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JINN POSSESSION, BLACK MAGIC OR MENTAL ILLNESS?

JINN POSSESSION, BLACK MAGIC OR MENTAL ILLNESS?

The Impact of Demographic Factors and Religion on People's Perceptions in Karachi

By

Aayma Ayub (14141)

Culminating Experience Research Project

Submitted to the Department of Social Sciences & Liberal Arts, Institute of Business
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Completed under the supervision of

Dr. Sahar Nadeem Hamid

9 May 2021

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I dedicate this research project only to myself because I worked damn hard on it!

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Abstract

Jinn Possession, Black Magic or Mental Illness? The Impact of Demographic Factors and Religion on People's Perceptions in Karachi

By

Aayma Ayub

Institute of Business Administration (IBA), Karachi, 2021

Dr. Sahar Nadeem Hamid, Supervisor

The research project focuses on examining the impact of demographic factors and religion on people's social perceptions regarding the attribution of jinn possession and black magic as the cause of mental illnesses within Karachi using key theories from social psychology. Mental illnesses are understood in the South Asian community and particularly in Pakistan within the context of culture and religion. A review of academic literature depicted the impact that religion can have on mental health illness treatment as well as counseling behaviors. Consequently, some people can be hesitant to seek out therapy for their mental health issues due to the attachment of stigma and attribution to supernatural causes for mental illnesses.

To explore this further, a mixed-methods design was used for which a survey was created consisting of three stories. A total of 75 responses were collected, after which quantitative analysis was conducted via SPSS followed by thematic plus narrative analysis. The thematic analysis brought the focus towards two broad themes consisting of mental

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disorders (Attribution theory and mental illnesses) along with religion and Top-Down Processing theory.

The initial hypothesis was accepted. That demographics and religious factors have an impact on the perceptions that people hold about attributing black magic or jinn possession as the cause of mental illnesses. The current research project yields several significant findings regarding not only jinn possession and black magic and them being held as the cause for mental illnesses, but also on the connection between religion, perception, and mental illness.

Keywords: Jinn/Spirit Possession, Black Magic, Mental illnesses, Social Perceptions, Pakistan, Social Psychology, Counselling, Gregory's Top-Down Processing Theory, Heider's Attribution Theory

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INTRODUCTION

Cultureⁱ is often believed to be equivalent to a personality of a society (Peacock et al., 1981). Hence, cultural diversityⁱⁱ is present in understanding mental health and the issues related to it, globally (Gopalkrishnan et al., 2018). Consequently, this research aims to gain a deeper understanding of people's perceptions regarding the attribution of jinn possession and black magic as the causes of mental illnesses. Mental illnesses are understood in the South Asian community and particularly in Pakistan within the context of culture and religion. Multiple research studies on the South Asian community including Pakistani participants depicted a varying explanatory model for mental illnesses (McCabe et al., 2004) as well as how stigma is attached to mental health issues (Loya et al., 2010) and lastly how the causes of mental health issues are ascribed to supernatural presences (Penny et al., 2009). One of the significant misconceptions that have often been dramatized on media channels is the similarity between diagnosing a mental illness as a jinn possession or as an influence of black magic. The interesting aspect of this research is to gauge how accurately people's perceptions are influenced because of their demographic factors and religion when it comes to viewing and understanding symptoms of specific mental illnesses such as schizophreniaⁱⁱⁱ, dissociative identity disorder^{iv}, anxiety disorders^v or even depression^v. Hence, the research will focus on gaining an insight into these specific perceptions by focusing on key theories from social psychology such as Gregory's Top-Down Processing (1970 & 1990) and Heider's Attribution (1958).

Who are Jinns?

To understand the importance of why jinn possession is being considered as a potential cause in the research design, it is essential to understand what kind of a being is a 'jinn'. The term

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'jinn/al-jinn' refers to a 'shape-shifting spirit' made of air and fire in the Arabian and Islamic culture. It is invisible to a human eye but can appear in the form of an animal or human along with the ability to possess a human's body (Ettachfini, 2018). They have free will along with possessing the ability to eat, sleep, engage in procreation, and suffer death as well. There are various classes of jinns of which 3 are the most prominent. These jinns are known as 'Ghul' (a duplicitous spirit with the ability to shapeshift), 'Ifrit' (deplorable spirit), and 'Si la' (a traitorous spirit with an unchanging form). In the Islamic religion, 'jinns' are considered as real creatures with the ability to harm humans mentally and physically which could be intentional or unintentional. Thus, their existence is officially accepted in Islam along with the existence of humans who would be subject to their moral deeds on Judgement Day (Gaur, 2018). In the Quran and Hadith (Prophet Muhammad's sayings), jinns are described to possess incredible speed allowing them to cover long distances, to eavesdrop on humans, to be able to pass through solid objects easily, and the ability to even have a relationship or marry a human to prevent them from being with another person (Dein S, Alexander M, Napier AD, 2008). In Arabic mythology, jinns are known by the name of 'genie', the popular depiction of which is shown in the Disney film 'Aladdin' (Radford, 2019). Moreover, in comparison to the origin of Jinns and their capabilities, 'genie' is a more Westernized and commercialized version (Radford, 2019).

What is Jinn Possession?

In terms of causing mental harm, they are believed to enter and 'possess' a human's body. This act is known as 'Jinn Possession' and it is defined as a paranormal force entering the human body allowing it full control of the human's mental and physical actions without the human being aware of it (Khalifa, N., & Hardie, T., 2005). Thus, they are historically painted as evil creatures

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who are duplicitous in nature and they are viewed in Muslim societies as the cause of specific neurological illnesses such as epilepsy^{vi} (Gholipour, 2014). To the onlookers, it would seem as if the person has developed an alternate conscious state/personality depicting that the supernatural being has taken control of the human body. But to an outsider, it may seem as if the person has developed dissociative personality disorder that they previously did not have. Hence, an actual jinn possession is considered to give a person seizures^{vii} and make them communicate in an incomprehensible language (Al-Ashqar, & Umar S, 2003). Furthermore, universally many ethnographies^{viii} have hinted at jinn possession by terming it as ‘spirit possession’ wherein a spirit inhabits a human’s body (Cohen, 2008). Most Western scholars term jinn possession under peripheral possession which refers to possession by ‘evil and immoral spirits’ (Lewis, 1989).

Black Magic

Similarly, black magic is referred to the supernatural use of powers by following satanic rituals or calling forth evil spirits to engage in harmful/violent actions against other humans. It is often considered as the evil counterpart of ‘white magic’ in non-Muslim and Muslim cultures and it also includes the castor controlling a spirit or a Jinn to cause mental and physical harm to humans such as jinn possession (Borger, 2011 p. 4). In India for instance, black magic is also referred to as witchcraft, whereas in Pakistan in the Urdu language it is referred to as 'Kaala Jaadu'. It can be performed using the intended target/victim using their hair strand, a piece of clothing, by looking directly into their eyes, or by using their photographs. An example of the religious existence of black magic in Islam is the story about Prophet Muhammad (PBUH) who was a victim of black magic where his health was negatively impacted. The castor had used Prophet Muhammad’s hair strands by procuring it from the comb he used to create a voodoo doll. The location of where this

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doll was kept in a well in Dhaarwaan and the intention of the caster was revealed to him in a dream. The spell was broken once the well was filled with water (Ameen 2005: 182). Black magic is a concept that exists in Hinduism as well as Christianity. Within Quran, magic is known as 'sihr' and is associated with using demonic forces (Borger, 2011 p. 5). One Christian spiritual leader and many Bengali babas in Pakistan had proclaimed that the evil spirits (djinn) they encountered were always Hindus or Christians comparing them to Muslim djinns who are considered as good spirits (Khalid, 2018).

Due to the nature of black magic and the caster's intention, among Muslims, the cultural and religious belief often outlines the use of black magic as the cause of mental illness (Waqas, 2014). However, some parts of the population believe that mental illness is just a consequence of being under the effect of black magic rather than considering it as a proper illness that requires treatment through scientific methods (Waqas, 2014). Due to the cultural placement of black magic in Muslim societies, it is often considered a misfortune to befall any person and is also often confused with an 'evil eye'^{ix} (Nazar) (Singhal, 2020). Whereas it is also marketed as a solution to problems and especially to mental health issues (Rytter, M., 2010). It is more vehemently believed by women than men due to the gendered spaces in society (Rasanayagam, J. 2006).

Exploring Mental Health Care in the Context of Black Magic and Jinn Possession

For this research design, the perception of mental illnesses will be considered within the context of black magic and jinn possession. Consequently, the paper will focus on the symptoms of mental health issues that are visible to an onlooker. Symptoms for nearly all types of mental disorders will be taken into consideration. According to World Health Organization, mental

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disorders comprise neurological, depression, eating, personality bipolar disorders, and schizophrenia among the few (WHO, 2019). Certain mental illnesses contain a symptom of psychosis which is mistakenly attributed to a supernatural cause (Shafiq, 2020). Psychosis^x can cause individuals to have abnormal thoughts, an altered sense of reality such as visual or auditory hallucinations, or delusions such as outside forces are in control of one's feelings and actions (Goldberg, 2019). Thereby it upsets the balance of emotions and their relationships with other humans (Singhal, 2020).

Western mental health care services often take a generalized scientific approach to examine the causation of mental health issues with their clients which causes them to overlook or ignore cultural beliefs and religion in designing treatment plans for mental illnesses (Thompson, 2001). The connection of believing in the existence of black magic and mental illness becomes of particular importance because people have different ways of understanding an illness. This research aims to understand the culture-bound syndromes (symptoms that are more common in some societies than in others) regarding mental health issues and illnesses. In a way, culture impacts the diagnosis of mental health issues in the sense of how the patient describes the illness's symptoms to the mental health practitioner (Thompson, 2001). It impacts the very meaning of a mental illness because it is rooted in cultural beliefs and religion that dictate whether a mental illness will be considered as part of an 'imagination' or as a real disease. Hence, this dictates how often or easily mental health care services are accessed and utilized by the people owing to cultural misunderstandings between a client and a clinical psychologist as well as a clinician bias (Thompson, 2001).

