Islamic Existential Psychotherapy as Intervention for Inter-Psyche Conflicts in Jinn Possession

Hamidi Abdul Rahman (Corresponding author)
Institut Alam dan Tamadun Melayu, Universiti Kebangsaan Malaysia
Bangi, Malaysia
Tel: +447717-654144 E-mail: hamidi@pisang.uk

Supyan Hussin*
Tel: +6019-2615418 E-mail: supyan@edu.ukm.my

Zaharom Ridzwan*
Tel: +6019-3367772 E-mail: zridzwan@yahoo.com

*Fakulti Sains Sosial dan Kemanusiaan, Universiti Kebangsaan Malaysia
Bangi, Malaysia

Abstract

Jinn possession and mental disorder have overlapping symptoms, and different therapy disciplines may diagnose those with overlapping symptoms as either mental disorder or jinn possession or both. The different approaches to psychotherapy do not recognise the existence of jinn possession and thus may be shunned by those with jinn possession. Jinn is spiritually similar to humans and is accountable for their actions. Like the human, jinn has a psyche comprising the aql (intellect faculty) and the qabil (cognitive faculty). In jinn possession, the jinn psyche exists alongside the human psyche in the human body, creating inter-psyche conflicts between both psyches. The conflicts are not limited to psychological but can also extend to physical conflicts when both psyches compete to control the human central nervous system. Therapy for jinn possession requires changing the power balance to eliminate the dominance of the jinn psyche over the human psyche. Ruqyah can weaken the jinn’s physical ability, but psychotherapy is needed to strengthen the human mind to address the inter-psyche conflicts. Using Islamic existential philosophy as an approach, a new Islamic Existential Psychotherapy (IEP) discusses both human and jinn existential issues and the conflicts between the two species. The impact of IEP on 209 patients with jinn possession, 65 of them with mental disorders, who attended a treatment retreat programme was analysed. Thus, two main themes emerged in the IEP sessions, and IEP was highly successful in changing patients’ approach to the diagnosis of jinn possession, increasing their self-esteem, higher motivation, and compliance through the understanding of inter psyche conflicts. As a result, IEP is highly suitable for the psychological intervention of jinn possession as it recognises jinn possession and addresses inter-psyche conflicts between the jinn psyche and the human psyche. It is also in harmony with the belief of Muslims and is more palatable to Muslim clients in explaining issues such as the purpose and meaning of life, guilt, grief, and coping mechanisms.

Keywords: Complementary Therapy, Islamic Existential Psychotherapy, Jinn Possession, Mental Disorder, Psychotherapy

Introduction

Possession and trance disorder in ICD-11 refers to a condition when an external “possessing” identity replaces a person’s identity (WHO, 2020). From the Islamic perspective, the external identity is referred to as the jinn. Although the classification for the disorder is available in ICD-11, the diagnosis is not used by psychiatrists in practice. However, the belief in jinn possession is impossible to be erased from the Islamic creed. Al-Qurtubi (2006c) regarded verse 275 of surah al-Baqarah as evidence of jinn
possession. Various studies have also found that the belief in jinn possession is dominant amongst Muslims, including those who have migrated to Muslim-minority countries (Khalifa & Hardie, 2005; Lim et al., 2015; Lim et al., 2018). This has made interventions for jinn possession, such as ruqyah, popular (Eneborg, 2013) and even to the extent that faith healers are more dominant than psychiatrists, as a study in Iraq found out (Younis et al., 2019). As in the case of mental disorders, jinn possession can be diagnosed through the presence of symptoms. A quantitative study by Rahman et al. (2019) on the symptoms of jinn possession identified 23 significant symptoms and 11 non-significant symptoms. The study also found that there are overlapping symptoms between jinn possession and mental disorders. These overlapping symptoms are often the contention of diagnosis between psychiatrists and those dealing with jinn possession. The different diagnoses demand different interventions.

