Neuropsychiatric condition or jinn possession?

Islamic understanding of jinn

The existence of Jinn is a common belief held amongst Muslim's as they are mentioned several times throughout the Qur'an with chapter 72 "Al-Jinn" being dedicated to explaining what they are, and how they differ from humans. The word "Jinn" stems from the Arabic word "Jann" which translates to "to conceal" and this name was given to them due to their ability to conceal themselves from mankind whilst living among us in a parallel unseen world of their own (1). According to the Qur'an, Jinn are similar to humans in that they have intellect and freewill and can therefore follow different paths (37:158, 41:25, 46:18, 51:56) and consequently, some follow the faith of Islam whilst others do not. Jinn are also described as living similar lifestyles to us as they can eat, sleep, talk, have families and societies, as well as experience a wide range of emotions as humans do (2,3). Jinn are not considered to be ghosts as they are not spirits of dead people, rather they are their own beings who have been born and will also die and then be judged alongside humans in the afterlife (3:185, 4:141, 55:39). On the other hand, Jinn differ to us in that they possess a wide array of special powers or abilities that humans are not capable of such as teleporting and having great strength. Whilst Jinn are normally invisible, they can shapeshift into the form of an animal or human and can become visible to us (27:39).

One ability that has stirred controversy amongst Islamic scholars is the power of a Jinn to possess human beings (4), a belief which is widely held amongst Muslim people (5-9). Some scholars believe Jinn have the ability to possess humans based on the verse from the Qur'an "Those who eat Ribaa (sinful interest loan) will not stand (on the Day of Resurrection) except like the standing of a person beaten by shaytaan (Satan) leading him to insanity' (2:275), which implies that Satan has the ability to cause insanity. According to these scholars, Satan is from the world of Jinn as they are reported to have the same origin, which is to have been made from a "smokeless fire" (55:15). This implies that if Satan may be a Jinn and is able to cause insanity, then other Jinn might do so as well, through the method of possession. There is also a Hadith (a collection of statements and actions of the prophet Muhammed which form Islamic law) describing that the prophet came across a distressed mother complaining her son has multiple fits per day. The prophet then proclaimed "In the name of Allah, I am the slave of Allah, get out enemy of Allah!" before blowing into the boy's mouth three times. The next time the woman saw the prophet, she said her son has not had any fits since then (10).

Conversely, other scholars describe the hadith of the woman and her son who has fits, as a "weak" hadith – meaning those who have reported the story are low in numbers or may not be trustworthy narrators. Scholars who oppose the view that Jinn can possess people do so based on the verses "Feeble indeed is the cunning of Satan" (4:76) and "I had no power over you except that I called you and you obeyed me. So, blame me not, but blame your own selves" (quote of Satan written in the Qur'an 14:22). These statements imply that Satan and Jinn can only tempt people but do not have the ability to control humans through possession, therefore all people are to be held responsible for their own actions.

From those who do believe in Jinn possession, several fascinating theories have been suggested to explain how a jinn can possess a human being. One example suggested by Jawaid (11) is that the

properties of Jinn such as their origin from smokeless fire, ability to fly to an altitude of 60-70 miles, speed, size, invisibility and their preference for eating things that are rotting must imply that their basic structure consists of carbon dioxide (11). Therefore, this allows them to exist as a gas form giving them the ability to transmit through liquids and solids, including the ability to enter people. Based on this permeability, there are theories that Jinn can enter the human body and cause chemical reactions in the brain resulting in physiological consequences which lead to changes in behaviour and physical symptoms (12-14).

Utz (10) describes the symptoms of jinn possession as falling into one of four categories. The first is personality changes which consists of; rapid mood shifts, uncontrollable laughter/crying, depression or social withdrawal. The second is physical changes such as; unnatural strength, catatonia, analgesia, psychosomatic pains, convulsions or voice changes. Thirdly there may be cognitive changes such as; unnatural knowledge, glossolalia (speaking an unknown language), clouding of consciousness, insomnia or recurrent nightmares. Finally, there may be spiritual changes which consist of strong reactions to Qur'an recitations and holy water or an abandonment of faith. However, aside from the symptoms listed here, there is a wide range of behaviors or physical symptoms that people may attribute to jinn possession. There doesn't appear to be a consensus on what the most commonly found symptoms of jinn possession are as different studies have reported conflicting reports on what type of symptoms are seen most often in possessed people (10, 15-17). For example, faith healers in Saudi Arabia have reported that the most common symptoms are paralysis, tremors/abnormal movements, insomnia, convulsions, psychotic disturbances and altered consciousness (16), whereas in Iran it was reported to be changes in voice/muteness, glossolalia, abnormal physical sensations, paralysis, inappropriate laughter/crying, altered consciousness and auditory hallucinations (17). In the same study, the prevalence of jinn possession in Southeast Iran was found to be 0.5%.

