

Pilot Study of Faith Healers' Views on the Evil Eye, Jinn Possession, and Magic in Saudi Arabia

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Background. In Saudi Arabia, faith healers (FHs) mostly offer non-specific, religious-based therapies to their clients, who present with an array of physical and psychological symptoms suggestive of what FHs classify as the evil eye, "jinn" possession, and magical spells. **Objective.** This exploratory pilot study aims to analyze the pattern of narrated symptoms and treatments used by faith healers practicing in the Al-Qassim region, Saudi Arabia, with an emphasis on determining whether the symptom patterns fit into a classification system related to the evil eye, jinn possession, and magical spells. **Method.** Forty-five faith healers who agreed to participate in this study were given a self-administered, semistructured questionnaire for collecting the relevant data. **Results.** Most faith healers highlighted a relatively small number of psychiatric symptoms reported by their clients; the pattern of these symptoms could not specifically differentiate the three spiritual disorders. FHs tended to recommend an array of therapies rooted in religious concepts for the treatment of their clients, who, they claimed, showed substantial improvements thereafter. **Conclusion.** While the symptomatology of each spiritual disorder was not specific, the classification system helped the faith healers determine treatment methods. Future studies should systematically examine the diagnostic and treatment methods of these healers using a larger number of subjects from other provinces of the country.

Keywords: Faith healers; Spiritual disorders; Unorthodox therapies; Jinn possession; Evil eye.

Introduction

According to Islamic teaching, Muslims worldwide strongly believe in the existence of supernatural forces, which is referred to as jinn, magic, and the evil eye. The belief in such spiritual forces coupled with fear are transmitted from one generation to another because of many reasons, which include: (a) the fact the existence of these forces is well documented in the Holy Quran; (b) the followers of other major religions also believe in the concepts of 'demons', witchcraft, and evil eye, and most human societies have varying degrees of belief in these ideas; and (c) such concepts are quite familiar to the psychiatric transcultural literature (Campion & Bhugra, 1997; Pereira, Bhui & Dein, 1995;

Pfeifer S, 1994). Like in folk psychiatry worldwide, faith healers (FHs) usually cite supernatural etiology for mental disorders (Jacobson & Merdasa, 1994; Razali, Khan & Hasanah, 1996; Younis, 2000) and classify disorders among their patients from the 'spiritual' perspective, across cultures. In addition, FHs also use diagnostic labels like psychosis (e.g., *majnoon* or *wushra*), extreme anger, and jealousy, but attribute them to spiritual forces (Hussein, 1991). Likewise, many modern psychiatrists believe in supernatural spirits, but would neither consider spiritual diagnoses nor explain mental disorders by religious constructs. Thus, they tend to undermine the therapeutic value of supernatural beliefs in the causation of mental disorders. However, it appears that sympathy is growing within psychiatry, for such diagnostic labels (Pereira et al., 1995), and in recognition of cultural factors even the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) has inserted a cultural dimension to each mental disorder.

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der. There is need to give more impetus to transcultural psychiatry (Fabrega, 2000).