Psychiatrists insist on psychotherapy, whereas those who deal in jinn possession will insist on exorcism. Even if cases of jinn possession have been diagnosed as a mental disorder by psychiatrists, the jinn will still be there, and there is still a need to exorcise the jinn. Since jinn possession has overlapping symptoms with mental disorders, exorcism alone does not suffice, and psychotherapy is needed to address the psychological symptoms while exorcism is still ongoing. Exorcism does not guarantee the successful expulsion of jinn, and the patient may have to live the rest of his or her life with jinn possession. Even if exorcism is successful, some psychological symptoms may remain, and this makes psychotherapy a necessity. There is no single psychotherapy approach that can solve every single issue of mental disorders. When it comes to jinn possession, all psychotherapy approaches do not recognise its existence. Those with jinn possession will typically choose either psychotherapy or exorcism. Choosing both approaches together may end up in confusion to the patient if both therapists contradict each other. A psychotherapy approach that accepts the reality of jinn possession is needed to complement exorcism, avoid unnecessary confusion and deliver better therapeutic outcomes.

Inter-Psyche Conflicts

One of the properties of jinn is the ability to transform itself into different forms. The transformation makes it possible for a human to see jinn in another form, as mentioned in a hadith about a newlywed who went home during the Battle of the Trench and killed a jinn who had transformed into a snake (Sahih Muslim No. 2236). Jinn was also reported to have transformed into a human, as in the case of the impersonation of Suraqah bin Malik during the battle of Badr (Al-Qurtubi, 2006a). The transformation of matter from invisible to visible is not alien in science. H2O is an example of this transformation. H2O can be in gaseous form (water vapour) that is invisible to the human eye. By conditioning the environment by decreasing the temperature, the invisible water vapour will become a visible liquid. Further reduction of the temperature to 0°C or below will cause the liquid to become solid (ice) that can be broken into pieces. Even though the chemical component is still the same, H2O can exist in three different states of matter. The physical body of a jinn differs from that of a human. The human body is solid, made of matter known to science. The matter component of the jinn body is still unknown to science which may be a new state of matter yet to be discovered. New scientific discovery is a possibility, such as the existence of undiscovered particles or forces that break the existing accepted laws of physics in the recent Muon g-2 experiment (ScienceDaily, 2021). Even though physically jinn differ significantly from humans, spiritually jinn have many similarities with humans. Jinn is mukallaf, meaning that they have freedom of choice and are accountable for their actions. This means, like humans, jinn also have psyches.

Psyche or mind in the Islamic context
comprises of qalb (the cognitive faculty) and aql (the intellect faculty) (Amjad, 2006). Al-Ghazali defines qalb (heart) as two types: the physical organ and the second being an intangible faculty connected to the physical organ. According to Imam al-Ghazali, the aql resides in the heart (Al-Ghazali, 2005). Islam considers the physical heart a vital organ that determines a person’s goodness or badness (Sahih al-Bukhari: 52). The physical heart has neurons, which are brain cells similar to those found in the brain. Therefore, it is not absurd to consider the heart as having the function of decision making. The concept of the psyche as having both aql and qalb in the physical heart differs from the Western concept of the psyche, where both the cognitive and intellect faculty reside in the head, and the heart has no role in decision making. A reference to jinn having qalb is also available in a hadith (Sahih Muslim: 2577). In jinn possession, the human jasad or body will host the human psyche and additional jinn psyches depending on the number of jinn in the body. The presence of multiple psyches inside a single human body creates inter-psyche conflicts between the human psyche and the jinn psyche, or inter-psyche conflicts between one jinn psyche and another jinn psyche. These conflicts are in addition to the intra-psyche conflict, which are conflicts within the human psyche, as shown in Fig 1 (Rahman et al., 2019). The multiple psyche model is a universal model that can be adapted by any culture that believes in jinn or spirit possession, Islam or otherwise. The new multiple-psyche jinn possession model is a superset of the Western psychology single-psyche model, which necessitates developing new psychotherapy approaches.

\[\text{Figure 1 Inter and Intra-psyche conflicts}\]

The scope of existence in Islam is the journey of the ruh (soul). It travels through five realms of existence, i.e. the realm of the souls, the womb, the world, the grave, and the hereafter. The body (jasad) is only a vehicle for existence on earth whereby the ruh joins the body in the mother’s womb (Sahih Al-Bukhari:3332) and exits the body upon death (Al-Quran 32:11). It is also possible for the jinn to enter this vehicle, the human body, to create a condition called jinn possession. The soma or body is the tangible component, and the psyche or mind is the intangible component. The psyche is analogous to software and the body analogous to hardware. Our central nervous system controls the
physical movements of our body. The central nervous system acts upon the instruction of the psyche and innervates the necessary muscles to create the desired movements. In jinn possession, the jinn psyche will compete with the human psyche to control the central nervous system. The severity of jinn possession depends on the power balance between the jinn psyche and the human psyche. Complete control of the human central nervous system by the jinn psyche can result in full possession or psychosis whereby the victim may even be unaware of what was happening. A partial control can result in the victim being aware of what was going on and can control his or her actions. However, it can also result in the inability to control the movements or having delusions.