There is however an Islamic consensus on the main methods of treatment for those determined to be possessed, which is through ruqyah (an exorcism method which is done through seeking refuge in Allah by reading specific verses of the Qur'an) and dhikr (repeatedly chanting prayers in remembrance of Allah) (10, 15-19). These can be done by the patient themselves but more commonly people go to visit a Raaqi (someone who performs Ruqyahs) for treatment. A Raaqi may perform Ruqyah by reciting whilst holding the patient or can recite and blow into a glass of water for the patient to drink. Whilst the symptoms of jinn possession may be variable, it is believed that almost all Jinn are unable to resist the words of the Qur'an (20), therefore a recitation should elicit a response. The verses that are selected for use in the ruqyah are the verses that the prophet would recite as a means of protection from general harm, thus they are considered to be the most Islamically traditional cure for possession. There is a range of additional methods which are used, many of which are considered pre-Islamic such as using amulets to ward off Jinns, inflicting pain on the patient so that the Jinn may feel the pain and leave, or communicating with other jinn to ask their help in stopping the malevolent jinn from harming the patient (16, 18, 19, 21-24). However, these unorthodox methods are strongly condemned by most Islamic scholars (8, 19).

Psychiatric conditions associated with possession

Interestingly, possession is mentioned both in the diagnostic and statistical manual of mental disorders (DSM) and the international classification of disease (ICD) as a form of dissociative disorder. In ICD-11 possession trance disorder is described as “trance states in which there is 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”(25). Other criteria needed to meet this diagnosis are; duration, impairment of functionality or source of distress, occurrence outside of culturally expected situations and exclusion of other causes. For the duration, the patient must either have a single episode lasting longer than seven days or recurrent episodes. Furthermore, if signs of possession only occur during exorcisms or spiritual rituals this would not meet the ICD-11 criteria as symptoms occurring in culturally expected situations may be explained by patients who are more suggestible being subconsciously influenced by the information they have been exposed to. Additionally, episodes must be involuntary and unwanted to meet criteria, therefore exorcisms, spiritual rituals and other cultural or religious practices which encourage a momentary possession trance state to occur would not be sufficient in diagnosing possession trance disorder.

ICD-11 explains that young adults and religious figures are at higher risk of possession trance disorders and episodes can be triggered by significant emotional distress, trauma, domestic disharmony or interpersonal conflict related to religion or culture. Episodes are also extremely variable in their symptoms, duration and intensity however patients commonly report exhaustion after an episode. The key difference between possession trance disorder and dissociative identity disorder (formerly known as multiple personality disorder) or other dissociative disorders is that the patient reports the new identity that has taken over their body and mind, to be from an external source rather than an identity or symptoms that have occurred from an internal source. The DSM-5 however, does not distinguish between the source of the alternate identity and therefore lists possession as a possible presentation of dissociative identity disorder (DID) as it meets the following criteria of DID “Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession”. In cases where the presentation does not meet other criteria of DID, possession-like presentations may be diagnosed under the other specified dissociative disorder category of the DSM-5 (26, 27)

Other than dissociative conditions many other neurological or psychiatric conditions have been associated with jinn possession including epilepsy, delirium, Tourette's syndrome, schizophrenia spectrum disorders, mood disorders, emotionally unstable personality disorder, stress disorders, OCD, psychosomatic disorder and Capgras syndrome (15, 18, 28). Lim et al’s 2015 (18) literature review of cases of jinn possession found that 66% of patients reporting to be possessed had received a definite medical diagnosis and within this group 45% had been diagnosed with a schizophrenia spectrum disorder and almost one third with a mood disorder. However, in Lim et al’s 2018 (28) study investigating patients presenting with jinn possession they found that over half the patients were diagnosed with a mood disorder, almost a quarter with either OCD or another anxiety disorder and only 8% with schizophrenia or a related disorder. The large difference between the percentage of patients who had a schizophrenia related disorder may be due to Lim et als 2018 (28) study being conducted only on Muslim outpatients, therefore there may have been an under representation of acutely unwell schizophrenic patients who believe they are possessed. As there are a limited number of studies

investigating the diagnoses of patients presenting with possession, future studies are needed to accurately determine what percentage of these can be attributed to schizophrenia spectrum disorders.

