

The interpretation of Madness “*Jinon*” in context of the socio-economic development of Islamic societies

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INTRODUCTION Islam is one of the largest religions in the world today. There are more than 1.3 billion Muslims in different parts of the whole world. People belonging to different cultures and ethnic backgrounds, hold Islam as faith and identity. Islam is not just a religion organizing the relation to God but also provide people with a meaning of live and organize the every day practising of an individual as well as their social relations. In this since the Muslims recognize themselves as a nation (*Ummeh*) with Islamic laws (*Shariaa*) as a social regulation instrument.

The Islamic way of living is based on two basic sources from the Holy *Quran* that are God’s words and the prophets Mohammed’s recommendation summarized in what is called (*Hadith*).

Muslims believe that God dictates everything that happens to us. This deterministic idea make the Muslim trust that what is dictated by God always have a meaning.

The meanings of diseases and the suffering that comes from them have been interpreted in different ways in Islamic societies since the appearance of Islam. According to the Islamic fundamental religious interpretation, the suffering is a way to examine and test the individual’s level of faith and trust in God’s meaning.

Generally, Islam asked the Muslims to show their tolerance and take full care of those in need of help. This rule became an integrated part of the social as well as political practises during the golden period of the Islamic state development. The relative wealth levels of socio-economic standard of the society positively affected the common interpretation of madness and dictated a high level of social and medical care for patients.

Madness has been noted in the holy *Quran* in different ways. The word madness is noted as *Jinon*, the *Majnoon*, mostly meaning a person possessed by the “*Jinn*”. Furthermore, the *Jinn* is described as a spirit, which could be both good and bad. Therefore *Jinon* isn’t always recognized as something pathological. A person could for example feel mad in her/his love to the God, the prophet or others. *Jinon* generally refers to a person who is possessed and loses the control over her/his way of living or communication with others and sometimes over his /here daily religious practise and social obligations. Pathologic madness it was recognized as a status where the

Majnoon needs service and help from the family or the society. The social relation to madness has been altered and had different interpretations in diverse socio-economic period of Islamic state.

The “golden period” 7th -13th century

Islamic history started in the beginning of the seventh century when God sent the holy message to his apostle prophet Mohammed in 610 C.E. At that time, the prophet was a forty year old man who was married with the wealthy woman Khadije and took care of her businesses. As a merchant, Mohammed travelled a lot and met a lot of different people. He was a popular and very wise man.

After God had given him the message (*Al-Risale*), he undertook a new and tough period of declaring and spreading the new religion among the people who lived in the Arab peninsula and later on started to spread these ideals even to other countries and ethnic groups. The Islamic state developed rapidly and its border reached new places for every year. The Islamic state border span beyond China in the east and France in the west including all North African regions and a part of Africa south of Sahara as well as Spain. The Islamic community became larger and larger and included a lot of different cultures and traditions.

In the end of the eighth century the Islamic state was put on the world map as a powerful state. From this time and up to the middle of the 12-th century, the Islamic state became one of the world centres in all aspects. This period of history is referred to as the “golden period” of the Islamic state. It is recognized as the most developed period with big changes along different parts of the social and economic relations.

During this period, the Arab-Islamic culture brought a new age of knowledge by translation the old Greece manuscripts to Arabic, which later was translated into Latin by Europeans in the Middle Ages, to the whole world. The Arab-Islamic culture developed a new way of thinking in philosophy, medicine and other social sciences. This new socio-economic period brought a number of changes in the health service generally and medical treatment particularly. A number of sophisticated hospitals were built both in Damascus and Baghdad. There were different departments at these hospitals where the patient was admitted according to the type of the disease they were suffering from. There was in-patient as well as out –patient units where the patient was taken care of. The services even included consultation to the family members to help them to take care of the patient when she/he left the hospital.

In Baghdad, which became the capital of the Islamic state in the beginning of the 9-th century, the hospitals included departments for surgery, medicine, infection as well as psychiatric services. There were many descriptions of these hospitals in many of classical medical works written by great doctors during this period such as Al- Razi, Iben Sine (Avicenna), El- Gorgani and others. There are many descriptions on modern (for that time) methods to treat different diseases and how to encounter and work with patients in different stages of hospitalisation.

This period developed the psychiatric care in general and the treatment of madness in particular. As we mentioned above, the hospitals usually included a department for treatment of psychiatric patients. These departments were a part of the general hospitals, which had special treatments programmes and trained staff to take care of psychiatric patients. These programmes included different kind of relaxations some by listening to music, walks in the gardens inside the unit and by using traditional baths with warm water relaxation. For patients with diverse affective disorder there were special programmes with therapeutic sessions including the reciting of the Holy Quran. The patients had time for out door activities such as working in the gardens when their condition allowed them to do so. Morning exercises and other sport activities used to stimulated the patient and keep there physical condition in a good form were also utilized.

During this period of the Islamic state development, the relation to madness was almost positive and considered as a status of disarrangement of the mind. The most popular interpretation of madness was a condition where the *jinn* possessed a person. The common associations to this status were the belief that God wanted to prove one's faith. In this sense, possession was something determined by God and the patient held no responsibility for its outcome. This interpretation reduced the patient's feelings of guilt and liberated them from social and religious obligations. This situation even reduced the feeling of shame among the patient's family. That made it possible for the patients and their families to ask for the help he/she was in need of and made this socially acceptable at the same time. In these cases, the families became a part of the treatment and supported the patients' needs in order to reduce the effect of the disease.