CHAPTER I

Research Question

To what extent do demographic factors and religion impact the perceptions of people about attributing jinn possession or black magic as the cause of mental illnesses (Karachi based)?

Literature Review: Introduction

The current review of academic literature focuses on the impact that religion can have on mental health illness treatment as well as counseling behaviors. In particular, by evaluating the subject matter in a thematic manner, the current author focuses on establishing a theoretical framework for their study whilst also offering a concise and detailed overview of the numerous works that have come before theirs. However, it should be noted that the available literature on this subject matter is rather scarce in that seldom has academia focused on the Muslim population and their perceptions of the causes, impact, and cure for mental health ailments. Thus, the current review draws on the most relevant materials available.

Muslim Communities in Western Countries

There are a handful of research studies that have documented the link between mental illness and jinn possession amid contemporary Muslims. In 1995, El-Islam found that, in the Arab World, lethargy, forgetfulness, and morbid fears, and similar symptoms were attributed to jinn possession. Similarly, within the United Kingdom, in studying jinn possession Dein, Alexander & Napier (2008) interviewed twenty individuals between the ages of eighteen and eighty years from

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the Bangladeshi community in east London. These individuals included ten females and ten males, imams, attendees at elderly day centers, restaurant employees, shopkeepers, and students. The individual conducting the interview, the interviewer, was a British Caucasian psychiatrist and anthropologist who, between 2005 and 2008, had frequently visited the community along with an interpreter who spoke Sylheti. Dein, Alexander & Napier (2008) had utilized snowball sampling in order to recruit their participants and questioned participants regarding the causes of misfortune as well as about the role that black magic and the jinn had in this process. They spent time as a participant observer in a mosque within this region, attended meetings held by imams that discussed the link between mental health and possession, interviewed exorcists, and documented rituals and prayer. Furthermore, they collated advertisements in newspapers for conventional healers to evaluate the types of issues that they dealt with.

In doing so, Dein, Alexander & Napier (2008) discovered that beliefs in black magic, the evil eye, and jinn were prevalent, especially amongst less educated and older individuals. A study of beliefs associated with Jinn possession that compared Leicester and Dhaka residing Bangladeshi Muslims also found similar effects with regards to their education, with a particularly high prevalence amid less educated women (Dein, 2013). In particular, Dein, Alexander & Napier (2008) state that Western education can reduce the prevalence of jinn possession beliefs. Additionally, Dein, Alexander & Napier (2008) had discovered that when black magic or jinn possession was suspected, traditional healers were frequently sought out. Typically, in order to treat jinn-caused affliction, faith healers use a number of religious interventions, of which *rugyah* (the recitation of verses from the Qur'an), reciting the Qur'an over water and drinking said water afterward, and *dhikr* (invoking and remembering Allah) were the most frequently used.

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Lavender, Khondoker, & Jones (2006) also utilized a semi-structured interview to assess mental health comprehension and care pathways amid thirty Bangladeshi users of mental health services and their care-takers attending a London borough-based day center. All users had been diagnosed with a number of conditions and had been given psychiatric aid. Their conditions included anxiety, bipolar disorder^{xi}, depression, and schizophrenia. Whilst their family members had held black magic and jinn possession as being responsible for their condition, the care-takers and users were skeptical and instead invoked psychology to explain their conditions thereby attributing it to either marital discord or stress (Lavender, Khondoker, & Jones, 2006). However, most of them had still consulted healers at a given point in time during their illness. Moreover, nearly all of those involved reported prayer and reading the Qur'an to be helpful in improving their ability to cope with their ailments. They had also regarded their psychiatric treatment to be satisfactory (Lavender, Khondoker, & Jones, 2006).

Causes of Mental Health Illnesses

Overall, literature seems to offer the suggestion that there is a complex association amid traditional religious practices linked with, and understandings of, pathological behavioral symptoms and medical understandings of the treatment and importance of these. Regardless, the literature does show that within most nations, that hold a Muslim majority, there is a multidimensional mental illness understanding model wherein supernatural, biological, and social causes are equally taken into account (Phillips & Lauterbach, 2017; Thomas & Barbato, 2020). Whilst no single model is accepted in all populations, in most the supernatural ill-health and health model remains dominant. This understanding changes somewhat when one looks to nations where Muslims are in the majority (Kathawalla & Syed, 2019). In this regard, Bagasra & Mackinem

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(2014) study is especially instructive as these authors were able to find that most of their participants held a consensus on mental health causing chemical imbalances with very few regarding black magic, the evil eye, and jinn possession to be the cause of this. They thus concluded that American Muslims often held a Western mental health perspective that took environmental, social, and biological factors into account. In spite of this, Bagasra & Mackinem (2014) found that most Muslims also supported supernatural causes such as the evil eye and jinn possession as well as psychospiritual^{xii} causes such as ailments being a test from Allah or a lack of obedience to Him causing the illness.

Although the number of Muslims who believed in supernatural mental illness causes was comparatively low – thirteen per cent agreed that psychological ailments were the outcome of being possessed by a jinn – Bagasra & Mackinem (2014) still suggest that the prevailing mental health model (and the consequent United States-based provision of service) is unable to address most of the causes that American Muslims perceive. Adding to this, the authors believe that in order to offer services that are effective for these people, practitioners have to address such beliefs and operate in a manner that abides by the role of a higher power on illness. This is significant as, even whilst much of this population shares an extensive comprehension of mental health and most may lean toward professional aid, very few, comparatively) hold beliefs that can limit the effectiveness of professional support and care. With this in mind, it should still be noted that some of the literature on this matter is quite dated and most is specific to certain small-scale regions. It is thus reasonable to assume that these communities may not be the same way that they were nearly a decade ago. Contemporary literature attempts to assess communities of Muslims that are greatly dissimilar from ones residing within the West.

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Impact of Beliefs

A more contemporary work by Uyun, Kurniawan & Jaufalaily (2019) studied Muslims who believed that they were possessed by a jinn causing them to suffer from one or more mental affliction. In doing so, they state that an experimental and psychopathological viewpoint can be used to understand supernatural possession. Additionally, they state that possession has, historically, been regarded as a cause for afflictions of the mind and one can look to the Sumerians who thought that a mental ailment was the outcome of being sicked by demons – also known as giddim (Uyun, Kurniawan & Jaufalaily, 2019). Furthermore, the DSM IV acknowledged possession disorders whereas DSM V questions them on their utility. Thus, Uyun, Kurniawan & Jaufalaily (2019) attempted to show how a person possessed by a jinn can demonstrate symptoms of mental conditions i.e. dissociative identity disorder, hysteria^{xiii}, psychosis, epilepsy, and so on. Such results are consistent with other works (Altalib, et al., 2019; Abdel-Khalek, Korayem & Lester, 2020) and show that there is the widespread belief that physical and mental health issues are caused by the supernatural. Perhaps then it is not surprising that the experiences that Muslims have with mental health and their treatment-seeking behaviors are not as well understood in Western care models due to these beliefs' prevalence as well as the tensions shown with regards to medical treatment and diagnosis (Khan, et al., 2019).

Pirani, et al., (2008) conducted a longitudinal study on Pakistani individuals and found that one woman was of particular significance as she, and her husband, visited a traditional healer. The woman had described her spouse as being agitated about his professional life, having problems sleeping, and being withdrawn from his normal routine. This woman had explained the contents of her spouse's nightmares and believed that a jinn was the cause of it. Thus, she sought out

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spiritual aid. Her husband's mental health was greatly improved and he was cured when verses from the Qur'an were recited on to him.

In trying to comprehend whether Muslims regarded their values as being akin to the values that counseling psychology proposes, Tanhan (2019) had surveyed more than a hundred Muslims. They found that Muslims responded well to the values of benevolence and conformity as well as humanistic values of mental health, but not so well in hedonism, stimulation, and power. These findings were compared to those from the counselors that they had surveyed and discovered differences as well as similarities between the values of their Muslim participants and counselors. Contrasting the prior studies that were mentioned in the current review, the results by Tanhan (2019) show that most Muslims were interested in seeking help from a therapist who was a Muslim and were not willing to take part in therapy with a therapist who was not Muslim. Nearly fifty-three per cent of their participants had stated that should they require therapy then they would prefer to do so with an individual who was also a Muslim. Conversely, about forty-four per cent stated that the religion of their therapist did not matter.

Should their therapist not be a Muslim, more than fifty per cent stated that it was very important for the therapist to have similar religious values to their own whereas twenty-five per cent stated that this was somewhat important. Additionally, fifty-six per cent stated that their therapist needed to have an understanding of Islamic values whereas thirty per cent stated that this was somewhat important. This type of research may be insightful into the manner in which Muslims perceive mental health services and professionals and Tanhan (2019) show that more than three-quarters of their participants wanted a therapist who understood Islamic values whereas half did not want to seek help from a therapist who was not a Muslim.

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This type of research is critical to comprehending the dilemma that takes place for onlookers when they watch those who they love to go through something that they view as being horrific. Moreover, as such occurrences can reinforce beliefs of jinn possession, thereby requiring further research into this subject matter. In this regard, the current work focuses on highlighting the cultural beliefs and/or the impact religion within the city of Karachi, that can determine who may or may not have experienced or witnessed such ailments.

