

# Mental Health Disorder: Challenges and Opportunities for Superiority of Islamic-based Therapy<sup>1</sup>

by Hamidi Abdul Rahman<sup>2</sup>

## Abstract

Mental health disorder is on the increase and there has been an increase in Muslims seeking Islamic-based therapy, mainly in issues relating to suspected jinn possession. There has been many success stories but there is lack of, if not absence of, scientific research supporting the success stories. Questions on effectiveness of Islamic-based therapy and concerns on the competency of the therapists pose a challenge to be resolved.

Approaches to modernise Islamic-based therapy for mental health disorder is discussed citing examples from internal research by PISANG. The PISANG model for mental health disorder using the concept of conflict between human psyche and jinn psyche forms a framework for research and development of Islamic-based therapy for the treatment of mental health disorders. The PISANG Islamic Existential Psychotherapy based on Islamic existential philosophy and the science of *tasawwuf* is also discussed. Interesting themes arising from therapy sessions are proposed for further research.

The increase of interest in Islamic-based alternative to healthcare by Muslim academicians and health professionals also warrant for the need of the establishment of a research institute for the advancement of Islamic-based therapy.

## Introduction

Mental health disorder is on the increase and there is a need to find a more effective solution. This is made more complicated with some cultures having different beliefs on the

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<sup>2</sup> MSc Psychotherapy Studies; President of PISANG (Professional Islamic Support And Nurture Group), UK

causes of mental health disorder. The belief in spirit or demon possession is still prevalent and many cultures seek alternative therapies to exorcise the demon from the body. These beliefs are generally dismissed by Western-trained mental health professionals.

In the Muslim community, spirit possession is referred to as jinn possession. The term jinn is preferred as it brings a contextual understanding that the issue is amongst the Muslim community. It also brings into context the understanding of jinn and the nature of its creation according to the Islamic belief.

Over the past 8 years, there has been an increase in awareness of jinn possession and the popularity of ruqyah for the treatment of jinn possession. There have also been many cases of the success of ruqyah which encourages more Muslims to seek ruqyah therapy. However, there is also a growing concern on the practice of ruqyah e.g. unscrupulous individuals who jumped into the bandwagon of ruqyah causing more harm than good.

The Muslim community still have faith in the effectiveness of ruqyah therapy despite the concerns. This paper aims to discuss the challenges and opportunities in making Islamic-based therapy a contemporary and professional therapy.

## Definition

WHO defined Mental Health as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2016)

“Jinn possession” is a construct and in this paper it refers to the presence of jinn inside the body regardless of whether there is any observable or unobservable change to the person. It does not refer to a state of trance.

“Islamic-based therapy” is a therapy which has a core therapeutic method originating from Islamic teachings. In this paper, it refers to a therapy with ruqyah as a core method.

## Can Islamic-based therapy become mainstream?

Western-based intervention is currently considered to be the mainstream solution for mental health disorders. Classifications of mental health disorders are documented in ICD-10 and DSM-5. There is suspicion that revision to DSM-5 was heavily influenced by the pharmaceutical industry (“Controversy over DSM-5: new mental health guide,” 2013), making it easy for them to link their drugs to the respective disorders. There is also an uneasiness on the over-reliance of drugs for every mental health disorder and voices are being raised for alternative solution.

Psychotherapy is a complementary intervention that is accepted for mental health disorders. There are various approaches and variants of psychotherapy and the degree of acceptability lies in whether the variant of psychotherapy is evidence-based.

It is interesting to look as how psychotherapy became accepted as a complementary intervention for mental health. Sigmund Freud abandoned evidence-based medicine in favour of the non-evidence-based hypnosis which he later abandoned. Freud also developed his own theories of the human psyche, including absurd theories such as the “Oedipus complex” and the concept of “Penis envy”. Regardless of the absurdity of Freud’s theory, his contribution is considered to be revolutionary i.e. someone with mental health disorder can be treated simply by talking.

