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Original Paper

Association of delirious mania with Jinn possession phenomenon- A study from Pakistan

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Abstract. ***Objectives*** *To study association of delirious mania with Jinn Possession Phenomenon in Pakistan.* ***Methods*** *The study was conducted at the Aga Khan University Hospital, Karachi. A retrospective chart review was done on all patients, from both inpatient and outpatient settings who were diagnosed with bipolar I, manic or mixed episode, with or without psychosis according to DSM IV-TR from Nov 2013 until July 2014. For diagnosing Delirious Mania we included presence of 2 or more of the following features: disorientation, confusion, altered consciousness, severe cognitive dysfunction, and fluctuations in these states, in the presence of mood disorder. Catatonia was diagnosed by the presence of 2 or more catatonic signs in the last 24 hours according to DSM IV-TR. A semi-structured pro-forma was used to collect demographic and clinical details about the presence or absence of delirium, catatonic features, and Jinn Possession.* ***Results*** *Of the total 73 people diagnosed with bipolar I disorder, 17 had delirious mania, and 5 out of 17 had Jinn possession. Catatonic features were present in most of the patients who had Delirious Mania and Jinn Possession. All 5 cases with Jinn possession were females, had poor compliance with treatment, and continued religious treatment by faith healers.* ***Conclusion*** *Presentation of delirious mania may be associated with phenomenon of Jinn possession in Pakistan. Knowledge of possible association of psychopathology with Jinn possession phenomenon needs to be promoted among the general public and physicians to reduce associated morbidity and mortality. Collaborations with faith healers may be useful to improve compliance.*

Keywords: Jinn Possession, delirious mania, catatonia, retrospective chart review, Pakistan

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INTRODUCTION

Culture and religion have important impact on the manifestation and nature or type of symptoms of psychiatric and psychological conditions (Bakhshani, Hosseinbore, Kianpoor, 2013; Kirov, Murray 1999). The concept was explained by Kleinman using the term "explanatory model" to describe belief systems of patients and caregivers causing an illness. (Kleinman, 1980). The causes are explained by three dimensions which are 1. Biological model in which a disease is thought to be caused by biological factors such as genes, receptors, inheritance etc. 2. Psychosocial model in which a disease is thought to be caused by environmental factors such as social deprivation, lack of education, low socio economic status. 3. Magical-spiritual model in which the disease process is explained by supernatural or spiritual reasons. (Caqueo-Urízar, Boyer, et al 2015). Two other causal attributions identified are personal events such as loss of a loved one, social isolation, work related stress etc. and Modernity which includes concept of materialism and secularism such as by abandoning religion. (Leavey 2016). Overtime differences have also

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been observed in explanation and understanding of disease between patients and physicians, which is conceptualized as emic and etic approaches. Emic approach is patients' perspective of disease symptomatology, severity, timing and course. Etic approach explains physicians' perspective of such processes. (Grover et al. 2012).

"Jinn possession" (JP) among others is an explanation that is sometimes used by patients to explain certain psychiatric or psychological conditions. It has been extensively discussed in the literature in association with dissociation disorders (Somer, Ross, Kirshberg, Bakri et al 2015), culture bound syndrome (Bakhshani, Hosseinbore, Kianpoor, 2013), hysteria, schizophrenia (Irmak 2014; Karanci 2014) (Napo, Heinz, Auckenthaler 2012), bipolar disorder, depression, obsessive compulsive disease, capgras syndrome (Guthrie 2016), epilepsy (Saeed, Gater, Hussain et al 2000), CNS lesions (Basu, Gupta, Akthar 2002), borderline personality, somatoform disorders (Taycana, Sarb, Celikc et al, 2014), postnatal illnesses (Hanley, Brown 2014), panic disorder (Bragazzi, Puente 2012) and trauma (Schaffler, Cardena, Reijman et al 2015).

We reported a case of delirious mania in association with Jinn possession in a Pakistani woman (Khan, Sanober 2016) which to our knowledge is the first paper reporting this association. In this paper we plan to replicate this association by conducting retrospective analysis of prospectively collected data.