Cultural Differences and Inequalities

Accordingly, the work of Lim, et al., (2018) focuses on how problems of mental health are attributed to jinn possession. In particular, Lim, et al., (2018) state that within Muslim communities, cultural anxiety has arisen that places the blame of mental health issues on jinns. They focused on the manner in which situational attribution exists in certain Muslim psychiatric populations, particularly how it is challenging for Western practices of mental health to achieve sufficient treatment for Muslim patients who believe in supernatural causes such as the evil eye and jinn possession. The individuals who took part in the study by Lim, et al., (2018) were enlisted in an outpatient center and had transcultural psychiatry expertise with Lim, et al., (2018) gathering information on the clinical prognosis, hallucinations, religion, and folk conviction of these participants. Of their forty-nine participants, thirty-one per cent were uncertain about whether or not a jinn had brought on their mental manifestations, twenty-seven per cent thought not, and forty-three per cent were positive that this was the case.

Through the study, Lim, et al., (2018) were able to establish that the contributing mental health ailments to witchcraft, black magic, and Jinns were more so commonplace than previously assumed thereby requiring changes in interviewing techniques to be more so sensitive to this

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cultural difference. This can involve closely focusing on religion and attribution styles whilst developing therapy programs that are personalized in a manner to meet the individual's own religious beliefs instead of enforcing foreign ones. This need is illustrated in the fact that Muslim and Pagan individuals have the lowest rates of psychiatric treatment recovery whereas Jewish, Christian, and Jain individuals the highest. According to an article by Prady, et al., (2016), when measured by ethnic background, Pakistani individuals have the lowest psychiatric therapy recovery rates. Whilst Prady, et al., (2016) had touched on the role of attribution style, they did not fully explore its impact as well as the manner in which situational attribution may cause individuals to hold the belief that a supernatural source is the underlying cause of their mental health ailment. This is something that the current work aims to address.

Women, Stigma, and jinns

Across cultures, post-partum depression generally tends to hinder women's maternal experiences. Hanely & Brown (2014) focused on jinn possession associated postnatal experiences and attempted to compare them to the view that Western medicine has on postnatal conditions. In of itself, post-partum depression is a mental health disorder that takes place after birth and affects one-tenth of all women across the globe. As the majority of research on this subject matter has been West-focused, very little is known about the manner in which those in the East are impacted by this mental condition as well as whether or not the way in which they interpret it is different from that of Western women. Thus, Hanely & Brown (2014) state that cultural beliefs can impact a woman's maternal behavior and can lead her to believe that she may be possessed by a jinn and thus experiencing mood swings, depression, and anxiety. Muslim women share this belief almost universally and it has affected the implementation of treatment plans for this population (Hanely

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& Brown, 2014). This is further complicated when one takes into account the fact that Muslim females avoid the sharing of personal distress and are reluctant to seek out counseling because of fears regarding the adverse impact of doing so on their current marriage or their marital prospects (Meran & Mason, 2019).

To conduct their study, Hanely & Brown (2014) recruited ten married Arabic females between the ages of fourteen and forty-four years belonging to the Islamic faith. These participants had given birth during the last twelve months and held the belief that a jinn had possessed them. Hanely & Brown (2014) employed a local source to help in recruiting these individuals. This local source was aware of the cultural beliefs and religion of this community. Their study showed that living in poverty, trauma during labor, and lack of familial support all affected these individuals' perceptions.

Furthermore, Abu-Ras (2003), in their study, utilized a sample population of sixty-seven immigrant females who had made domestic abuse reports. Sixty-two per cent of these individuals felt embarrassed of themselves for seeking out mental health services whereas seventy per cent felt shameful for doing so. Accordingly, in the United States, in studying more than four hundred and fifty Muslims, Khan (2006) found patterns of help-seeking and stigma similar to Abu-Ras (2003). It should then be noted that the study by Khan (2006) was of a cross-sectional nature and focused on exploring subgroup changes in help-seeking behavior attitudes in the state of Ohio. The data collection for their study took place through self-administered surveys with their results showing that prayer was regarded as a source of comfort and that gender and age were associated with treatment needs with older females being much more likely to seek treatment than younger

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males. Of their participants, only eleven per cent had reported seeking out services for their mental health issues whereas fifteen per cent stated that they needed counseling.

Similarly, Hanely & Brown (2014) had found that jinns were regarded as malicious spirits that caused women to have mood swings and adverse emotional effects following birth. In this sense, the literature justifies the reasoning for utilizing religion and demographic factors to view the perception that individuals hold regarding black magic and jinn possession as being responsible for mental health conditions.

Theoretical Framework

Incorrect Perception and Personal Biases

The Visual Perception Theory states that the information an individual attains by means of their senses is changed into sensory data that is, through the neural network, delivered to the human brain (Park & Chung, 2020). Falling under this is Gregory's Top-Down Processing Theory, which argues that the data and information that is attained through the environment is interpreted as memories of experiences or as knowledge to make inferences regarding what the individual perceives. This means that perception itself is a constructive process wherein the knowledge attained from environmental stimuli is changed into sensory information that the human brain stores for later use. However, it should be noted that this information itself can be obscure or cryptic and as Laney & Loftus (2008) show, many of our memories can be false or biased due to the fact that they are based on our own perception. Herein, Gregory (1980) noted that perception is akin to a hypothesis that is always founded on contemporary knowledge.

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Gregory's Top-Down Processing Theory is critical to comprehending the manner in which a given mental ailment's physical symptoms are perceived, for example, when an individual suffers from anxiety or hallucinations, onlookers may process the scene as the sufferer seeing a spirit or being haunted by black magic. In this sense, the information received by the onlooker is obscure and vague and when combined with their own biases it may lead them to may inferences that help them understand what they are viewing. This can lead to misinformation, incorrect perceptions, and misunderstandings coming about (Park & Chung, 2020). Thus, the use of the Top-Down Processing Theory by Gregory is adequate for the current study given that its focus is that of perception and the manner in which people understand and interpret the stimuli that they receive from their surroundings. In particular, it should be noted that this theory will be extended from its focus on visual perception toward non-visual information perception such as deducing an explanation for a given scenario based on an action that is narrated in a passage as well as the reading of passages from the Qur'an.

Blaming the Environment

The Attribution Theory by Heider (1958) focuses on the manner in which individuals develop explanations in order to justify the actions as well as behaviors of a given situation or person. Heider, through this theory, attempted to develop a cause and effect relationship for each and every event and action. Heider (1958) had believed that every person was simple-minded and innocent and wished to learn more about their surroundings. This theory is made viable as being a conceptual framework for the current study given the fact that supernatural occurrences are attributed under situational attribution as being a mental ailment's cause. This theory is comprised of two categories, situational attribution and fundamental attribution error – as known as

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dispositional attribution. Dispositional attribution focuses on the manner in which individuals, based on their own personal traits, beliefs, and motives, interpret the behavior of others. Conversely, situational attribution focuses on joining a given behavior or event's because with a situation or environment that is out of the control of a person instead of it being a personality trait of the person themselves (Martinko & Mackey, 2019).

Situational and dispositional attribution are critical in determining the reasoning that is behind a given individual's belief in jinn possession, the evil eye, or black magic as being the cause of mental health illnesses. This theory is an important theoretical foundation for the current work given that the research questions that the current paper focuses on answering are relevant to situational attribution as when a person observes those they love and care for go through suffering they end up believing that this behavior may be the outcome of a situation or event that is out of their control. Conversely, dispositional attribution is also at play here as not every individual is likely to view a given mental health disorder's symptoms as being caused by a supernatural occurrence but rather attribute it to the person's own traits. This theory will aid the current author in comprehending the manner in which individuals interpret and experience a mental illness's symptoms as well as the likelihood of attributing the cause of it to the influence of black magic or jinn possession.

Rationale

Mental health and its related issues have always been understood and experienced under the banner of the social norms and cultural beliefs of a particular society. In retrospect, a patient's

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culture is significant in terms of how they utilize mental healthcare services, owing to their existing perceptions that are shaped by cultural beliefs and religion. An important factor is how a patient's family will describe their experience of viewing the symptoms of a mental illness (USDHHS, 2001). They might be exaggerating some symptoms while not revealing others and this applies to this research design as oftentimes, people can confuse schizophrenic symptoms with a person viewing a supernatural presence around them which only they can see (El-Islam, 2020). Moreover, the cultural significance attached to certain mental health issues can shape people's perceptions and attitudes regarding whether mental health disorders exist due to a health issue or a superstitious perception. Thus, this perception impacts whether people or patients are motivated to seek a mental health practitioner and how long they try to suppress or keep up with their symptoms along with their family support network (USDHHS, 2001)

Another reason that has prompted research to be conducted on the cultural perceptions around the belief in black magic and the existence of jinns causing mental health disorders is due to age-old tales told to me as a child by my mother and grandmother about how individuals who come under 'Jinn Possession' become clinically insane or witness hallucinations (Javidi, et al., 2021). Since it is a common cultural belief in Muslim society that certain mental health problems are diagnosed as an effect of black magic, 'evil eye', or the influence of a jinn (Tanhan & Francisco, 2019; Amer, 2021), I felt that this prevents people from taking the patients to the psychiatry ward and instead they are taken to a 'pir', or an 'aamil baba' for an exorcism to be performed (Pirani, et al., 2008). Moreover, due to the mental health awareness campaigns that are trending currently on social media and other media forums, it is a need of time, to distinguish between black magic, witchcraft, and jinn possession as not being the cause of mental illnesses. It is crucial to

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differentiate between supernatural causation and a mental illness that can be cured using scientific methods.

The study will help in contributing to the existing scholarship on the reasons behind the misdiagnosis of mental illnesses along with how culture and religion impact the treatment of mental health issues and the stigma surrounding them. This is because in most cases people are prevented from seeking a professional mental health practitioner's guidance. After all, their own religion and cultural beliefs have caused them to experience mental health symptoms differently. The research can also be used to focus on the contribution of demographic factors and religion towards the symptoms of mental health disorders.