The overlap in symptoms between jinn possession and acute psychotic episodes in those suffering from schizophrenia would explain why Lim et als 2015 (18) literature review found a large proportion of patients who had reported jinn possession, to be diagnosed with a schizophrenia spectrum disorder. One of the most common features of schizophrenia is hallucinations which are most often auditory in nature (25) and may give patients the impression that jinn are speaking to them or about them. In Lim et als 2018 (28) study they found 87.2% of patients who reported to be possessed had also reported hallucinations of which the most common was auditory. Unsurprisingly, patients experiencing hallucinations affecting multiple sensory modalities were more likely to attribute the experience to jinn in comparison to patients experiencing hallucinations affecting a single sensory modality (28). Other symptoms of schizophrenia include delusions, thought disorder, passivity phenomena, social withdrawal, disorganized behaviour, catotonia and mutism (25) and a combination of these symptoms may convince a patient that they are possessed. For example, a patient experiencing passivity phenomenon (reporting their body or mind is being controlled or influenced by an external source) may try to make sense of their experience within their cultural context and due to the widespread belief in jinn in Muslim population, one possible explanation is likely to be possession. Persecutory delusions may add to the patients' thoughts of being at risk from jinn and whilst grandiose delusions would not cause genuine displays of supernatural strength or knowledge - which are signs of jinn possession (10), they may be the cause of a patient's belief that they have these abilities from being possessed. Similarly, thought disordered patients presenting with word salad phenomenon (words or phrases being spoken in an incoherent and random manner) could explain what is perceived as glossolalia to witnesses. Nonetheless, previous research has actually found differences in linguistics, mentalization and emotional stability between thought disordered schizophrenic patients and glossolalists (29). The other listed schizophrenia symptoms of social withdrawal, disorganized behvaiour, catatonia and mutism also overlap with symptoms described in jinn possession (10, 15, 16).

As the range of potential symptoms for jinn possession is vast, the number of differential diagnoses to consider is also large and will be dependent on which of the symptoms the patient has. Several neurological or psychiatric diagnoses can be used to explain individual symptoms but may not explain diverse symptoms in conjunction with each other which could be why a third of the patients in Lim et als 2015 (18) literature review did not receive a definitive diagnosis. Of the jinn possession symptoms listen by Utz (10), a diagnosis of depression could explain many of these such as uncontrollable crying, social withdrawal, psychosomatic pains and catatonia (25) and a depression associated with psychotic features could further explain many more symptoms. Due to this overlap, patients who are experiencing a depressive episode may be misattributing their symptoms as signs of possession, which would explain why over half the patients in Lim et al's 2015 (18) study had a diagnosis of mood disorder.

Isgrandova (30) also explores the idea of culture bound syndrome as a differential diagnosis for jinn possession. Culture bound syndrome is not discussed in ICD-11 but has been replaced as cultural concepts of distress in the DSM-5 and is divided into three categories; cultural syndrome, cultural idioms of distress and cultural explanation or perceived cause (26). "Cultural explanation or perceived cause" is an explanatory model based on a cultural understanding of the etiology of a disease and "cultural idioms of distress" are culture-specific ways of talking about disease or symptoms. It can be argued that jinn possession can fall into either of these categories as Muslim patients do use possession as a way of

explaining or discussing their symptoms, for example, some patients accept having a medical problem but believe it is the jinn's interference of the body which has resulted in dysfunction, consequently causing their disease (18).