According to Islamic cosmology, the almighty Allah created both male and female jinn (spirit in English) from fire, and they live with human beings and share their activities, invisible to man. What determine whether a Jinn is good or bad are its beneficial or harmful effects; and they could be believers or nonbelievers in Allah and could take any shape and form? Like jinn, evil eye and magic are also mentioned in the Holy Quran, and have disastrous effects on human health and behaviour. The followers of Islam believe in jinns who could see and watch humans and bedevil them. The study of these forces has epidemiological, phenomenological, etiological, diagnostic, and psychotherapeutic and health promotion implications (Hawks, Hull, Thalman, & Richins, 1995; Pereira et al., 1995; Younis, 2000). The patients who believe that they are "possessed" by these forces often report to the FHs. They have a perception of jinn entering into their bodies and moving in different organs, resulting in bizarre, multiple behaviours and odd movements that may be psychotic and non-psychotic disorders (Pereira et al., 1995). These disorders are common among the less informed members of society, who may present with an array of somatic symptoms, interpersonal conflicts, and misfortunes. The trance and possession states, explained by the theories of dissociation, conflict in communication, and sociocultural sanctions (Pereira et al., 1995), are recognized in the International Classification of Diseases (ICD-10) (World Health Organization, 1992) (F44.3) and DSM-IV (300.15), with the latter suggesting further research into dissociative trance disorder to refine the diagnostic criteria. FHs, who claim that they use special methods for diagnosing jinn possession, evil eye, and magic, are reported to treat such patients mostly by reading from the Holy Quran and the sayings of Prophet Mohammed (PBUH; Hussein, 1991; Younis, 2000), but these patients ultimately require assessments by psychiatrists. In addition, FHs use other treatment and protective strategies, such as amulets and charms for these disorders (Jacobson & Merdasa, 1991; Hussein, 1991; Younis, 2000).

Objectives

In Saudi Arabia, the pathway to mental health care is that over 50% of patients first consult the FHs for a variety of psychiatric reasons (Hussein, 1991). Despite this, there is paucity of studies on cultural psychiatry in Arabian Gulf countries. This pilot research has the following goals: (a) to assess the association between sociodemographic variables of FHs and the symptoms which their patients report to them; (b) to examine the pattern of psychological, physical and other symptoms, which the FHs relate to jinn possession, evil eye, and magic; and (c) to describe their methods of treatment

Table 1

Faith healers' number of reported symptoms by age and education.

	<i><12 symptoms</i>	<i>>12 symptoms</i>	χ^2	<i>p</i>
Age in years				
Less than 29	5	3	3.12	.209
30 to 50	9	22		
51+	2	4		
Education				
Illiterate	8	3	5.59	.061
Less than eighth-grade level	7	9		
Beyond eighth-grade level	5	13		
Residence				
Urban	10	22	4.02	.045*
Rural	9	4		

* Significant *p*-value (i.e., *p* < .05)

for these conditions. The author hypothesized that: (a) The FHs with higher education and practicing in urban area would highlight more symptoms of disorders said to be related to the supernatural factors; (b) the FHs would reveal a list of psychopathological symptoms that are poorly related to a classification of 'spiritual' disorders, as evil eye, jinn and magical spell; and (c) they would prescribe several modes of religious therapies.

To meet these objectives, 45 FHs who agreed to participate in this study were requested to complete a simple self-administered, semi structured questionnaire.

Method

The study sample consisted of 45 male FHs in Al-Qassim region, which is the most conservative province of Saudi Arabia, and has urban and rural areas. At the time of this study, the total number of FHs in that province was 72, but only 45 of them (62.5%) agreed to participate. The 37.5% who refused to participate were not different from the others in personality, attitudes or practice. Although there is no exhaustive registry of the FHs, the established practicing FHs are easily definable by a knowledgeable person in the locality, like the author who is from Al-Qassim region. There were no recognized female FHs in this health region. The objectives of the study were explained clearly to the FHs before they gave verbal consent for participation.

A semi structured questionnaire with some open-ended questions in Arabic was distributed by a social worker that was familiarized with the questionnaire by the author himself. This questionnaire was rendered in

Table 2
Distribution of symptoms in three disorders (as revealed by faith healers).