Relevance of Research to Counselling Psychology

As counseling psychology's underpinnings are essentially about including every person and attaining knowledge from subjective experiences, counseling psychologists can further expand the literature on this matter by exploring Muslims who have suffered mental health issues' subjective experiences (Uyun, Kurniawan & Jaufalaily, 2019). Essentially, practitioners within the mental health industry at large have the ability to contribute to research in areas such as these that are seldom examined to help in filling the gap between research and clinical practice (Uyun, Kurniawan & Jaufalaily, 2019). The current work focuses on contributing to an understanding of the mental health industry at large regarding the challenges and experiences that Muslims face and have with regards to their psychological ailments. This study will hopefully lead to an improved comprehension of the reasons as to why Muslims do not frequent therapy treatment from professionals as well as their thoughts on the possible alternative options of treatment available to them. The study's prospective findings will likely improve the manner in which Muslims in

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Karachi can be given improved access to therapy and the manner in which they can be engaged by familiarizing themselves with the cultural and religious dilemmas that they face.

Summary

As the current review illustrates, religion plays a critical role in elements of psychology as well as therapy engagement (Altalib, et al., 2019). Whilst some Muslims may regard a given mental health ailment as being caused by a health issue, they may be hesitant to seek out professional assistance (Altalib, et al., 2019; Uyun, Kurniawan & Jaufalaily, 2019). Similarly, some Muslims may perceive mental health treatment as directly contradicting their beliefs and thus rely on supernatural practices to cure their ailments. Regardless, even for those unopposed to mental health practices and treatment, it is not known as to why they would still not seek out counseling (Altalib, et al., 2019). This brings about questions as to whether there may be a source of the stigma that causes this, whether or not this is due to the manner in which they perceive mental health altogether or the degree to which their interpretations of Islam impact their views. There continues to be a reluctance to attain assistance and thus, the question needs to be asked as to whether Muslims believe that therapy will possibly contradict their faith.

Additionally, it is worth noting that there is a lack thereof literature within most nations in the East when compared to the United States on the mental health of Muslims. In a similar manner, Muslim males are less so represented in such studies than Muslim females. Whilst passages and research in the Qur'an directly acknowledge and mention psychological care; one begins to question as to the extent to which religion and demographic factors impact the perceptions that individuals hold regarding mental health. With the Muslim and Arab World greatly contributing to global psychiatry (Okasha, 2003), mental health (Okasha & Karam, 1998; Afifi, 2005), and

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psychology development (Maalouf, et al., 2019; Zeinoun, et al., 2020), one begins to question as to why a sense of reluctance exists regarding therapeutic help. Thus, to comprehend and explore this subject matter, it is critical to ask the population itself as to the manner in which they perceive mental health with regards to their faith and how their religion and demographic factors impact attributing jinn possession or black magic as being the cause of a given mental illness.

CHAPTER II

Methodology

The methodological framework is consisting of a mix of both secondary and primary data. For the secondary data, the research project has looked at two theoretical frameworks which include Gregory's Top-Down Theory within Visual Perception (Gregory, 1970 & 1990) as well as Heider and Weiner's Attribution Theory consisting of dispositional attribution and situational attribution (Heider, 1958). In addition to this, the research project had also critically examined five scholarly articles. These articles support the relevance and research question by exploring the themes such as the existence of Muslim communities in Western countries, causes of mental health illnesses, the impact of beliefs, cultural differences and inequalities, and stigma associated with jinn possession on women. On the other hand, the research project also consisted of gathering primary data through a perception survey on which a quantitative, as well as a subsequent thematic plus narrative analysis, was conducted.

Hypothesis

The hypotheses that are being tested are as the following

Ha: Demographics factors do have an impact on the people's perceptions about attributing jinn possession and black magic as the cause of mental illnesses.

The null hypothesis, in this case, would be:

Ho: Demographic factors do not have an impact on the people's perceptions about attributing jinn possession and black magic as the cause of mental illnesses.

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Within the first hypothesis, looking at all the demographic factor in itself is a holistic representation of the data. However, there are a lot of elements that can influence causality such as socio-economic class with demographic factors may have a larger impact on people'

The second hypothesis for this research project is

Ha: Religion does have an impact on people's perceptions about attributing jinn possession and black magic as the cause of mental illnesses.

The null hypothesis, in this case, would be:

Ho: Religion does not have an impact on people's perceptions about attributing jinn possession and black magic as the cause of mental illnesses.

Disciplines

The disciplines under which the research falls are counseling psychology, social psychology, transcultural psychology, and sociology.

Counseling psychology has been considered as part of professional psychology (APA, 2008), but in the context of this research paper, it gives rise to 'culturally sensitive therapy' (where a therapist takes into account a client's ethnic, religious, racial, and cultural background as well as traditions to respect difference of opinions, thinking styles and beliefs) (Psychology Today). Hence, due to that fact, counseling psychology addresses issues from the social, cultural, environmental, and developmental perspectives of a client. It focuses on enhancing positive growth and improving mental as well as emotional health. This enables counseling psychology to address health differences by creating culturally sensitive healthcare interventions (Tucker et al., 2007).

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On the other hand, social psychology focuses on individual behavior, thoughts, and actions and the way they are impacted by the actual and imagined presence or absence of other human beings. Since social psychology consists of social perception and prejudice as two of the main topics, hence, the two theoretical frameworks belong to this discipline. In this field, social psychologists focus on situational factors that impact a person's social behavior (Cherry & Chung, 2020). As a result, in social psychology humans analyzing others behaviors is common because it reinforces the conundrum of 'expectation confirmation' whereby an individual would ignore unusual attributes but focus on searching for evidence of actions that aligns with their previously formed beliefs and notions, i.e. the top-down processing theory (Cherry, 2020).

The research also brings a focus towards transcultural psychology which focuses on the transcultural perspective of mental health services and therapy within a given cultural context. 'Transcultural' is a term that is similar to cross-cultural and it stresses the importance of culture on mental health issues and the way a person experiences the symptoms of mental health. It brings a focus on culture, the brain, and the mind as a multilevel system (Ryder et al., 2011). The relevance of transcultural psychology to this research project is owing to the review of existing literature that touches upon the concepts and arguments based on this discipline. It allows the researcher to focus on the importance of culture in mental health issues as well as how perceptions are formulated because of cultural beliefs.

Sociology focuses on society as a whole it studies social behavior, social causes, and interactions of human beings. It investigates the structure of groups, social hierarchy, organizations, social movements, and how people interact with these institutions in a given context. Sociologists would focus on patterns of social behavior as well as existing social norms and beliefs (ASA, 2021). The reason this discipline is relevant to the thesis is that it brings a focus

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on people's social perceptions and their social behavior when they witness a loved one going through any of the symptoms of mental disorders. The social norms of a society act as a rulebook by which people formulate their schemas and through which they interpret the sensory information they receive from their surroundings.

Variables

The independent variables are demographic factors and religion. Demographic factors comprise of age, gender, educational level, and socio-economic class. Whereas religion focuses on a set of beliefs and behaviors which are related to the belief in the existence of a divine deity such as God. It includes cultural beliefs, perceptions, traditions, revelations and world-views about various issues (Stibich, 2020). Hence, it impacts a person's life experiences and it can serve as a source of comfort, guidance and moral beliefs (Stibich, 2020) within the context of this research project. The dependent variable is then the people's perceptions which are gauged in the second part of the survey in the form of a qualitative response that they give on each of the three stories.

Age

Within the sub-component, age is consisting of people who are 18 years old all the way till above 8 years of age.

Socio-economic Class

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The socio-economic class refers to the social and economic status of a person or family in society. Within the context of this research, it is also an indication of the extent to which respondents have access to resources, power, and control (APA, 2020).

Education Level

The education level refers to the number of educational classes that a respondent has studied (IBE, 2016).

Gender

Gender refers to the adaptation of biological sex assigned at birth i.e. male or female. It consists of actions that are socially constructed such as behaviors and roles that are followed traditionally in a society. Gender identity refers to how a person's individual experience of gender is comprised of which may or may not correspond with the sex assigned to them at birth such as transgender and gender fluid identities (WHO, 2021).

Sample Profile and Perception Survey

The data collection strategy that was used for collecting primary data involved circulating the perception survey in soft copies and hard copies to individuals above the age of 18 years who are residents of Karachi and can converse in English or Urdu languages. The sample had consisted of 75 individuals from all genders, socio-economic classes, and various religions. The soft copy of the perception survey was circulated through various social media forums such as Facebook,

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WhatsApp, Instagram, and LinkedIn. Whereas some hard copies were circulated mostly in the Urdu language to those people who do not have access to computers or technology or cannot read or respond in the English language. The perception survey began with asking respondents to give their informed consent before clicking 'Next' or turning the page to answer the questions (Image 1 in Appendix). It had also consisted of trigger warnings for the content of the stories in case any respondent is triggered by a mention of attempted suicide or horror genres as well as the contact numbers of two mental health emergency helplines to ensure they are not mentally harmed.

The perception survey had consisted of 3 sections, with the first section serving the role of being a digital form of informed consent. The second section had comprised of 5 multiple-choice questions regarding demographic factors and religion (Section 1 in Appendix). The last section consisted of three excerpts that are narrating a story/scene with each story followed by an open-ended question about what the respondent believed is happening in the story to allow them to give their perspective and opinions backed by a reason which is later used in the narrative and thematic analysis. The stories are meant to make the respondents think about what is happening to a specific character in a story whether they believe the character is under jinn possession, or the influence of black magic or are they simply experiencing symptoms of mental disorder (Section 2 in Appendix). Two out of the three stories have been created out of inspiration from specific scenes in the episodes of Pakistani dramas such as *Balaa* (Shah, 2019), and *Bandish* (*Bandish Drama: Watch All Latest Episodes in HD: ARY Digital Dramas*) both of which were aired on ARY Digital channel. The purpose of asking this question is to test Gregory's Top-Down Processing theory in the sense that not every respondent would have complete pre-existing knowledge about jinn possession, black magic, and mental illness. Hence, how do they process the story excerpt, and what is their interpretation of what is happening.

