

# Jinn Possession in Mental Health Disorder<sup>1</sup>

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## Introduction

This paper discusses the diversity in the understanding of mental health disorders, Muslims perception of jinn as a contributing factor affecting mental health, a new *Pisang Jinn Possession Model*, diagnosis of jinn possession and the therapy for jinn possession.

The understanding of mental health disorder varies across cultures (Somer, 2006). The differences can arise from the difference in understanding or modelling of the human e.g. the concept of psyche, body, soul etc. It can be explained, for example, from a Biblical and Hebrew perspective (Kaplan & Schwartz (1997)). Rather than dying out, the belief in supernatural entities is widespread today even amongst the well-educated population in Western countries (Thomason, 2008). The belief is also prevalent in other cultures and religion, including Christianity (Leavey, 2010).

The term mental health disorder is subjective and can differ according to cultures. The symptoms of the problems may be similar but the classification may differ according to the understanding of the person. The perceived cause of mental illnesses can be biological (brain abnormality, genes, or chemical imbalance) or non-biological (stress, relationship, childhood experience etc) (Sears, Pomerantz, Segrist, & Rose, 2011). Epilepsy, for example, can be perceived as medical or punishment by God or expiation of sins, etc. (Small et al., 2005).

The difference in the understanding of mental health disorder is not limited to the general public but also extends into the scientific community. A set of symptoms classified as “Trance and possession disorders” under ICD-10 is classified as “Dissociative Identity Disorder” under DSM-5. Differences or controversies on the classification can be attributed by the different understanding of mental health disorder or can be caused by unhealthy

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influence of pharmaceutical companies in the classification revision process (“Controversy over DSM-5: new mental health guide,” 2013).

## **Definitions**

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, 2014).

The term “disorder” is preferred over the term “diseases” in the case of mental health problems. Disease is a conceptual understanding when the underlying aetiology is known. Disorder refers to a set of symptoms and there is no implication of aetiology.

“Symptoms” refer to observable behaviour or state. Symptoms also do not imply that an underlying problem exists or that there is a physical aetiology.

“Jinn possession” in this paper 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.

## **Muslims Perception of Jinn Possession**

In the UK, a Muslim-minority country, the belief in jinn possession is not uncommon amongst Muslims, who made up about 3% of the population (Khalifa & Hardie, 2005). This belief is also true in Muslim-majority countries. For example, Muslim may attribute jinn as a cause of depression (Walpole, Dean, Allan, David, & Mirc, 2012).

The belief in jinn possession may lead to Muslims avoiding voluntarily accessed mental health services. For example, Muslims in the UK 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). A study in the UK concluded that Asians, who are predominantly Muslims, are 2.06 times more likely to be detained under the Mental Health Act (Singh, Greenwood, White, & Churchill, 2007).

Muslims, when faced with psychiatric and related problems, tend to seek spiritual advice from traditional faith healers (Rashid et al., 2012). Imams (Muslim religious leaders) also play a major role in Muslims' health (Padela et al., 2012).

The perception of jinn as the causes of mental health disorders is not attributed to the geographical location of the Muslims but to their religious belief system. Saudi Arabian Muslims regarded jinn possession to be the cause of epilepsy (Obeid et al., 2012). A study on the characteristics of people treated by Sudanese traditional healers found respondents attributed their mental illness to jinn, shaitan, evil spirit and magic (Sorketti et al., 2012). A study on Somali Muslims in Finland found out the notion of jinn as the cause of mental disorders were still prevalent even in exile, and traditional method for treatment is of prime importance in such situations (Mölsä et al., 2010).

The stigma of mental health disorder is a major issue in many cultures including Muslims. Muslims will generally prefer to use the term "jinn possession" as they commonly believe that jinn possession is not a mental health disorder. Dissociating jinn possession from mental health will bring some relief from being stigmatised as having mental illnesses. The common belief amongst Muslims is that jinn possession can be overcome through religious-spiritual efforts as opposed to the medical intervention of mental health disorders which may result in the reliance on drugs or ending up in mental health institutions. If we use WHO definition of mental health, we can safely include jinn possessions as a mental health disorder. Accepting jinn possession as a mental health disorder will allow research on therapy of jinn possession to be conducted within the framework of modern medicine and mental health services.