Somatic Symptoms	Evil Eye % (n)	Jinn Possession % (n)	Magic % (n)
Multiple body aches	100.0 (45)	100.0 (45)	100.0 (45)
Paralysis	11.1 (5)	33.0 (15) ^a	15.5 (7)
Giddiness	13.3 (6)	26.6 (12)	22.2 (10)
Tremors	8.8 (4)	20.0 (9) ^a	13.3 (6)
Anorexia	17.7 (8) ^a	8.8 (4)	15.5 (7)
Abortions	28.8 (13) ^a	13.3 (6)	40.0 (18) ^a
Dyspnoea	8.8 (4)	15.5 (7)	13.3 (6)
Psychological Symptoms			
Anxiety	100.0 (45)	100.0 (45)	100.0 (45)
Doubt of diseases	75.5 (34)	93.3 (42) ^a	88.8 (40)
Obsessions ^b	97.7 (44)	88.8 (40)	93.3 (42)
Insomnia	26.6 (12)	42.2 (19) ^a	31.1 (14)
Hatred ^c	75.5 (34)	24.4 (11)	93.3 (42) ^a
Depressive ideas	37.7 (17) ^a	17.7 (8)	24.4 (11)
Abnormal movements	6.6 (3)	53.3 (24) ^a	31.1 (14)
Estrangement ^d	63.3 (24)	31.1 (14)	82.2 (37)
Seizure-like states	4.4 (2)	84.4 (38) ^a	26.6 (12)
Psychotic disturbance	6.6 (3)	46.6 (21) ^a	13.3 (6)
Imagination	11.1 (5)	15.5 (7)	22.2 (10) ^a
Altered consciousness	4.4 (2)	53.3 (24) ^a	15.5 (7)

^a Most frequently observed

^b Obsession or increased thinking or preoccupations

^c Mainly among husband and wife plus wife-wife

^d Husband and wife plus wife-wife

simple, local Arab, in such a way that the respondents, who were literate in Arabic, could easily complete it. Socio-demographic information collected were age, gender, level of education, marital status and resi-

dence. Information was also collected about evil eye, jinn possession, and magic. They were asked to provide information on their sources of information, physical symptoms, and psychological symptoms, other symptoms, prescribed treatment modalities, other possible therapies, and additional remarks.

Results

Sociodemographic Characteristics of FHs

The mean age of FHs was 49.44 years ($SD = 17.30$, range = 28 to 85). The majority of FHs (75.6%) were literate as they received primary to advanced education, married (88.9%) and living in cities (71.1%). When age, educational level, and residential status of FHs was related to quantity of symptoms (less than 12 and greater than 12; see Table 1), a significant association was observed only between frequency of symptoms and the residential background of FHs ($\chi^2 = 4.02$, $df = 1$, $p < .04$). The cut-off point of 12 was chosen arbitrarily by the author from a long association and experience of FHs, taking into consideration the pattern of symptoms for the three spiritual disorders, as understood by FHs. This dichotomization served a purpose for chi-square testing of the association between age, education and residence and reported symptoms. FHs practicing in urban areas listed significantly more symptoms than FHs in villages. This might be because urban patients consulting FHs might be reporting more symptoms, and thus enriching the symptom knowledge of urban FHs. There was a trend towards knowledge of more symptoms by FHs with higher levels of education.

Sources of Faith Healers' Information About Disorders

The FHs gathered knowledge about evil eye, jinn possession, and magic from five main sources of information, via, the Holy Koran (92.8%), treated patients (76%), personal experiences (72%), lectures (45%), and mass media (in particular, recorded cassettes: 10.4%).

Symptomatology of Evil Eye, Jinn, and Magic

The FHs highlighted symptoms of these disorders, which could be categorized mainly into somatic and psychological (see Table 2). There were multiple bodily symptoms more or less common to all the three spiritual disorders. The most frequently reported somatic symptoms were headache, chest pain, abdominal pain, leg pain, eye ache, earache, pain in all joints, and backache. Other less common somatic symptoms were vomiting, tiredness, paralysis, giddiness, tremors, anorexia, abortions, and dyspnoea. In addition to these apparently somatic symptoms, there were some overlapping psychological symptoms in all three disorders,

and these included anxiety, fear/doubt of developing disease, and obsession-like thinking. Other important psychological symptoms were insomnia, hatred, depressive ideas, chest oppression, talkativeness, hyperactivity, estrangement between wife and husband and also between wives in a polygamous setting, persistent conflict among family members, seizure-like state, psychotic disturbance and violent behaviour, bizarre movements and imaginations, aphonia, blindness, altered consciousness, and economic losses.