Limitations

Some of the limitations that were anticipated in collecting the responses were of having people from different socio-economic classes as well as from certain parts of the city such as the area of Kemari or Khokhrapar located on the outskirts given the geographical location of these areas in the city, these people might not get access to the perception survey let alone record their response because of the place and socio-economic area from where the research was being conducted. In the beginning, there was a limitation of being able to only access people of certain socio-demographic and religions. The difficulty was encountered in getting responses from people who are non-Muslims, those who belonged to the 'Elite' or 'Working-Class' as well as elderly people. To counter this obstacle, hard copies were printed in English but more specifically in the Urdu language and were distributed to various neighborhoods that are located in various parts of the city.

Another limitation that was encountered was that not all people were knowledgeable or aware of specific symptoms of each mental disorder. However, in their qualitative responses, they had been able to identify some form of illness that they felt was what the character in the story had rather than going for a supernatural explanation. Moreover, the major aim of this research is to gauge people's social perceptions using Gregory's top-down processing theory where the individual does not have perfect knowledge and hence, they use their imperfect knowledge to analyze the behavior of others using their pre-existing beliefs and concepts (Gregory, 1990).

Moreover, since the stories were inspired by Pakistani drama episodes around the genres of horror and thrill. A limitation that was anticipated was that people might connect each of the

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stories back to the drama from which they had been inspired. In order to overcome this circumstance, measures were taken to ensure that the plot of the story along with the name was changed completely and only a slight resemblance would be noticeable to those that have recently watched the drama series. However, this does not ensure that all the respondents would not be able to make the connection and hence, there would still chances of respondents recognizing the source of the story.

Lastly, while collecting primary data for the research project, it became apparent that there is insufficient information and an existing unclarity in the data set. This is regarding whether it is just Muslims or being a disciple of the religion Islam that impact social perceptions regarding the attribution of jinn possession and black magic as the cause of mental illnesses. It is also unclear whether the impact would remain the same for individuals who are followers of other world religions such as Christianity or Hinduism because the review of existing literature has focused on only research studies conducted on Muslim participants.

Quantitative and Thematic Analysis

A quantitative analysis will be conducted on questions asked in the second section of the survey. The quantitative analysis will be done using SPSS (Statistical Package for Social Sciences) and will include generating output regarding descriptive statistics. The descriptive statistics will comprise of looking at the individual demographic factors in a tabular format. The analysis will also be looking at the relationship of certain variables to each other and since all the variables are categorical and string in nature hence, a case-processing summary chi-square test was implemented in which the null hypothesis was considered as the following:

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Ho: There is no relationship between religion and perceptions of people regarding jinn possession being the cause of mental illness

The alternate hypothesis was:

Ha: There is a relationship between religion and perceptions of people regarding jinn possession being the cause of mental illness

The quantitative analysis was combined to support the elaboration of themes that were procured from the 75 qualitative responses given by each respondent on the three stories. The thematic analysis will be conducted on the qualitative responses that the respondents will present when they are asked to justify their answer choice of choosing whether the character in the story was suffering from jinn possession, black magic, or symptoms of a mental disorder. They would need to elaborate on the reasoning behind selecting a specific option which would provide the research with the context or common features in the responses of each person that can be examined under a theme. Based on the common words and phrases that were used in most answers, keywords were shortlisted. After shortlisting the following keywords such as “stress, hallucination, trauma, schizophrenia, anxiety, depression, possessed, spirit, jinns, black magic, bandish, dreams, and religion”, they were grouped under two broad themes. These two themes comprised of ‘Mental Health Issues’ and ‘Religion & Top-Down Processing Theory’. Both the themes had included a discussion and the extent to which the application of social psychology theories was visible in the justifications offered by respondents in their answers.

CHAPTER III

Data Analysis:

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The thematic content analysis (Elo S, 2008) and narrative analysis (Hsieh HF, 2005) methods were used to interpret and analyze the following survey data. The process of analyzing the data started with reading the survey responses to understand and achieve a sense of wholeness. The next step was weeding out biases and establishing the overarching impressions of the data. Rather than approaching the data with a predetermined framework, efforts were made to identify the common themes as the survey responses were skimmed organically. The goal was to find common patterns across the data set.

Then, a narrative analysis of the data was performed which involves making sense of the respondents' interpretations of the short stories. This qualitative data analysis was used to highlight important aspects of their understanding of the stories that best resonated with the readers. Critical points were highlighted as the data was completely understood. After the understanding of the data, annotation of the survey responses was conducted; which involved the labeling of relevant words, phrases, sentences, or sections shared in the detailed responses of the survey respondent and assignment of codes to each response pattern. These codes help identify important qualitative data types and patterns. Codes were sorted into categories which were then organized into a hierarchical structure to formulate the general description of the research topic. Following the coding and categorization themes were identified for interpretations of the survey data.

Trustworthiness:

Four criteria by Lincoln and Guba (Lincon & Guba, 1985): credibility, transferability, dependability, and confirmability were used to maintain the trustworthiness. The survey is designed in a way that all respondents can reply without any internal bias. Respondents are not provided with one single reality on which their thought process may converge, but rather they are

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given a free hand to consider multiple realities that are socially construed and that when consider more fully tend to produce diverging responses without any construct bias. This approach allowed respondents to abandon the assumptions and instead suggest the readers of the story consider only idiographic working hypotheses that relate to the specific given context. The answers thus received focus on the actions that occurred with the characters. Throughout the survey; the respondents were free to explain in terms of multiple interacting factors, events, and processes that give shape to the data.

Findings:

Demographics:

The survey was filled by 75 participants out of which 47 (62.6%) identified themselves as female and 27 (36%) as male whereas one respondent was identified as gender-neutral.

Which gender do you identify yourself with?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	47	62.7	62.7	62.7
Gender Neutral	1	1.3	1.3	64.0
Male	27	36.0	36.0	100.0
Total	75	100.0	100.0	

Table 1a- Demographic – Gender Analysis

63 (84%) participants were between the ages of 18 to 29 years, 5 (0.06%), 30 to 39 years 5 (0.06%), 40 to 49 years 1 (.013%), 50 to 59 years, and between 60 to 69 years each (0.01%).

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Which age range do you fall in?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-29	63	84.0	84.0	84.0
	30-39	5	6.7	6.7	90.7
	40-49	5	6.7	6.7	97.3
	50-59	1	1.3	1.3	98.7
	60-69	1	1.3	1.3	100.0
	Total	75	100.0	100.0	

Table 1b- Demographic – Age Analysis

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Most participants (93%) identified their religion as Muslim, 1 Christian, and 4 identified themselves as Atheist.

Please specify your Religion

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Atheist	4	5.3	5.3	5.3
Christianity	1	1.3	1.3	6.7
Islam (Shia)	7	9.3	9.3	16.0
Islam (Sunni)	63	84.0	84.0	100.0
Total	75	100.0	100.0	

Table 1c- Demographics – Religion Analysis

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Among the participants, we find most participants had religious inclination to varying degrees. 5 participants reported themselves as less inclined, 2 not at all inclined, 8 Neutral, 27 More inclined towards religion, 6 quite religious whereas 22 left the question unanswered.

How Religious do you believe yourself to be? On a scale of 1-5

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	22	29.3	29.3	29.3
1) Not at all religious	3	4.0	4.0	33.3
1) Not religious At All	2	2.7	2.7	36.0
2) Less inclined towards religion	5	6.7	6.7	42.7
2) Less inclined towards religious beliefs	1	1.3	1.3	44.0
3) Neutral	2	2.7	2.7	46.7
3) Neutral regarding religious beliefs	7	9.3	9.3	56.0
4) More inclined towards religion	19	25.3	25.3	81.3
4) More inclined towards religious beliefs	8	10.7	10.7	92.0
5) Quite Religious	6	8.0	8.0	100.0
Total	75	100.0	100.0	

Table 1d- Demographic – Religious Orientation Analysis

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The participants have various educational backgrounds with two of them having graduated A level, fifteen participants graduated bachelor, and only one participant had a Master's and Ph.D. each.

What is your current education level?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid A-Levels/ Inter/High School	10	13.3	13.3	13.3
Bachelor's	53	70.7	70.7	84.0
Diploma	1	1.3	1.3	85.3
I don't remember	1	1.3	1.3	86.7
Master's	6	8.0	8.0	94.7
MPhil	1	1.3	1.3	96.0
PhD	3	4.0	4.0	100.0
Total	75	100.0	100.0	

Table 1d- Demographics – Education Analysis

Participants belonged to various economic class backgrounds including 9 participants belonging to the middle class, 8 belonged to the upper-middle class, and 1 each from working-class, elite, and lower middle class.

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Please mention the socio-economic class you associate yourself with (Based on your family income)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Elite	3	4.0	4.0	4.0
Lower Middle Class	3	4.0	4.0	8.0
Middle Class	33	44.0	44.0	52.0
Upper Middle Class	34	45.3	45.3	97.3
Working Class	2	2.7	2.7	100.0
Total	75	100.0	100.0	

Table 1e- Demographics – Social Class Analysis

Core Analysis:

The study shows that participants relate differently to the stories in the survey. While all participants did mention the mental illness as one of the possible explanations of the behavior shown by the characters, almost all participants did consider various forms of mental illnesses in the characters as well as mentioned the possibility of Jinn's possession or presence of black magic. Only those who identified themselves as not at all religious did not mention the possibility of Jinn's possession or any other supernatural phenomenon including black magic.

We will explore the themes that make the core perception of the study. The study attempts to identify if religion has an impact on people's perception of jinn possession as a mental illness. To understand how the participants have perceived the narration as mental illness or as jinn possession we analyzed the responses as follows.