The belief in the existence of jinn is fundamental in the Islamic faith and there are indisputable evidences from the Quran and Traditions of the Prophet (Hadith) on the existence of jinn (Din, 2011). There are also evidences from the Islamic perspective in Islamic literature that jinn can cause illnesses such as possession (Baly, 2005).

The use of jinn explanations for psychological disturbance and unexplained physical symptoms is common (Dein et al., 2008). As such, it is not surprising that Muslims have been

known to use traditional and spiritual healers for treatment of mental illness, psychosocial and psychosexual problems (Hussain & Cochrane, 2004).

## **Pisang Jinn Possession Model**

There are different approaches for understanding of mental health disorder e.g. Biological, Psychological, Behavioural, Humanistic, Existential, Social, Psychosocial and Biopsychosocial. The approaches have evolved over time, making changes to the modelling of the human psyche in search for a more effective therapy for mental health disorder. Later approaches even include spirituality as a factor that enhances the effectiveness of a therapy.

Muslims have also been proposing alternative approaches and models based on Islamic concept of human psyche. Various approaches have also been taken to accommodate or understand the concept of mental health in Islam from Western perspective. 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).

No single approach can claim supremacy on all aspects. As such, options are open for newer approach of mental health disorder. The *Pisang Jinn Possession Model* is used by PISANG for modelling the human being for the purpose of understanding the causation of mental health disorders and for increasing the efficacy of therapy for jinn possession.

The understanding of Islamic existential philosophy from Quranic source is the basis for the development of this new model. Islamic existential philosophy in this context can be summarised as:

- There is only one Creator and everything else are creations
- The purpose of life is to serve God
- Existence spans across 3 realms i.e. before birth, life on earth, and the hereafter.

- Man shares the world with the unseen i.e. angels and jinn

Western models classify human being into 2 parts i.e. *soma* (body) and *psyche* (mind). This classification also applies to the new model. *Soma* from the Quranic perspective is represented by *jasad* (body) and *psyche* is represented collectively by *ruh* (soul), *qalb* (cognitive faculty) and *aql* (intellect faculty).

From the Islamic existential perspective, the *ruh* was created pre-birth (Quran: Chapter 7 Verse 172). The *ruh* joins the body (*jasad*) in the womb and exits the body upon death. From the Islamic existential perspective, the body is a vehicle for human existence in this world. The *ruh* exists for a much longer timespan i.e. since it was created pre-birth and continues with eternal existence in the hereafter. The *qalb* and *aql* undergoes development during existence on earth. For example, a child will enter the stage of *mumayyiz* when his or her mind reaches discretionary ability. The child then enter the stage of *baligh* (puberty) marking the entry point for adulthood where he or she will then be accountable for all of his or her actions.

Differentiating the body from the psyche enables Islam to define clearly the boundary of accountability. If a person commits murder in his sleep, for example, the person is not accountable for the murder. This is because the human psyche (*ruh*, *qalb* and *aql*) was not conscious and had no control of the actions of the body when the crime was committed. Similarly an insane person will not be accountable for actions of any crime committed.

The ability of jinn to enter human body is implied in the Quran (Quran: Chapter 2 Verse 275). The body is a vehicle for the existence of human psyche, and jinn can enter this vehicle i.e. the body. In this case, jinn can be considered as a parasitic psyche which can “hijack” the functions of the body. Similar to car-jacking, jinn inside human body can overpower the human psyche and takes control of the body.

Using the *Pisang Jinn Possession Model*, many mental health disorders can be explained if we accept the presence of two different psyches in a single body i.e. human psyche and jinn

psyche. For example, we can suggest the following simplistic explanations for some mental health disorders.

- Multiple Personality Disorder or Dissociative Identity Disorder can be explained as the jinn psyche overpowering the human psyche and exhibiting its own personality. The jinn, having lived elsewhere before entering the human body, may have some knowledge or know some languages that have never been learnt by the person.
- Bipolar disorder can be explained as the jinn psyche overpowering the human psyche and maliciously displays mood swings beyond the control of the person.
- Some mental health symptoms can also be explained in terms of jinn possession. Suicidal ideation can be taken as the jinn attempting to kill the person. This is especially true for Muslims who know that committing suicide will end up in hell but have extreme difficulty to rid of the irrational thoughts of committing suicide.
- Hearing voices and talking to oneself in a very natural way with spontaneous replies can be a sign of hearing the jinn or having conversation with the jinn. Unexplained negative emotions such as hatred to someone whom you love, or Muslims having unexplained aversions from remembering Allah can also be explained in terms of jinn possession.