A cultural syndrome is described as “a cluster or group of co-occurring, relatively invariant symptoms found in a specific cultural group, community, or context. The syndrome may or may not be recognized as an illness within the culture”. Ghaziuddin (31) argues that jinn possession is not actually a religious disorder as often described but is instead a cultural syndrome as beliefs about possession are widespread amongst multiple religions. Furthermore, patients reporting possession across different religions within the same country have similar presentations (31) which suggests the syndrome is a result of their shared culture rather than a religious phenomenon. Cultural syndromes have previously been explained as a culturally acceptable expression of distress in situations where other presentations of poor mental health may not be as acceptable (32). Rassool (33) explains that Muslim patients are more likely to have psychosomatic symptoms, and this may be due to stigma surrounding mental health conditions within some Muslim populations, leading to distress appearing as a socially acceptable physical symptom rather than a mental health condition. Considering this, possession may exist as a cultural syndrome as it allows patients to externalize the source of their distress, particularly if their symptoms or the source of their distress is eliciting feelings of shame or guilt, for example if they are struggling with aggression or sexual dysfunction (27). Possession is not currently listed in the DSM-5 examples of cultural syndrome which may be because it is a phenomenon existing across several cultures. Moreover, one of the mentioned criteria for cultural syndrome is that the presentations of the syndrome are “relatively invariant” and as discussed previously, descriptions and presentations of jinn possession vary greatly between Muslim populations.

How Muslims approach the possibility of jinn possession

Due to large overlap between signs of jinn possession and symptoms of neurological or psychiatric conditions, many Muslim patients suffering from symptoms shared between both face a difficult question - is the cause a medical condition or jinn possession? As previously discussed, beliefs on a jinn's ability to cause illness is very variable amongst the Muslim population, therefore there is no single shared method that all Muslims will use to approach this question, rather their approaches will vary depending on personal beliefs as well as multiple other factors such as socioeconomic background, education, the symptoms they are experiencing and previous medical experiences. Yucel (34) describes the views of Muslims to be generally divided into three categories. The first group is the patients who believe their symptoms have medical causes and do not believe they have been influenced by Jinn. These patients are likely to seek medical treatment only. The second group is patients who believe they have a medical condition, however this condition may have been caused by possession or influence of a Jinn and these patients are likely to seek both medical help as well as help from a faith healer. The third group consists of those who do not believe they have a medical problem and that their symptoms are a result of possession, these patients are likely to only seek help from faith healers.

The varying views of Muslim patients may have been influenced by prominent Muslim figures in history who have also expressed a range of views on the matter of Jinn possession causing illness. Ibn Sina, (also

known as Avicenna, one of the founders of early modern medicine) was an Islamic philosopher and physician who believed patients presenting with psychiatric symptoms had an underlying physiological cause. Ibn Sina rejected the notion that mental illness can be caused by Jinn (35, 36). On the other hand, Ibn Taymiyah who was a well-known Islamic scholar, considered the ability of jinn to possess humans as an established Islamic fact and he believed that possession could cause physical and mental symptoms. He stated the following "The jinn enters the one seized by fits and causes him to speak incomprehensible words, unknown to himself. If the one seized by fits is struck by a blow sufficient to kill a camel, he does not feel it" (10) to explain that jinn possession is associated with a presentation of seizures, glossolalia and profound supernatural abilities.

The likelihood of a patient to attribute their symptoms to jinn possession is heavily dependent on which type of symptoms are present. Studies have found that in Muslim populations the majority of participants attribute mental health problems to biological causes and psychological stress, whereas a minority associate mental health conditions with jinn possession (7, 37). However, if one of the symptoms experienced is seizures, Muslims may be more inclined to believe the cause is Jinn possession due to Ibn Taymiyah's quote as well as the aforementioned hadith on the prophet Muhammed curing the boy who was seized by fits. A study conducted in Saudi Arabia found that 40-50% of participants believed that possession can be a cause of epilepsy (38). The majority of participants also believed the medical understanding and treatment of epilepsy, however many felt that treatment from faith healers would be a useful adjunct to medical treatment.

