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## Research Article

# Therapeutic Practice: Western and Islamic Perspectives

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**Abstract.** This chapter explores the concept of Western therapeutic practice which applied to those who experienced jinn possession, evil eye, and witchcraft that caused health problems for human beings. The type of diseases will elaborate from the Western point of view through anthropological and psychiatric perspectives along with the cure or therapy that is given to the patient who suffering from the disease in providing therapeutic healthcare. The researchers found that there is direct relationship between the heart-rhythm patterns and spectral information encoded in the frequency spectra of the magnetic field radiated by heart. The human body is replete with mechanisms for detecting its external environment. Sense organs, the most obvious example, are specifically geared to react to touch, temperature, select ranges of light, sound waves, etc. these organs are acutely sensitive

to external stimuli. Every cell in our bodies is bathed in an external and internal environment of fluctuating invisible magnetic forces. So, when patient having touch from professional healer (*ṭabīb al-rūhī*), it will be affected to his organs and help him to get speed recovery from physical disease or mental disorder by the permission of Allah Almighty.

**Keywords:** Therapeutic, Practice, The Human Body

**Abstrak.** Bab ini mengeksplorasi konsep praktik terapi Barat yang diterapkan pada mereka yang mengalami kerasukan jin, mata jahat, dan sihir yang menyebabkan masalah kesehatan bagi manusia. Jenis penyakit akan diuraikan dari sudut pandang Barat melalui perspektif antropologis dan psikiatri bersama dengan penyembuhan atau terapi yang diberikan kepada pasien yang menderita penyakit tersebut dalam memberikan perawatan kesehatan terapeutik. Para peneliti menemukan bahwa ada hubungan langsung antara pola irama jantung dan informasi spektral yang dikodekan dalam spektrum frekuensi medan magnet yang dipancarkan oleh jantung. Tubuh manusia penuh dengan mekanisme untuk mendeteksi lingkungan eksternalnya. Organ-organ indera, contoh yang paling jelas, secara khusus diarahkan untuk bereaksi terhadap sentuhan, suhu, rentang cahaya tertentu, gelombang suara, dll. Setiap sel dalam tubuh kita bermandikan lingkungan eksternal dan internal dari kekuatan magnet tak terlihat yang berfluktuasi. Jadi, ketika pasien memiliki sentuhan dari tabib profesional (*ṭabīb al-rūhī*), itu akan terpengaruh pada organ-organnya dan membantunya untuk mendapatkan pemulihan cepat dari penyakit fisik atau gangguan mental dengan izin Allah SWT.

**Kata Kunci:** Terapi, Praktek, Tubuh Manusia

## INTRODUCTION

This chapter explores the concept of Western therapeutic practice which applied to those who experienced jinn possession, evil eye, and witchcraft that caused health problems for human beings. The type of diseases will elaborate from the Western point of view through anthropological and psychiatric perspectives along with the cure or therapy that is given to the patient who suffering from the disease in providing therapeutic healthcare.

Therapeutic is an adjective that relating to the treatment of disease or disorders by remedial agents or methods.<sup>1</sup> It is designed to treat an illness or to improve a person's health, rather than to prevent an illness.<sup>2</sup> The term is familiar used in medical therapy for mental illness. Psychiatry is a specialty of Western biomedicine that deals with a number of problems considered in the West to comprise a single domain called "mental disorder" or "illness".<sup>3</sup> Even the commonly used terms "mental health," "mental illness," "psychopathology," and "abnormal behavior" have proven astonishingly difficult to describe.<sup>4</sup> To a slighter extent, this therapeutic field is also concerned with questions of what is called "mental health".

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<sup>1</sup> "Therapeutic." Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/therapeutic>. (Accessed 15 Nov. 2023).

<sup>2</sup> <https://www.collinsdictionary.com/dictionary/english/therapeutic> (accessed 15 November 2023).

<sup>3</sup> *Handbook of Religion and Mental Health*, (Academic Press, 1998), edited by Harold G. Koenig, p. 296.

<sup>4</sup> Theodore J. Chamberlain and Christopher A. Hall, *Realized Religion: research on the relationship between religion and health*, (London: Templeton Foundation Press, 2000), p. 84.

The history of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* published by the American Psychiatric Association highlighted “The need for a classification of mental disorders has been clear throughout the history of medicine, but there has been little agreement on which disorders should be included and the optimal method for their organization”.<sup>5</sup> This indicates that Western therapeutics are still confused in defining the types of diseases or classification of illnesses that caused them not succeed to in curing physical diseases and psychological disorders caused by jinn, evil eye, and witchcraft.

