

Case Study of Repeat Offender with Jinn Possession



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ABSTRACT: A case study on a male British Muslim repeat offender was presented. He had been involved in violent crimes since he was a teenager and had served several prison sentences. He had no recollection of committing the crimes and only knew of his violent actions from others. He was later diagnosed with bipolar disorder and was under medication. His condition improved briefly but relapsed soon after. His parents brought him to a jinn possession expert, where he was diagnosed with jinn possession using a newly developed jinn possession scale. The subject agreed to engage in therapy for jinn possession. He became aggressive with threatening behaviour during the third therapy session, confirming the case for jinn possession. A multi-psyche model explains how jinn possession can affect behavioural changes and the connection between jinn possession and mental disorders. Modern medication can be complemented with therapy for jinn possession to bring better therapeutic benefits.

KEYWORDS: Complementary therapy, jinn possession, *ruqyah*, repeat offender

INTRODUCTION

The International Classification of Diseases ICD-11 describes Trance and Possession Disorder as “a marked alteration in the individual's state of consciousness, and the individual's customary sense of personal identity is replaced by an external 'possessing' identity and in which the individual's behaviours or movements are experienced as being controlled by the possessing agent.” (1). The “external possession identity” refers to spirits or demons and is called the jinn in the Islamic faith. Verse 275 of Chapter 2 in the Quran is evidence of the reality of jinn possession (2). Mental disorders and jinn possession have overlapping symptoms. A quantitative study identified 23 significant symptoms of jinn possession, with 12 of them are also symptoms of mental disorders (3). The presence of overlapping symptoms on a patient will result in different diagnoses by psychiatrists and jinn possession healers. This creates confusion to the patient as to whether he has a mental disorder or jinn possession.

Jinn possession can be diagnosed using *ruqyah*. *Ruqyah* is a popular method for the diagnosis and treatment of jinn possession (4). *Ruqyah* is an incantation where verses of the Quran, salutations of the Prophet, supplications or anything that complies with the Islamic Shari'ah (law) are recited on a person (5). Any adverse reactions by the person are taken as an indication that the person has jinn possession. This is only a test of true positive, and there can be false negative cases where the person with jinn possession does not have any adverse reactions towards *ruqyah*.

CASE PRESENTATION

The subject, a 37-year old male British of Arab ethnicity, is a repeat offender and had served several jail sentences for violent crimes he committed. He is currently awaiting trial for another alleged violent crime. He said he had no recollection of committing the crimes and only knew what he did from others. He said he had problems with himself since the age of fifteen. He went to Jordan not too long ago, where he was diagnosed with bipolar disorder and was prescribed the appropriate medication. His condition improved, but he relapsed after returning to the UK despite still taking the medication. His parents suspected that he may have been affected by jinn possession and arranged for a diagnosis session.

DIAGNOSIS OF JINN POSSESSION

Jinn possession can be diagnosed via *ruqyah* or the new jinn possession scale. The scale was developed by analysing the significant symptoms of jinn possession (6). A scoring system is based on the summation of the loadings from the Principal Component Analysis of the significant symptoms, with any score above 1.9 is considered positive jinn possession. The subject had several significant symptoms of jinn possession. They are "dream of ghosts", "dream of strange features", "dream of poisonous or

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predatory animals", "dream against Islam", "absent-mindedness", "hearing voices", "loss of meaning of life", "aversion from remembering Allah", "inability to focus", "paranoid", and "feeling suicidal". According to the scale, the score is 6.418, which is positive jinn possession.

Ruqyah was read on him, but he did not show any adverse reaction. He was advised to come for a 1-day intensive *ruqyah* comprising three sessions. He came five days later, but he did not react to *ruqyah* on the first session. In the second session, he became physically aggressive and with threatening behaviour. The subject said to the *ruqyah* practitioner, "Get off him. He is mine". *Ruqyah* practitioners will take this as the jinn overpowering the subject and the jinn that spoke, hence a case of confirmed jinn possession. The subject did not react towards *ruqyah* on the first two sessions. Some *ruqyah* practitioners may conclude that he did not suffer from jinn possession. However, this proved to be a false negative in the *ruqyah* diagnosis method. The jinn possession scale proved to be more accurate than *ruqyah*.