Power Balance and Theory of Personality

Western theories of personality have their weaknesses with different views on human development. Laderman (1988) even said that the Malay myth of Dewa Muda and Abdul Jinnah is more meaningful than the Greek myth of Oedipus and Electra used by Freud. This is because the locals know the Malay personality theory, but the myth of Oedipus and Electra has never been a part of the culture or belief of the people of Vienna and can be considered absurd. The power balance in inter-psyche conflicts can offer an alternative theory of personality. A jinn psyche within a person can cause personality change, exhibiting multiple personalities if there is more than one jinn. The inter-psyche conflicts can give an alternative explanation to some mental disorders. Bipolar disorder can be explained as the jinn psyche being able to create extreme mood changes. Dissociative Identity Disorder can also be explained as the jinn psyche overpowering the human psyche and exhibiting a different personality. In the case of Multiple Personality Disorder, many jinn psyches can exhibit several personalities. Successful exorcism will reduce the number of personalities, indicating the personalities removed are those of the possessing jinn. Behavioural changes can also happen as the result of the human psyche being overpowered by the jinn psyche. These are the possible alternative explanations for cases of mental disorders where the patients have negative reactions to ruqyah, indicating jinn possession.

Changing the power balance involves weakening the jinn and strengthening the person. Treatment from those who deal with jinn possession, e.g. ruqyah practitioners, can weaken or expel the jinn. This is necessary if the balance of power is in the jinn’s favour to prevent the patient from a vicious circle of never-ending effort to expel or weaken the jinn. However, exorcism does not strengthen the patient, and the patient’s strength will have to be increased via spirituality and engaging in psychotherapy.

Islamic Existential Psychotherapy

Western psychotherapy approaches do not recognise the existence of jinn. Because jinn does not exist, then it follows that jinn possession can never exist. The failure to recognise the reality of jinn possession will limit the therapeutic benefit in dealing with clients affected by jinn possession. The denial of jinn possession can confuse the clients and be a factor in shunning psychotherapy and seeking treatment from faith healers who may give them the wrong advice. Islamic Existential Psychotherapy (IEP) redefines the model of psychological conflicts and addresses them accordingly. The inter-psyche conflicts between the human psyche and the jinn psyche are more challenging than the intra-psyche conflicts with the human mind. With intra-psyche conflicts, one can reconcile and correct one’s way of thinking, but inter-psyche conflicts are conflicts between two independent and often stubborn intelligent beings. Psychotherapy, in this case, is not just to correct the way that one thinks but to train the mind on how to win the psychological battle with another intelligent being. The challenges of inter-psyche conflicts cannot be met by the traditional Western psychotherapy approaches or Islamic psychotherapy approaches that do not address the issues of jinn possession, where blame is erroneously
apportioned to the person rather than to the possessing jinn.

Islamic existential philosophy has different answers to the philosophical themes of existential psychotherapy. The purpose of life is clearly defined in Islam as to worship Allah. Interaction with others will have to include the unseen beings, one is not condemned to death but rather a transition into another existential realm, and freedom of choice is given both to humans and jinn. All human problems can be explained from an Islamic existential perspective for therapeutic benefit on other issues such as addiction, bereavement, guilt, anxiety, depression, relationship, nature and nurture, and spirituality.