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Theme 1: Mental Disorder (Attribution theory and Mental Illness as a theme in data):

As per Heider (1958), people are active interpreters of the events that occur in their lives, and they use consistent and logical modes of sense-making in their interpretations. They do so, in large part, to both understand and control the world around them. Our study shows that to answer that questions from the survey, respondents not only made use of the logical consistent model to refer to a condition that they interpret as mental illness but also tried to explain their mental model based on their perception of the situation making use of top-down processing using religion as their reference point unconsciously. This can be seen as the preference of the degree of practicing their religion as given by the respondents. All those respondents who identified themselves as “somewhat religious” or “quite religious”, did explore the possibility of the possession of the jinn or presence of black magic whereas those who do not associate themselves with the religion did not use the perception of Jinn for interpretation of the experience. Rather they used attribution of mental illness in terms of their understanding of the illness as explained further using the responses throughout the thematic analysis.

The Meaning of Mental Illness:

This study showed that most participants explicated the definitions of mental illness by relating them to various psychological and one mental disorder terms.

The findings are described in two main themes: disorder and possession perspectives toward mental illness. In the survey, most respondents firstly expressed the mental illness perspectives and later followed by expressing the perception of possession of jinn or possibility of black magic for explaining the other phenomenon.

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Perception of Mental Illness:

The first expression in the study by all respondents is an interpretation of the first short story as a hallucination or result of stress. No respondent out rightly rejected the possibility of mental illness in the first case study. Whereas for the second case study, all respondents (excluding those who were not religious) mentioned the possibility of the possession of spirit or jinn. Interestingly, in all three stories mentioned in the survey, the wordings used in the responses of participants carried mixed interpretation of stress, anxiety, the possibility of depression, even signs of past abuse, and similar such experiences were interpreted based on analyzing these responses.

Hallucination and Schizophrenia as a Cause:

One of the major themes that appeared to be recurring in almost all responses for the first case is the hallucination and possibility of schizophrenia. Schizophrenia is a life-long mental disorder with exacerbated symptoms and varying degrees of social dysfunction. Hallucination on the other hand is one of the symptoms of Schizophrenia whereby, the patient experiences voices talking to them or with each other (Andreasen, 2011). Schizophrenia is viewed as a chronic mental disorder whereby the patient exhibits psychotic symptoms. According to the revised fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), Schizophrenia can be characterized by two or more of the following symptoms over a longer period along with the social dysfunction:

- 1- Delusion
- 2- Hallucination

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- 3- Disorganized speech (known as word salad), which is a manifestation of thought disorder.
- 4- Inappropriate behavior was indicative of abnormal control (e.g. dressing inappropriately, crying frequently) or catatonic behavior.
- 5- Negative symptoms: blunted affect (decline in emotional response), alogia (decline in speech), or avolition (decline in motivation). cite

However, if the patient's condition is clearly showing symptoms of hallucination consisting of auditory or visual hallucination i.e. hearing one voice as a commentary of patient's action or conversation of two or more voices or seeing objects, people, lights, or patterns that are not present, as well as visualizing dead loved ones, friends or other people they knew, then only that one symptom can be characterized for Schizophrenia (Penade's & Catala'n, 2012). A person with Schizophrenia experiences abnormal perception in the form of hallucination which can be without an object being present. Most commonly hallucination in Schizophrenia patients is of visual or auditory experience where patients experience the hearing of voices or presence of an object (DeLeon, Cuesta, & Peralta, 1993).

All respondents toyed with the idea that the character in the first story is a likely case of hallucination and most specifically mentioned schizophrenia as a cause. While relating this explanation to the attribution theory; Heider (Heider, 1958) describes the process of a person's perception as a function of two distinct feature; the first feature is that person's perception is a result of two key streams, one is referred as variance which describes the ongoing behavior and the second is invariance which refers to the inferred perception, intentions, motives, traits and sentiments. Heider (1958) emphasizes that motives, intentions, sentiments... are the core processes which manifest themselves in overt behavior; and underlying causes of events, especially the

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motives of other persons, are the invariances of the environment which are relevant to [the perceiver]; and give meaning to what he experiences” (Heider, 1958, p. 81; emphasis added). The respondents in the survey describe these in the form of the character's sentiments of fear, anxiety, and stress as well as depression, dreaming or sleepwalking.

The second feature of a person's perception process is that when people perform a causal (i.e. attributional) analysis of human behavior; their judgment of causality follows either impersonal causality (applied to human behavior such as feeling sad or stressed or physical events such as trauma) or personal causality (such as actions that are performed intentionally). This is an interesting argument to the current research as the respondents of the survey are making use of both impersonal and personal causality while attempting to explain the perception of the events. Respondents also explained the character's behavior based on personal causality (internal factors) such as the possibility of hallucination; such as in the comments below:

“She's probably hallucinating because the husband says that there is no one else in the room.”

Or to the impersonal causality (external factors) such as some experience inducing insecurities and trauma. Respondents explained that using comments such as below:

“She might be going through some mental disorders. As her husband said that there was no girl, the wife might have insecurities that her husband might leave her. There can be so many issues that can be included as we don't know their history.”

The data shows that here the respondents perceive the character's behavior as being caused and that the causal locus can be either in the perceiver or in the environment (Hastorf, Schneider, & Polefka, 1970)

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It is interesting to note that though all other stories do not reflect on the possibility of the hallucination as per respondents, however, the disposition of motives and sentiments are emerging as a common enabler in the interpretation of the possibility of mental disorder for second and third cases as well.

Enabling factor for mental illness explanation:

The study also revealed an interesting case that a rare but plausible explanation is also attempted by the respondents to give meaning to the experience of the first and third case study. Whereby, respondents explained the possibility of impersonal causality (external factors) that resulted in the state of the character. Statements such as a respondent mentioned in the comment following sentences:

“Post trauma hallucinations”,

“She might have had a panic attack or anxiety attack over how stressed out the situation made her. She can't explain what she is experiencing and can't show what she is seeing. This might cause her to panic and believe what might not be real.”

“The wife just woke up. Seems like she's still in a dream like state. Yet her persistent attempts to attack the "imagined" ex-lover shows the wife is battling some mental health disorder.”

Or explanation of personal causality (internal factors) such as

“She hallucinated, her inner fears projected into her seeing things”...

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“I think the woman is insecure and mentally unstable due to some trauma in the past. It might be that she caught her husband cheating once before, and that's why it's her biggest nightmare and she might be recalling that moment.”

In these above-mentioned comments from respondents, the factors that are identified as creating the onset of hallucination or mental disorder are considered as external to the character; such factors, as identified by the respondents, are trauma, stress, anxiety, or fear due to an external event (such as husband cheating). These factors, though not directly mentioned in the story, are perceived by the respondents based on their perception of the external events of the characters in the first story and are explained through attributional theory.

Similarly, in the third story the respondents who chose to identify as non-religious mentioned the condition as mental illness and referred to this as a result of

“... psychosomatic episode. Could be caused by stressful situations (such as an "unwanted" wedding proposal).”

Or such as

“...all the acts that are unexplained to laws of nature direct to the very possibility of jinnat but still all her medical needs should be fulfilled before moving toward this conclusion”

As far as the explanation of the phenomenon is concerned it appears that in the case where the environmental cues and details are not given in the form of possession of Jinn and black magic, the basic interpretation by the respondents as a first step is given as a mental disorder and more specifically mentioning hallucination and Schizophrenia as a cause of the experience of the characters.

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Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Please specify your Religion* What do you think has happened with Zarri or what she is experiencing in the scene above? Please provide reasons for your answer	75	100.0%	0	0.0%	75	100.0%

Table 2- Case Processing Analysis

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	225.000 ^a	213	.273
Likelihood Ratio	87.255	213	1.000
N of Valid Cases	75		

a. 288 cells (100.0%) have an expected count less than 5. The minimum expected count is .01.

Table 3- Chi-Square Analysis

More specifically, a clear theme of mental disorder is identified by the respondent where a mental disorder is mentioned 103 times in the responses by the 75 respondents. The sub-themes appearing in the same context are only the further explanation of the condition explicitly as Hallucination, Stress, Trauma, Schizophrenia, and Anxiety/Depression as indicators of

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Schizophrenia or mental disorders. Hence, part of our hypothesis is rejected (null hypothesis is accepted) that the demographic factors and religion do have an impact on the people's perceptions about attributing jinn possession and black magic as the cause of mental illnesses. The study reveals that most respondents used the attribution theory in interpreting the causes, motives, intent, and events to interpret the character's reaction and made a conclusion based on their attribution regardless of their age, gender, gender, or social class.

Theme 2: Religion & Top-Down Processing - Role of Attribution Theory:

Classical sensory processing theories view the brain as a stimulus-driven device (Gibson J., 1950) and (Gibson J., 1960). The bottom-up theories describe the brain as a respondent to the stimuli in a bottom-up fashion whereby percept is generated every time by combining and recombining the features from sensory inputs (Engel, Fries, & Singer, 2001). However, more recent theories suggest that the brain is better understood as an active, adaptive system that engages with input from the sensory systems. A key concept is 'top-down processing, which refers to the idea that perception is guided by expectations based on previous experiences.

One of the major contributors in top-down processing, psychologist (Gregory, 1970) views perception as a constructive process that relies on top-down processing. The top-down processing approach suggests that since the stimulus information received from the environment is frequently ambiguous and incomplete hence to interpret it brain needs to process it with the help of high order cognitive experiences of information that originate from past experiences and information from past information processed. Helmholtz called it the 'likelihood principle'. This means that the theory argues that we are actively constructing our perception of reality based on our environment and stored information.

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For example, the theory argues that about 90% of the information is lost by the time it reaches from eye to the brain, but due to experience or past information brain has to guess what a person sees and interpret that information based on the perception of the reality instead of the reality itself. The theory also argues that perception development requires a continuous stream of hypothesis testing to make sense of the information presented to the sensory organs. Therefore, it is safe to assume that our entire perception of the world is based on past experiences and stores information which also means that if we do not have any stored information or an experience about any information from the environment, likely, the brain will not be able to process it as it experiences it but will process it based on its perception of the reality from any matching experience or stored information this formation of the incorrect hypothesis will lead to the errors of perception (e.g. visual illusions).