Therapeutic Modalities Prescribed by FHs

The methods of treatment (see Table 3) most frequently prescribed by FHs to the patients with evil eye, jinn possession, and magic were *roqaya* (reading specific verses from the Holy Koran, reading Prophet Mohammed's (PBUH) soothing sayings), regular performance of prayers, exorcism (of jinn and other negative supernatural spirits), physical punishment, sham strangulation, cautery, *saaout* (inhalation of a herb powder), local application of paste of different types of herbs, drinking water mixed with herbs, water mixed with paper with written Koranic verses, and local application and swallowing of some oils. Saaout may also consist of nasal drops of a herb or a similar material mixed with oil or oily material and inhalation through a nasal spray. Many FHs (77.3%) advise their clients to consult psychiatrists because they may need further psychiatric treatment. Finally, most FHs (96%) stated that their patients showed good improvement; and the FHs wished to have specific knowledge about psychiatric disorders, drugs, and modern treatment methods.

Discussion

Besides sociodemographic parameters and sources of knowledge, this study examined the symptomatology of jinn possession, evil eye, and sorcery as narrated by FHs, together with their prescribed treatments for such disorders. The majority of FHs were religious persons and conservative by nature and they, as revealed in the present study, enhanced their knowledge by reading holy books including the Koran and the Hadith, attending religious lectures and gatherings, and listening to recorded audiocassettes. This finding may not be consistent with western cultures where health providers might be using popular means of mass media including television, satellite channels, video cassettes, and internet for increasing their specific knowledge on spiritual disorders and healing. In this connection, the author suggests that there should be some targeted cultural psychiatric programs on television that would draw the attention of FHs who might also be encouraged to participate in such transcultural psychiatric activities in Middle East countries and worldwide, too.

Table 3

Distribution of treatments for three disorders, as recommended by faith healers.

<i>Treatment</i>	<i>Evil Eye % (n)</i>	<i>Jinn Possession % (n)</i>	<i>Magic % (n)</i>
Roqaya	100.0 (45)	100.0 (45)	100.0 (45)
Reading Hadith	84.4 (38)	95.5 (43)	100.0 (45)
Prayers	100.0 (45)	100.0 (45)	100.0 (45)
Saaout	13.3 (6)	13.3 (15) ^a	20.0 (9)
Herbs	53.3 (24)	40.0 (18)	57.7 (26)
Exorcism	—	100.0 (45) ^a	—
Physical Punishment	—	46.6 (21) ^a	—
Strangulation	—	40.0 (18) ^a	—
Cautery	17.7 (8)	11.1 (5)	26.6 (12) ^a
Read-in-water ^b	20 (9)	46.6 (21)	75.5 (34) ^a
Non-psychotropic drugs	13.3 (6)	17.7 (8)	26.6 (12)
Psychotropic drugs	20.0 (9)	37.7 (17) ^a	24.4 (11)
Referral to psychiatrist	8.80 (4)	26.6 (12) ^a	15.5 (7)

^a Most frequently observed

^b Koranic verses written on a paper that is soaked in water or oil for drinking, local application, or both

Conventional wisdom suggests that the FHs with higher education and increasing age and with more experience should have significantly higher knowledge of symptoms of spiritual disorders. The findings of the present study could not substantiate this impression. This may be due to many reasons, which includes their non-medical background, relatively less experience in psychiatric disorders as compared to physical disorders, and the absence of formal psychiatric training of FHs. However, FHs practicing in urban settings reported significantly more psychopathological symptoms as compared to traditional practitioners in rural areas. This finding may reflect the better communication of urban clients reporting more complaints to the FHs than the rural patients.