Diagnosis and Causes of Jinn Possession

*Sihr* (sorcery) is a popular term associated with jinn possession, and it is not uncommon for a person to come to an erroneous conclusion that he or she has *sihr*. IEP helps to rectify the misconception that jinn possession is equivalent to *sihr*. IEP defines two stages for the diagnosis of jinn possession. The first stage is to establish a case of jinn possession, i.e. if there is a jinn inside the human body. This can be established with high confidence using either symptoms, or reaction to *ruqyah*, or both. If there is a case of jinn possession, then the second stage of diagnosis establishes why the jinn entered the human body. There are nine reasons for jinn possession:

i. **Sihr (Magic/Witchcraft)**

*Sihr* aims to cause psychological or somatic illnesses or both. There are numerous evidences in the Quran and hadith about the existence and reality of *sihr* (Khadher & Ishak, 2011). *Sihr* is the most popular topic discussed when dealing with jinn possession. Muslim scholars have different definitions of *sihr* (Haron, 2011). Bali (1992) defined sihr as a “contract” between the sorcerer and shaytan. The therapeutic definition of *sihr* therefore can be defined as a “contract” between the sorcerer and the jinn as below:

“*Sihr is a contract between a sorcerer and a jinn to harm a person clandestinely.*”

The act of *sihr* is usually associated with an object which represents a contract for the job. Those who believe that they are victims of *sihr* may feel that they may not recover until the contract or *sihr* object is destroyed. Victims may get depressed that they may never recover as long as the *sihr* objects have not been destroyed. By using the therapeutic definition, a more practical and logical approach to therapy can be achieved. This is because there are some parallels between human behaviour and jinn behaviour. A *sihr* is a contract to do a mission, implying that there is a contract. The jinn is the contractor, and the magician facilitates the evil acts on behalf of his or her clients. The magician issues a contract, which can be in the form of an object or verbal agreement, to the jinn to harm the victim. The contractor will not work for free if the contract is destroyed. If, however, the contractor terminates the mission for whatever reason, the contract will not be honoured. In this case, *sihr* can be nullified by either destroying the *sihr* object or forcing the jinn to abandon the mission. Therefore, from a therapeutic perspective, the impact of *sihr* can be nullified either by destroying the contract, or killing, expelling or immobilising the jinn. This will give hope to patients that therapeutic benefits can be achieved independent of the *sihr* object.

*Sihr* involving jinn entering the human bodies are cases of jinn possession can also affect human senses. In the case of *sihr* of illusion, human senses can be manipulated without any jinn entering the body. For example, during the time of Moses, the magicians created an illusion that made ropes appear as snakes to the audience. When the magicians saw Moses’ stick turned into a real snake, they
immediately realised that it was not *sihr* but a miracle from Allah, which prompted them to believe in Allah. Similarly, in the case of *sihr* that was done on Prophet Muhammad (p.b.u.h.), jinn did not enter the body of the Prophet but created an external interference, possibly through electromagnetic waves, that affects the memory of the Prophet. The manipulation of external electromagnetic waves can be scientifically proven to disrupt the standard functionality of the brain.

The capabilities of jinn can vary across the globe. Some phenomena are only seen in certain parts of the world. For example, *santau* is common in South East Asia but unknown in the Middle East. *Santau* is the insertion of materials that are harmful to the body using the services of jinn. These materials act as toxins that can cause illnesses, as in the case study of a girl with severe eczema caused by *santau* and showed remarkable recovery after four days of intensive *ruayyah* therapy (Rahman & Hussin, 2021).

Some sorcerers can instruct their jinn to insert foreign objects into the victim’s body using *sihr* or quantum physics that humans still do not understand. For example, in a case of an Indonesian girl who has 2000 nails in her body, surgeons were baffled when new nails reappeared the following day after removing all nails using the surgical method. The nails stopped appearing after the girl had a complementary Islamic intervention (Rahman et al., 2015).

ii. **Susuk (Charm Needles)**

*Susuk* is a practice where objects made of gold, silver or iron are inserted into the person’s body using *sihr* for beauty purposes. Unlike normal *sihr*, the person willingly allows the use of *sihr* in the process. Cases of needles as long as 1.5cm could be identified using X-Ray (Lim et al., 2005), and a staggering 30 needles have also been found in a single person (Nambiar et al., 2008).

iii. **Revenge**

There are some parallels between the behaviour of jinn and humans. For example, revenge is a behavioural reason why a jinn may possess a person. Although jinn and humans live in a different realm, it is still possible for a person to unknowingly cause some interference that angers jinn living in their realm. For example, revenge can be a reaction to the act of urinating in burrows where jinn live. Urination in such places is prohibited in Islam (Sunan An-Nasa’i, hadith 34).