In Lim et al's 2018 (28) study, they found that 17.7% of Muslim patients attending outpatient clinics for their mental health conditions attributed their condition to jinn possession and a further 44.7% said their condition could be caused by jinn. However, when exploring the views of Muslim patients suffering from symptoms of psychosis specifically, we find that patients are much more likely to attribute their symptoms to jinn possession, with the majority of patients believing their experiences are associated with jinn (18). The authors of Lim et al 2018 (28) believe their figures to be an underestimate as several patients did not want to participate in the study out of fear of repercussion from jinn. Many Muslims believe that if jinn overhear discussions about them, they are more likely to approach those involved in the discussion. However, the true statistic is still unlikely to be as high as the estimation of 80% for the proportion of Muslim patients with psychosis, attributing their symptoms to jinn (39). The higher prevalence of patients suspecting jinn possession as a cause when interviewing patients with psychosis is likely to be due to the large overlap in symptoms discussed previously.

Another presentation which is more commonly associated with jinn possession is sleep paralysis, a phenomenon which is often attributed to supernatural causes worldwide (40). A study in Egypt found that almost half the participants believed that jinn were the cause of their sleep paralysis (40) and some Muslims believe that jinn are the cause of every case of sleep paralysis (14). This high figure may be due to the symptoms experienced for example, incubus phenomena which may occur during sleep paralysis in which the patient feels a pressure on their chest and may experience frightening visual and/or auditory hallucinations. Patients also often report feeling the presence of something else in the room when this occurs (41). Paralysis and hallucinations are both possible symptoms of jinn possession and when combined with the feeling of another presence, a patient may explain the pressure on their chest as a jinn attempting to possess them during their sleep (14). In addition to the symptoms, Muslims may be more likely to attribute sleep paralysis to supernatural causes as Muslims believe the soul is taken away during sleep and returned by Allah upon wakening. This is due to the following verse in the Qur'an

39:42 “God takes the souls at the time of the death of (the person), and in their sleep those (of the ones) that have not died. He withholds (the souls of) those for whom He has decreed death, and the rest He sends back”. Abdullah (14), an experienced Raaqi, hypothesizes that the lack of soul may make it easier for jinn to possess people therefore causing sleep paralysis.

Whilst non-neurological physical symptoms are much less likely to be attributed to jinn, some patients do still believe jinn can cause a wide range of medical issues such as joint problems, infections or gynecological symptoms (18). The cause is not always thought to be possession as some Muslims consider the touch of a jinn, sufficient to cause disease (18) or that cases of stroke may be caused by falling in the path of a jinn (8). Furthermore, if medical treatment is insufficient in treating a medical problem thought to have been caused by jinn, it has also been hypothesized that the jinn may be interfering with internal pharmacological systems, therefore not allowing the treatment to be effective. (14)

The likelihood of attributing the cause as jinn possession is not only dependent on the type of symptom, but also the onset and duration of the symptoms. Participants in Dein et al’s (8) study reported that they had suspected jinn possession not only due to the symptoms themselves but due to how sudden the onset of the symptoms were. Additionally, in cases where patients did initially suspect a medical cause, if their condition has failed to improve with medical treatment, patients may suspect influence of jinn following this and consequently seek help from a faith healer.

Other factors which correlate with the likelihood attributing symptoms to jinn, is if the patient is older, female or has spent less time in education. (8, 9). Several researchers have suggested mental health education would reduce the belief in jinn possession to explain symptoms of mental illness. However, interestingly the study in Saudi Arabia which found 40-50% of participants considered jinn possession a cause on epilepsy (38) was conducted on participants who were all either university students or teachers. Furthermore, in a study conducted on Muslim doctors in India, it was found that the 87% believed in the existence of Jinn, 27% believed that jinn can be a cause of mental illnesses and 66% recommended patients be treated by both a doctor and a religious figure. (42). Future studies may be useful in clarifying to what extent education can influence the belief of jinn possession causing illness, in the Muslim population.

The opinions of an imam or Raaqi can also help a patient distinguish between jinn possession and mental health problems. In Dein et al’s (8) interviews with a local imam, the imam explained that while he does consider jinn possession to be a real cause of mental illness, this is a rare occurrence and the Muslim community is in general far too quick to assume the problem is from a jinn. The imam also spoke out against Raaqis and other faith healers who use unislamic methods for their exorcism and exploit vulnerable patients for financial gain. Patients with poorer financial backgrounds find themselves in a difficult dilemma if they are unable to afford both medical and spiritual treatment and have to choose between them. The price to see a raaqi tends to be lower than to see a doctor so even patients who believe their condition is of a medical nature, are more inclined to see a Raaqi for this reason. Dein et al (8) also interviewed a raaqi who explained the process which is used to distinguish between possession and mental illness. The main method is through observing the patient's reaction to Qur’an recitation. The raaqi explains that when a patient is possessed and listens to Qur’an recitations they will often complain of feeling a hot rush through their body. The patient will then start to shake and then eventually become unconscious. At this point, the Jinn takes over and the raaqi can communicate with

