladeshi Rural-Wellbeing

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Abstract
Spiritual health has always been studied as an active agenda in broader wellbeing discourses. Today, wellbeing in human-computer interaction (HCI) research addresses digital and online health-care, wellbeing infrastructure, and health informatics and related concerns. We focus on faith-based healthcare and wellbeing of the underrepresented marginalized communities in rural Bangladesh. We present our findings from 3years long ethnographic study with 150 participants in 15 villages and aim to extend this discussion towards the of para-religious practices in wellbeing and invite ideas and questions about the inclusion of such practices in design for sustainable technologies.

Author Keywords
Rural; Bangladesh; Wellbeing; Religion; Islam; Parareligion

ACM Classification Keywords
H.5.m [Information interfaces and presentation (e.g., HCI)]: Miscellaneous.

Introduction and Related Work
We broadly define witchcraft as the practice of magical skills and abilities exercised by solitary practitioners (including shamanism, exorcism, traditional healing, and parareligion) and groups [12]. In many culture, witchcraft

stands in the intersection of situated indigenous knowledge and wellbeing [11]. However, many cultures often accuse local witchcraft practices and witches responsible for HIV/AIDS, Ebola virus, tuberculosis, and bacterial Buruli ulcer [7, 10]. Still many rural culture in the global south have nurtured their own versions of witchcraft [9] along with the spiritual and parareligious practices. For example, in Indian subcontinent, mental illnesses are often connected to magic-religious beliefs and cured through faith healers [5]. Castillo showed different forms of possession and prospective contextual interventions performed by the traditional healers in Indian subcontinent [4]. Studies also showed that North Indian schizophrenia patients and their relatives often participate in magico-religious rituals to chase away the supernatural influences of spirit intrusion or possession, divine wrath of gods, and sorcery and black magic on the patients [8].

We are particularly interested in parareligion in rural Bangladeshi traditional wellbeing. Previous work on medical anthropology in Bangladesh also reported that family members of mental health patients often seek spiritual health for them and subject them to a ritual sweeping, dusting, and blowing - *'Jhar-phuk'* [15]. Karim et al. showed that the vast majority of the peasantry believe and trust the unseen supernatural and spiritual powers and worship magic and sorcery [6]. Callan explained the communal relations between the Muslim patients and the Hindu sorcerers to illustrate how traditional healing has its own place in Sylhet, Bangladesh, in which the religious orthodoxies do not always interfere [3]. Our work brings those values and practices on the HCI discussion table and seeks for design orientations for these underserved population. Our three-years long ethnographic studies in 15 villages in rural parts of southwestern Bangladesh reveals the

widespread use of parareligious values in local witchcraft and shamanic practices on the which the rural population mostly rely. Here, we first discuss how these values engendered from local culture and then aligned themselves with religion and wellbeing. Then we show how such parareligious ideals goes beyond the concerns of healthcare and influence the social harmony in local communal life. Finally, we raise questions and invite ideas on how HCI design and theory could approach for serving parareligious wellbeing values of rural populations by understanding such 'alternative' rationalities.

Methods
Our ethnographic study included semi-structured interviews, focus groups discussions (FGD), and observations with the participants. Rural Reconstruction Foundation (RRF), a non-profit global development organization helped us accessing the rural people [1]. The NGO fieldworkers set us up with the villagers and helped in recruiting participants within their microcredit clients and their neighbors.

We observed our participants' dailylife with a focus on understanding how they take care of their personal and family's physical and mental well-being. Our FGD topics included the social, physical, and affective issues from which they suffer; influential norms and cultural practices in wellbeing; and their experiences and treatment by local informal healthcare supports including witches. In the interviews, we asked them about the physical and mental health troubles from which they often suffer and from and how they resolve those. We took detailed notes of all the observations, FGDs, and interviews and audio-recorded them with the permission of the participants.

Figure 1: (An script to fill in *Tabiz* that says, "First write the Mantra on a paper and then put it on the rice bowl of the patient. The bowl and the Mantra should be used for *'Puja'*(Hindu worship) with *'Dhoop'* (Hindu ritual smoke). Then the priest will make a *Maduli* and put it on the patient's neck."

