Opinion and Debate

Jinni Possession: A clinical enigma in mental health

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The concept of demonic and especially jinnic possession in causation of mental illness is prevalent in this modern era, both in the developing and the developed world which is evidenced in the literature. Jinni has been described as an entity that is living, but invisible to human beings, can assume various shapes, maintain culture and family and have capability to over power the human brain. This in turn, leads to different manifestations related to mental illness, but having the distinction of not being amenable to medical treatment.[1] This concept is described in religious books dating back to the 16th century where two types of mental diseases were differentiated: those caused by natural reasons and those by jinni possession which manifested as hallucinatory diseases or disorders with a queer, unusual and antisocial behaviour, conditions of extreme unrest, vomiting of queer things, prediction of future, and talking foreign languages.[2]

I came across several interesting cases while practicing in Pakistan where possession by jinni remained the focus of concern among relatives who brought the patient on advice of a religious 'pir' for a psychiatric opinion. In one such case, an adult female patient was booked on charges of blasphemy and was under trial by a law court. She had received the diagnosis of schizophrenia by a psychiatrist who saw her five years back but the relatives were not ready to accept the diagnosis and insisted on the phenomenon of possession. There are other examples from Pakistan where a young lady in the state of fit, acquired tremendous power and physical strength and started speaking in a foreign language, which was totally unknown to her. She responded to a ritual performed by shaman who believed that the lady was under jinnic control. In one case, a lady was communicating in a male voice, cursed the enemies and predicted the future events in a particular episode of altered behaviour. She did not respond to the treatment by psychiatrists and was diagnosed as schizo-hysteria. This diagnosis has no place in the existing classification systems. The co-author had an experience in a Canadian criminal court case of R. vs. X.

R was charged in the death of his best friend S whom he has met when the two immigrated to Canada with their

families from different parts of Pakistan. Mr. R claimed that his friend was possessed by a jinni that caused Mr. S to assault him with a knife and that he acted in self-defense. In this trial both a psychiatrist and a Muslim priest testified as expert witnesses.

Jinnic existence is a fundamental tenet of the Muslim belief, but the ability of jinn to cause mental disorders through entering the body is based on anecdotal evidence.[3] This issue is applicable in almost every culture and religion. In early Christianity the subject of possession was described as an invasion of the body by the demons or impure spirits that took possession of the person thus causing madness and other illnesses. The notion of demonic interference has a lasting effect on religious as well as spiritual thought and practice, as even today exorcism continues to exist in the Catholic Church. Faith in existence of mental diseases caused by jinni was considered a medical problem throughout the Middle Ages. Intrusions were the most striking characteristic of demonic interference with man.[4] Psychiatric disorders in India are often attributed to influence of supernatural phenomena, and many patients are subjected to various kinds of magico-religious treatments. Belief in supernatural influences is common in patients' relatives from rural backgrounds and from those who have inadequate education, and these family members to a considerable extent request treatment based upon such beliefs. Local and community beliefs in such phenomena appear to be a factor in influencing the decision to seek magico-religious treatment. A psychoanalytic study of demoniacal possession contributes much to the understanding of such patients but particularly to the conceptualization of borderline and psychotic states.[5] Neurosis of demonical possession in the 17th century corresponds to the neurosis of the present day, which may be understandable in terms of psychic forces. What in those days were thought to be evil spirits are in fact, evil wishes, which are the derivatives of impulses, which have been rejected and repressed. It appears that these are projections into the inner life of the patients in whom they manifest themselves. The dominant developmental trend is a reinterpretation of demonic possession in the direction of body and mental tensions as well as traumatic memories, and starting with Freud, these ideas are unified in the theory of the Oedipus complex and superego. In the folklore mental health, possession has been give due recognition as an important causative factor for the mental disorder. Scientists have always doubted about this phenomena and psychiatrists see this aspect with much skepticism but broadly speaking it appears unreasonable to dismiss something, which cannot be proven scientifically, and if at all this is so then why the component of spiritual dimension has been added recently in the psychiatric literature. It is interesting to look into the dynamics of possession, which gives insight into many facets of mental health. Practitioners of the ancient Hindu system of medicine, also used the possession states for diagnosis. A patri acts as the medium for a spirit or jinni. After drum beating and the burning of incense, the patri goes into a trance, possessed by his master jinni. The spirit/jinni possessing the client is then asked to show itself and the client breaks into what may be perceived as a weird dance. The jinni speaking through the healer then engages the culprit jinni possessing the client in a dialogue. There is an established hierarchy of jinni, and if the healer's jinni is more powerful it orders the other to leave the body of the client. If the latter has the ascendancy, the healer's jinni pleads, asking the other to state its conditions for releasing the client. The client's jinni declares its conditions, which may be an animal sacrifice, a ritual feast, or a "house" for its use. After this, both the healer and the client throw a final fit, foam at the mouth, and pass into unconsciousness.[6] There is an argument about alternate explanation for the state of possession of any kind.