the jinn directly. On the other hand, the raaqi explains that some patients report feeling better after the ruqyah but do not display any other changes. In this case, the raaqi determines the patient to have a mental health problem and the recitation simply helped to soothe them. Patients are also encouraged to look out for signs that cannot be explained by a medical diagnosis such as supernatural strength/knowledge/voice changes.

Rather than trying to distinguish between features of jinn possession and features of mental illness in order to treat one cause, Muslim patients are mostly happy to consider and receive treatment for both possible causes of their condition. Obeid et al (38) reports that patients are generally keen to engage with medical professionals while also maintaining their cultural explanations of their condition. Khalifa et als (9) study in the UK found that the majority of muslim participants believed in the existence of jinn. Approximately half of the participants believed jinn could possess people causing mental illness and that these patients should consult both a doctor and a faith healer. Furthermore, Al-Habeeb (16) found that half of the patients in a study in Saudi Arabia, visit a faith healer before visiting a doctor for psychiatric issues. In the same study 77.3% of faith healers recommend patients also get treatment from a medical professional.

The method of combining both spiritual and medical treatment is in line with Islamic guidance as during the Islamic era, patients would treat mental illness the same way as physical illnesses, for example through herbal remedies, cupping or massages (10). Regardless of if a condition is caused by a physical, mental or spiritual problem, patients would engage in spiritual treatment. This is because increasing their faith was thought to act as a form of protection from harm including from jinns and physical illness. Furthermore, reading the Qur'an was considered a form of healing and used alongside prayers to ask for Allahs help (10, 43). In our current time period, many Muslims similarly consult a raaqi for physical illnesses without necessarily believing that there are supernatural causes of their symptoms. This is due to the fact that the aim of a Ruqya is usually not just an exorcism, but a form of becoming closer to Allah, seeking protection and an overall improvement in physical, psychological and spiritual wellbeing. The approach of combining medical and spiritual treatment is also in line with the views of traditional Islamic scholars regardless of their views on possession, for example the scholar Al-Ghazali did not believe jinn possession existed yet encouraged ruqyah as it helped to make the patient more comfortable, provide a therapeutic effect and aided the following treatment (30). Faith healers have reported that their patients show significant improvement following spiritual treatment (8, 16) and studies conducted by the World Health Organization have also found that faith healers may help patients conditions improve (44). Interestingly, numerous cases have been found in which patients presenting with complaints of possession did not improve with medical treatment and then improved significantly after trying ruqyah or dhikr (15, 18). Islamically modified forms of therapy may also be useful in patients presenting with jinn possession as previous research has found that spiritually modified CBT produced better results than standard CBT in muslim patients suffering from bereavement, anxiety, depression and schizophrenia (45, 46)

In conclusion, this essay has discussed the overlap between jinn possession and psychiatric conditions from an Islamic lens, a medical lens as well as the various perspectives of muslims. Although the Islamic evidence for possession is controversial, the belief amongst muslim that possession can cause mental illness is widespread and therefore needs to be understood by healthcare professionals in order to provide culturally sensitive consultations. Although the majority of muslims believe in Jinn, the approach of muslims towards attributing mental health problems to possession is extremely variable which is

important to consider when assessing a patient and trying to distinguish between cultural beliefs and pathology. Despite this variation in beliefs, most Muslim patients will hope to access both medical and spiritual treatment which research has shown produces better results for patients and therefore, should not be discouraged by medical professionals.