JINN IN ISLAM

"Jinn" is an Arabic word meaning concealed, invisible, secluded or remote. "Majnun" is a noun derived from the word "Jinn". The existence and qualities of Jinns have been described in the Quran at several places and have been discussed in Islamic literature (Khalifa, Hardie 2005). Chapter 72 of the Quran is called "Sura e Jinn" (The Chapter of Jinn). Iblis is the proper name given to Satan (Shaytan), or the Devil, identified in the Quran as a jinn (18:50), a rebel against God (4:117), an enemy to humankind (43:62), and a trial for those whose spiritual hearts are diseased (22:53). He whispers (114:4–5), deceives (57:14), misleads (38:82), threatens (2:268), commands evil and sin (2:169) and sows enmity (12:100). He has many tools to entrap humankind such as alcohol, gambling, superstition (5:90) and forgetfulness (18:63). Jinns are ordinarily unseen by human eyes and "Follow different paths"—some are righteous while others are not (72:11). Humankind used to "seek refuge" with them, but the jinn only "misguided them further" (72:6). Jinns possess incredible physical powers and speed. Some Jinns were placed under the command of Solomon, building him "palaces, statues, basins and fixed cauldrons" (34:12–14, 38:37). One jinn with "some knowledge of the [Jewish] Scripture" brought the Queen of Sheba's throne to Solomon in the "twinkling of an eye" (27:39–40). The Quran mentions that Jinns (Shayateen) are enemies of human beings (43:62) and may harm/influence them through several means (114:45), (57:14), (38:82), (2:268), (2:169), (12:100), (5:90), (18:63). The concept of magic or Jadoo also exists in the religion of Islam (Khalifa N, Hardie T, Latif S et al 2011). Quran describes how devils learnt magic during the lifetime of Prophet Solomon and from two angels, Harut and Marut, and can use it to harm human beings (2:102), and hence also teaches how to protect one's self from the evil of Jinn (114) and those who cause harm to humans by magic (113:4) for example, by reciting certain verses. Prophet Muhammad (pbuh) was also believed to be afflicted by magic which caused him to become sick (Ameen 2005).

JINN POSSESSION IN ISLAM

According to the Qur'an, Job cried, "Satan has afflicted me with weariness and suffering" (38:41). In the account of Jonah's refusal to accept God's mission, Satan "overtook him" (Pickthall), "followed him up" (Yusuf Ali), or "took him as his follower" (7:175). Spendthrifts are described as being raised on Judgment Day "like someone tormented by Satan's touch" (2:275). Many concepts about Jinns are explained by religious scholars in Islamic literature. Symptoms of Jinn possession are described as those that are present when one is awake and those that appear while one is asleep. Symptoms during awake period are:

1. Turning away from prayers, recitation of Quran, and remembering God.
2. Doing or speaking strange things.
3. Seizures which apparently have no medical reason.
4. Limb paralysis with no medical reason.
5. Getting angry or crying easily on trivial matters.

6. Staying in the toilet for long period of time and mumbling or talking to self.
7. Continuous headaches with no medical explanation which is not relieved by medications.
8. Menstrual irregularities in women.
9. Infertility without any evidence of disease process in husband or wife or any other medical explanation.

Intense fear, hallucinations and causing enmity between two people are also described as effects of jinn possession (Ameen, 2005).

Symptoms of jinn possession present when one is asleep are:
1. Having nightmares including seeing different creatures such as ghosts, snakes, people in different strange forms, seeing oneself falling from a high place, a man seeing a woman seducing him or vice versa, or someone threatening the person.
2. Anxiety, fearfulness and insomnia on waking up.
3. Talking or making noises while sleeping (Ameen, 2005).