Keeping in view the top-down processing, religion plays an important role in defining and creating the perception of the past experiences based on the stored information about the experience itself. In the interpretation stage of perception, we attach meaning to stimuli. Each stimulus or group of stimuli can be interpreted in many different ways. Religious values, needs, beliefs, experiences, expectations, involvement, self-concept, and other personal influences all have a tremendous bearing on how we interpret stimuli in our environment. Religion provides the basis for understanding expectations, rules, and interpretation of various behaviors in the environment around us. Ethnographic and Theological studies suggest there are differences in social understanding, interpretation, and response to behavior and emotion, and these differences are spread across various religious as well as ethnographic groups. Differences in religious scripts dictate how positive and negative stimuli should be interpreted.

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Religion or absence of religion as a mental model for top-down processing of possession vs. illness

It is interesting to note that although data does not itself directly points out religion as an interpretation of the events. However, respondents' choice of orientation when compared with their responses for case explanation, responses make a lot of sense from the perception based on one's religion.

In the second and third case study, the environment clues or stimuli are ambiguous or insufficient. Hence the interpretation is mostly directed by the reference of their stored information instead of the stimulus or logical or mental illness-based responses as viewed for the first story. The critical factor seems to be whether or not a person is perceived to have been the cause of his/her condition or status, or whether it is perceived to be the result of forces outside the person's control such as possession by jinn, black magic, and the role of spirits. An increased interest in perceptions of controllability has led to the application of attribution theory to mental illness stigma.

Weiner's Attributional Analysis

Attribution theory has been used in the past as a theoretical framework for conceptualizing mental illness. The basis of attribution theory is the idea that people are motivated to understand their environment (Heider, 1958). The attributional analysis involves people's motivation to search for a cause for everyday events or outcomes based on their interpretation of the motivation, intent, and motives of the behaviors. While applying the topic of this research attribution theory argues that when people hear about the mental disorder the reaction towards understanding is deeply rooted in finding the reason behind the condition of the person.

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The issue in this explanation is that since generally there is a lack of an apparent cause of the mental illness, as a result, people attribute the presence of mental illness to blame for their problems, and suffer some lack of self-control and/or competence in taking care of themselves (causes explained as “dispositional” in the attribution theory). According to Bernard Weiner’s attribution theory, there are three dimensions of causality that are involved in the perception of causality: locus (internal vs. external), stability (stable vs. unstable), and controllability (Weiner, 1985); (Weiner, Perry, & Magnissov, 1988)). Locus deals with whether the cause is believed to be internal (i.e., originated within the person) or external. Controllability involves the issue of whether the cause may be affected by personal will or effort. Stability deals with whether the cause is believed to be stable and fixed, or whether it is unstable over time.

While using the stored information of religion, religious knowledge, or existence of the concept of Jinn, ghosts, spirit, and black magic, it is possible that when people state the cause of mental illness is Jinn or some supernatural phenomenon they attribute the condition to be out of the control of the patient results in people then believing that the outcome of mental illness is also outside of a person’s control (Read & Law, 1999); (Walker & Read, 2002). That is why the role of possible religious explanation such as involvement of outside forces (someone casting black magic) or some supernatural being causing the mental illness seems like a safe option to choose especially for those whose thought process is based on the stored information from their religious scholars. Interestingly this phenomenon is present in both Christianity and Muslim respondents.

Since our data is limited in terms of availability of various religions option, however, the consistency across at least two religions speaks for itself as not specific to the Islamic school of thought but the explanation goes to the overall orientation of the person towards religious beliefs regardless of the religion itself. Explanation such as

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“Sania is mentally ill. I don’t really believe that its black magic or sth but being a Muslim I believe that black magic is real as it is mentioned in Quran but I don’t think that’s the case here”

“Sania is too dependent on the taweez and that has caused her to be superstitious and act weirdly”

Some respondents have presented the idea of "bandish" (i.e. term used by Muslims for treatment of black magic) or “again”(the common word for treatment for the possession of jinn in local language) (Can I Seek Bandish for Black Magic through a Molana?); hence, attempting to relate the condition to any other impersonal causality (external factor) such as black magic. This relation of external factors also indicates the perception of factors that cannot be controlled by the patients and involve some supernatural or more powerful being than the character seems to be the most plausible explanation to the respondents. Here, the perception is more related to the respondents' idea of explaining events based on their stored information about the external factors (e.g. concept of black magic) in their religious belief.

“Someone might have done black magic or she might be possessed with asaib which does not let her marry to anyone. Bandish maybe.”

Even respondents who are attributing to the mental illness do not completely reject the idea of possession. They relate the character's experience to their perception of the event’s unexplained occurring thus trying to find their reference through their stored information from their religious belief system. However, the explanation is not completely devoid of the possibility of mental order. In an attempt to understand the linkage between the character’s experience and their own religious belief the respondents relate the two phenomena by

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perceiving that the mental disorder is triggered by the presence of some supernatural being e.g. comments such as below are made by the respondent to explain their perception.

“The fact that the girl not only behaves differently but has also managed to speak a foreign language and alter her voice and clothes accordingly could point to DID, however, I would not completely disregard a possession either given that there was probably some basis to the family believing a part of their home was haunted.”

The possibility of some external force in explaining the condition is unique to those only who explain themselves as inclined towards religion (to whatever degree) such as

“Some bad spirit might be present at the mansion and Zarri might have been possessed by her.”

However, those who do not attribute themselves to the following religion explained the situation as an internal locus as:

“Seems like Zarri was sleep walking/ in some transcendental state.”

“Sania seems to be having a psychosomatic episode. Could be caused by stressful situations (such as an "unwanted" wedding proposal).”

Or a similar explanation by another respondent such as:

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“Going solely on the information provided...It seems like the wife was hallucinating. Or since shed just woken up, in some sort of a sleep walking/dream state. The fact that the husband could not see the other lady clearly means that she was a figment of the wife's imagination.”

Therefore, keeping in view the polarization of religion vs. religious dissociation it is safe to say that hypothesis Ha: “There is a relationship between religion and perceptions of people regarding jinn possession being the cause of mental illness” is accepted.

This study shows that there is a considerable difference in the interpretation of mental illness when people are influenced by their religious thoughts as they would like to seek the reason of the mental illness as something that is not in control of the person in question hence somewhat giving leverage to the person and seeking refuge in the concept of some supernatural reason to answer their inquiry of the perception. This also sheds light on why hallucination, schizophrenia, or panic attacks are described by the people with Islam as a result of possession by a supernatural being (jinns and spirit) or the possibility of black magic or “bandish” (i.e. common word use for black magic in local language) on the person.

CHAPTER IV

Conclusion:

The current research project was conducted based on a mixed-methods design with a combination of both quantitative responses provided by individual respondents on three stories and qualitative responses that the participants had presented when asked to justify their responses. Furthermore, a mix of both primary and secondary data was used with the focus being on different theories as well as philosophies to evaluate the subject matter at hand. In this sense, the project was an attempt to investigate the extent to which religion and demographic factors impacted the perceptions that people within Karachi have regarding jinn possession or black magic as being the causes of mental health ailments. By continually placing in efforts to synthesize the literature on this matter as well as responses provided by individual respondents, the initial hypothesis set up was accepted. That demographics factors and religion have an impact on the perceptions that people hold about attributing black magic or jinn possession as the cause of mental health issues.

Primary data was gathered through a quantitative perception survey. In this regard, it should be understood that participants mentioned mental illness as being a possible way to explain the behaviors that they observed – nearly every participant mentioned the possibility of either black magic or jinn possession whilst also acknowledging the many forms of mental illness. Only individuals who stated that they were not religious in any manner were the ones to discard the possibility of such supernatural phenomenon. These individuals who stated that they were "not religious at all" attributed mental illness as being the outcome of their comprehension of mental illness whereas those who identified as "somewhat religious" or "quite religious" actively explored the possibility of such phenomenon. In this sense, it can be stated that much of the attribution on

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the side of the participants were mainly due to their own personal biases, religious affiliation, and perspective. As non-religious individuals did not perceive a supernatural phenomenon to be the cause of mental health illnesses whereas religious ones did, it can also be concluded that rejection of belief in a set supernatural phenomenon leads to the rejection of all attributions of it and vice versa.

One particular theme that appeared to be recurring in most responses was that of schizophrenia and hallucinations. Character external factors were found to be causes of onset hallucination or mental disorders – these included fear caused by an external event, anxiety, stress, or trauma. The individuals attempted to interpret a character's reaction by interpreting the events, intent, motives, and causes that led to this and mainly made their conclusions based on attribution. Whilst the data did not point directly toward religion as being an event interpretation method – when the religious affiliation of the respondents was accounted for, their individual perspectives ended up becoming more coherent from a perception standpoint. In of itself, much of the overall attribution to either a personal interpretation of mental illness or a supernatural cause can also be contributed to the fact that currently there is a deficit in terms of the widespread understanding regarding mental health illnesses.

Herein, prior research such as that of Marlieke, et al., (2014) can be invoked to understand these findings. Mainly that by building on prior knowledge, the human brain uses what is already available to it – be it an explanation provided by the individual's religious affiliation or personal perspectives – in order to be able to understand a new phenomenon. By characterizing what has already been learned with what is being understood, the human brain can effectively reduce a set situation's complexity into something that can easily be understood and related to prior knowledge

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to attain mastery of it. With this in mind, it can be stated that it was not religion itself that pushed such perspectives on mental health issues forward but rather that the perspective provided by it led individuals to classify a given mental illness as being the outcome of jinn possession or black magic. It was concluded that there are several differences in the manner in which individuals interpret mental illness when influenced by their religious affiliation. This was mainly due to the fact that mental illness was somewhat of a foreign concept in its occurrence to these individuals and the encountering of it thus meant that the individual was placed in a position wherein they required a means of explanation. Prior research also highlights this as it shows that when in circumstances that are often beyond control or comprehension, individuals inevitably seek out answers through what is available or may seem to be logical in the situation at hand (Van Kesteren, 2013).