DISCUSSION

Jinn are physically different from humans but have similarities with humans spiritually. Like a human, a jinn has a psyche. In jinn possession, the human body hosts both the human psyche and the jinn psyche. The multiple psyches can cause inter-psyche conflicts between the jinn psyche and the human psyche or between jinn psyches, as shown in Figure 1 (3). These conflicts are manifested as symptoms of mental disorders. The Islamic multi-psyche model is a superset of the Western single-psyche model. A stronger jinn psyche can overpower the human psyche and take control of the human central nervous system. The severity of the jinn possession is determined by the power balance between the human psyche and the jinn psyche. The effect can be either total possession or partial possession. There are two types of total possession. The first type is when the jinn psyche fully controls the central nervous system and assumes the victim's personality so that no one suspects the victim has been possessed. However, the victim will have no recollection of what had happened during the state of possession, similar to one will not be aware of one's action during sleep-walking. The second type is when the jinn will exhibit its personality, which is remarkably different from the victim's or can cause a trance. As in the first type, the victim will not be able to recollect anything that happened during the possession or trance. Partial possession is when the victim is aware of what was going on during the state of possession. If the jinn's psyche is stronger than the victim's, the victim may not be able to stop the jinn from controlling himself, such as physical bodily movements or speech. The victim's psyche will be reduced to a helpless observer. If the victim's psyche is stronger than the jinn's, he or she will be able to prevent the jinn from taking any physical control.

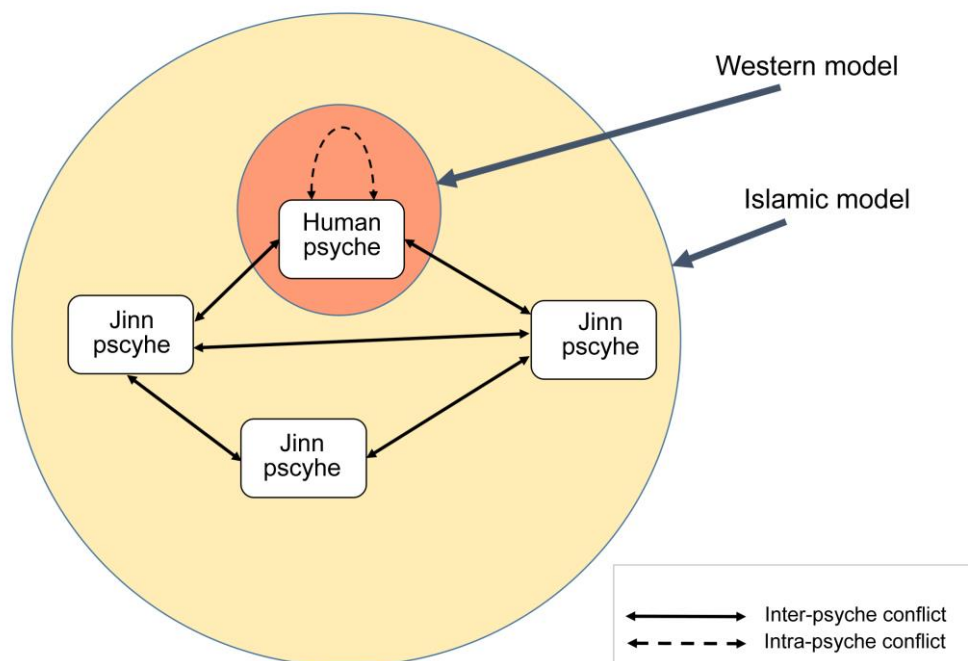


Figure 1: Multi-psyche model for jinn possession

The subject did not recall his actions in committing the crimes. This is consistent with the first type of total possession. The jinn has been weakened by the third *ruqyah*, thus reducing the severity of the possession to partial possession. This was observed when the *ruqyah* practitioner instructed the subject to focus and take control during the aggressive episodes. The subject could