It is interesting to note that a non-evidence-based psychotherapy with some absurd theories can later become acceptable as an intervention for mental health disorder. Furthermore, psychotherapy itself is pseudo-science. We can choose any psychotherapy approach and explain a predicament e.g. from a behavioural perspective or from a psychoanalysis perspective or from an existential perspective. Each perspective will have its own solution on how to deal with the predicament. If psychotherapy can be accepted by the scientific community, there is no reason to reject Islamic-based therapy can be acceptable by the scientific community provided similar conditions are met. If a disorder can be treated by psychotherapy simply by talking, then it also makes sense that a disorder can be treated by Islamic-based therapy simply by recitation of the Quran and/or supplications.

The scientific community demands an intervention to be evidence-based, meaning that the intervention is effective and supported by research using recognised scientific research methodology. The word “evidence” means something else from Islamic scholars’ perspective. To them “evidence” is not derived from scientific research but from the Quran, Sunnah (tradition of the Prophet), *Ijma’* (consensus) or *Qiyas* (analogy).

Trying to reconcile the meaning of “evidence” into a single definition acceptable by the scientific community and Islam will be difficult, if not impossible. The way forward is to get on board Western-trained Muslim health professionals who can accept both definitions and apply them in the correct context. This would mean that beliefs that are fundamental in Islam e.g. the belief in the unseen, has to be accepted without the need for a scientific evidence. Another way forward is to get on board Islamic-based therapists who are willing to learn and value scientific research. The interaction between the two groups is needed to spearhead the development of Islamic-based therapy and to claim superiority over other interventions.

## Approaches to Mental Health Disorder

Mental health disorder can be approached from different perspectives. Brain and mind (human psyche) are two separate things. Brain is the analogous to hardware and the mind is abstract and is analogous to software. Neuroscience and neurology focus on the central nervous system but psychology focuses on the mind. We can show exactly where the brain is but it is impossible to locate the spot where our mind reside.

Mental health disorder can be caused by the malfunction of the central nervous system and it makes sense for possible corrective action using drugs or surgical operation. If the disorder is within the human psyche, then psychological intervention is more appropriate.

Human psyche itself is a construct that is accepted by the scientific community. Basically this is just a simplification of the composition of the human into two parts i.e. soma and psyche. Islam also divides the human into parts. In Islam, the human body comprises of the *jasad* (soma), *aql* (intellect faculty), *qalb* (cognitive faculty) and *ruh* (soul or spirit). The *aql*, *qalb*

and *ruh* collectively can be considered as the human psyche. Another term in Islam is *nafs* and this is referred to as collection of *aql*, *qalb*, *ruh* and *jasad*.

The different understanding of how the human is modelled leads to different approaches for corrective actions of mental health disorder. Imam Al-Ghazali (r.a.), a *mujaddid* (renewer of faith), was a person who achieved the most prestigious academic position of his time but then experienced a strange psycho-somatic disorder resulting in a crisis in his life. It was not caused by his brain or his *aql* because they were in excellent condition. He concluded that the crisis was due to problems with his *qalb* and his over-reliance on himself and not on God. He developed the philosophy and science of *tasawwuf* as a corrective action in order to become a balanced and excellent human. His revolutionary efforts in mental health was not immediately felt during his time but was realised two generations later which produced great humans, such as Salahuddin al-Ayyubi (Saladin), who were able to realise their full potential.

Various studies on mental health and psychology from the Islamic perspective have been published. Understanding of mental health in Islamic medical tradition have been discussed (Deuraseh & Talib, 2005), the limitation of Western Mechanical, Dynamic and Humanistic modelling of the human was compared to the Islamic model (Alawi, 2006), the *qalb* (heart) was proposed as the prime determiner of human development (Haq, 2006), and Quranic concepts of human psyche was compared with those of Western philosophers and psychologists like Viktor Frankl, Carl Jung, Carl Rogers, Abraham Maslow and Gordon Allport (Ahmad, 2006).