Psychopathology has been defined as the study of mental disorders with the definition involving impairments, deviance, and distress. However, Maxman and Ward suggested in their book, *Essential Psychopathology and Its Treatment*, that not all impairments, deviance, and distress is psychopathological.<sup>6</sup> The therapeutic alliance developed during the process of appointment would enable the health professional to better understand the presenting and expressed symptoms of patients.

Expressions of symptoms may differ among the diverse communities especially for Muslims. Mental disorders are sometime articulated according to social and cultural groups’ understanding of the body’s functioning.<sup>7</sup> It has been suggested that if there is a lack of diagnostic consistency within the same culture, an even greater challenge is achieving diagnostic consistency in a different cultural group.<sup>8</sup> Other barriers in the assessment process may include: the patient’s beliefs about psychological problems; the patient’s attitudes toward accepting the Western method of treatment interventions; or the healthcare services offered may be culturally inappropriate. For instance, the issues of suicide, sexual behaviors, alcohol, and drug (substance misuse) may provide some uneasiness for both the healthcare professionals and the patient. These are subjected to taboos in the Muslim communities.<sup>9</sup> According to Ibrahim and Dykeman, cultural assessment requires an “exploration with the client in relation to his or her presenting problem, his or her culture, religion/ spirituality, and acculturation”.<sup>10</sup> The assessment of cultural identity, worldview, acculturation and spirituality-religiosity of the client ensures that the healthcare professional conducts good practices and well-experienced in the provision of culturally sensitive intervention.

In addition, there are two anthropological theories on spirit possession applied in the West – first, spirit possession as an *idiom of distress* and, second, as a division

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<sup>5</sup> American Psychiatric Association. (1994). *Diagnostic and statistical manual*, 4<sup>th</sup> ed. (Washington, DC: Author), p. xvi.

<sup>6</sup> Maxman, J. S., and Ward, N. G., *Essential Psychopathology and Its Treatment*, (New York: Norton, 1995).

<sup>7</sup> Hofmann, S. G., and Hinton, D. E., Cross-cultural aspects of anxiety disorders, *Current Psychiatry Reports*, issues 16, vol. 6, 2014, p. 450. <http://doi.org/10.1007/s11920-014-0450-3>. (accessed 15 November 2023).

<sup>8</sup> Canino, G., and Algeria M. Psychiatric diagnosis – is it universal or relative to culture? *Journal of Child Psychology and Psychiatry*, issue 49, vol. 3, 2008, p. 237-250.

<sup>9</sup> Rassool, G. Hussein, *Evil Eye, Jinn Possession, and Mental Health Issues; An Islamic Perspective*, p. 189.

<sup>10</sup> Ibrahim, F. A., and Dykeman, C., Counseling Muslim Americans: Cultural and spiritual assessments, *Journal of Counseling and Development*, issue 89, vol. 4, 2011, p. 389.

into *executive* or *pathogenic possession*. Erika Bourguignon is the pioneer anthropological researcher on spirit possession, states that beliefs in spirit possession were present in 74% of 488 societies worldwide, and spirit possession has a long history as an object of anthropological research.<sup>11</sup> He argues that spirit possession can be viewed as a common *idiom of distress*.<sup>12</sup> An idiom of distress is a locally intelligible way of expressing distress and is deeply interwoven with the narrative, metaphors, and traditions of the specific culture.<sup>13</sup> In contrast, jinn possession can be viewed as an idiom of distress, since in Muslim societies they offer a widely accepted understanding of the person's suffering and treatment for it, such as *ruqyah*.<sup>14</sup>

Another prominent anthropologist scholar of spirit possession is Emma Cohen, divides the idiom of distress further into two types of spirit possession – *executive* and *pathogenic*.<sup>15</sup> He defines that executive possession entails a spirit, such as a jinn, taking over the person's mind, thus making the person's body a host for the spirit: "...spirit would inhabit a person's body, speaking through the person to reveal their identity".<sup>16</sup> This can be manifested by the person speaking in different voice or acting differently. In pathogenic possession, the person's identity remains intact. Instead, the spirit contaminates the person's body causing somatic or psychological diseases in the victim. However, the possession is regarded only as the cause of the person's affliction, not as the fundamental symptom itself.<sup>17</sup> Hence, whereas executive possession encompasses a well-defined and profound change in identity, pathogenic possession covers a vast variety of somatic and psychological distress caused by spirit or jinn possession. Last but not least, possession disorders in ICD-11 and DSM-5 both refer to what Cohen classifies as executive possession, though trance of memory gaps are not a necessity in Cohen's definition.

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<sup>11</sup> Bourguignon, Erika, *Religion, Altered States of Consciousness, and Social Change*, (Ohio: State University Press, 1973), p. 31.

