SCALE FOR POSITIVE IDENTIFICATION OF JINN POSSESSION

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Abstract: **Introduction:** The belief in jinn possession is deeply rooted amongst Muslims. A previous quantitative research has identified 23 significant symptoms of jinn possession. The loadings of the symptoms were used to create a scale for positive identification of jinn possession. The scale aims to provide the easy identification of jinn possession without knowing the complexity of jinn possession. The scale can be used for early identification of jinn possession or for identification of cases of jinn possession amongst mental health patients. **Methods:**1088 data samples from the previous research, comprising of 530 cases of jinn possession and 588 cases of non-possession, were used to create the scale. The score of every sample were calculated and the computed data were analysed using Receiver Operations Characteristics. A cut-off score of 1.9 was obtained to indicate those considered to have jinn possession. A new set of 188 participants were recruited to validate the scale by comparing the diagnosis according to the scale with that of *ruqyah*. **Results:** 109 participants were diagnosed as having jinn possession by the scale with 108 of them confirmed by *ruqyah* giving a success rate of 99.1%. **Conclusion:** The scale is a useful instrument that can be used by health professionals for positive identification of jinn possession without the need for learning *ruqyah*. Suspected cases of jinn possession can then be referred for complementary treatment with confidence.

Keywords: Jinn possession, mental disorder, *ruqyah*, instrument development

INTRODUCTION

Islamic epistemology derives the sources of knowledge from *naqli* i.e. divine sources and *aqli* i.e. knowledge derive from the intellect such as logic, scientific experiments etc. In addition to visible beings, Islamic ontology also includes invisible beings such as jinn and angels. Islamic epistemology drives the deeply rooted belief in jinn possession amongst Muslims and there are evidences from Islamic text that jinn possession is real (Al-Qurtubi, 2006). Jinn is equivalent to the "external possessing identity" that can replace a person's behaviour as described in the definition of Trance and Possession Disorder in ICD-11 (WHO, 2020). A study in Pakistan found out that there is widespread belief in supernatural beings and participants favoured treatment by religious figures (Fawad et al., 2019). *Ruqyah* is a popular diagnosis and intervention for jinn possession (Eneborg, 2013). *Ruqyah* involves the recitation of Quranic verses, supplications, salutations of the Prophet or other incantations that comply with Islamic legal system (Khadher et al., 2016). Saged et al. in a study on 121 patients in Yemen found the effectiveness of Quran in the treatment of psychological disorders and also recommended the use of Quran for jinn possession (Saged et al., 2018). *Ruqyah* is commonly used as a diagnosis tool to determine cases of jinn possession when there is a negative reaction such as vomiting, fainting, screaming etc. A previous quantitative study by Rahman et al. (2019) on "*Intra and Inter-psyche Conflicts and Analysis of Symptoms of Jinn Possession*" used Exploratory Factor Analysis (EFA) to analyse 34 popular symptoms of jinn possession based on the knowledge and experience of two experts on jinn possession i.e. Haron Din from Malaysia and Wahid Abdussalam Bali from Egypt. The analysis concluded by identifying 23 significant symptoms grouped into six categories and 11 non-significant symptoms. Some of the significant symptoms overlap with those of mental disorders, making it a possibility that those who have been diagnosed with mental disorder may also have underlying jinn possession issues. The significant symptoms and their respective loadings are shown in Table 2. The analysis was based on 1088 participants with 530 of them being identified as having jinn possession based on their negative reactions to

ruqyah. The set of strict negative reactions used is shown in Table 1. The remaining 588 participants were identified as not having jinn possession as they did not exhibit any of the reactions to *ruqyah*.

Table 1: Reactions to *ruqyah* indicating Jinn Possession

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

Table 2: Significant symptoms of Jinn Possession

Factor	Symptom	Loading
Abnormal Thoughts	Paranoid	.684
	Ill thoughts	.628
	Loner	.560
	Inability to focus	.484
Faith Delusion	Doubtful of Islam	.683
	Strong feeling towards non-Islamic elements	.643
	Feeling suicidal	.544
	Loss of meaning of life	.526
Scary Dreams	Dream of falling from high place	.748
	Dream of poisonous or predatory animals	.701
	Dream against Islam	.636
	Dream of filthy place	.573
	Dream of strange features	.536
	Dream of ghosts	.536
	Dream of deserted road	.440
Sleep Disturbances	Crying during sleep	.745
	Laughing during sleep	.719
Low Mood	Extreme tiredness	.684
	Aversion from remembering Allah	.551
	Laziness	.529
	Absent-mindedness	.508
Hallucinations	Seeing things	.788
	Hearing voices	.712