References

1. Ameen, A.-M. K. (2005) The Jinn and Human Sickness. (D. A. (Alig.), Ed., & N. Al-Khattab, Trans.) Riyadh: Darussalam,
2. Al-Ashqar U. S. (2005) The world of the jinn & devils: In the light of the Qur'an and Sunnah, Riyadh, Saudi Arabia: International Islamic
3. Sakr, A. H. (2001) Al-Jinn, New York, NY: Islamic Book Service.
4. Mefah, J. b. (2018). Jinn and its effects on Muslims Society. Global Journal of Achaelogy&Anthrpoloty, 6(4), 1-3. doi:10.19080/GJAA.2018.06.555694
5. Ally, Y., & Laher, S. (2008). South African Muslim faith healers perceptions of mental illness: Understanding aetiology and treatment. Journal of Religion and Health, 47, 45–56.
6. Haque, A. (2004). Religion and mental health: The case of American Muslims. Journal of Religion and Health, 43(1), 46–58.
7. Weatherhead, S., & Daiches, A. (2010). Muslim views on mental health and psychotherapy. Psychology and Psychotherapy, 83(1), 75–89.
8. Dein, S., Alexander, M., & Napier, D. (2008). Jinn, psychiatry and contested notions of misfortune among East London Bangladeshis. Transcultural Psychiatry, 45(1), 31–55.
9. Khalifa, N., Hardie, T., Latif, S., Jamil, I., & Walker, D.-M. (2011). Beliefs about Jinn, black magic and the evil eye among Muslims: Age, gender and first language influences. International Journal of Culture and Mental Health, 4(1), 68–77.
10. Utz, A. (2011). Psychology from the Islamic perspective, international Islamic publishing house, 261-265
11. Jawaid M. (1997) Secrets of angels, demons, Satan and jinns. Decoding their nature through Quran and science, Collierville, TN: Instant.
12. Bali, W. A. (1996). Protecting yourself from the Jinn and Shaytan. Cairo: Darul Basheer
13. Khokhar, A. S. (2017). The Jinn – A scientific outlook. Available at: https://qolum9nist.com/en/2017/06/01/the-jinn-a-scientific-outlook/ accessed 21/10/22
14. Abdullah, S. (2016). How sins affect possessed Muslims & why jinn speak in them. Available at: https://practicalselfruqya.com/2016/10/16/how-sins-affect-possessed-muslims/ accessed 21/10/22
15. Dein, S. and Illaiee, A. S. (2013) Jinn and mental health: looking at jinn possession in modern psychiatric practise. The psychiatrist, Cambridge university press, 37(9) pp.290-293

16. Al-Habeeb, T. A. (2003). A pilot study of faith healers' views on evil eye, jinn possession, and magic in the kingdom of Saudi Arabia. Majallat Ṭibb Al-Usrah Wa-Al-Mujtama', 10(3), 31–38. PMCID: PMC3425750
17. Guthrie, E., Abraham, S., Nawaz, S. (2016) Process of determining the value of belief about jinn possession and whether or not they are a result of mental illness Case Reports ;2016:bcr2015214005.
18. Lim A., Hoek H. W., Blom J. D. (2015). The attribution of psychotic symptoms to jinn in islamic patients. Transcultural Psychiatry, 52(1), 18–32. https://doi.org/10.1177/1363461514543146
19. Khalifa N., Hardie T. (2005) Possession and jinn. Journal of the Royal Society of Medicine 98: 351–353.
20. Raschke E. (2017). Immigrants and the jinn: New and ancient paths to better mental health. America, 216(1), 24–26.
21. Barker, K. (2008, December 26). Afghanistan's mentally ill left to superstition. Chicago Tribune. Retrieved from http://www.chicagotribune.com/news/chi-afghan-mental2_barkerdec26,0,40482.story.
22. Razali S. M., Khan U. A., Hasanah C. I. (1996) Belief in supernatural causes of mental illness among Malay patients: Impact on treatment. Acta Psychiatrica Scandinavica 94: 229–233.
23. Jacobson, L., Merdasa, F. (1991) Traditional perceptions and treatment of mental disorders in Western Ethiopia before the 1974 revolution. Acta Psychiatr Scand. 84:475–81
24. Hoffer, C. B. M. (2000) Volksgeloof en religieuze geneeswijzen onder moslims in Nederland. Een historisch-sociologische analyse van religeieus-medisch denken en handelen [Folk belief and religious healing methods among Muslims in the Netherlands: A historico-sociological analysis of religious-medical thinking and acting], Amsterdam, the Netherlands: Thela Thesis.
25. World Health Organization (2019). International Statistical Classification of Diseases and Related Health Problems (11th ed.). https://icd.who.int/
26. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
27. Pietkiewics, I. J. Klonsinska, U. Tomalski, R. (2022). Polish Catholics attribute trauma-related symptoms to possession: qualitative analysis of two childhood sexual abuse survivors. J Child sexual abuse. doi: 10.1080/10538712.2022.2067094
28. Lim, A., Heok, H. W., Ghane, S., Deen, M., Blom, J.D., (2018) The Attribution of Mental Health Problems to Jinn: An Explorative Study in a Transcultural Psychiatric Outpatient Clinic, frontiers in psychiatry, 9
29. Kéri, S., Kállai, I., Csigó, K. (2020) Attribution of Mental States in Glossolalia: A Direct Comparison With Schizophrenia. Front Psychol. doi: 10.3389/fpsyg.2020.00638
30. Isgandarova, N. (2022). Clinical Interpretation of Jinn Possession and Cultural Formulation of Mental Illness. Journal of Pastoral Care & counseling, 0(0)
31. Ghaziuddin, M. (2017). Jinn psychosis: Cultural syndrome or religious condition? Journal of the American Academy of Child and Adolescent Psychiatry, 56(10), 894–894.