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hear the practitioner instructing him to focus and take control of himself. He then recited verses of the Quran and eventually gained back control of himself. The *ruqyah* practitioner used psychotherapy to enable to subject to regain control of himself. The subject had been diagnosed with bipolar disorder, and medication had helped him get better for some time. His extreme change of mood is consistent with the symptoms of bipolar disorder. However, the underlying issue of jinn possession had not been addressed, and the effect of the medication was limited. Therefore, complementary treatment for jinn possession is needed, and this must also be accompanied by a psychotherapy approach that acknowledges the reality of jinn possession.

RECOMMENDATIONS

Some persistent offenders hate the crimes they did but could not explain why they kept committing crimes. Further studies on this group of people are needed concerning the extent of jinn possession. A combination of treatment can be administered to those who have been identified with jinn possession in place of jail sentences. The treatment can comprise modern medication, *ruqyah* and psychotherapy. *Ruqyah* has been known to have a therapeutic effect, as in the case study of a British Muslim with cluster headache (7), a case study of a person with severe eczema (8), and even have a therapeutic effect on the treatment of depression (9). The combination of *ruqyah* with modern medicine can also give a sustainable recovery, as in the case study for treating a person with major depressive disorder (10).

The jinn possession scale is a convenient method for diagnosing jinn possession and has several advantages over *ruqyah*. The scale can be used by anyone regardless of faith, can be used without learning *ruqyah*, and quickly produce diagnosis results.

REFERENCES

- 1) WHO. ICD-11 for Mortality and Morbidity Statistics (Version : 09/2020) [Internet]. 2020 [cited 2020 Oct 7]. Available from: <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1374925579>
- 2) Al-Qurtubi AAM. Al-Jami' li al-Ahkam al-Quran Volume 4. 1st ed. Beirut-Lebanon: Al-Resalah Publishers; 2006. 390–392 p.
- 3) Rahman HA, Mokhtar MK, Roseliza-Murni AR, Kasim AC. Intra and Inter-psyche Conflicts and Analysis of Symptoms of Jinn Possession. *Malaysian J Med Heal Sci*. 2019;15(SUPP1 April 2019):110–3.
- 4) Eneborg YM. Ruqya Shariya : Observing the rise of a new faith healing tradition amongst Muslims in east London. *Ment Health Relig Cult*. 2013 Dec;16(10):1080–96.
- 5) Khadher A, Ramli MA, Rahman NAA. Pemahaman Terhadap Aspek Penggunaan Ruqyah Dalam Rawatan Penyakit : Analisis Berasaskan Fiqh al-Hadith imam al-Bukhari. *Al-Bayan – J Qur'an Hadith Stud*. 2016;14:168–205.
- 6) Rahman HA, Husin S, Ridzwan Z. Scale for Positive Identification of Jinn Possession. *Sains Insa*. 2021;6(3):21–6.
- 7) Rahman HA, Hussin S. Case Study of Using Ruqyah Complementary Therapy on a British Muslim Patient with Cluster Headache. *Eur J Med Heal Sci*. 2021;3(1):5–7.
- 8) Rahman HA, Hussin S. Case Study of Ruqyah Therapy On Muslim Patient with Eczema. *Eur J Med Heal Sci*. 2021;3(1):41–3.
- 9) Afifuddin MM, Nooraini O. The Ruqyah Syar'iyah Spiritual Method as an Alternative for Depression Treatment. *Mediterr J Soc Sci MCSER Publ*. 2016;7(4):406–11.
- 10) Razali ZA, Rahman NAA, Husin S. Complementing the treatment of a major depressive disorder patient with Ruqyah Shar'iyah therapy : A Malaysian case study. *J Muslim Ment Health*. 2018;12(2).



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