Jinn possession and black magic are concepts that hold not only an integral part in religions such as Islam but also in the culture within the subcontinent and greater Middle East North Africa (MENA) region. However, it is despite this significance that the body of literature on this matter has yet to be expanded upon and furthered to a notable extent. Much of the body of literature on this matter has often held a Western focus. Nonetheless, the current research project yields several significant findings regarding not only the subject matter or jinn possession and black magic and them being held as the cause for mental illnesses, but also on the connection between religion, perception, and mental illness. In particular, the body of literature available does show that faith healers and those who perpetuate these perceptions of mental health tend to be primary contributors of jinn possession and black magic being attributed as the cause of a given psychological ailment.

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Further Research:

Further research should then attempt to investigate this subject matter in the context of other geographies i.e. the Middle East and North Africa region – areas where the belief in jinn possession and black magic is prevalent. Furthermore, future researchers can also attempt to investigate the possible link between different religions and the attribution of mental illness to such supernatural phenomenon. By doing so, contemporary understanding regarding this matter may be furthered and possible practical solutions to it can be found. In this sense, it was concluded that a potential lack of education and awareness regarding psychological disorders and symptoms may be a contributing factor to the attribution of mental illness to such supernatural phenomena thereby necessitating focused and well-structured programs to resolve this.

Recommendations:

- Policymakers and educational institutions should thus attempt to provide coming generations with better awareness and knowledge regarding the symptoms that common mental health ailments such as anxiety, schizophrenia, depression, panic attack disorder^{xiv}, and so on, accompany and the appropriate treatment for such disorders.
- This should also coincide with limitations on advertisements depicting faith healers and those perpetuating such harmful perceptions of mental health. By enforcing disclaimers and placing such advertisers in the position wherein they have to encourage psychological

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counseling, states would be able to reduce the attribution of mental illness as being the outcome of supernatural phenomena.

- The current body of literature on this matter should be expanded upon to also improve the awareness that the general public holds regarding commonplace perceptions of such sensitive matters as well as how mental health illnesses should be appropriately treated. It also need to focus more in depth on whether the social perceptions of people will differ with respect to belonging to different religions as well as religions that impact or shape a person's perception regarding the supposed causal effect of jinn possession and black magic on mental illnesses.

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Appendix

Survey for Thesis (Karachi-based)

The survey is being collected for a thesis conducted by an IBA student. All responses will be kept confidential and will only be used for academic purposes. Please fill the survey properly if you agree to do so. Your responses are highly valuable!

TRIGGER WARNING

Mention of attempted Suicidal Action/ Horror.

If you agree to participate please click Next to move on to Section 1.

Section 1 – Demographic Factors and Religion.

1) Which age range do you fall in?

- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79

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- 80 above
- 2) Which gender do you identify yourself with?
- Male
 - Female
 - Gender Neutral
 - Other
- 3) What is your current education level?
- A Levels/ Inter/ High School
 - Bachelors/Undergraduate
 - Masters/Graduate
 - Matric/O Levels
 - PhD
- 4) Please mention the socio-economic class you associate yourself with (Based on your family income)
- Elite
 - Upper Middle Class

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- Middle Class
- Lower Middle Class
- Working Class
- Other

5) Please specify your religion

- Islam (Sunni)
- Islam (Shia)
- Hinduism
- Christianity
- Atheist
- Agnostic
- Parsi

6) How Religious do you believe yourself to be? On a scale of 1-5

- 1) Not at all Religious
- 2) Less inclined towards Religion
- 3) Neutral regarding Religious Beliefs
- 4) More inclined towards Religion

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5) Quite Religious

Section 2

This section consists of 3 stories that you would be asked to read after which you will be asked to explain what is happening in the story. There are no right or wrong answers, feel free to write anything you understood or didn't understand supporting your answer with a reason!

Story 1

A woman wakes up from her sleep, she proceeds to her dead mother-in-law's room. As she enters through the white-colored door, she witnesses the scene of her husband holding the hand of his former love interest and complimenting her.

She looks on in horror and screams

'What is happening here?'

Husband replies *'What do you mean?'*

She advances like a madwoman as she repeats *'What is happening here? Are you cheating on me with this girl?'*

She shouts while attempting to punch the other girl who is standing behind her husband. The girl gives her an evil smug smirk while her husband pulls her back.

He keeps asking her *'Who are you talking about?'*

The woman keeps screaming at the other girl (behind her husband) that she has come back to steal her husband and how dare she enter the house. She struggles against her husband's grip to attack the mysterious girl while spewing a line of curses. While the girl keeps grinning at her.

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The husband worriedly tries to calm his wife down saying he is the only one in the room and there is no one else.

- What do you think happened with the character of the wife/woman in the passage above?
Please provide reasons for your answer.

Story 2

Strange things are happening in the Rajasthani Mansion, after midnight a feminine voice can be heard singing a Bengali song on the third floor of the Mansion. The family is extremely worried and calls a priest to ward off evil spirits but the singing continues.

Eventually one night the family members witness Zarri (the youngest daughter) begin walking at 3 am as if in a trance with her eyes closed towards the third floor and the door that was locked centuries ago because of containing evil spirits. Zarri opens that door and emerges a little while later in completely different clothes and speaking in a foreign Bengali language. Her irises and pupils have disappeared and to the onlookers, she looks as if she is possessed or maybe someone else has taken over Zari. Her voice has altered slightly and she seems to walk in a manner that was unlike the happy cheerful Zarri.

The next day, when the family members interrogate Zarri about why she was pretending to be someone else and scaring everyone, Zarri has no recollection of that night. These findings frighten the family and they are worried about their daughter's condition.

- What do you think has happened with Zarri or what she is experiencing in the scene above? Please provide reasons for your answer

Story 3

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Sania is getting ready to go in front of the family that has brought a proposal for her hand in marriage. As soon as she enters the room, she suddenly faints and is hospitalized, even though she had no health issues before the meeting.

Sania is released from the hospital and comes home. She takes off the taveez (Amulet that has some religious verses written on them to ward off the evil eye or the influence of black magic) and goes to change her clothes, only to find all of her shirts cut weirdly in different places, but only Sania can see cuts, no one else can view them.

Sania gets sick again and coincidentally, Izhar Uncle was there this time. He is shocked that Sania isn't wearing the taveez. By night time, Sania's sister Hania enters her room only to find her standing on her window sill with wide eyes about to jump. She hastens to stop her sister from jumping but Sania pushes her sister with such force that she hits her head against the desk while she jumps at an inhumane speed on the branch of the tree barefoot.

- What do you think is happening with the character Sania (or what she is experiencing) in the passage above? Please provide reasons for your answer.

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Content Notes

ⁱ See Merriam Webster definition of ‘Culture’. <https://www.merriam-webster.com/dictionary/culture>

ⁱⁱ See Bellfield (2012) for definition of ‘Cultural Diversity’.
<https://www.purdueglobal.edu/blog/social-behavioral-sciences/what-is-cultural-diversity/>

ⁱⁱⁱ See Mayo Clinic’s article on ‘Schizophrenia’ to get an overview of the mental disorder, its symptoms and causes. <https://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/syc-20354443#:~:text=Schizophrenia%20is%20a%20serious%20mental,functioning%2C%20and%20can%20be%20disabling.>

^{iv} See Bhandari (2020) for detailed information on Dissociative Identity Disorder.
<https://www.webmd.com/mental-health/dissociative-identity-disorder-multiple-personality-disorder>

^v See Anxiety and Depression Association of America’s article on ‘anxiety disorders and depression’ for more information. <https://adaa.org/understanding-anxiety#:~:text=The%20term%20%22anxiety%20disorder%22%20refers,separation%20anxiety%2C%20and%20specific%20phobias.>

^{vi} See Mayo Clinic’s article on ‘Epilepsy’ for more information.
<https://www.mayoclinic.org/diseases-conditions/epilepsy/symptoms-causes/syc-20350093#:~:text=Epilepsy%20is%20a%20central%20nervous,Anyone%20can%20develop%20epilepsy.>

^{vii} See Mayo Clinic’s article on ‘Seizures’. <https://www.mayoclinic.org/diseases-conditions/seizure/symptoms-causes/syc-20365711>

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^{viii} See Britannica's definition of 'Ethnography'. <https://www.britannica.com/science/ethnography>

^{ix} See Britannica's definition of 'Evil Eye'. <https://www.britannica.com/topic/evil-eye>

^x See Goldberg (2019) article on the symptoms and causes of 'Psychosis'.

<https://www.webmd.com/schizophrenia/guide/what-is-psychosis#:~:text=Psychosis%20is%20a%20condition%20that,or%20trauma%20can%20cause%20it.>

^{xi} See Bhargava (2020) for detailed information on 'Bipolar Disorder'.

<https://www.webmd.com/bipolar-disorder/mental-health-bipolar-disorder#:~:text=Bipolar%20disorder%2C%20also%20known%20as,sad%2C%20hopeless%2C%20and%20sluggish.>

^{xii} See Gleig (2010) for detailed research article on the concept of 'Psychospiritual'.

https://link.springer.com/referenceworkentry/10.1007%2F978-0-387-71802-6_544.

^{xiii} See Cherry (2020) article on the past and present of 'Hysteria' at Verywell Mind Psychology.

<https://www.verywellmind.com/what-is-hysteria-2795232#:~:text=Hysteria%20is%20a%20term%20used,excessive%20and%20out%20of%20control.>

^{xiv} See NIMH (2016) article on 'Panic Attacks' for detailed information.

<https://www.nimh.nih.gov/health/publications/panic-disorder-when-fear-overwhelms/#:~:text=People%20with%20panic%20disorder%20have,there%20is%20no%20real%20danger.>