32. Godman, M. (2016). Cultural syndromes: socially learned but real. Unisinos journal of philosophy, 17(2): 185-191
33. Rassool G. H. (2018). Evil eye, jinn possession, and mental health issues: An islamic perspective. Taylor and Francis. https://doi.org/10.4324/9781315623764
34. Yucel S. (2021). An islamic therapy: A fear reducing holistic approach (FERHA). Journal of Religion and Health. https://doi.org/10.1007/s10943-021-01286-7
35. Haque, A. (2004) Psychology from Islamic Perspective: Contributions of Early Muslim Scholars and Challenges to Contemporary Muslim Psychologists. J Relig Health. 43:357–77.
36. 12. Youssef H. A., Youssef F. A. (1996) Evidence for the existence of schizophrenia in medieval Islamic society. Hist Psychiatry. 7:55–62.
37. Adewuya, A. O., & Makanjuola, R. O. A. (2008). Lay beliefs regarding causes of mental illness in Nigeria: Pattern and correlates. Social Psychiatry and Psychiatric Epidemiology, 43(4), 336–341.
38. Obeid, T., Abulaban, A., Al-Ghatani, F., Al-Malki, A. R., Al-Ghamdi A. (2012). Possession by 'jinn' as a cause of epilepsy (saraa): A study from Saudi Arabia. Seizure, 21(4), 245–249
39. Blom, J. D., Eker, H., Basalan, H., Aouaj, Y., Hoek HW. (2010) Hallucinations attributed to jinn. Article in Dutch: Hallucinaties toegedicht aan djinns. Ned Tijdschr Geneeskd 154:A973
40. Jalal, B., Simons-Rudolph, J., Jalal B, Hinton D. E. Explanations of sleep paralysis among Egyptian college students and the general population in Egypt and Denmark. Transcultural Psychiatry. 51(2):158-175.
41. Molendijk, M. L., Montagne ,H, Bouachmir O, Alper Z, Bervoets JP, Blom JD. Prevalence Rates of the Incubus Phenomenon: A Systematic Review and Meta-Analysis. Front Psychiatry. 2017 Nov 24;8:253. doi: 10.3389/fpsyt.2017.00253
42. Uvais, N. A. (2017) Jinn and psychiatry: Belief among (muslim) doctors. Indian Journal of social psychiatry, 33(1): 47-49
43. Islam F., Campbell R. A. (2014). “Satan Has Afflicted Me!” Jinn-Possession and Mental Illness in the Qur’an. Journal of Religion and Health, 53(1), 229–243.
44. Gater, R. A., De Almeida, E., Sousa, B., Barrientos, G., Caraveo, J., Chandrashekar, C. R., et al. (1991). The pathways to psychiatric care: a cross-cultural study. Psychological Medicine, 21, 761–774.
45. Azhar, M. Z., Varma, S. L. (2000) Mental illness in the Islamic world. New York: International Universities Press. Mental illness and its treatment in Malaysia; pp. 163–85
46. Wahass, S., Kent, G. (1997) Coping with auditory hallucinations: A cross-cultural comparison between Western (British) and non-Western (Saudi Arabian) patients. J Nerv Ment Dis. 185:664–8