

ORIGINAL ARTICLE

Intra and Inter-psyche Conflicts and Analysis of Symptoms of Jinn Possession

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ABSTRACT

Introduction: A jinn possession model from the Islamic epistemology is discussed and its role in causing inter-psyche and intra-psyche conflicts. An analysis of the symptoms of jinn possession can also help differentiate jinn possession from mental disorders. **Methods:** An analysis of 34 symptoms of jinn possession, derived from symptoms used by globally established ruqyah experts, was conducted using quantitative approach. Out of the 1088 participants, 530 were diagnosed as having jinn possession. Their symptoms were analysed using Exploratory Factor Analysis (EFA) with Principal Component extraction method and Varimax rotation. **Results:** Some cases of mental health disorders can also be diagnosed as jinn possession according to ruqyah practitioners. The EFA analysis of the symptoms extracted 6 factors associated with jinn possession i.e. “abnormal thoughts”, “faith delusion”, “scary dreams”, “sleep disturbances”, “low mood” and “hallucinations”. **Conclusion:** Some mental disorders may also be cases of jinn possession. Jinn possession refers to any disorder with an underlying jinn possession factor. “Faith delusion” can be used to distinguish jinn possession from mental disorders. The findings can act as a foundation for the development of a model for jinn possession that will lead to the development of an instrument for the diagnosis of jinn possession.

Keywords: Jinn possession, mental disorder, ruqyah, psyche conflicts, instrument development

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INTRODUCTION

The belief in the existence of jinn is a fundamental part of the Muslims faith. There are evidences from the Quran and hadith (traditions of Prophet Muhammad) on the existence of jinn (1). The matter component of jinn is different from human and is still unknown to science. Jinn has the ability to transform itself from one state to another, making it possible for jinn to enter the human body. Human can be divided into tangible and intangible parts. Western psychology considers soma to be the tangible part and psyche as the intangible part. Similar concepts are available according to Biblical and Hebrew perspective (2) and Nepalese cultural perspective (3). In Islam, the tangible human part is called the jasad (body), and the intangible parts comprise of aql (intellect faculty), qalb (cognitive faculty) and ruh (soul or spirit). In this paper we use the Islamic understanding of psyche as the collection of aql, qalb and ruh (4). The different epistemology between Islam and Western psychology resulted in different understanding of mental disorders even though there are similar or overlapping

symptoms. Western psychology based their arguments on evidences from correlational research whereas Islam derives evidences from naqli (divine revelations) evidences and aqli (reasoning, scientific) evidences. Jinn and human are spiritually similar. Both are mukallaf i.e. they have free will and are responsible for their actions. The jinn psyche is similar to human psyche and there are evidences in Islamic text that jinn also have qalb and aql.

The belief in spirits and demons are on the increase (5) and there is growing evidence for possession (6). There are also evidences from Islamic text that jinn or spirit possession is real. The presence of one or more jinn in the physical human body creates inter-psyche conflicts between human psyche and jinn in addition to intra-psyche conflict within the human psyche as shown in Fig. 1. Ruqyah is a popular diagnosis and intervention for jinn possession (7). Ruqyah has to comply with Islamic shariah (Islamic legal system) by using non-polytheistic incantation such as the recitation of Quran, supplications, salutations of the Prophet (8). Ruqyah has also shown to bring benefit to non-Muslims (9). The recitation of ruqyah on those with jinn possession may result in negative reactions which cannot be rationalised such as involuntary movements of parts of body, sudden aggressive behaviour, screaming, unconsciousness,

vomiting, feeling hot, change of personality etc. Ruqyah practitioners use these reactions as an indication of jinn possession. In reality, ruqyah practitioners test the null hypothesis “someone with jinn possession will not experience any negative reactions to ruqyah” and the alternative hypothesis “someone with jinn possession will experience negative reactions to ruqyah”. Ruqyah is considered by ruqyah practitioners to be a valid instrument for the diagnosis of jinn possession. Symptoms are normally used for initial diagnosis of jinn possession. Baly, an expert from the Middle East, listed 17 psychological symptoms (10) and Haron, an expert from South East Asia, listed 19 psychological symptoms (1). Baly and Haron did not specify the number of symptoms or their significance for the diagnosis of jinn possession.