We collected this from witch4. She explained that it helps the patient who is disturbed by evil souls. The four words at the four corners of the matrix are the names of four Islamic angels among those two are the *Archangels* (There are seven king angels in Islam, they are called the Archangels). The witches mentioned that such hybrid processes increase the power of the *Mantra* and *Tantra* and expedite the therapy.

Findings

For the therapy and preparation of medicine, the witches often use natural and spiritually valued ingredients. These items include nails and bones, graveyard-mud, and Zamzam-water [14] (water from the holy Zamzam well in Saudi Arabia). Often the mechanisms follow lunar calendar and are dependent on new-moon, full-moon, and the tides. In the following subsections, we detail the parareligious practices in the types and stages of witchcraft therapy; and reasons of rural villagers to seek support from such practices.

A witchcraft therapy follows a complex procedure including stages of investigation, analysis, trust building, and prescriptions as stages of witchcraft therapy (see [12]). Among these, the stages of explanation and prediction, performance, treatment, and integration involve most of the parareligious practices. In the 'Explanations', the witches make predictions to locate lost people or objects, identify thieves, detect unseen troubles, etc. using religious concepts. The stages of performance include planchets, fortune telling, storytelling of incarnation, talking in a Jinn's voice, etc. The Witchcraft Treatment includes recitation, wearing artifacts, execution of various functions, etc. The two major witchcraft prescriptions are- (i) *'Allahr Kalam'*(based in Islamic culture) and (ii) *'Kali Mantra'*(based in Hindu culture). The witches generally master both the tracks and use those on a case-by-case basis. Regardless of their religions, the clients and the witches together chose the tracks. The usual solutions in both of the tracks are *Dua/Mantra*(Recitation from Quran, Hadith, Veda and Geeta), *Tabiz/Jantra*(religiously significant wearables) and *Kria/Tantra* (parareligious and spiritual activities). See Fig-1 and Fig-2 for examples.

Our study points to three major reasons of villagers' seeking help from parareligious remedies in witchcraft. First, as the villagers mentioned that for hundreds of years, their ancestors held witchcraft in high regard for spiritual well-being. Second, some villagers shared their concerns regarding the limitations of medical practices for challenging spiritual situations. Often the modern medical services available to them defy such concerns declaring them as 'scientifically irrational', limit the treatments within physical and mental health therapies, and fail to understand the overall wellbeing. Third, such parareligious practices somehow manage to bypass the strong patriarchal values in religion and social practices and find political ways to empower rural women to some extend [12, 13].

How to Design addressing Parareligious Value

We believe, for designing culturally appropriate and more sustainable wellbeing technologies, we should be concerned about such parareligious values. In this position paper, we leave questions for the readers about how to address these above mentioned concerns in design-

- How we can address and integrate parareligious values in wellbeing-HCI? What kind of design orientation should HCI adapt and develop to address such values and wellbeing needs of the users?

- What kind of positionality should the designers take while designing such interactions? How can we balance among the values of multiple stakeholders in this regard? How we would decide whose value to value and whose value to discard?

- How can we decide which of the values to address and integrate and which one to discard?
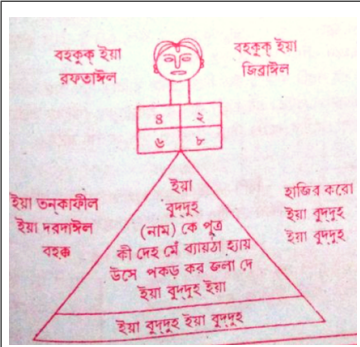
Figure 2: A Mantra that helps adult patients to overcome their fear in unseen.

We collected it from the witchcraft textbook. On the top, we see the face and neck of 'Kali' - the goddess of death, time, doomsday, and violence. Under that, the numbers in the matrix are symbols associated with evil souls. Inside the triangle, the top Mantra is a mix of 'Sanskrit Shloks' cursing the evil souls. The four groups of words outside the shape are some mix-language phases in Bengali, Arabic, and Sanskrit with names of Hindu Gods and Islamic Archangels. The witches mentioned that such a hybridization of Islamic and Hindu values boosts up the Mantra and Tantra and expedite the therapy.

- How we can resolve the political conflict among 'scientific rationality', religious rigidity, and parareligious 'alternative rationality' and find a moral balance?

We leave these questions to the attendees of the workshop. We welcome ideas and suggestions on design orientations and frameworks.

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