iv. **Malicious Intention**

Similar to humans, jinn may have a malicious intention and may enter humans for fun. Some jinn may not be aware that Allah prohibits them from entering the human body. Jinn are *mukallaf*, and therapy sessions that involve educational dialogue with the jinn may persuade them to leave the human body.

v. **Evil Intention to Deviate a Person from His or Her Religious Belief**

Iblis, a species of jinn (Al-Quran, 18:50), has vowed to deviate humans from their Islamic faith (Al-Quran, 38:77-78). Iblis may achieve this by recruiting jinn. Those jinns may enter the human body to create irrational thoughts, anti-Islamic thoughts, aversion from religious duties, suicidal ideation, or even control the central nervous system to cause disruptions, e.g., locking the jaws when reciting the Quran or causing instability while praying.

vi. **Personal Exposure and Invitation, Knowingly or Unknowingly**

Jinn may enter the body when the person is exposed or involved in activities or rituals associated with jinn. Demonic practices such as playing the Ouija board
where the jinn summoned as a friend may take advantage of the event to enter the human body. Islam prohibits taking shaytan as friends (Al-Quran 4:38).

vii. **Martial Arts that Involve Jinn**

Some martial arts use jinn to give added strength. This can happen with or without the knowledge of students of martial arts. For example, performing *silat* (a Malay martial art) without learning it can mean that a jinn has entered his body (Amran, 2004).

viii. **Jinn Falling in Love with the Person**

Like the human, jinn can be either male or female, and they can fall in love with a human. Early Muslim scholars believe that marriages between jinn and humans did happen (Al-Shibli, 2017). It is also reported that one of the parents of Bilqis was a jinni (Al-Qurtubi, 2006). Once in the body, the jinn may become possessive of the person, and it may prevent the person from getting married. The psychological conflict is characterised by the person being determined to get married, but whenever the opportunity arises, he or she may make irrational excuses or get very anxious. If the person gets married, the jinn may still be able to manipulate the thinking by giving irrational thoughts that may cause a breakdown in the marital relationship. Sexual advances by the spouse may also be affected, and the marriage may never get consummated. A jinn capable of controlling the central nervous system may be able to cause malfunction of the sexual organs such as erectile dysfunction, inability to ejaculate during sexual intercourse or vaginismus (Haron, 2011).

ix. **Inheritance via the Ancestral Agreement**

The practice of having an alliance between humans and jinn exists in many cultures. The alliance contract may have been made by the ancestors. In the Malay world, this ancestral jinn is known as *saka* from the word *pusaka*, meaning inheritance (Sharhan & Fakhirul Ridza, 2010). Ancestral jinn that resemble animals are *saka harimau* (tiger), *saka buaya* (crocodile) and *saka ular* (snake), and those that do not resemble animals are *saka bomoh* (shaman), *saka susuk* (charm needles), *saka kuat* (power) and *saka bidan* (midwife) (Haron, 2011). Jinn have a longer lifespan and will enter the body of the descendent upon the death of the ancestor. As the contract’s original scope became irrelevant, the jinn may resort to causing psychological or physical harm to the descendent.

**Survival of the Jinn**

Any jinn inside a person will have to ensure that it can continue to survive. It will also want to ensure that it gets stronger and make the victim weaker. This can be done by influencing the victim through thoughts as in the following:

i. **Aversion from Remembering Allah**

Aversion from remembering Allah will cause the victim to get less protection from Allah. The jinn will be spared from being weakened by spiritual acts such as reciting the Quran or *dhikr* (remembrance of Allah).

ii. **Committing Sins**

Enticing and ensuring the victim commits sins will deprive the victim of the help of Allah. The victim becomes a weaker opponent. Repentance is meant for getting the help of Allah.

iii. **Junk Food, Craving or Smoking**

Encouraging the victim to frequently eat junk food, cravings of unhealthy food or unhealthy drinks such as high-energy caffeine drinks, or excessive smoking will
cause the victim’s physical health to deteriorate, benefitting the jinn. Islam emphasises eating good food (Al-Quran, 2: 172).

iv. Live in a Filthy Environment.