<sup>12</sup> Bourguignon, Erika. "Suffering and Healing, Subordination and Power: Women and Possession Trance." *Ethos*, issue 32, no. 4 (2004), p. 570. <https://doi.org/10.2307/3334950>. (accessed 16 November 2023).

<sup>13</sup> Hinton, Devon E., and Roberto Lewis-Fernández. "Idiom of Distress Among Trauma Survivors: Subtypes and Clinical Utility." *Culture, Medicine, and Psychiatry*, issue 34, no. 2 (June 2010), p. 210. <https://doi.org/10.1007/s11013-010-9175-x>. (accessed 16 November 2023); Nichter, Mark. "Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case Study from South India." *Culture, Medicine, and Psychiatry*, issue 5, no. 4 (December 1981), p. 379. <https://www.ncbi.nlm.nih.gov/pubmed/7326955>. (accessed 16 November 2023).

<sup>14</sup> Duijl, Marjolein van, Wim Kleijn, and Joop de Jong. "Are Symptoms of Spirit Possessed Patients Covered by the DSM-IV or DSM-V Criteria for Possession Trance Disorder? A Mixed-Method Explorative Study in Uganda." *Social Psychiatry and Psychiatric Epidemiology*, issue 48, no. 9 (September 2013), p. 1419. <https://doi.org/10.1007/s00127-012-0636-1>. (accessed 16 November 2023); Hecker, Tobias, Lars Braitmayer, and Marjolein van Duijl. "Global Mental Health and Trauma Exposure: The Current Evidence for the Relationship Between Traumatic Experiences and Spirit Possession." *European Journal of Psychotraumatology*, issues 6, no. 1 (December 2015), p. 9. <https://doi.org/10.3402/ejpt.v6.29126>. (accessed 16 November 2023).

<sup>15</sup> Cohen, Emma. "What is Spirit Possession? Defining, Comparing, and Explaining Two Possession Forms." *Ethos*, issue 73, no. 1 (March 2008), p. 103. <https://doi.org/10.1080/00141840801927558>. (accessed 16 November 16, 2023).

<sup>16</sup> *Ibid.*, p. 105.

<sup>17</sup> *Ibid.*, p. 114.

## DISCUSSION

### Health Problem Caused by Jinn and Witchcraft

The term functional disorder or functional neurological disorder is preferred when no known physical cause can be found for a physical symptom.<sup>18</sup> Thus the physical symptoms or painful complaints of unknown etiology are fairly common in those presenting with witchcraft and possession. Psychosomatic disorders are a group of psychiatric disorders in which psychological factors play an important role in creating and exacerbating physical conditions. Gregory argued that:

*“Diseases are designated as psychosomatic if two conditions are fulfilled; if (i) the symptoms are accompanied by demonstrable physiological disturbances of function and (ii) the illness as a whole can be interpreted as a manifestation or function of the patient’s personality, conflicts, life history, etc. the first condition distinguishes psychosomatic illness from psychoneurosis, particularly conversion hysteria, in which, by definition, the physical symptoms are not accompanied by demonstrable physiological disturbances.”*<sup>19</sup>

The relationship between the body, mind, and spirit in psychosomatic disorders are strongly tied and cannot be separated in order to live in balance on this earth.<sup>20</sup> The study by Kuitinen et al. of older Somalia refugees in Finland indicates that women in particular attribute mental health issues to jinn, whereas male participants mostly identify psychosomatic and psychological reasons for suffering.<sup>21</sup>

In the modern era, the diagnosis of hysteria has been replaced with psychosomatic disorder.<sup>22</sup> According to Bever’s argument, the historians, anthropologists, and psychologists have tended to discount the role of ‘psychosomatic’ disease in witchcraft beliefs because they have misunderstood, and therefore underestimated, the connection between interpersonal relations, psychological well-being, and physical health.<sup>23</sup> epilepsy was commonly believed to

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<sup>18</sup> Stone, J., LaFrance, W. C., Jr., Brown, R., Spiegel, D., Levenson, J. L., and Sharpe, M. (2011). Conversion disorder: Current problems and potential solution for DSM-5, *Journal of Psychosomatic Research*, Vol. 71, issued 6, December 2011, p. 369-376. <https://doi.org/10.1016/j.jpsychores.2011.07.005> (accessed 4 October 2023).

<sup>19</sup> Gregory (1987) cited in Crabtree, V (2008) *Psychosomosis – the placebo and nocebo effects curing and causing disease with the mind*. <http://www.humantruth.info/psychosomosis.html> (accessed 4 October 2023), from Gregory, R. L., *The Oxford Companion to the Mind*, (Oxford: Oxford University Press, 1987).

<sup>20</sup> Rassool, G. Hussein, *Evil Eye, Jinn Possession, and Mental Health Issues; An Islamic Perspective*, p. 175.