Mind Possession: One View

When a man's nervous system is subjected to such a degree of strain that his brain can no longer respond normally - whether this strain is imposed by some single experience or by stresses of less intensity but longer duration - one begins to behave abnormally, by becoming much more suggestible than in normal state of mind, far more open to ideas and people in immediate environment and far less able to respond to them with caution, doubt, criticism and skepticism. He may be driven into a condition in which brain activity, or sometimes one isolated area of it, becomes paradoxical, so that the accustomed outlook and values are reversed. One may reach a condition in which the person is as meekly obedient to commands and suggestions as someone under hypnosis, who can be made to behave in ways which, when in command of oneself, would reject as foolish or immoral; and, by post-hypnotic suggestion, they can be made to act in these ways even after the individual has been brought out of trance and apparently restored to normal waking consciousness. In exactly the same way, psychiatric patients may become so suggestible that they produce in all sincerity the symptoms, which suit their psychiatrist's theories; and if they change psychiatrists, they change symptoms.

Evidences and Debate

Though there is expression of criticism by many scientists and psychiatrists about the jinni related possession but broadly speaking it appears unreasonable to dismiss something so culturally pervasive just because it cannot be proven scientifically. Emphasis on finding scientific evidence appears somewhat unreasonable when a spiritual dimension has already been introduced in the psychiatric lit-

literature? As discussed that jinnic possession is an important concept in many traditional as well as non-traditional societies and that many patients who are given psychiatric diagnosis based on symptomatology don't necessarily respond to medications, yet have known to have benefited from shamanic treatment.[7] The disease, epilepsy, is sometimes associated with magical thinking and has been attributed to the influence of jinni, and in many parts of the world is being addressed by shamans and faith healers.

It is interesting to note that some patients who were considered affected by demons and treated with neuroleptics subsequently underwent remission, suggesting strong support for a biochemical theory.[8] There may also be a possible explanatory role related to abnormal functioning of brain stem structures in the region of fourth ventricle, whether caused by genetic or environmental factors or a combination thereof.[9]

It appears important to explore all such phenomena, which are not understandable on surface but cannot be ignored as such and in this context if the existence of jinni is proved in future, it may revolutionize the field of psychiatry and human behaviour. The questions are: is this the right time to advocate the concept of possession by jinni, will it stir the existing diagnostic and classification systems in mental health, or will it open doors for alternative treatment methods or initiate an unending critical debate with no frontiers?

References

1- Gadit, A., Reed, V.Culture and mental health: Pakistan's perspective, 1st edition, Hamdard Foundation, Karachi 2004. pp: 38-44.

2- Olsen,O A. From demonology to psychoanalysis. Psyke and Logos 2003,24:93-125.

3- Younis, Y O. Possession and exorcism: An illustrative case. Arab Journal of Psychiatry 2000, 11: 56-9.

4- Kotsopoulos, S. Intrusion and internalization of devil: popular saints vs. Father of Church. Vesalius 2001, 7: 78-85.

5 Taylor, G. Demoniacal possession and psychoanalytic theory. Br J Med Psychol 1978, 51: 53-60.

6- Gadit A, Reed V. Culture and mental health: Pakistan's perspective, 2004, 1st edition, Hamdard Foundation, Karachi. pp: 43-44.

7- Gadit, A. Health services delivery by shamans: a local experience in Pakistan. Intl J Mental Health 2003,32: 63-83.

8- Hale, A S. Exorcism-resistant ghost possession treated with Clopenthixol. Br Jr of Psychiatry 1994, 165: 386-88.

9- Mirsky, A F, Duncan CC. Pathophysiology of mental illness: a view from the fourth ventricle. Int J Psychophysiol 2005, 58:162-78.