Jinn likes a filthy environment, unlike a human. A human can suffocate in a filthy and smelly environment, and jinn can suffocate in a clean environment with a pleasant smell. This is probably one of the reasons why Islam emphasises on the importance of cleanliness (Al-Quran, 2:222) and also recommends the use of perfumes.

v. Laziness

A lazy person will not want to fight or care for himself or herself. This gives an advantage to the jinn as the victim becomes a weaker opponent who will not defend himself or herself.

vi. Loss of Focus

By losing focus, the person will not complete any task efficiently or may not even be able to complete any task. Thus, he or she becomes a weaker person due to using only a fraction of his or her potential, giving an added advantage to the jinn.

vii. Loner

Humans are gregarious, and to be a loner will deprive one of the sound advice of others and also the valuable experiences in life. When one is a loner, the jinn may take the advantage to be the ill-adviser. The victim may experience talking to himself or herself in a very natural manner, with spontaneous replies without the need for any thinking. The jinn will never advise its victim to get stronger.

All of the above are mind games by the jinn to weaken its victim, i.e. making the balance of power in the jinn’s favour. If a person knows that these are the work of the jinn, he or she can correct the way of thinking and do the reverse to weaken the jinn. This can be achieved through psychotherapy and a healthy lifestyle.

Methodology

Therapy for jinn possession typically involves exorcism. A popular therapy is ruqyah, a therapy that uses shari’ah-compliant incantations. Advice is normally given during therapy, but psychotherapy sessions are rare, if not non-existent. The objective of the research is to evaluate the effectiveness of IEP for clients with jinn possession. The criteria for jinn possession is set as having negative reactions to ruqyah (Rahman et al., 2019). The set of strict negative reactions used is shown in Table 1.
Table 1: Reactions to ruqyah indicating Jinn Possession

<table>
<thead>
<tr>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Vomiting</td>
</tr>
<tr>
<td>2 Body, head or limbs shaking</td>
</tr>
<tr>
<td>3 Screaming</td>
</tr>
<tr>
<td>4 Heavy breathing</td>
</tr>
<tr>
<td>5 Jinn speaking</td>
</tr>
<tr>
<td>6 Sinister laughter</td>
</tr>
<tr>
<td>7 Collapsed / fainted</td>
</tr>
<tr>
<td>8 Aggressive or wanted to be aggressive</td>
</tr>
<tr>
<td>9 Abusive</td>
</tr>
<tr>
<td>10 Eyes flickering</td>
</tr>
<tr>
<td>11 Strong pulse in stomach</td>
</tr>
<tr>
<td>12 Struggled to vomit</td>
</tr>
<tr>
<td>13 Feeling burning hot</td>
</tr>
<tr>
<td>14 Unable to say the full shahadah</td>
</tr>
<tr>
<td>15 Eyes rolling (all white)</td>
</tr>
<tr>
<td>16 Sharp pain</td>
</tr>
</tbody>
</table>

Sample data were taken from patient records of PISANG who attended the Pisangtherapy Retreat conducted between January 2014 and August 2021. PISANG is a not-for-profit organisation in the United Kingdom that specialises in the research and therapy of jinn possession. The retreat is a residential programme in a relaxed environment over four days and three nights. Participation is limited to three patients per retreat. The retreat includes IEP to bring a more accurate understanding of jinn possession and educate patients on the best approach to treating jinn possession. The retreat is popular amongst those who are stuck in a vicious cycle with seemingly never-ending relapses. A total of 209 Muslim patients over the age of 18 have been identified as having jinn possession. They comprised 88 males (42.1%) and 121 females (57.9%). All patients had at least three significant symptoms of jinn possession as defined by Rahman et al. (2019). Amongst those, 65 (31.1%) patients had been diagnosed with mental disorders by mainstream health services. The breakdown of those with mental disorders is shown in Table 2.

Patients were from various parts of the United Kingdom except for two from North America, one from continental Europe and two from the Middle East. Each patient had eight sessions of therapeutic ruqyah and one IEP session on the second or third day. All sessions are individuals. The therapeutic ruqyah is a combination of shari‘ah-compliant ruqyah and pressure point therapy. Patients were encouraged to interact with each other, and short informal group psychotherapy sessions were held as needed. Each ruqyah session is about 40 minutes, but flexibility was allowed on IEP sessions, which can last one and a half hours. Patients were also encouraged to be present in ruqyah sessions of other patients.