<sup>21</sup> Kuitinen, Saija, Mulki Mölsä, Raija-Leena Punamäki, Tiilikainen Marja, and Marja-Liisa Honkasalo. “Causal Attributions of Mental Health Problems and Depressive Symptoms Among Older Somalia Refugee in Finland.” *Journal Transcultural Psychiatry*, vol 52, no. 2, 2017, p. 225-227. <https://doi.org/10.1177/1363461516689003>. (accessed, 28 October 2023).

<sup>22</sup> Hansen, C., *Witchcraft at Salem*, (New York: George Braziller, 1969), p. 10.

<sup>23</sup> Bever, E., Witchcraft fears and psychosocial factors in disease. *Journal of Interdisciplinary History*, vol. 30, issue 4, 2000, p. 573. <https://doi.org/10.1162/002219500552063> (accessed 4 October 2023).

be caused by jinn.<sup>24</sup> The role of jinn and witchcraft interference will also be exemplified briefly below such as somatoform disorders that symptoms include unexplained extreme headaches, weight loss or gain, tiredness, nightmares, changes in voice, abdominal pain, seizures, episodes of miscarriage, amenorrhea, infertility, impotence, persecutory feelings, and hallucinations (auditory and tactile).<sup>25</sup>

The characteristics of this disorder include the description of the diagnosis that is to be made “on the basis of positive symptoms and signs (distressing somatic symptoms plus abnormal thoughts, feelings, and behaviors in response to these symptoms) rather than the absence of a medical explanation for somatic complaints.”<sup>26</sup> Lim et al. reviewed 47 published case studies of “jinn as an explanatory model in the context of psychotic disorders”, based on their review and analysis, they list the following psychiatric symptoms as manifestations of jinn; hallucinations, delusions, anxiety, aggression, mutism, anorexia, sleep disturbances, catatonic posturing, and self-mutilation, and for physical symptoms attributed to the influence of a jinn, including epileptic seizures, knee injury, paralysis of a limb, typhoid fever, and the effects of alcohol withdrawal.<sup>27</sup> Nevertheless, somatoform disorders represent the severe end of a continuum of somatic symptoms and many physical symptoms appear in different parts of the body if they are not taken seriously treatments, and proper therapies for the patients, so can bring serious diseases be fatal.

Jinn, evil eye, and witchcraft can influence the life of humans in unpredictable ways likes caused harm to psychic and psyches (body, mind, and soul). By a simple touch, jinn can cause depression, anxiety, chronic headaches, infertility, hallucinations, and more.<sup>28</sup> However, some scholars argue that jinn only influence people, rather than entering and inhabiting their bodies.<sup>29</sup> Jinn influence or possession is initiated either by jinn itself or by bad intentions from others. Therefore, its believe that jinn can choose to influence a human out of revenge or admiration.<sup>30</sup> According to Muslim belief, jinn possession is a phenomenon fact and it is possible for jinn to possess humans’ bodies which is confirmed in the holy book QS. 2:275. Possession is defined by Littlewood as the belief that an individual has been entered

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<sup>24</sup> Dols, Michael W., and Diana E. Immisch, *Majnūn: The Madman in Medieval Islamic Society*, (Oxford: Clarendon Press, 1992), p. 219.

<sup>25</sup> Rassool, G. Hussein, *Evil Eye, Jinn Possession, and Mental Health Issues; An Islamic Perspective*, p. 179.

<sup>26</sup> American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorder DSM-5*, (Washington, DC: Author, 2013), 5<sup>th</sup> eds, p. 309.

<sup>27</sup> Lim, Anastasia, Hans W., Hoek, and Jan Dirk Blom. “The Attribution of Psychotic Symptoms to Jinn in Islamic Patients.” *Journal Transcultural Psychiatry*, vol. 52, no. 1, 2014, p. 18-32. <https://doi.org/10.1177/1363461514543146>. (accessed 28 October 2023).

<sup>28</sup> Lim, Anastasia, Hans W. Hoek, and Jan Dirk Blom. “The Attribution of Psychotic Symptoms to Jinn in Islamic Patients.” *Transcultural Psychiatry* 52, no. 1 (February 2015), p. 20. <https://doi.org/10.1177/1363461514543146>. (accessed 16 November 2023).

<sup>29</sup> Dein, Simon, and Abdool Samad Illaiee. “Jinn and Mental Health: Looking at Jinn Possession in Modern Psychiatric Practice.” *The Psychiatrist* 37, no. 9 (September 2013), p. 290-293. <https://doi.org/10.1192/pb.bp.113.0427221>. (accessed 16 November 2023).