Other studies also include the notion of jinn possession as a contributing factor in mental health disorder (Khalifa & Hardie, 2005). A study of Saudi Arabian Muslims cited jinn as the reason for epilepsy (Obeid et al., 2012) and study in Sudan cited respondents attributed jinn, shaitan, evil spirits and magic as the cause of mental health disorder (Sorketti et al., 2010). The believe in jinn possession is driven by religious belief and will still exist even if the community lives in exile (Mölsä et al., 2010).

A more concerted collaborative effort is needed between mental health professionals and Islamic-based therapists to address a wider scope of mental health disorders which include jinn possession as a possible contributor.

## Concerns

### Concerns on Western-based solution

Mental health disorder is on the increase and Western-based intervention cannot claim to be able to deal with it fully. Certain behavioural actions and events could not be explained by any psychological theories as in the case of the twin Swedish sisters who caused havoc on a British motorway (BBC, 2008). Not only they survived unscathed after being hit by a lorry at high speed, but they had the energy, as if nothing had happened, to flee to the other side of the carriageway before being restrained.

While pharmaceutical drugs have been successful in reducing the number of hospitalised mental health patients, there are still concerns of the state of those who have to rely on drugs for the rest of their life. Western psychological intervention are heavily based on Western psychology and culture. This makes the intervention less effective for those from a non-Western cultural background. A study in the UK concluded that Muslims are under-represented in voluntarily-accessed mental health services e.g. psychotherapy but are over-represented in non-voluntary services such as in-patient care under section (Weatherhead & Daiches, 2010).

Western-trained mental health professionals, while acknowledging the issue of jinn possession, are generally still in denial of the possibility that jinn can cause mental health disorders. Some would put the cause to influence of religious and cultural beliefs (Guthrie et al., 2016). Others would take a more reconciliatory approach by calling for collaboration with *imams* and faith healers (Dein & Illaiee, 2013) but still view that Western-based intervention is the only solution.

### Concerns on Islamic-based therapy

An Islamic-based therapy which is currently gaining popularity is ruqyah. A study concluded that young Muslims in London, UK were successful in promoting ruqyah (Eneborg, 2013).

Islamic-based therapy is also gaining popularity around the globe. In Malaysia Islamic Medical Practice is recognised under the Ministry of Health Traditional and Complementary Medicine and Islamic-based therapy organisations were also required to register with the national umbrella organisation GAPPIMA.

However there is still great concerns on the general practice of ruqyah globally. Ruqyah is an Arabic word meaning incantation. It can be divided into 2 categories. Ruqyah *shar'iyyah* is ruqyah using shari'ah-compliant methods and ruqyah *shirkiyyah* is an un-Islamic ruqyah which contains *shirk* (polytheistic) methods.

Ruqyah is a generic term and refers to therapies using incantation. This is similar to the term "talking therapy" which refers to therapies by talking. As such there is a wide variation of ruqyah therapy and ruqyah practitioners may use a combination of methods e.g. recitation of Quran and supplications, the use of substances such as salt and lime, or even beating the client with turbans or twigs.

The main concerns are centred on the competency of ruqyah practitioners. This is a valid concern as one can claim to be a ruqyah practitioner after attending a short weekend course. This is a far cry from Western-trained mental health professionals who have to spend years of learning and training.

Other concerns include some ruqyah practitioners hastily giving diagnosis which cannot be independently verified. A client can also get different contradictory diagnoses from different practitioners. This will only add confusion to an already confused client. In some countries, unlike Malaysia, a person can provide ruqyah services under a pseudo-name such as "Abu something" denying the ability for the public to check the credibility of the so-called practitioner. This will allow someone with a criminal record or pending criminal prosecution to practice ruqyah under the guise of a long beard for example, to prove that he and his ruqyah is Islamic.