BELIEFS ABOUT JINN POSSESSION IN PAKISTAN

Pakistan is an Islamic state with current population of 185 million according to the 2014 World Bank data, making it the sixth most populous country in the world which will become the third most populous country by 2050 (Khan 2014). About 97% of the country's population is Muslim (Pakistan Bureau of Statistics) and 11% of the world's total Muslims reside here, making it the second largest Muslim population in the world. Religion has major influence on Pakistani culture, traditions and practices. The belief of Jinn, Jadoo (magic) and Jinn possession (JP) is ubiquitous and well accepted among the general population. People believe that Jinns have power to take over human body, mind, or soul called "Jinn possession" (JP), which may also happen through black magic. (Saeed, Gater, Hussain et al 2000) in which case the person who performs black magic can overpower Jinn and make him hurt or possess a human being. Some other factors such as not keeping good hygiene, having extramarital sexual activities, drinking alcohol, not offering prayers, repeating God's made up name by sitting in a dark room, and urinating in Jinns' territory, or Jinn falling in love with human have also been identified as risk factors for JP (Ameen 2005). Young, beautiful women are believed to fall prey more often as Jinn may fall in love with them and so young girls are advised to not step out from the house with long, untied hair without covering their heads, and are considered especially vulnerable after child birth. (Hanley, Brown 2014). People in transition such as those travelling and menstruating or pregnant women are also though to fall prey eaily. Jinns can live in peoples' houses and such Jinns are called "Aamirs" (dwellers) and those interacting with children are called "Arwah" (spirits). The ones that cause harm to humans are called "Shayateen" (devil); "Maarid" (demons) are supposed to be more harmful and the most dangerous species of Jinns are called "Ifreet". Jinns can also be females in which case they can seduce men at night and during sleep and are believed to have feet with backward hooves (Lim 2015). People describe experiences where Jinns live alongside them in their houses and can be benign and harmless if they are good Jinns; however evil Jinns can cause harm to humans by for example by stealing, hiding or damaging objects, throwing things, making noises, teasing, frightening, and even strangulating those inhabiting the house. Children are also vulnerable to falling prey to Jinns and are prohibited to go to high places such as the roofs as Jinn who fly can take possession of such kids especially after dark or sunset. There is a Hadith (saying of Prophet Muhammad pbuh) which states: "When the wings of the night spread – or when evening comes – keep your children in, for the devils come out at that time. Then when part of the night has passed, let them go. And close the doors and mention the name of Allaah, for the shaytaan (devil) does not open a closed door. And tie up your waterskins and mention the name of Allaah, and cover your vessels and mention the name of Allaah, even if you only put something over them, and extinguish your lamps." (Narrated by al-Bukhaari 3280 and Muslim 2012). Jinns are also thought to be living on big, old trees and it is avoided to sit or stand under such trees at night. People also forbid from cutting old tress

due to the same reason as this may anger Jinns. Evil Jinns are said to be present in dirty places such as toilets and other open places used for urination in some rural areas and people are told to recite the verse when entering the toilet: "Aozu billah minul khubusi wal khabaisi" ("O Allah I seek refuge with you from male and female devils"). Jinns are also though to occupy houses if they are left vacant for long periods of time.

Periods of JP are identified as discrete episodes when a Jinn is thought to enter and take over the human body ("Jinn possession phenomenon" JPP) which usually starts abruptly and may last from a few minutes to many minutes during which a person may have impaired consciousness, may change voice or talk in an incomprehensible or foreign language, may become confused, restless, agitated or acquire extra ordinary physical strength or mental abilities, may have difficulty controlling impulses, may laugh or cry inappropriately, may feel dizzy, see, hear or talk to Jinns, get hit or teased by Jinns (Guthrie E, et al 2016); the possessed may have little or no control over it (Hanley 2014) and later may not have any recollection of such episode. People generally turn to spiritual or faith healers for treatment of such episodes of Jinn possession and a minority of them are seen in psychiatric clinics. (Khan, Sanober 2016).

We encountered cases of JPP in psychiatry clinic which were diagnosed with Delirious Mania (DM). In this study we aim to explore this association.

OBJECTIVES

To study the association of DM with JP.

METHOD

We collected information of all patients from both inpatient and outpatient settings seen by the author (QK) at the Aga Khan University hospital from Nov 2013 until July 2014 and diagnosed with bipolar I, manic or mixed episode, with or without psychosis according to DSM IV-TR. For diagnosing DM we included presence of 2 or more of the following features: disorientation, confusion, altered consciousness, severe cognitive dysfunction, and fluctuations in these states in the presence of mood disorder. Catatonia was diagnosed by the presence of 2 or more catatonic signs in the last 24 hours according to DSM IV-TR. Any ambiguity in diagnosis was resolved by discussion among the authors. A semi-structured pro-forma was used to collect demographic and clinical details. Information was collected about the presence or absence of delirium, catatonic features and JP. Hospital ethics committee exempted the study from full review as it did not involve any intervention.

STATISTICAL ANALYSIS

The collected data was statistically analysed using Statistical Package for Social Sciences (SPSS) 19.0. Initially percentages were calculated for relevant variables, Association of specific features with demographic and clinical variables were calculated using Pearson's chi-square test for categorical variables, while for continuous variables, T test was used.

RESULTS

Total number of cases diagnosed with bipolar disorder was 82 with mean age being 30.35 (SD 11.956, range 16-68) and majority of them were females (80.5%). Out of 82 cases, 41 were married, 33 were single and 6 were engaged. Sample characteristics: Demographics (N = 82).