According to the present study, somatic presentation, common to all three spiritual disorders, indicates clearly that the patients report their stresses through bodily symptoms. This type of somatic-cum-symbolic

communication is also reported to be common among patients with similar and other psychiatric disorders in developing countries (Keshavan, Narayanan & Gangadhar, 1989), but to a lesser degree in Western countries. In contrast, the triad of somatic symptoms such as occurrence of apparent paralysis, dyspnoea and tremors may indicate jinn psychopathology, while anorexia and abortions may anchor the diagnosis of evil eye and magic. Like somatic symptoms, few psychological symptoms including anxiety, doubt of diseases, obsessive ruminations and preoccupations and depressive thoughts were common among all three disorders, and this is consistent with the clinical fact that patients with other neurotic disorders commonly report these non-specific symptoms, as well. A constellation of psychological symptoms, listed by FHs, such as abnormal movements, seizure-like state, transient psychotic disturbance, and reversible altered consciousness was partly compatible with the diagnostic criteria of possession state as laid down in major classifications. While the three most frequently observed symptoms such as repugnance, emotional distance, and fantasy, shared common phenomenological grounds, both for evil eye and magic disorders, until now there is no official representation of this classification system in major psychiatric classifications (DSM-IV and ICD-10), though literature supporting it abounds (Jacobson & Merdasa, 1991; Keshavan, Narayanan, & Gangadhar, 1989; Krawietz, 2002).

According to this study, all FHs, as expected, prescribed treatment modalities based on their strong Islamic cultural background, which is consistent with an earlier study (Sayed, Abosinaina, & Rahim, 1999). Reading from the Holy Koran and Hadith were the most commonly prescribed means of healing what they perceived as the spiritual suffering of their patients. Likewise, unique therapies congruous with the respective cultures can be traced in other major religious denominations in other parts of the world (Hopkins, 1999; Jacobson & Merdasa, 1991; Levin, 1996). The use of physical punishment and strangulation while exorcising jinn is a grossly offensive practice and should be discouraged. This practice is associated with some complications like severe suffocation (Younis, 2000) and even death (Vendura & Geserick, 1997). Like in other cultures (Jacobson & Merdasa, 1991), the practice of employing different types of herbal preparations is legitimate and is in line with the doctrine of alternative medicine. Also, cautery, which may result in severe complications, is a traditional invasive therapy prescribed by FHs for patients not only suffering from evil eye and magic disorder, but also other psychiatric and physical diseases (Qureshi, Al-Amri, Abdelgadir, & El-Haraka, 1998). In Islam, cautery is recommended only as the last treatment option. Finally, the results of the current study showed that faith healers were not in favour of patients using non-psychotropic and psychotropic drugs, and this reflects

their lack of knowledge of modern psychiatry. FHs are not allowed to prescribe modern drugs but, like other clinicians they do advise their clients to consult mental health professionals.

This preliminary study has some limitations. The design of this research is of exploratory nature rather than analytical and advanced statistical analyses may have revealed more definite conclusions. The sample of the study is not large yet reasonably good. However, the FHs revealed comprehensive responses, which were restricted to certain themes. It will be necessary to conduct the study in other regions of the country, to obtain a more national view. This will also entail the design of a more structured and comprehensive questionnaire coupled with personal interviews of the faith healers. Therefore, the results of this study are tentative, and should be interpreted cautiously and should not be generalized to other provinces.

In summary, FHs practicing in urban areas were found to narrate more symptoms as compared to those working in rural areas and they prescribed an array of therapies for clients suffering from what they perceived to be spiritual disorders. Although the highlighted somatic and psychological symptoms were not specific to the corresponding 'spiritual' classification of disorders, a constellation of symptoms indicated the possible diagnosis of jinn possession state. In contrast, the symptomatology of evil eye and magic disorders overlapped greatly. Future researches should explore the assessment techniques and diagnostic methods that faith healers employ in making the diagnosis of these 'spiritual' and other mental disorders.

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