<sup>30</sup> Meftah, Jilani ben Touhami. “Jinn and Its Effects on Muslim Society.” *Global Journal of Archaeology & Anthropology*, 6, no. 4 (September 2018), p. 1-3. <https://juniperpublishers.com/gjaa/pdf/GJAA.MS.ID.555694.pdf>. (accessed 16 November 2023).

by an alien spirit or other para-human force, which then controls the person or alters that person's actions and identity to a greater or lesser extent.<sup>31</sup> Possession has been expressed as:

*"A state of unconsciousness . . . in which we are not answerable for our actions, our bodily movements . . . we do not have control of our bodies anymore. It's the total loss of control of the body and the mind. Something else controls – it is the spiritual being."*<sup>32</sup>

Possession can also be denoted as a type of 'neuro-cultural' process that can be labelled by means of both cultural and neurological mechanisms and is the response or solution to other fundamental problems.<sup>33</sup> Khalifa and Hardie argue that possession states can be understood only in the combination and context of biological, anthropological, psychological, sociological, and experimental dimensions.<sup>34</sup> Prins states true possession consists of occult experience, invitation and unknown influences.<sup>35</sup> According to Whitwell and Barker, the word possession is used in two different ways; 'true' possession invoking the supernatural and those with a syndrome consisting of clouding of the consciousness, changed demeanor and tone of voice, and subsequent amnesia.<sup>36</sup> Moreover, Bourguignon differentiated between non-trance possession and possession trance; that non-trance possession develops as a consequence from negative changes in physical health, whilst possession trance is characterized by an alteration in the state of consciousness and behavior.<sup>37</sup>

The Swedish Somalia informants in Johnsdotter et al.'s study stated that hearing voices and speaking with an unfamiliar voice could be a symptom of having been entered by a jinn and for example, one who was on medication for schizophrenia stated that he was possessed by a jinn.<sup>38</sup> Last not the least, in this modern life not all orientalist are convinced about the etiology of 'possession' by jinn or other supernatural beings but in Muslim world, the beliefs about spirit possession are widespread.

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<sup>31</sup> Littlewood, R, *Possession States*, Chapter 3. In Jean Sybil La Fontaine, *The Devil's Children: From Spirit Possession to Witchcraft: New Allegations that Affect Children*, (Abingdon Oxon: Routledge, 2016), p. 29.

<sup>32</sup> Cohen, E., What is spirits possession? Defining, comparing, and explaining two possession forms. *Ethnos* 2008, vol. 73, p. 9

<sup>33</sup> Craffert, P. E. (2015), What does it mean to be possessed by a spirit or demon? Some phenomenological insights from neuro-anthropological research, *HTS Theologies Studies / Theological Studies*, Vol. 71, No 1 Art. 2891, p. 1. <http://dx.doi.org/10.4102/hts.v71i1.2891> (accessed October 2, 2023).

<sup>34</sup> Khalifa N, Hardie T., Possession and jinn, *Journal of the Royal Society of Medicine*, August 2005, vol. 98, p. 351-353.

<sup>35</sup> Prins H. Besieged by devils: thoughts on possession and possession states. *Medical Science Law* 1992, Vol. 32, p. 237-246.

<sup>36</sup> Whitwell, F. D., and Barker, M. G, Possession states in psychiatric patients in Britain, *British Journal of Medical Psychology*, 1980, Vol. 53, No. 4, p. 287-295.

<sup>37</sup> Bourguignon, E., *Possession and Trance*, in C. R. Ember, and M. Ember (Eds.), *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures*, (New York: Springer, 2004), p. 137. Science, Vol. 1, p. 137-145. [http://dx.doi.org/10.1007/0-387-29905-X\\_15](http://dx.doi.org/10.1007/0-387-29905-X_15) (accessed October 2, 2023).

<sup>38</sup> Johnsdotter, Sara, Karin Ingvarsdotter, Margareta Östman, Margareta, and Aje Carlbom. "Koran Reading and Negotiation with Jinn: Strategies to Deal with Mental Ill Health Among Swedish Somalis." *Journal Mental Health, Religion & Culture*, vol. 14, no. 8, 2011, p. 734-744. <https://doi.org/10.1080/13674676.2010.521144>. (accessed 28 October 2023).