The above examples are simplistic explanations to explain predicaments from the perspective of the new model. In reality, the scenario is more complex. Jinn can be a factor for the causation of mental health disorder but there may also be some other confounding factors that contribute to the disorder. The challenge for mental health professionals is to identify the presence of jinn possession and other confounding factors in their diagnosis. Some of the confounding factors may be psychological, biological, social etc. If jinn possession is diagnosed, any therapy or treatment will have to take into account the influence of the jinn and the other confounding factors.

It is possible to have several jinn in the body and each jinn may have different history for entering. Jinn can enter human body for various reasons:

- a) Sorcery (*sihr*) to cause psychological or somatic illnesses

- b) Revenge
- c) Malicious intention
- d) Evil intention to deviate a person from his or her religious belief
- e) Personal exposure and invitation, knowingly or unknowingly
- f) Martial arts that involve jinn
- g) Jinn falling in love with the person
- h) Inheritance via ancestral agreement e.g. ancestral agreement with jinn for healing, skills, guardianship

## Hypothetical case

Psychotherapy is an accepted therapy for mental health disorder. However we must also remember that psychotherapy is pseudoscience. We can choose any model and explain the predicaments using that model. Similarly, we can also use the *Pisang Jinn Possession Model* to explain the same predicaments. Consider a hypothetical case below. The text in italics below represent comments if we want to use jinn possession theory as possible entry points of jinn into her body.

A female child was brought up in a dysfunction family. In order to escape from hearing constant arguments between her parents, she chose to spend most of her childhood alone in her bedroom. *Several jinn, some sympathetic and some with malicious intent, entered her body.* She started to hear voices and talk to herself in a very natural way, answering questions that she asked with spontaneous answers without even thinking.

In her late teens, she started to have excessive sexual desire. *One of the jinn has started to fall in love with her* and she began to experience sexual advances while asleep and while awake. She wanted to get married and started dating several potential husbands but every single relationship ended very quickly. At last she consented to “arranged marriage” by her parents and married one of her cousins from her father’s side. Her aunt from her mother’s side was unhappy because she wanted her to marry her son. *Her aunt then paid a sorcerer to cast sorcery on her.* Soon after marriage she started to have uncontrollable hatred and anger towards her husband, and they frequently had arguments that were escalated to disproportionate levels on what they agreed were trivial issues. She also started to have scary dreams and nightmares and her physical

health started to deteriorate. Doctors were not able to diagnose the illness as the various medical tests, including MRI scan, proved negative.

The above case was explained using the *Pisang Jinn Possession Model*. In this case the girl suffers from jinn possession and jinn have caused problems both to her mental as well as physical health. To test the validity of the assumption, diagnosis and therapy for jinn possession has to be applied on the girl and the results monitored and analysed.

## **Diagnosis of Jinn Possession**

The following 2 methods can be used for the diagnosis of jinn possession.

- i. An accepted method of identifying the presence of a disorder is through the observation of symptoms. The presence of a certain set of symptoms may give an indication of the presence of a disorder. Therefore symptoms can be used as input variables for creating an instrument for initial assessment of jinn possession.

PISANG, a jinn possession therapy centre in the UK, has developed an instrument called *Pisang Jinn Possession Scale*. This is a scale for measuring the likelihood or severity of jinn possession. The scale, developed using psychological and somatic symptoms collected from over 1000 clients has shown good validity and reliability. On-going research is in progress to refine it. A valid and reliable instrument will enable health professionals to invoke the necessary procedure for clients with suspected jinn possession.

Psychological and somatic symptoms are used as input for the instrument as they can be described, observed or measured. This will also allow readings to be taken at different periods during the course of therapy to measure the effectiveness of the therapy.