About a quarter of all people diagnosed with BD had DM and most of them were females. Of the 21 people with DM 8 (38%) had features of JP and 7 out of 8 were females. 11 people with BD but without DM also had features of JP (18%) and 9 out of 11 were females. Total number of people with JP was 19 out of which 8 (42%) had DM (Fig 1, 2). Those who had Jinn possession and DM (8 cases), 4 had mixed episode and 4 had manic episode, 6 had catatonia and 2 did not have catatonia, 7 were females and 1 was male. In DM cases without JP (13 cases), 6 had mixed and 7 had manic episode; 4 had catatonia and 9 did not have catatonia, 11 were females and 2 were males.

Table 1

Mean age	30.35 (11.956)
GENDER	
Male	19.5
Female	80.5%
MARITAL STATUS	
Married	50.1%
Single	40.2%
Engaged	7.3 %
Widow/Divorced	2.4%
EDUCATION	
No formal education	30.1%
6-8 years	2.4%
Up to 10 years	13.6%
11-14 years	43.9%
More than 14 years	6.2%
Hafiz e Quran (memorized Quran)	1.3%
Missing information	2.5%

14 (17%) out of 82 people with bipolar disorder had catatonic features majority being females (Fig 3). Out of these 14, 10 were in the DM group; 6 out of these 10 also had features of JP while 4 did not. Out of 4 people with catatonic symptoms in BD (without DM) group, none had features of JP. So out of a total 14 people with catatonic features, 6 had features of JP (43%) along with DM. (Fig 4).

Figure 1

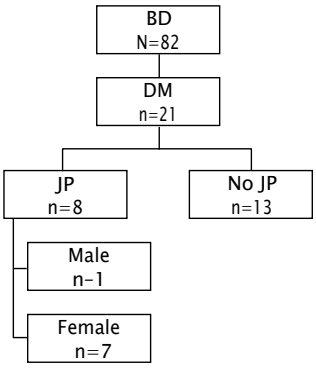


Figure 2

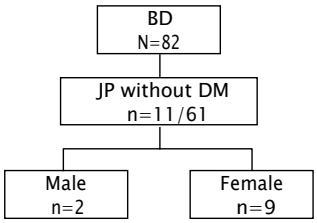


Figure 3

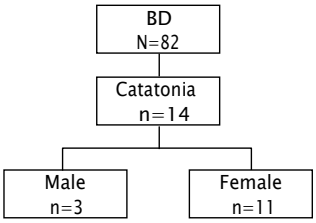
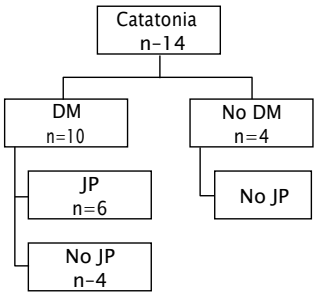


Figure 4



DISCUSSION

In our study 25% of the people with BD had DM which is higher than reported previously (Jacobowski, Heckers, Bobo 2013). This could be due to several reasons. The study was conducted in a tertiary care, private hospital where seriously ill patients are referred for treatment, and patients from inpatient setting were also included who are were also severely ill. Patients seen only by the PI (Khan) were included who due to expertise in this area might not have missed any cases of DM. Data collection was also prospective which was helpful in documenting the information correctly. Significant number of people with DM had features of JP and most were females; total sample of bipolar disorder also had however 80% females. We consider this association significant. Catatonic features were also present in most of the patients who had DM and JP. 71% of all those who had DM also had catatonic features. The association has been reported to be strong in the literature (Detweiler, Mehra, Rowell et al 2009). JP was less common in patients with BD without DM. Those with BD (without DM) with catatonic features did not have JP. So a combination of DM and catatonia showed strong association with JP. DM has been widely recognized and discussed in the literature. Patients usually initially develop symptoms of bipolar disorder such as decreased sleep,