Table 2: Breakdown of Mental Disorders

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorders</td>
<td>5</td>
<td>7.69%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>6</td>
<td>9.23%</td>
</tr>
<tr>
<td>Depression</td>
<td>24</td>
<td>35.92%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>3</td>
<td>4.62%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>14</td>
<td>21.54%</td>
</tr>
</tbody>
</table>
Results

All patients engaged well in the IEP sessions, with the exception of three persons. All three of them did not come to the retreat voluntarily but succumbed to the pressure from family members. Two of them have been diagnosed with schizophrenia, with one of them having a history of being hospitalised. The third person had severe symptoms associated with schizophrenia and had not been seeking medical help. He later sought medical help after being advised. All three did not engage in their IEP sessions. As in other psychotherapy approaches, the benefit of IEP can only be obtained through engagement in psychotherapy sessions.

The following are the main themes during the IEP sessions.

i. Diagnosis

Patients were eager to know what they were suffering. Those diagnosed with mental health wanted to know if their diagnoses were correct or whether they were caused by jinn or sihr. Sihr is a popular word when talking about jinn possession, and many patients believed sihr had been done on them, and many were convinced that certain persons were involved in sending the sihr. The IEP sessions aim to change the mindset of patients into thinking in terms of the two stages of diagnosis, i.e. the first stage is to establish whether there is jinn possession or not. This includes establishing an underlying jinn possession element for those who have been diagnosed with mental disorders. The second stage is to narrow down the possible causes of jinn possession from the nine possible causes, reminding that sihr is just one of them. Patients were reminded that jinn possession could be established with very high confidence, but the causes will remain challenging to confirm. IEP sessions aim at changing patients’ focus to deal with the confirmed jinn possession, i.e. eliminating the jinn, rather than on speculation of the reasons for the jinn entering their bodies.

ii. Duration for Cure

Patients are reminded that they are in a vicious circle because of inter-psyche conflicts, and the balance of power is in favour of the jinn. They have been overwhelmed, and for that reason, they have been fighting a losing battle. Ruqyah therapy helps to weaken the jinn to change the balance of power in their favour, giving them a better chance of winning and speeding up the process of recovery. Instead of focusing on duration, they have to focus on efforts to change the power balance. The concept of inter-psyche conflicts and power balance had motivated patients, making them have stronger self-esteem, increased their compliance in spiritual efforts, and embarked on a holistic therapy approach through healthy living to further strengthen themselves and weaken the jinn. Instead of focussing on the duration of the cure, they were advised to focus on self-assessment by analysing the changes in their symptoms. This gave them a valuable tool to monitor their own progress and to decide if they need or want further treatment.

Discussion

IEP helped patients to understand better the reality of jinn possession and how jinn possession had affected their lives. They understood that they have to actively strengthen themselves spiritually and physically to change the power balance.
between their psyches and the jinn psyches. *Ruqyah* therapy during the retreat helped to weaken the jinn and changed the power balance. The retreat also helped them build their daily spiritual routines and connect with others who have jinn possession. Understanding inter-psyche conflicts between the human psyche and the jinn psyche and the need to change the power balance in their favour is the most significant gain from the retreat. As a result, 51 of them chose to attend further retreats to reap more benefits. Almost all of the rest opted for follow-up day therapy.

**Conclusion**

IEP acknowledges the existence of jinn possession and empowers patients to be active spiritually and physically in their fight against the jinn that possesses them. Patients can relate their experiences with the theories put forward by IEP and assess their progress and take corrective actions if and when necessary. This has increased their engagement in the therapy and helped them move forward with their lives whilst still seeking therapy. The richness of Islamic existential philosophy as the core philosophy in IEP can make it the best psychotherapy approach for cases of jinn possession. IEP also has the potential to be the best approach for psychological intervention for those with mental disorders. The number of people with mental disorders benefitting from IEP has been encouraging. IEP gives them a new explanation for their predicament and increases hope for recovery. IEP is also in harmony with the belief of Muslims and is more palatable to Muslim clients in explaining issues such as the purpose and meaning of life, guilt, grief, and coping mechanisms.

**References**