Furthermore, some scholars argue that jinn are able to enter romantic relationships with humans averting them from marrying another human, and the vulnerability increases during transitional phases, e.g., menstruation, traveling, or pregnancy, and by displaying certain character traits, such as weak will, low self-confidence, greediness, and sinfulness.<sup>39</sup> Jinn's influence and possession manifest in a wide range of somatic and psychological symptoms and life adversities. Symptoms can range from marital discord, infertility, and financial misfortune to depression, anxiety, psychosis, strange recurrent nightmares, and chronic headaches, among many other things. For instance, the nightmare is a phenomenon in which people wake up paralyzed with a being on top, often strangling or having sexual intercourse with jinn, this attribute is under-researched in Western biomedicine.<sup>40</sup>

The phenomenon was already described in Chinese literature in 400 AD and in ancient Greece.<sup>41</sup> It's also has been described in folk tales throughout history and around the world.<sup>42</sup> Sleep paralysis is a common phenomenon, and 75% of those afflicted with it will simultaneously experience types of hallucinations – called *hypnagogic* (while falling asleep) and *hypnopompic* (while awakening). These hallucinations often take the form of an evil presence in the room (*intruder phenomenon*) or a being sitting on top of them (*incubus phenomenon*). Moreover, neurological studies suggest, though, that sleep paralysis is a faulty variation of REM sleep, in which the person's consciousness is caught in a limbo state between the dream world's vivid imagery and the waking state.<sup>43</sup>

In addition, there are many biological and medical explanations of the effects of jinn possession, evil eye, and witchcraft. These range from encephalitis lethargica, Lyme disease, post-traumatic stress disorder (PTSD), hysteria, and psychosomatic disorders. North C. S., argues that hysteria and epilepsy were the disorders that most

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<sup>39</sup> Lim, Anastasia, Hans W. Hoek, and Jan Dirk Blom. "The Attribution of Psychotic Symptoms to Jinn in Islamic Patients." *Transcultural Psychiatry* 52, no. 1 (February 2015), p. 21; Dein, Simon, and Abdool Samad Illaiee. "Jinn and Mental Health: Looking at Jinn Possession in Modern Psychiatric Practice." *The Psychiatrist* 37, no. 9 (September 2013), p. 291.

<sup>40</sup> Denis, Dan, Cristopher C. French, and Alice M. Gregory. "A Systematic Review of Variables Associated with Sleep Paralysis." *Sleep Medicine Review*, issue 38 (April 2018), p. 143. <https://doi.org/10.1016/j.smr.2017.05.005>. (accessed 16 November 2023).

<sup>41</sup> Sharpless, Brian A., and Karl Doghramji. *Sleep Paralysis: Historical, Psychological, and Medical Perspective*, (Oxford: University Press, 2015), p. 18; Wing, Yun-Kwok, Helen Chiu, Tony Leung, and Jana Ng. "Sleep Paralysis in the Elderly." *Journal of Sleep Research*, issue 18, no. 2 (June 1999), p. 151. <https://doi.org/10.1046/j.1365-2869.1999.00143.x>. (accessed 16 November 2023).

<sup>42</sup> Cox, Ann M. "Sleep Paralysis and Folklore." *Journal of the Royal Society of Medicine Open*, issue 6, no. 7 (July 2015), p. 1-4. <https://doi.org/10.1177/2054270415598091>. (accessed 16 November 2023); Davies, Owen. "The Nightmare Experience, Sleep Paralysis, and Witchcraft Accusations." *Folklore* 114, no. 2 (January 2003), p. 181-203. <https://doi.org/10.1080/0015587032000104211>. (accessed 16 November 2023).

<sup>43</sup> Cheyne, J. Allan, Steve D. Rueffer, and Ian R. Newby-Clark. "Hypnagogic and Hypnopompic Hallucinations During Sleep Paralysis: Neurological and Cultural Constructions of the Night-Mare." *Consciousness and Cognition* 8, no. 3 (September 1999), p. 320. <https://doi.org/10.1006/ccog.1999.0404>. (accessed 16 November 2023); Molendijk, Marc L., Harriët Montagne, Ouarda Bouachmir, Zeynep Alper, Jan-Pieter Bervoets, and Jan Dirk Blom. "Prevalence Rates of the Incubus Phenomenon: A Systematic Review and Meta-Analysis." *Frontiers in Psychiatry* 8 (November 2017), p. 2. <https://doi.org/10.3389/fpsy.2017.00253>. (accessed 16 November 2023).



frequently associated with witchcraft or demonic possession, especially if the presenting symptoms included shaking, tremors, convulsions or loss of consciousness.<sup>44</sup>

Physical symptoms or painful complaints of unknown etiology are fairly common in those presenting with witchcraft and jinn possession. For instance, the individual shows signs of deficits in sensory and behavioral functions including blindness, shaking movement, impaired coordination or balance, paralysis, extreme headaches, weight loss or gain, tiredness, nightmares, change in voices, abdominal pain, episode of miscarriage, amenorrhea, infertility, impotence, persecutory feelings, hallucinations (auditory and tactile), and seizures or other neurologic symptoms that cannot be explained by clinical assessment.<sup>45</sup>