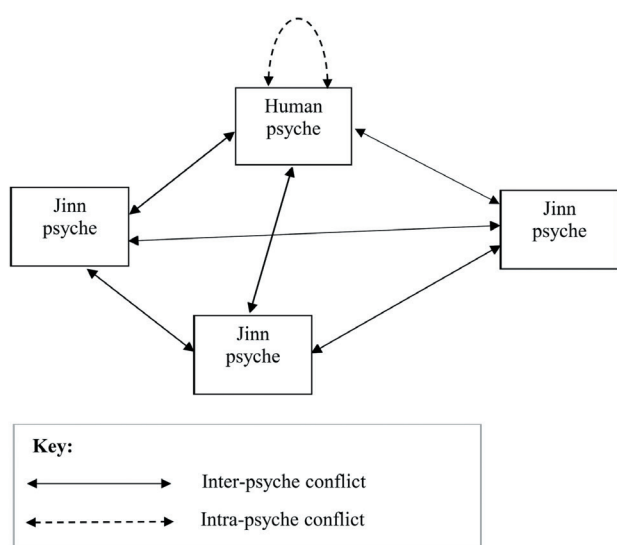


Figure 1: Islamic model of inter and intra-psyche conflicts in jinn possession. The dotted line represents conflict within the human psyche and the solid lines represent conflict between the human psyche and a jinn psyche or conflict between a jinn psyche and another jinn psyche.

METHODS

The objective of this research is to identify symptoms that are associated with jinn possession and their relative relevance. Ruqyah practitioners uses Islamic epistemology and ontology, which is different from the Western epistemology and ontology used by Western mental health professionals. Those who have negative reactions to ruqyah are considered to suffer from jinn possession. By using the Islamic epistemology, the symptoms that contribute to jinn possession can be known by analysing the symptoms of those who have been diagnosed with jinn possession. Bali listed 17 symptoms and Haron listed 19 symptoms. An additional four symptoms popular amongst ruqyah centres that were published online or in books were added to make a total of 34 symptoms. A summary of the merged symptoms is shown in Table I.

A quantitative approach was chosen and data were

collected using purposive sampling of Muslim participants over 18 years old. Participants were recruited through contacts with ruqyah practitioners. Snowballing technique was also used to recruit more participants. Out of the total 1088 participants who came for ruqyah, only 530 participants had negative reactions to ruqyah, indicating having jinn possession. 180 (34%) of the participants were male and 350 (66%) were female. The 34 symptoms as in Table I of the 530 participants diagnosed with jinn possession were analysed using Exploratory Factor Analysis (EFA). The EFA used Principal Component extraction method with Varimax rotation.

Table I: Initial list of symptoms of Jinn Possession

Symptom	Baly	Haron	Extended
1 Inability to fall asleep	Yes	Yes	Yes
2 Frequent headaches	Yes	Yes	Yes
3 Aversion from remembering Allah	Yes	Yes	Yes
4 Absent-mindedness	Yes		Yes
5 Laziness	Yes	Yes	Yes
6 Seeing things		Yes	Yes
7 Hearing voices		Yes	Yes
8 Paranoid		Yes	Yes
9 Dream of falling from a high position	Yes	Yes	Yes
10 Dream of filthy place	Yes		Yes
11 Dream of deserted road	Yes		Yes
12 Dream of ghosts	Yes		Yes
13 Dream of strange features	Yes		Yes
14 Dream of poisonous or predatory animals	Yes	Yes	Yes
15 Dream against Islam			Yes
16 Seizures		Yes	Yes
17 Extreme anger		Yes	Yes
18 Extreme tiredness		Yes	Yes
19 Loss of meaning of life		Yes	Yes
20 Loss of appetite		Yes	Yes
21 Loner		Yes	Yes
22 Loss of ability to focus		Yes	Yes
23 Unconsciousness	Yes	Yes	Yes
24 Frequently anxious		Yes	Yes
25 Sleep paralysis		Yes	Yes
26 Laughing during sleep	Yes		Yes
27 Crying during sleep	Yes		Yes
28 Grinding teeth during sleep	Yes		Yes
29 Moaning during sleep	Yes		Yes
30 Sleepwalking	Yes		Yes
31 Feeling suicidal			Yes
32 Ill thoughts			Yes
33 Doubtful of Islam			Yes
34 Strong feeling towards non-Islamic elements			Yes
Total	17	19	34

RESULTS

The data had shown internal reliability with a Cronbach’s Alpha of .786, which is acceptable. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .819,

which is also acceptable. The Bartlett's test of sphericity had a p-value of $< .001$, which is statistically significant.

Table II: Total variance explained by the six extracted factors

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
I	4.228	18.381	18.381	4.228	18.381	18.381
II	1.761	7.659	26.040	1.761	7.659	26.040
III	1.488	6.469	32.508	1.488	6.469	32.508
IV	1.190	5.173	37.681	1.190	5.173	37.681
V	1.117	4.858	42.539	1.117	4.858	42.539
VI	1.099	4.779	47.318	1.099	4.779	47.318
VII	1.019	4.432	51.750	1.019	4.432	51.750

11 symptoms with loadings less than 0.3, indicating insignificant contribution to jinn possession, were dropped making the final number of symptoms to 23. The analysis produced seven factors with eigenvalues > 1 . These were extracted and together they explained 51.8% of the total variances as shown in Table II. Factor III and VI have the same theme i.e. about scary dreams and it was therefore decided to merge both factors. The final six factors can be summarised as "abnormal thoughts", "faith delusion", "scary dreams", "sleep disturbances", "low mood" and "hallucinations". The items and their loadings for the extracted factors are shown in Table III. The magnitude of the loadings indicate the significance of the symptoms that contribute to jinn possession.