Taking care of these types of patients became as acceptable as treating patients with somatic problems. In some cases, if the patient was the one holding the economic responsibility for the family, the state provided the family with economic support during the period of sickness. The treatment of psychiatric patients was free of charge and the patient could be treated as long as it was needed. Both the treatment and the stay were paid for by the state. There were both in-patient and out-patient units where the patient could ask for help. Some of the out-patient units were located in the mosques in different parts of the big cities. These facts made the patients feel like they were a part of the social community and minimized the stigma and isolation. Communication with others after prayers helped the patient break the feeling of isolation. Some patients were offered discussion sessions with the Imam, giving them a feeling of hope and trust.

Those patients whose condition was improved gained more control of themselves and were invited to work within the mosque as a part of the social rehabilitation programme. These programmes provided the patients with a good opportunity to find themselves again and gave them a feeling of usefulness and dignity.

The "Period of Darkness" 14th -19th century

This positive picture of the general attitude against psychiatric ill patients changed dramatically when the socio-economic situation of the Islamic state changed. Under and after the Mongolian invasion of Baghdad in the middle of 13th century, a historically new period began for the Islamic state. This period is recognised as a period characterized by regression with a decreasing social welfare system and a state divided into several parts.

Several parts of Islamic state were occupied by foreign forces while other parts of the old state declared themselves as small independent units. Islam as a religion and culture played a central role to keep the people closer to each other. Despite these dramatic changes Muslims still believed that one day they would be able to reconsider and establish the Islamic powerful state again. During this period and later on regression influenced the social, economical and political way of living. Many institutions were destroyed by the occupants and others were weakened as a result of reduced economic support from the state.

Dramatic changes took place within the health service system generally and the mental health care particularly. Many old well-served hospitals were forced to change their service while the mental units were shut down. The mentally ill patients were moved to a new type of hospitalization, mostly resembling some sort of detention centre/jail. Consequently, the mentally ill patients became isolated and their possibility to get treatment and social support were limited or non-existing.

During this period, the social way to relate to and interpret the concept of mental illness in general and madness in particular, changed. The mentally ill person was recognized as someone who was punished by God for her/his lack of faith. The patients were blamed for their inability to take care

of their social and religious obligations. According to this kind of interpretation, the patient was herself/himself responsible for her/his disease. During that period the common consideration of madness moved from a status that was determined by God to become a personal responsibility that influenced the social relation to the ill person. The ill person was the sole carrier of the guilt and shame of her/his situation and that made the general relation to the patient rejecting. Shame and guilt dominated the relation to the patients and even their families. Many families isolated the patient from social contact in order to escape the judging and stigmatization.

Despite recommendation from the Islamic religious leaders, people forbid the mentally ill to participate social meetings and activities. In some societies that kind of prohibition included even the patient's family members because of general myths that these kind of disorders could be contagious. The possession of *Jinn* was interpreted as some kind of punishment. Some patients were burnt to death to avoid spreading of bad *Jinn*.

The Modern Period - 19th century – up to today

Madness and mental disorders in modern Islamic societies were interpreted according to both of the above mentioned descriptions.

Depending on a persons social level as well as education level and living environment, we can find interpretations of disease as a punishment or test from God along with more modern interpretations. There is still a high degree of social disapproval of this kind of illnesses and the feelings of shame and guilt are still common among the patients and their families when it comes to social relations.

This makes it difficult for many people to seek help for their problems in time because of their fear that this will put them in trouble with their friends and relatives. Many psychiatric patients still think that a session with a psychiatrist could stigmatize them and isolate them socially.

Unfortunately this kind of sceptical relation to psychiatry in general and psychiatric treatment in particular can be find in different groups of people despite cultural, ethnical and religious background.

Many contemporary Islamic societies are still in need of a lot of economic as well as politic support regarding their social service to mentally ill people. Due to the stigma against psychiatric treatment, the patients seldom get the service they need. Isolation of patients still exists as a method in many developing counties with an Islamic state religion. The psychiatric service has limited finances and recourses. Psychiatry as a discipline is still not accepted and many professionals are ashamed of calling themselves psychiatrists. This influences the social relation to the psychiatry as a discipline in a negative manner for patients in need of care and support.

The religious institutions within many Islamic countries didn't take their responsibility to affect and alter these kinds of social interpretations. Many of the Imams and sheiks didn't use their predicate to influence the people and change their relation towards the mentally ill. Despite the human interpretation of illness which is clearly written in the holy *Quran* we still see a lot of misinterpretation and mismanagement of psychiatric patients in the Islamic world.

CONCLUSION Historical testimonies indicate that the social and economic status of the Islamic state influenced the way the society took care of the mentally ill. When the state was economically and politically strong, the relation was more human towards the mentally ill and they were provided a relatively good possibility to treatment and social support. However, when the economic and political environment changed, the psychiatric patient lost her/his support and was blamed herself/himself for the disease.

The history of psychiatry in different parts of the world shows that the collective relation to the “mad person” has always been influenced by the level of economic development of the state and the social organisation of the society. Consequently, the collective interpretation of madness is an issue of class and social belonging rather than religious or cultural.

The interpretation of mental illnesses in Islam has been altered along different periods of the Islamic history. This provides us with a possibility to understand that the concept of mental illness has more to do with the social and economic development of the society rather than with the religion. The interpretation of religious texts could be used differently by the social institutions depending on the level of socioeconomic development of the states. That makes the religious institutions within modern society highly responsible to take an active roll in influencing the collective way of understanding and helping the mentally ill to reduce stigmatization and isolation.