Source: (Rahman et al., 2019)

Both Haron and Wahid did not specify the minimum number of symptoms needed to identify a person as having jinn possession and this can lead to misunderstanding that having just one of the symptoms can mean jinn possession. A reliable method of determining jinn possession through symptoms is needed where the severity can be measured and a demarcation line can be drawn between possession and non-possession. A scale can be created to indicate the severity of jinn possession, with increasing severity as the score gets higher. Those with jinn possession will tend to have more symptoms than those without jinn possession. The summation of the loadings of the significant symptoms in the EFA analysis can be used to create a severity scale, with increasing score as more symptoms are present. The scale ranges from a score of zero for someone with no symptoms indicating no jinn possession, to a theoretical maximum score of 14.158 for someone with all 23 symptoms indicating definite jinn possession. A cut-off score can be determined to indicate a score above which there is a very high degree of certainty of jinn possession.

METHOD

The objective of the research was to create a scale for positive diagnosis of jinn possession with a cut-off score to separate "possession" from "no or possible possession". Positive diagnosis in this paper refers to the "confirmation of jinn possession". On the other hand, negative diagnosis refers to the "confirmation of no jinn possession". In between the two, there will be a grey area where there is a possibility of misdiagnosis. The lower end of the scale indicates "no jinn possession" or "true negative" (TN) and the higher end of the scale indicates "jinn possession" or "true positive" (TP). In between there will be a range of values where there is a possibility of getting "false negative" (FN) or "false positive" (FP) as shown in Fig. 1. FN is when a person with jinn possession is misdiagnosed as not having jinn possession and FP is when a person with no jinn possession is misdiagnosed as having jinn possession. The cut-off point can be chosen somewhere in the overlap areas of TN and TP. Moving the cut-off point has no impact on the sample size. The choice for selecting TP is influenced by the sensitivity, which is defined as TP/(TP+FN). The choice for selecting TN is influenced by the specificity, which is defined as TN/(FP+TN). For positive diagnosis, ideally the cut-off point should be where the TP is maximised and FN is minimised. A higher cut-off point will reduce TP and sensitivity will be reduced accordingly. A lower cut-off point will increase TP, sensitivity will increase accordingly, but FP will also increase resulting in the decrease of specificity. The choice of cut-off point will have an effect on the size of FP and FN. The research aimed to maximise TP with minimal FP so as to provide a reliable instrument for positive identification of jinn possession with minimal chances of misdiagnosis. The required cut-off point is when the combination of sensitivity and specificity are at their highest value. A method called Receiver Operator Characteristic (ROC) analysis analyses specificity and sensitivity and is suitable in establishing the cut-off point. The ROC curve is a plot of the specificity and sensitivity of the data. Sensitivity is plotted against 1-specificity to enable easy visual identification of the cut-off point. The cut-off point on the ROC curve will be determined from the analysis. As the curve is a plot of the specificity and sensitivity of the original data, all points on the curve have values corresponding to the original data. By selecting the cut-off point, the cut-off value can then be extracted. The cut-off value is taken as the cut-off score for the scale. The cut-off score will be used to identify jinn possession, above which are considered as positive cases. The research also validated the scale by comparing the results of diagnosis via the scale with results of diagnosis via *ruqyah*.

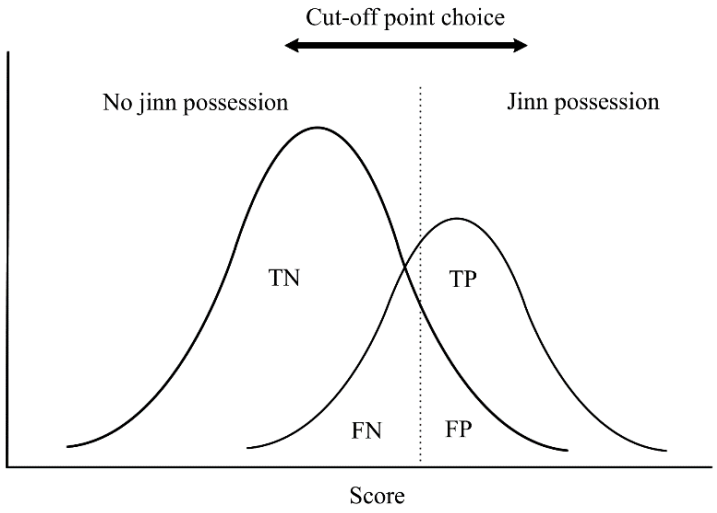

Figure 1: Criteria for determining cut-off point

The 1088 data samples collected by the previous research was used in the analysis. The individual scores of each participant were computed based on the sum of the loadings of their symptoms obtained from the EFA analysis. Each sample has also an associated diagnosis via *ruqyah* as obtained by the previous research. SPSS Statistics Version 23 was used for the ROC analysis where the sensitivity and 1–specificity of the data were computed and the ROC curve plotted.