Table III: Extracted factors

Factor	Symptom	Loading
Abnormal Thoughts	Paranoid	.684
	Ill thoughts	.628
	Loner	.560
	Inability to focus	.484
Faith Delusion	Doubtful of Islam	.683
	Strong feeling towards non-Islamic elements	.643
	Feeling suicidal	.544
	Loss of meaning of life	.526
Scary Dreams	Dream of falling from high place	.748
	Dream of poisonous or predatory animals	.701
	Dream against Islam	.636
	Dream of filthy place	.573
	Dream of strange features	.536
	Dream of ghosts	.536
	Dream of deserted road	.440
Sleep Disturbances	Crying during sleep	.745
	Laughing during sleep	.719
Low Mood	Extreme tiredness	.684
	Aversion from remembering Allah	.551
	Laziness	.529
	Absent-mindedness	.508
Hallucinations	Seeing things	.788
	Hearing voices	.712

DISCUSSION

The negative reactions to ruqyah on participants with symptoms of mental disorder or those who have been diagnosed with mental disorders indicate that they have jinn possession according to ruqyah practitioners. However it does not imply that the diagnoses of mental disorders according to mental health professionals are wrong. The different diagnoses are the result of different epistemology and different modelling of the human by the two disciplines. Those with different mental disorders may exhibit similar negative reactions to ruqyah such as involuntary movements of parts of the body. It would therefore be correct to say that jinn possession is not the name of a single disorder but refers to any disorder with an underlying jinn possession factor. It is not surprising when a study found out that the belief of jinn possession as the cause of epilepsy is prevalent amongst Saudi Arabians (11). It would also make sense to have extended classification of disorders such as J-epilepsy for epilepsy with underlying jinn possession factor.

The results of the symptoms analysis gave a better understanding of symptoms that are relevant to jinn possession. The research has produced a list of symptoms of jinn possession and their relative relevance. The list also confirms that there are overlapping symptoms between jinn possession and mental disorder. Symptoms from the factors "hallucinations", "low mood" and "abnormal thoughts" are associated with mental disorders. Baly and Haron, who are established global experts on jinn possession, considers "faith delusion", "scary dreams" and "sleep disturbances" as part of the symptoms of jinn possession. This is in agreement with the findings.

Symptoms associated with "faith delusion" can also be considered as symptoms that distinguish jinn possession from mental disorder. Those with these symptoms have anti-religious thoughts or feelings that are opposite to what they aspire, believe or practise. Furthermore, they are also convinced that the symptoms are not related to their life events. They find it difficult, if not impossible, to get rid of those irrational thoughts. This may be a reason why many Muslims who have the symptoms associated with "faith delusion" insist that they do not have mental disorder but instead suffer from jinn possession.

The findings of the research gives a clearer picture of the overlapping of symptoms between jinn possession and mental disorders. It can be argued that jinn possession causes mental health problems but not all mental disorders have underlying jinn possession problems. This findings show the importance of recognising the existence of jinn possession so that those suffering from jinn possession can have access to a holistic approach to treatment or therapy.

CONCLUSION

The findings confirm that there is a difference between jinn possession and mental disorders. It will be more difficult to argue that all cases of jinn possession are misdiagnoses of mental disorders. Further research is needed to use the findings as a foundation for the development of a model for jinn possession. This model will lead to the development of an instrument for the diagnosis of jinn possession to help mental health professionals identify suspected cases of jinn possession without the need for ruqyah. Cases of suspected jinn possession can then be referred for complementary or integrated therapy. This approach is a better option than the current confrontation between mental health professionals and ruqyah practitioners. In a case study of a patient with major depressive disorder, it was found out that the patient relapsed when only receiving either conventional medical treatment or ruqyah but showed real long-term sign of recovery when receiving both conventional medical treatment as well as ruqyah (12). The use of Islamic and Western epistemology will result in different diagnoses with different treatment methodologies that will bring different degree of effectiveness. Both Islamic and Western treatment diagnoses and treatment methods are needed and through complementary or integrated therapy, the stigma of mental disorders can be reduced and will result in the increase in the number of people who can get the necessary and appropriate treatments or therapies.

ACKNOWLEDGMENT

We would like to thank Inter Nexus Protocol Sdn Bhd for funding the research as part of their social contribution. We also would like to thank all individuals involved in helping to recruit participants for the research.

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