increased energy, hypertalkativeness, anxiety, agitation, irritability, and hyper religiosity which is often followed by psychotic symptoms (Bipeta, Khan 2012). In cultural context in regions such as Pakistan where peoples' beliefs are heavily influenced by religion, this phenomenon may evolve in a unique fashion. We observe that patients who are in manic or mixed episode may often develop hyper religiosity which is a more culturally sanctioned form of psychopathology (as opposed to hyper sexuality). They then go on to develop psychotic symptoms with religious themes for example starting to believe that they possess religious powers, that Jadoo (or magic) has been done to harm them, and starting to hear voices of Jinns, see Jinns, and feel their presence believing that they communicate through different mediums (Khan, Sanober 2016). DM, a neuropsychiatric syndrome, is believed to develop abruptly during severe manic or mixed episode and has episodes of fluctuation in consciousness, attention, and cognition often with catatonic symptoms (Jacobowski, Heckers, Bobo 2013). We observe that this syndrome may present as "jinn possession phenomenon" especially in young, females with low education and socio economic status in cultures where this phenomenon is widely believed to exist such as in Pakistan due to striking resemblance of features of the two conditions. A person who has religious thoughts with decreased sleep, increased energy, anxiety, hypertalkativeness and irritability who also becomes paranoid or start hearing or seeing Jinns is believed to be possessed by jinn especially during times when he/she develops abrupt and fluctuating episodes of altered consciousness, confusion, and compromised cognition along with episodes of staring, decreased eating and self-care and sometimes urinary incontinence with automatic obedience. These are strikingly similar to features of jinn possession as have been described by people in the community and in Islamic literature as well (Khan QA, Sanober A 2016; Ameen 2005). See Table 2. Belief about Jinn possession has been reported to be more prevalent in females with lower level of education (Mullick, Khalifa, Nahar et al 2015).

Table 2

FEATURES	DELIRIOUS MANIA	JINN POSSESSION
Elevated or irritable mood	Yes	Yes
Anxiety/panic like sx	Yes	Yes
Lability	Yes	Yes
Disturbed sleep	Yes	Yes
Pressured speech	Yes	Yes
Increased energy	Yes	Yes
Distractibility	Yes	Yes
Impulsivity	Yes	Yes
Fluctuating consciousness	Yes	Yes
Episodic confusion/disorientation	Yes	Yes
Episodes of incoherent speech interspersed with periods of lucidity	Yes	Yes
Increased goal directed activities	Yes	Yes/No
Hallucinations	Yes	Yes
Agitation	Yes	Yes
Delusions	Yes	Yes
Catatonic sx	Yes	Yes

The results of this study have serious implications for clinicians as well as general public. Peoples' beliefs about the illness influence treatment seeking patterns, compliance, pathway to care, and clinical outcomes (Grover S. 2014). Following the disease explanatory model, delirious mania in Pakistan is explained by the magical-spiritual dimension. People associate jinn possession to the disease process which may be delirious mania or bipolar disorder. This also influences their treatment choices and psychiatric pathway to care which is defined as the sequences of contacts with different institutions, organizations, or health care providers by the patient and caregivers when looking for treatment. This sequence is also affected greatly by the choice of close family members and first caregivers. (Grover et al 2014). As DM is explained by many as JPP, people often turn to spiritual or traditional healers for help and this is the first and for some only point of contact with health care providers (Khalifa, Hardie, Mullick 2012). These causal beliefs also affect peoples' attitudes towards medication and symptoms even for those who do seek psychiatric help. Severity of symptoms may even be aggravated if the disease process is explained by magical-supernatural model as opposed to biological model. (Caqueo-Urízar, Boyer, et al 2015). This was also observed in our

study where patients' belief that symptoms are due to jinn possession and not a disease led to delayed resolution of symptoms, noncompliance, resistance to, and drop out from treatment. However as most of the psychotic beliefs in DM were religious in nature, JPP led to increased sympathy towards the affectees and caused less stigma. Some patients also felt that it was their unique ability to be able to communicate with Jinns and they might have been chosen for a particular reason. Some of them also spoke about "having true dreams" and "clairvoyance" during the illness. People in the community who differ from this opinion may also be blamed for having weak religious beliefs and having opinions that are against religious convictions and those who deny the existence of jinns are believed to be denying from the teachings of Quran and Sunnah and are called "kaafirs" (non-believers). (Lim 2015). However turning to supernatural explanations and religion at times of distress is common in Islamic culture, (Khalifa, Hardie, Mullick 2012) and religion may serve as an important and useful coping mechanism (Leavey, Loewenthal, King, 2016).