The absence of an independent certification professional body for ruqyah practitioners is a big issue. Without it, anybody can be a self-proclaimed expert simply by posting tons of

opinions on the internet or posting loads of videos on YouTube. Criticisms are often deleted and those who criticise are often blocked. The inability to challenge the so-called experts will expose the public to misleading or false information.

The lack of other necessary knowledge such as anatomy and physiology is also frowned upon by Western-trained medical professionals.

## Addressing the concerns

In order to move forward, Muslim mental health professionals and Islamic-based therapists will have to equip themselves with relevant knowledge of other relevant disciplines. Mental health professionals will have to equip themselves with knowledge about the concept of Islamic-based therapy. Islamic-based therapists will have to additionally learn about research methodology, anatomy and physiology. A core steering group comprising of both groups should be formed so that they can engaged in research on integrating Western and Islamic-based interventions.

This paper will share some of the efforts in addressing the concerns by citing efforts from PISANG. It is not an exhaustive list and other efforts are also being progressed by other individuals and organisations.

PISANG (*Professional Islamic Support And Nurture Group*), a registered not-for-profit organisation in the UK providing therapy for mental health disorders and have been conducting internal research on Islamic-based therapy. The motivation for the internal research is to gain competitive advantage over other therapies. Data of over 1500 clients have been collected systematically over the past 8 years. Therapy data collected were from ad-hoc therapy sessions and from over 60 retreat therapy events lasting 3 days or more.

The purpose of the research is to develop a model of human with mental health disorder. Feedback from therapy sessions are used to modify the model in order to achieve a high rate of repeatability of the applied therapeutic methods. The concept of the PISANG human model was derived from Islamic understanding i.e. the human psyche comprises of the *aqil* (intellect faculty), *qalb* (cognitive faculty) and *ruh* (soul).

In addition to the human psyche, a concept of a jinn psyche was also added. A jinn psyche comprises of jinn *aql*, jinn *qalb* and jinn *ruh*. A jinn psyche can enter the human *jasad* (soma) to create a condition known as jinn possession. The conflict between human psyche and jinn psyche can result in the jinn psyche taking control of the central nervous system, causing disorders such as dissociation, bi-polar, vaginismus etc.

Pisangtherapy, the intervention being researched, tries to address possible failings within the model which contribute to mental health disorders. Possible failings are conflicts within the human psyche which can be corrected via psychotherapy. Pisangtherapy mainly uses Islamic existential psychotherapy, PISANG's own version of existential psychotherapy. Unlike Western existential psychotherapy which is based on Western philosophy, Islamic existential psychotherapy is based on Islamic philosophy. Western existential philosophers can have different orientation in their belief system e.g. Soren Kierkegaard has Christian orientation and Friedrich Nietzsche has atheistic orientation with his notion of "God is dead". Western existential psychotherapy which take Nietzsche philosophy will embark on the concept of "Now that God is dead, you have only yourself to blame".

The West considers 19<sup>th</sup> century Kierkegaard as the father of existentialism. However existentialism has been discussed by Ibn Sina (Avicenna) in the 11<sup>th</sup> century (Şahin, 2009). One could argue that existentialism was discussed a century earlier by the *mujaddid* Abul-Hasan Ashari, known for his contribution in defining the creed (*aqidah*) of Islam's mainstream *ahli sunnah wal jama'ah*. Islamic existential philosophy together with the science of *tasawwuf* can act as a strong foundation for Islamic existential psychotherapy that focusses on therapy of the *aql* and *qalb*.

Ruqyah is used when there is a conflict between human psyche and jinn psyche. Ruqyah is used for weakening or expulsion of jinn psyche and remedy (*shifa'*) for the *jasad*. The jinn is a parasitic lifeform and its presence in the human body produces toxins which can cause ailments. Impact on human psyche of any conflict between the human psyche and the jinn psyche can be reduced through psychotherapy.