### Treatment of Health Problems Caused by Jinn and Witchcraft

The understanding of jinn possession in the West is included as a psychiatric phenomenon in the two main psychiatric diagnostic manuals used in Western mental health services, namely the ICD-11<sup>46</sup> and the DSM-5.<sup>47</sup> In both the ICD-11 and the DSM-5, pathological (i.e., involuntary and non-induced) possession is classified under dissociative disorders. Which the main feature is a disruption and/ or discontinuity of the normal integration of consciousness, memory, identity, personality, emotion, perception, body representation, motor control, and behavior.<sup>48</sup> Thus, both diagnostic manuals classify possession of jinn or witchcraft as a form and expression of dissociation, although the DSM-5 and ICD-11 differ somewhat in their clinical descriptions of this cross-cultural phenomenon.

However, there has been a report of the study on three patients, who attribute distress to jinn influence or possession, derived from the Competence Center for Transcultural Psychiatry (CTP) located in Copenhagen. This CTP is a psychiatric outpatient facility primarily treating refugees traumatized with post-traumatic stress disorder (PTSD). The majority of the patients are Muslims from Iraq, Iran, Palestine, Syria, and Afghanistan. ICD-10 has been used to diagnose the cases, since the latest version ICD-11 has just come out and has not been put into use at the CTP. The cases display different phenomena with varying degrees of normality and psychopathology attributed to jinn affliction or possession as follows;

#### Case 1

*Description.* Shukria is a 48-year-old, women from Afghanistan who grew up in a Pashtun family in the countryside. She is Sunni, fasts during Ramadhan, and

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<sup>44</sup> North, C. S., the classification of hysteria and related disorders: Historical and phenomenological considerations, *Behavioral Science*, vol. 5, issue 4, 2015, p. 496-517. <http://doi.org/10.3390/bs5040496> (accessed 4 October 2023).

<sup>45</sup> Rassool, G. Hussein, *Evil Eye, Jinn Possession, and Mental Health Issues; An Islamic Perspective*, p. 179-180.

<sup>46</sup> World Health Organization, *International Statistical Classification of Diseases and Related Health Problems*, 11<sup>th</sup> ed., "Possession trance disorder".

<sup>47</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, "Dissociative Identity Disorder". 2013.

<sup>48</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5<sup>th</sup> ed. "Dissociative disorders".

listens to Qur'an recitations on her smart phone. She was married to her cousin at the age of 17. She has never gone to school and is illiterate. Shukria was referred to the CTP by her general practitioner. She witnessed the execution of several family members by the Taliban. Furthermore, she experienced war between the Soviet army and the mujahidin in the 1980s and the following period of warlords vying for power in her country.

*PTSD symptomology.* Shukria presents with symptoms of PTSD and depression, including re-experiencing trauma in nightmare, intrusive memories, and flashbacks. She suffers from hyperarousal, causing angry outbursts, anxiety, chronic tension headaches, widespread pain, and memory loss. She sleeps 2-3 hours a night and feels isolated.

*Affliction attributed to jinn.* Intermittently throughout the week, Shukria wakes up during the night, paralyzed and unable to speak. At the foot of the bed, she sees a being crawling on top of her chest and strangling her. Shukria believes that being is a malevolent jinni that has possessed her and makes her unable to move or speak. Shukria suspects that the same jinn make her quarrel with her family, causing her chronic headaches and recurrent nightmares.

During her treatment at the CTP, Shukria suffered from suicidal thoughts and had suicidal plans, therefore she was admitted to an inpatient psychiatric hospital. In the diagnostic assessment at the hospital, the medical doctor evaluated Shukria's experiences at night as an expression of psychosis. In addition, Shukria described her suicidal thoughts as a whisper from the Devil (*shayṭān*). The doctor interpreted this as a symptom of psychosis, potentially schizophrenia. The mental health professionals at the CTP did not find psychotic symptoms

#### A. Islamic Perspective of Therapeutic Practice

This chapter explores the concept of Islamic perspective of therapeutic practice which applied to those who experienced jinn possession, evil eye, and witchcraft that caused health problems for human beings. The type of diseases will elaborate from the Islamic point of view through anthropological and psychiatric perspectives along with the cure or therapy that is given to the patient who suffering from the disease in providing therapeutic healthcare.<sup>49</sup>

### Definition of Islamic Therapeutic

The spirituality, beliefs and worldviews of Muslim clients in the management of psychosocial, mental health problems, and therapeutic practice are well

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<sup>49</sup> Mohammad Muslih, Fachri Khoerudin, dan Amir Reza Kusuma, "TELAH PROBLEM HADIS PERSPEKTIF SEKULER: SEBUAH PENGANTAR," *Journal for Islamic Studies* 5 (2022): 17, <https://doi.org/10.31943/afkarjournal.v5i1.245>.