- ii. Another method for the diagnosis of jinn possession is *ruqyah*. Ruqyah is an Arabic word meaning “incantation” and any therapy that uses ruqyah as a main component can be termed as *ruqyah therapy*. Ruqyah can be divided into 2 categories. Ruqyah

that complies with shariah are termed *ruqyah shar'iyah* (Islamic shariah-compliant ruqyah) and ruqyah which contains *shirk* (polytheistic practices) are termed *ruqyah shirkiah* (polytheistic ruqyah). Prophet Muhammad (peace and blessings be upon him) approved the use of a particular ruqyah that was practised during pre-Islamic period because it did not have any polytheistic elements in it (Sahih Muslim vol.3 no. 5457). This implies that *shirk* (polytheism) is the boundary that separates halal (lawful) and haram (unlawful) ruqyah, and the boundary must never be crossed. Ruqyah mentioned in this paper refers to *ruqyah shar'iyah*.

The effect of ruqyah on a person with jinn possession can be observed through spontaneous changes in involuntary actions (e.g. vomiting, involuntary muscular movements) or emotions (e.g. screaming, crying, sinister laughing). Ruqyah can be regarded as an effective method for diagnosis of jinn possession.

The recitation of ruqyah affects jinn psyche inside a human body regardless of whether the person is a Muslim or not. This is consistent with the *Pisang Jinn Possession Model*, where human psyche and jinn psyche inside the body are considered as different entities. A study found out that non-Muslims also get therapeutic benefit from ruqyah therapy (York, 2011). Analysis of data collected on PISANG's non-Muslim clients supports the findings.

The *Pisang Jinn Possession Scale* can be calibrated by comparing with observations during ruqyah diagnosis as well as other observations during the course of therapy. In many cases, the scale performs a better diagnosis of jinn possession compared to diagnosis using ruqyah. A drawback of the scale is when clients do not disclose all their symptoms for whatever reasons. However, ruqyah diagnosis can possibly detect jinn possession in some of these cases.

The combination of the two diagnostic methods increases the possibility of detecting jinn possession. The scale is a useful instrument that has the potential of being used by health professionals to diagnose jinn-related mental health disorders and possibly some jinn-related somatic diseases.

PISANG has many clients who have been diagnosed with various mental health disorders e.g. schizophrenia, bipolar, post-natal depression etc. by their psychiatrists. Results have shown high correlation between jinn possession and various mental health disorders using the 2 methods of diagnosis and observations during the course of therapy. However, it should be noted that there may be other confounding factors contributing to those cases of mental health disorders.

## **Therapy for Jinn Possession**

Jinn possession may not only affect the mental health of a person but may also affect the physical health. Jinn, being a living organism, consume food and produce excretion (toxins) which may disrupt homeostasis. Jinn may also cause additional psychosomatic problems. The therapy for jinn possession should therefore not rely on ruqyah alone but should be holistic in nature.

*Ruqyah therapy* is a general term for *incantation therapy*. There are many variations of *ruqyah therapy*. A common feature is the recitation of Quranic verses or supplications but different *ruqyah therapy* centres will have different methods, procedures or approaches. This is similar to psychotherapy which is a general term for therapy via talking to the clients but there are different approaches and flavours e.g. CBT, psychoanalysis, existential etc. Similarly, if mental health professionals were to recommend ruqyah therapy, they will have to be clear of the methods, procedures, approaches, composition and therapists skills of the chosen *ruqyah therapy*. We can expect the future to offer numerous established flavours of *ruqyah therapy*, each with their own branding e.g. *Pisangtherapy* is a flavour of *ruqyah therapy*. Branding the different flavours of *ruqyah therapy* will help to easily identify highly effective from the less effective ruqyah therapies.

Any jinn-related mental health therapy must include ruqyah and psychotherapy at the very minimum. Necessary modern medical intervention may also be necessary for the treatment of somatic problems. Ruqyah has a good success rate in diagnostic and therapy of jinn possession. However the therapy of jinn possession is not simply the removal of jinn. Those who have been subjected to jinn possession for long period of time will likely suffer other psychological problems and are very likely to have low esteem. Some sufferers would also

be under the delusion that their predicaments can be solved in a single ruqyah session. Psychotherapy will help to rebuild their self-esteem, introduce coping strategies and help them move forward with their life.

Mental health professionals have to realise that there is also a power struggle in the body between the human psyche and jinn psyche. The recitation of ruqyah will help to weaken or eliminate the jinn but psychotherapy will help to prepare the human psyche to play an active role in the recovery process.