JP is believed to be treatable with religious interventions as opposed to biological model of disease which requires medication and long term treatment most of which will be out of pocket expense in Pakistan. Easy and cheap access to spiritual healers makes them a more attractive choice and thus they are often the first point of contact for such patients. There are different kinds of faith/spiritual healers in Pakistani community. Some are more religiously oriented and recite verses and perform Ruqyah and may tell the patient or family to recite certain verses themselves or use other means such as writing Quranic verses and burning them or giving the patient arm bands to wear. Some faith healers operate from shrines or other separate areas. They are descendants of some known religious figures (Sufis or their khalifas) and are respected members of the society. They use several principles in traditional treatments such as suggestibility, altered consciousness, familiarity with the concepts and traditions of the society, integrating physical, mental and psychological health, a ceremonial format of treating conditions, involving the members the family and society in treatment, self-confidence, and effort to change psycho-social environment of the patient. (Saeed 2000). Some healers called "aamils" are not religiously oriented; they charge money and use methods such as asking for bones of dead human beings, blood, head and other organs of dead animals and dolls made of wax to undo jinn possession or magic. Some even beat the possessed person violently when according to their belief the Jinn is resisting their actions of exorcism. According to a study in Pakistan (Saeed 2000) the most common problems for which the attendees sought faith healers' help were saya (literaly meaning "shadow"when an evil spirit or person is thought to cast a shadow on the patient), jinn possession and churail possession (when a person is affected by a female demon whose feet are turned backwards). Generally speaking faith healers put less emphasis on the biological model and more on spiritual, social and personal model (Leavey 2016) to explain psychiatric conditions.

Islamic literature describes the process of exorcism called "Ruqyah" in which certain verses and chapters from Quran are read for the Jinn to leave the body. It is said that when the Jinn comes in contact with a person of good faith for example the religious healer who recites, the jinn or Satan has a seizure and he either leaves the human body or becomes stubborn and refuses to do so. If the jinn does not leave then certain other methods may be tried such as using nose drops made of an Indian plant which reach through the nose to the brain where the Jinn supposedly resides and gets intensely annoyed by the drops and departs. If the Jinn does not leave then the possessed person is asked to listen to and read certain chapters of Quran, keep strong faith, pray, fast, keep ablution, eat and drink by taking God's name, wash with water and rub body and chest with oil over which the Quran has been recited, drink holy Zam Zam water and eat a special Ajwa dates. Other traditional methods that are used for this purpose include "azima" which is reciting verses and blowing on affectee's face while keeping one hand on his/her head, "mihaya" which means reciting verses on water and consuming it, and "bahkara" which includes writing Quranic verses on a piece of paper and then burning it (Lim 2015). Some people who are migrants are made to go back to their country of origin or pilgrimage to get rid of the jinn. (Lim 2015).

Some signs are described as those which appear when a person is touched by jinn which include numbness in hands, feet, right arm or leg, teeth grinding or trembling, rapid eye blinking, dizziness or vomiting. If these symptoms appear due to any of the above mentioned processes then the process of exorcism should

be continued until such symptoms stop happening. Certain specific verses are recited if the jinn breaks his promise and comes back or if there is a case of love between Jinn and human. (Ameen 2005).

It is very important to improve knowledge about psychiatric illnesses in association with JPP among the general public for example by using mass media campaigns. As JP or JPP is a cultural or religious belief, challenging such beliefs by physicians to convince patients to engage in medical treatment would be detrimental. The relationship between religion and psychiatry or science lacks confidence (Leavey, Loewenthal, King, 2016), psychiatrists are usually believed to be secular and people do not trust them when it comes to religious beliefs. However collaboration with religious figures also needs to be done thoughtfully.

Lack of inclusion of DM in the DSM nosology also prevents health care providers from diagnosing this entity as practitioners in Pakistan and other low and middle income countries rely heavily on western nosology for diagnosis. We recommend promoting research in this area and contextualizing psychiatric literature and guidelines along with efforts to make DSM more culturally compatible.

This study has many limitations. The study is conducted in a tertiary care, private, psychiatric hospital and the demographics of the population studied may be different from those in the community. The hospital caters to more educated and affluent class and the severity and presentation of illness as well as jinn possession phenomenon may be even more prevalent among general public. The sample studies may not be representative of the general population. Sample size is also small and detailed statistical analysis was not possible. Another limitation is that DM is a clinical diagnosis and extensive medical work up was not done in every patient; however BD was diagnosed according to DSM- IV TR. Jinn possession phenomenon may also be present in other psychopathologies such as schizophrenia, psychotic disorders and dissociative disorders; these disorders were not included in this study as we intended to study the association of delirious mania with JP.

CONCLUSION

DM is a neuropsychiatric syndrome which may present as JPP in Pakistan due to great influence of cultural beliefs in the society. Recognizing this association is important for health care providers to be able to provide treatment. Improving knowledge among the masses about such association is also important to improve compliance and to reduce the rates of untreated illness and morbidity associated with it.

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