

Diagnosis of Jinn Possession Amongst Patients with Mental Disorders using Thermal Imaging

Diagnosis Posing Jin di Kalangan Pesakit Kecelaruhan Mental Menggunakan Pengimejan Termal

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Abstract: The belief in jinn possession is embedded in the Muslim faith. A previous quantitative study had identified symptoms of jinn possession. It shows that there are overlapping symptoms between jinn possession and mental disorders, leading to different diagnoses. An exploratory study was done to investigate the possibility of jinn possession amongst patients who have already been diagnosed with schizophrenia, bipolar disorder and epilepsy using four case studies. All the patients have at least five significant symptoms of jinn possession and were on medication for their respective mental disorders. Thermal images of the patients were recorded using a thermal imaging camera to monitor temperature change before and after *ruqyah*. The thermal images before and after *ruqyah* were compared, and it was observed that parts of the body temperature for all four patients became hotter after *ruqyah*, indicating that all of them have jinn possession. This reaction to *ruqyah* is considered as a sign of jinn possession by *ruqyah* practitioners. It is possible that some of those who have been diagnosed with mental disorders may also have an underlying jinn possession issue. Using *ruqyah* as a complementary therapy on this category of patients may bring better therapeutic benefits. Further studies need to be conducted to identify the extent of jinn possession amongst those with mental disorders. The symptoms of jinn possession can be used as a guide for identifying possible cases of jinn possession amongst those with mental disorders.

Keywords: Complementary therapy, jinn possession, mental disorder, *ruqyah*;

Abstrak: Kepercayaan wujudnya posesi jin adalah sebahagian dari aqidah Islam. Satu kajian kuantitatif telah mengenalpasti simptom-simptom posesi jin. Ia menunjukkan ada pertindihan simptom di antara posesi jin dan kecelaruhan mental dan seterusnya menimbulkan diagnosis yang berbeza. Satu kajian rintis telah dijalankan untuk mengkaji kemungkinan adanya posesi jin di kalangan pesakit yang telah didiagnosis mengalami skizofrenia, kecelaruhan bipolar dan epilepsi menggunakan empat kajian kes. Kesemua pesakit mempunyai sekurang-kurangnya lima simptom posesi jin yang signifikan dan mengambil ubat-ubatan untuk kecelaruhan mental masing-masing. Imej termal pesakit diambil menggunakan kamera pengimejan termal untuk memantau perubahan suhu sebelum dan selepas *ruqyah*. Imej termal sebelum dan selepas *ruqyah* dibandingkan dan didapati sebahagian tubuh kesemua empat pesakit menjadi panas selepas *ruqyah*, satu indikasi bahawa kesemua mereka mengalami posesi jin. Reaksi terhadap *ruqyah* sebegini dianggap sebagai tanda posesi jin oleh perawat *ruqyah*. Ada kemungkinan separuh pesakit yang telah didiagnosis dengan kecelaruhan mental mungkin mengalami posesi jin. Menggunakan *ruqyah* sebagai terapi komplementari ke atas kategori pesakit sebegini boleh menghasilkan faedah terapeutik yang lebih tinggi. Kajian lanjutan diperlukan untuk mengenalpasti sejauh mana keberadaan posesi jin di kalangan pesakit kecelaruhan mental. Simptom-simptom posesi jin boleh digunakan untuk mengenalpasti kemungkinan adanya kes posesi jin di kalangan pesakit kecelaruhan mental.