A possessed person may exhibit involuntary muscular movements during ruqyah. Muscular movement happens when the mind (the software) instructs the brain (the hardware) to produce signals that are transmitted via the central nervous system to innervate the muscles. From the perspective of *Pisang Jinn Possession Model*, the jinn psyche overpowered the human psyche to gain control of the central nervous system and produces the muscular movements.

Psychotherapy and spirituality will help in strengthening the human psyche in the process of changing the power balance. *Pisangtherapy*, a *ruqyah therapy* based on the combination of psychotherapy and ruqyah, has shown significant increase in efficacy compared to previous efforts relying on ruqyah alone.

Another approach for the therapy of jinn possession is retreat, where participants engage in therapy for a number of days. *Pisangtherapy Retreat* organised by PISANG combines ruqyah, psychotherapy, group discussion and spiritual experience. Data collected and analysed from about 20 retreat programme over the past year have shown encouraging results of even higher therapeutic efficacy. Stages of recovery were reached significantly much faster. Participants were able to make sense of their predicaments and equip themselves with coping strategies. Maintenance of gain was also significantly better compared to non-retreat therapy. Furthermore, retreat is a viable alternative to detention in mental health institution and can help reduce the stigma associated with mental health disorder.

## **Evidence-based Ruqyah Therapy**

It can be argued that there is no basis for the acceptance of *ruqyah therapy* because it is not evidence-based. Before we reject this form of therapy based on that argument, we have to look at the history of psychotherapy.

Sigmund Freud was a medical doctor but was interested in Dr Josef Breuer's use of hypnosis in treating his patients. Freud later abandoned his evidence-based practice, tried the non-scientific hypnosis but later abandoned it. He later introduced psychotherapy, a weird concept at that time that somebody can get well simply by talking to the therapist. Freud also introduced some absurd concepts such as the "*Oedipus complex*" and "*Penis envy*" to explain his psychosexual theory.

Despite the controversial theories that Freud has proposed, psychotherapy is a recognised form of therapy for mental health disorder today. Psychotherapy has also developed over the years and there are numerous approaches and flavours of psychotherapy. Before we dismiss *ruqyah therapy* on the basis that it is not evidence-based, we will have to make a list of which psychotherapy approaches are evidence-based. We can dismiss *ruqyah therapy* if we are also willing to dismiss all psychotherapy approaches that are not evidence-based. We will be surprised to see how short the list for evidence-based psychotherapy is.

There is still not a single flavour of *ruqyah therapy* that is currently evidence-based. No therapy can start as evidence-based. All evidence-based therapies are the results of scientific research, after collection and analysis of data and publishing of the findings. Non evidence-based does not mean it is bound for instant rejection. Other complementary therapies are also not evidence-based and some have survived for centuries because they have therapeutic values. Some therapies with high efficacy are not yet evidence-based because scientific study has not yet been conducted.

It is misleading to conclude that *ruqyah therapy* can never become evidence-based. Some flavours of *ruqyah therapy* have the potential of becoming evidence-based. There are numerous success stories and more effort is needed to research the efficacy and publish the findings. Research on making *ruqyah therapy* evidence-based will not be done by measuring

jinn or religious belief. Instead, the measurement will focus on the therapeutic impact of the therapy on the person's health. This approach is consistent with the method used in the evaluation other evidence-based therapies or treatments.

There are increasing number of cases of patients whose mental health have not improved despite having taken evidence-based drugs but the patients made significant recovery after *ruqyah therapy* intervention. These cases contradict common sense and therefore several hypotheses can be proposed for research to challenge the belief that *ruqyah therapy* is inferior to evidence-based drugs. If the findings of scientific research conclude that *ruqyah therapy* has high efficacy for jinn possession, then the scientific community will have to consider *Pisang Jinn Possession Model* as more accurate and a serious contender to Western models. This also means that the scientific community will have to seriously consider jinn as a factor contributing to some mental health disorders.

## **Future of Therapy for Jinn Possession**

The use of *ruqyah* as therapy for jinn possession is getting more popular amongst Muslims globally, including Muslim-minority countries. A recent study on Muslims in east London saw a rapid rise in the acceptance of *ruqyah* amongst second and third generation Muslims (Eneborg, 2013). Efforts have been made by mainstream mental health professionals in the UK to persuade Muslims to seek professional mainstream medical/psychiatric help for cases of perceived jinn-related mental health disorder. Amongst the efforts are leaflets produced by the Royal College of Psychiatrists ("Feeling Stressed? A leaflet for Muslims," 2012).