## Diagnosis of mental health disorder

It is natural for Western-trained mental health professionals to have a bias towards Western classification of diseases and disorder. Similarly, Islamic-based therapists will also have a bias. Western-trained mental health professionals can even give different diagnosis for the same symptoms depending on whether they chose ICD-10 or DSM-5.

There is a need for a comprehensive Islamic classification of diseases and disorders which are agreed upon by both Muslim mental health professionals and Islamic-based therapists. This will ease efforts in finding the appropriate interventions for an agreed diagnosis.

In Pisangtherapy, a few steps are taken before therapy. The first step is to confirm or dismiss the presence of jinn psyche inside the body. This is first assessed via an instrument (scale), a questionnaire which has been researched internally and developed over a number of years. The instrument captures somatic symptoms, psychological symptoms and habits. The instrument uses ruqyah for internal validation. Ruqyah is widely accepted as a reliable method for determining the presence of jinn psyche i.e. it has construct validity. The instrument score indicates the likelihood of the presence of jinn psyche in the body.

The second method is via narratives and this may give an indication of the possible entry of a jinn psyche. Narratives also identify other psychological issues relating to the human psyche.

The third method is via ruqyah. Ruqyah is not used as a diagnostic tool, but as a therapeutic tool, if the more reliable instrument indicates high likelihood of jinn possession. Where the instrument has negative or no conclusive indication of jinn possession, ruqyah can act as a secondary indicator to confirm to dismiss jinn possession. This is necessary in cases where clients did not disclose vital information in the questionnaires or in their narratives.

The indication of the presence or absence of jinn possession in the diagnosis will dictate the therapeutic methods that follow.

## Themes arising from the therapy

Several themes have emerged during therapy sessions, especially during retreats. Retreats enable a more reliable assessment of the clients and the intensive therapy during the retreats brings new information that would otherwise be impossible to obtain through ad-hoc sessions.

The first theme suggests the presence of chronic jinn possession disorder. Chronic jinn possession is a construct whereby the jinn psyche takes full control of the central nervous system and assumes the person's personality in every aspect. During the possession, nobody can detect that the person was possessed by jinn. The person appears to be normal but he or she will not be able to recall anything that had happened during the period of possession. An experienced and knowledgeable ruqyah practitioner may be able to distinguish when the person is possessed.

The second theme suggests that some Muslim converts who had unsettled personality during their pre-conversion period may be struggling with jinn possession problems. These new Muslims had been struggling before their conversion and still struggles after conversion even though they have put in efforts such as wearing hijabs or niqabs (for women) and growing beards (for men). These efforts can be considered as a coping mechanism for them to deal with their predicament bearing in mind that many converts struggle with Islamic knowledge and reciting the Quran. Dress or facial appearance can be a comforting factor to be identified as a Muslim, apart from the intention to fulfil the obligation of Islam or follow the tradition of the prophet.

The third theme suggests that Muslims who have indulged in major sins and criminal activities and later served prison sentences have issues of jinn possession even though they have repented. This may indicate that jinn possession was a possible factor for them to commit crime in their early life and the repentance has not solved the issue of jinn possession. It is possible that frequent offenders who sincerely want to stop committing crimes may be struggling with jinn possession.

The fourth theme suggests that those who have been or currently involved in drug abuse have issues with jinn possession. Mental health disorder persists even after stopping the drug abuse. The main task for the therapist is to get the client out of his or her predicament.

The fifth theme suggests that there is an increasing trend of Muslims who have undergone Western-based intervention as well as ruqyah therapy but are seeking therapists who can provide both ruqyah and psychological intervention. They have been told that their predicament is psychological, and they have been told that there is a jinn in their body. They are trapped in a vicious circle and still unable to reconcile whether their predicaments are caused by jinn or psychological and find it difficult, if not impossible, to move forward with their life.