Kata kunci: Terapi komplementari, posesi jin, kecelaruhan mental, *ruqyah*

Introduction

Trance and Possession Disorder in ICD-11 refers to the condition where a person's behaviour is replaced by an external possessing identity (WHO, 2020). The external possessing identity is known as jinn within the Muslim community. The belief in jinn possession is embedded in the Muslim faith, and there are various complementary treatments for jinn possession, *ruqyah* being one that had gained. *Ruqyah* involves the recitation of Quranic verses and other recitations such as salutations of the Prophet and supplications as long as they comply with the Islamic legal system (Khadher et al., 2016). The recitations can cause reactions such as feeling hot, vomiting, aggressive behaviour, change of personality, unconsciousness. *Ruqyah* practitioners take these unexplained reactions as an indication of jinn possession. A previous quantitative study analysed 34 symptoms associated with jinn possession and identified 23 significant symptoms and 11 non-significant symptoms (Hamidi et al., 2019). The study shows that there are overlapping symptoms between jinn possession and mental disorders. Some of the symptoms of jinn possession associated with hallucinations, abnormal thoughts and low mood are also symptoms of mental disorders. The overlapping symptoms have led to differences in diagnoses and eventually different forms of interventions. A study in The Netherlands has found out that many Muslims attribute not only mental health problems to jinn possession (Lim et al., 2018), but also psychotic symptoms to jinn possession (Lim et al., 2015). A study in Saudi Arabia found that Muslims attribute epilepsy to jinn possession. In Iraq, faith healings are more prevalent than psychiatric treatment in the treatment of mental illnesses (Maha et al., 2019). As there are overlapping symptoms between jinn possession and mental disorders, it is also possible that those who have been diagnosed with mental disorders may also be affected by jinn possession.

Method

An exploratory study was done to investigate the possibility of jinn possession amongst those who have already been diagnosed with mental disorders using four case studies.

Case 1: The patient is a male who has been diagnosed with schizophrenia. He has six significant symptoms associated with jinn possession, i.e. feeling suicidal, loner, seeing things, hearing voices, loss of ability to focus and laziness.

Case 2: The patient is a male who has been diagnosed with schizophrenia. He has five significant symptoms

associated with jinn possession, i.e. inability to focus, laziness, aversion from remembering Allah, hearing voices and paranoia.

Case 3: The patient is a female who has been diagnosed with bipolar disorder. She had five significant symptoms associated with jinn possession, i.e. inability to focus, paranoid, loss of meaning of life, ill thoughts and loner, and three non-significant symptoms, i.e. extreme anger, frequently anxious and frequent headaches.

Case 4: The patient is a female who has been diagnosed with epilepsy. She had six significant symptoms associated with jinn possession, i.e. inability to focus, seeing things, loner, loss of meaning of life, extreme tiredness and dream of poisonous animals. She had three non-significant symptoms, i.e. extreme anger, seizures, loss of appetite.

Feeling hot is one of the reactions to *ruqyah* for those with jinn possession. The temperature can be monitored using a thermal imaging camera. *Ruqyah* were performed on four patients with mental disorder, and their thermal images before and after *ruqyah* were taken. The colour spectrum scheme of the thermal images was set to display white as the hottest and black as the coldest. All four patients were on medication for their respective mental disorders.

Results

The outcome of the case studies are as follows:

Result Case 1: The thermal images of the patient with schizophrenia is shown in Fig. 1. After *ruqyah*, the subject's hands and right foot became hotter.

Result Case 2: The thermal images of the patient with schizophrenia is shown in Fig 2. After *ruqyah*, his face and legs became hotter.

Result Case 3: The thermal images of the patient with bipolar disorder is shown in Fig. 3. After *ruqyah*, her whole body became hotter.

Result Case 4: The thermal images of the patient with epilepsy is shown in Fig. 4. After *ruqyah*, her face, hands and legs became hotter.