Although the leaflet was endorsed by the Muslim Council of Britain, the umbrella organisation representing Muslims organisations in the UK, it is not an exaggeration to say that the Muslims in the UK are unaware of the leaflets' existence. The effort to lure Muslims away from *ruqyah* has negligible, if not zero, impact. The acceptance of *ruqyah* amongst the younger generation will change the landscape for future intervention of jinn possession.

There is still a great sense of discomfort amongst health professionals in accepting *ruqyah therapy* as a complement to mainstream therapy. This discomfort may be the result of bias in assessing the different flavours of *ruqyah therapy*. Definitely there are reliable and unreliable flavours or probably there are also dangerous practices under the guise of

ruqyah. This diversity in reliability is due to the absence of any authoritative independent accreditation body for *ruqyah therapy*. Despite the absence of accreditation, some flavours of ruqyah therapy have high efficacy compared to Western therapy. Muslim mental health professionals should embark on identifying flavours of *ruqyah therapy* that have high therapeutic efficacy and collaborate with ruqyah therapists with the aim of improving healthcare. The solution is not to reject all flavours of *ruqyah therapy* but to identify flavours that have high efficacy for collaborative research.

Assessment of *ruqyah therapy* should also be done academically without bias. It is easy to allege that *ruqyah therapy* is a placebo but the same allegation has also been said of Western psychotherapy. Ruqyah therapy, like psychotherapy, will survive the allegation because it has therapeutic value.

Ruqyah-based Islamic medical practice is already a recognised complementary therapy under the Malaysian Ministry of Health Traditional and Complementary Medicine. Also, Muslim mental health professionals have the necessary knowledge on management of mental health disorder. A national programme to train them in the field of ruqyah for the diagnosis and initial therapy of jinn possession will revolutionise mental healthcare in Malaysia. By further collaborating with qualified ruqyah therapists, mental health patients can have the best form of treatment i.e. ruqyah, psychotherapy, access to medical facilities and medication if necessary. Patients' medical record will be retained within the Ministry of Health system, allowing quality data to be efficiently collected and analysed for research purposes.

The process of training and transformation can be spearheaded by engaging professionals who have knowledge of both Western mental health disorder and ruqyah. The two disciplines need to be bridged to create a better healthcare system.

## **Conclusion**

A set of symptoms can be diagnosed differently. For example, a British psychiatrist can diagnose a person as having Multiple Personality Disorder, an American psychiatrist will diagnose it as having Dissociative Identity Disorder and a therapist from PISANG will

diagnose as Jinn Possession. The effectiveness of the corresponding therapy for the chosen diagnosis can be an indication of the accuracy of the diagnosis or model used.

The *Pisang Jinn Possession Model* brings a new approach towards understanding the aetiology of mental health disorder by including jinn as a contributing factor. Success stories of therapy for jinn possession indicates some credibility in the model and raises prospect of backing it up with scientific research. This will assert jinn possession as a reality and not a myth. The *Pisang Jinn Possession Model* applies to all human beings and not just to the Muslims. Therapies based on this model will benefit humanity regardless of sex, ethnicity, age or faith.

A valid and reliable scale for the assessment of jinn possession will likely become a necessity and an indispensable instrument for mental health professionals. Procedures can then be developed for the referral and therapy of suspected jinn possession cases.

The increasing popularity of *ruqyah therapy* is currently driven by service users' assessment of its efficacy. Those who are being sedated or "zombified" by pharmaceutical drugs will keep on looking for therapy which will give them the prospect of "becoming human" again. *Ruqyah therapy* will likely become a choice.

*Ruqyah therapy* for jinn possession will evolve into many different flavours and some will reach high efficacy and become evidence-based. Flavours of evidence-based *ruqyah* therapies will need to be identified by branding to distinguish them from non-evidence-based flavours. This will enable policy makers to include evidence-based *ruqyah therapy* in their procurement guideline. Better healthcare can be achieved when evidence-based *ruqyah therapy* is provided under the same roof as modern medicine.

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