RESULTS

The ROC analysis curve is shown in Fig. 2. The area under the curve, representing how well the data can be used to discriminate jinn possession from the rest, is 0.764 and is considered to be satisfactory. The cut-off point was visually obtained from the graph by choosing the closest point to the top left corner. The identified cut-off point has a sensitivity of 0.73 and 1–specificity of 0.33. This point correspond to a score of 1.9 from the data being analysed. Therefore a person can be diagnosed as having jinn possession when his or her score is greater than 1.9 as summarised in Table 2. A person with four symptoms with the lowest loadings will have a score of 1.958 and a person with three symptoms with the highest loadings will have a score of 2.281. This means that those with four or more symptoms can be identified as having jinn possession without having to compute the score. Those with three symptoms may or may not have jinn possession depending on the combination of symptoms. As there will be cases of FN, those with two or three symptoms can be considered as borderline cases when the score is below 1.9.

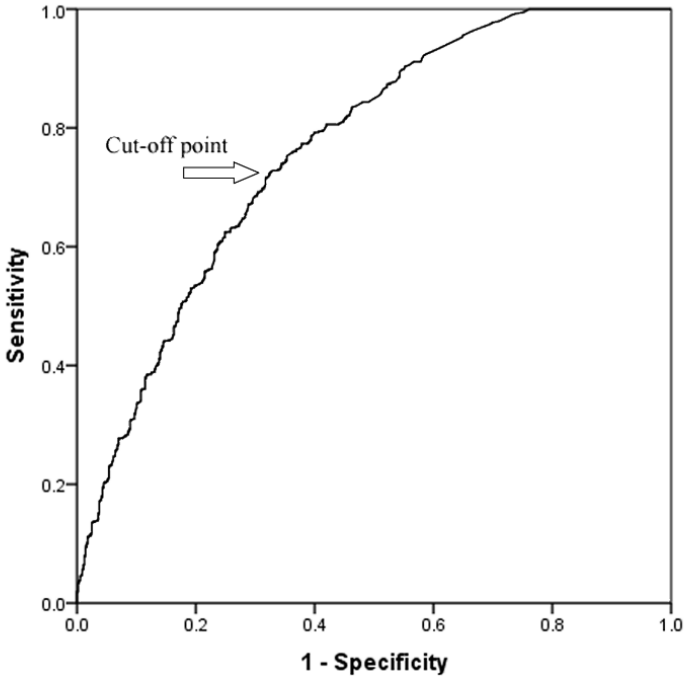

Figure 2: ROC curve of source data

Table 2: Score interpretation

Score	Interpretation
0 – 1.9	Negative jinn possession
Above 1.9	Positive jinn possession

The scale was validated against a new set of participants. Purposive sampling with snowballing technique was used to recruit 188 participants, all aged 18 or over. 100 (53.2%) of the participants were male and 88 (46.8%) participants were female. The scores of every participants were calculated and the diagnosis was obtained based on the cut-off score. *Ruqyah* was also recited on them as a reference diagnosis. The comparison of the results of both diagnoses is shown in Table 3.

Table 3: Comparison of scale diagnosis and *ruqyah* diagnosis

Score	Participants	Scale diagnosis	*Ruqyah* diagnosis	Result
0 – 1.9	51 (27.1%)	Negative	Negative	TN
	28 (14.9%)	Negative	Positive	FN
Above 1.9	108 (57.4%)	Positive	Positive	TP
	1 (0.5%)	Positive	Negative	FP

DISCUSSION

The scale identified 79 (42.0%) cases of non-possession (TN + FN) based on participants with score of 1.9 and below and 109 (58.0%) cases of jinn possession (TP + FP) for those above 1.9. If we were to consider those with score below the cut-off score as not having jinn possession and compare to the diagnosis via *ruqyah*, the success rate was 51 out of 79

(64.6%), meaning 35.4% were misdiagnosed as "not having jinn possession". Positive diagnosis of jinn possession using the scale gives a success rate of 108 out of 109 (99.1%) with only 1 participant wrongly diagnosed when compared to diagnosis via *ruqyah*, meaning 0.9% were misdiagnosed as having jinn possession. The results is very encouraging, making the scale a suitable instrument for positive diagnosis of jinn possession with error of less than 1%. It is possible that the one and only participant who was misdiagnosed as having jinn possession may in fact have jinn possession. The participant reported having a visual sensation that three beings left her body at the start of the *ruqyah*. This may explain why there was no reaction to *ruqyah*. There is also a possibility that the jinn in her body was able to withstand the effect of the single session of *ruqyah* and there may be reactions if further sessions of *ruqyah* were conducted.