Figure 1: Thermal images of the subject with schizophrenia

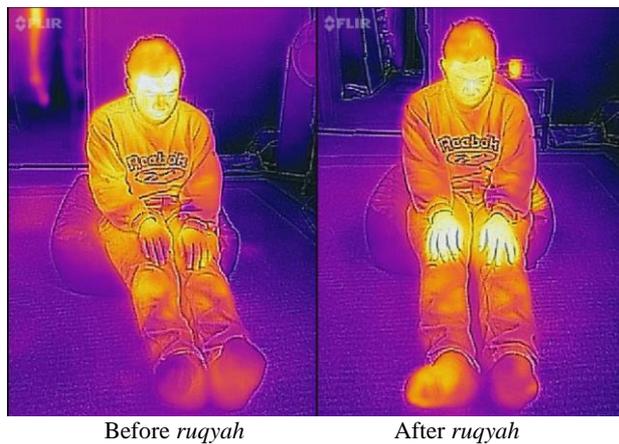


Figure 2: Thermal images of the subject with schizophrenia

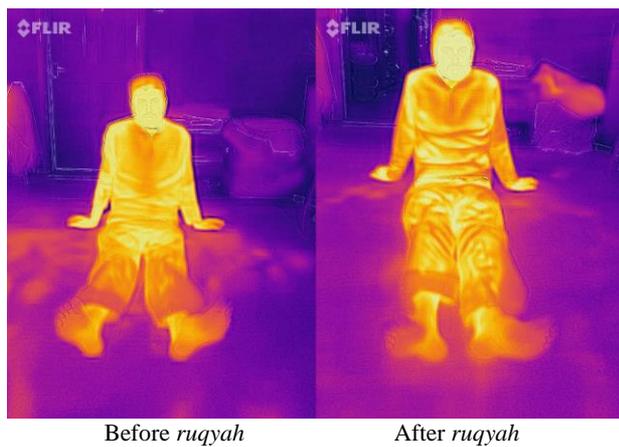


Figure 3: Thermal images of the subject with bipolar

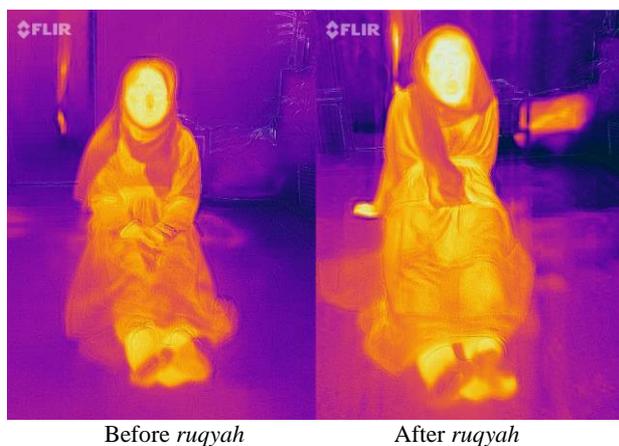
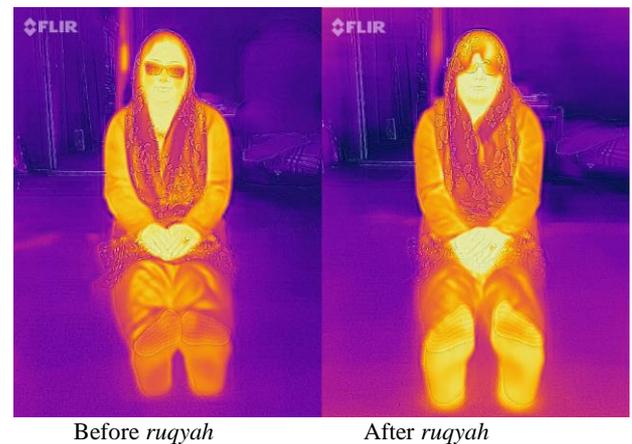


Figure 4: Thermal images of the subject with epilepsy



Discussion

Temperature increase was observed in all four patients. This is an indication that the four patients have jinn possession, according to *ruqyah* practitioners. The differences in diagnosis between psychiatrists and *ruqyah* practitioners do not mean that one or the other is wrong. Instead, the diagnosis was made to enable the best intervention from the perspectives of *ruqyah* practitioners and psychiatrists. Since there are overlapping symptoms between mental disorders and jinn possession, it can be said that all four patients have mental disorders and also have jinn possession.

Ruqyah is a complementary therapy, and in these cases, the patients could benefit from both modern medical treatment and complementary *ruqyah* therapy. Many studies have shown *ruqyah* therapy has brought therapeutic benefits to those with or without jinn possession. A case study on using *ruqyah* on a patient with severe cluster headache who initially only responded to morphine treatment has brought very significant improvement. The patient stopped being reliant on morphine since starting *ruqyah* therapy and continued to experience sustainable health improvement (Hamidi & Supyan, 2021b). Another case study on a person with severe eczema achieved extraordinary improvement after four days of *ruqyah* therapy. The person had symptoms of jinn possession (Hamidi & Supyan, 2021a). Studies had also showed the therapeutic effect of *ruqyah* on the treatment of depression (Afifudin & Nooraini, 2016; Musthika & Kumoro, 2020; M. Fais & Anwar, 2020; Zul Azlin et al., 2018). *Ruqyah*, being a popular therapy for jinn possession, can complement modern medicine for the treatment of those who have been diagnosed with mental disorders and at the same time have symptoms of jinn possession. The importance of Complementary therapy is being recognised by the World Health Organisation (WHO), where it has formulated its strategy for

promoting and supporting member states in the use of Traditional and Complementary Medicine (WHO, 2013).

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