### **Opportunities for superiority of Islamic-based therapy.**

The themes from therapy sessions open up opportunities for research and development of Islamic-based therapy and to prove its superior efficacy. Several research questions can be raised. Superiority of Islamic-based therapy will only be accepted by the scientific community if research findings on its efficacy are published in academic journals. Therefore it is of prime importance to embark on research projects on contextual implementation of Islamic-based therapy as part of a series of research programme.

Chronic jinn possession may be a widespread phenomenon but unobservable because of the nature of its manifestation. A person who has chronic jinn possession and have been struggling to get rid of his or her predicament may later unknowingly commit grievous crime such as acts of terrorism. Human senses and high technology surveillance equipment will not be able to detect chronic jinn possession but Islamic-based therapy has the ability to detect and provide the necessary treatment.

In the Islamic belief, those who converted to Islam will have their sins wiped off upon conversion. However, diseases and disorders are not removed upon conversion. A person who has jinn possession before conversion will continue with the disorder. Islamic-based therapy and jinn screening programme can be offered as part of a research programme to

new Muslims in order to address the issue of jinn possession. The findings can be published on the efficacy of Islamic-based therapy in aiding Muslim converts.

Islamic-based therapy can be offered to those who have served their prison sentences as part of a rehabilitation programme. Western media implicates that some terrorists were those who converted to Islam in prison and were later radicalised. Research question can be raised whether the inclination to terrorism is the result of radicalisation or was it caused by an inherent and unresolved jinn possession which acts as a catalyst to radicalisation. Islamic-based therapy should be offered to those who have served their prison sentences as part of a rehabilitation and prevention of terrorism programme.

Jinn can enter human body for many reasons and one of the reasons is to deviate the person from Islam. One of the tricks of *Iblis* is to deviate a person to commit un-Islamic acts with the belief that he or she is doing something Islamic. An authentic hadith of the Prophet (peace be upon him) mentions about the *khawarij*, a group of people who “... *one of you would consider your Salah (prayer) insignificant compared to theirs and you would consider your fasts insignificant compared to theirs. They read the Quran but it does not go beyond their throats. They will deviate from Deen (religion) the way an arrow deviates away from the target. ...*”. The Islamic-based therapy programme should be considered as a preventative programme to reduce or eliminate the chances of ex-convicts from committing atrocities in the name of Islam. Research findings can influence the future of the rehabilitation and prevention of terrorism programme.

Similar effort can also be implemented as part of drug rehabilitation programme. Other programmes can also be implemented based of themes that come from other Islamic-based therapy centres. For example there may be a theme of jinn possession amongst the Muslim LGBT community. Some have made efforts in sexual reorientation but failed and have given up. Others may still be seeking sexual reorientation and Islamic-based therapy may be the answer. Any positive impact of Islamic-based therapy in helping the Muslim LGBT community will make it shine over other therapies.

For Islamic-based therapy to be superior, a holistic approach is needed. Ruqyah alone is insufficient. Therapists must be equipped with other relevant knowledge such as anatomy and physiology. The therapy must also include psychotherapy. Western-based psychological interventions, with cultural adaptations if needed, can still be part of the therapy. However an Islamic-based psychotherapy will provide better efficacy.

## Research institute for the advancement of Islamic-based therapy

Malaysia is the most organised country in the world in embracing Islamic-based therapy. Over the past few years there has also been a significant increase of involvement of academicians and professionals from the medical background in a coordinated effort to formulate an Islamic alternative in healthcare. This has created valuable intellectual discourses on the future of Islamic-based healthcare.

A step forward would be in establishing a research institute that focuses on research relevant to Islamic-based therapy. This will reduce any duplication of effort and information can be shared more efficiently. The information will be useful in formulating a procedure for referral of patients to undergo Islamic-based therapy. Training on Islamic-based therapy can also be offered to health professionals. Future role may include acting as a professional certification body for Islamic-based therapists.

The institute will also be in a better position to influence the lawmakers of issues regarding Islamic-based therapy.

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