The scale is not intended for negative diagnosis of jinn possession. There were 28 cases of FN that were considered as non-possession by the scale but considered as positive jinn possession according to *ruqyah*. A more complex algorithm involving the inclusion and analysis of non-significant symptoms may be able to reduce the number of FN. However this is outside the scope of this research and can be the subject of future research. As a guideline, cases with scores less than but close to 1.9 can be considered as having the potential of jinn possession. The scale can also be used to identify jinn possession amongst patients with physical health issues. A case study on a person with severe eczema had seven significant symptoms of jinn possession i.e. seeing things, hearing voices, paranoid, laziness, loss of meaning of life, ill thoughts and crying while asleep. Her score according to the scale was 4.612 which is considered as having jinn possession. After four days of intensive *ruqyah* therapy, her improvement was remarkable as shown in Fig. 3 (Rahman & Hussin, 2021a). A case study on a person with severe cluster headache and who only responded to morphine treatment had two significant symptoms of jinn possession i.e. seeing things and extreme tiredness and one non-significant symptom i.e. frequent headache. His score was 1.492 which is not far below the cut-off score, suggesting a borderline case of jinn possession. After starting *ruqyah* therapy, he was no longer dependent on morphine treatment and has since shown remarkable recovery (Rahman & Hussin, 2021b). The identification of jinn possession amongst patients, followed by the appropriate complementary therapy for jinn possession e.g. *ruqyah* therapy, can speed up the process of recovery.

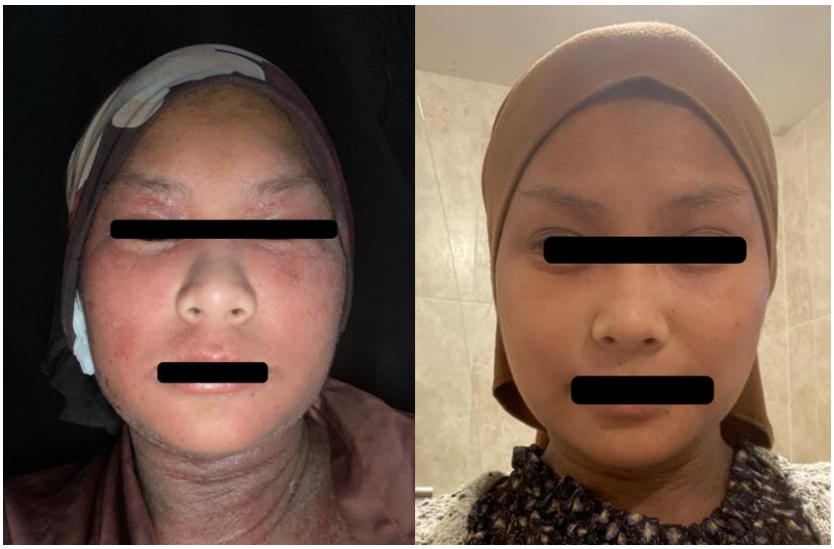

Figure 3: Skin condition before (left) and after (right) therapy
Source: (Rahman & Hussin, 2021a)

CONCLUSION

Mental disorders and jinn possession have overlapping symptoms and denying the presence of jinn possession may decrease the role of psychiatrists amongst those with jinn possession. A study in Iraq found out that faith healing is prevalent to the extent that it may overtake the role of psychiatrists (Younis et al., 2019). Several recommendations to address this trend have been made. Razali & Tahir (2017) recommended psychiatrists to engage proactively with faith and spiritual healers. Dein & Illaiee (2013) recommended embracing complementary treatment such as *ruqyah*. Khalifa et al., (2011) also recommended clinicians to work collaboratively with religious figures after a study in the United Kingdom showed that the belief in jinn, black magic and evil eye are widely accepted by the Muslim population. The combination of Western intervention and *ruqyah* can produce better results as in the case study of a patient with major depressive disorder (Razali et al., 2018).

Health professionals lack the knowledge for the diagnosis of jinn possession and this can be an obstacle for having collaboration with religious figures or *ruqyah* practitioners. The scale developed is a useful instrument that can be used by health professionals in identifying suspected cases of jinn possession without the need for learning *ruqyah*. The scale should be used for positive identification only and not for negative identification of jinn possession. Suspected cases of jinn possession can then be recommended for complementary treatment with confidence.

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