recognized.<sup>50</sup> The notion have led to therapeutic <sup>51</sup>interventions without the “soul”. One of the criticisms of the ethnocentric approaches to psychotherapy and counselling is that it “demonesses and oppresses individuals and groups whole cultures.”<sup>52</sup> However, before discussing the treatment philosophy of witchcraft, the therapist must first know how to get rid of witchcraft in a sound way so that the therapist does not harm the person who intends to benefit from it in therapeutic practice. Therefore, the therapist must know the philosophy of treatment and then apply this philosophy to treating patients in a proper manner.<sup>53</sup>

The notion that philosophy can be practiced as a kind of therapy has become a focus of debate throughout history among scholars and practitioners of health therapies. Some argue that philosophy can be practiced literally as a <sup>54</sup>kind of therapy, in two very different ways: as philosophical therapy that addresses “real-life problems” and as therapeutic philosophy that meets a need for therapy that arises in and from philosophical reflection.<sup>55</sup> From the inception of philosophical counseling, an attempt was made to distinguish it from (psychological) therapy by insisting that therapy could not be more misleading. It is true that philosophical counselors or treatments should not pretend to be able to heal major mental illnesses; nevertheless, they do contribute to positive health—health understood as something more than the absence of mental disease.<sup>56</sup>

Martin argues that Philosophical skills include clarifying concepts of diseases,

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<sup>50</sup> Ansary, N. S., & Salloum, R. (2012). Community-based prevention and intervention. In *Counseling Muslims: Handbook of mental health issues and interventions* (pp. 161–179). Routledge/Taylor & Francis Group; Blando, J. A. (2006). Spirituality, religion, and counseling. *Counseling and Human Development*, 39(2), 1; Fischer, P., Ai, A. L., Aydin, N., Frey, D., & Haslam, S. A. (2010). The Relationship between Religious Identity and Preferred Coping Strategies: An Examination of the Relative Importance of Interpersonal and Intrapersonal Coping in Muslim and Christian Faiths. *Review of General Psychology*, 14(4), 365–381. <https://doi.org/10.1037/a0021624> (accessed 8 December 2023); Hanin Hamjah, S., & Mat Akhir, N. S. (2014). Islamic Approach in Counseling. *Journal of Religion and Health*, 53(1), 279–289. <https://doi.org/10.1007/s10943-013-9703-4> (accessed 8 December 2023); Haque, A., & Kamil, N. (2011). Islam, Muslims, and Mental Health. In *Counseling Muslims*. Routledge.

<sup>51</sup> Muhammad Ari Firdausi Abdul Rohman, Amir Reza Kusuma, “The Essence of ‘Aql as Kamāl Al-Awwal in the view of Ibnu Sīnā and its Relation to Education,” *Jurnal Dialogia* 20, no. 1 (2022): 176–205, <https://doi.org/DOI: 10.21154/dialogia.v20i1.3533>.

<sup>52</sup> Charema, J., & Shizha, E. (2008). Counselling Indigenous Shona People in Zimbabwe: Traditional Practices versus Western Eurocentric Perspectives. *AlterNative: An International Journal of Indigenous Peoples*, 4(2), 123–139. <https://doi.org/10.1177/117718010800400209> (accessed 8 December 2023).

<sup>53</sup> Sa’ad Sa’id Ahmad Abduh, *Maradh al-Sihr; Haqīqatuhu, Ahdāfuhu, Anwā’uhu, al Wiqāyah Minhu, ‘Ilājuhu*, p. 463.

<sup>54</sup> Nirhamna Hanif Fadillah, Amir Reza Kusuma, dan Rofiqul Anwar Anwar, “Comparative Study of Ijtihad Methods Between Ahlussunnah and Syiah,” *Tasfiyah: Jurnal Pemikiran Islam* 6, no. 1 (9 Februari 2022): 83, <https://doi.org/10.21111/tasfiyah.v6i1.6837>.

<sup>55</sup> Fischer, E. (2011). How to practice philosophy as therapy: PHILOSOPHICAL THERAPY AND THERAPEUTIC PHILOSOPHY. *Metaphilosophy*, 42(1/2), 49–82. <http://www.jstor.org/stable/24439891> (accessed 9 October 2023).

<sup>56</sup> Martin, Mike W. "Ethics as Therapy: Philosophical Counseling and Psychological Health." *International Journal of Philosophical Practice*, vol 1, issue 1 (2001), p. 1-31. [https://digitalcommons.chapman.edu/cgi/viewcontent.cgi?article=1008&context=philosophy\\_articles](https://digitalcommons.chapman.edu/cgi/viewcontent.cgi?article=1008&context=philosophy_articles) (accessed 9 October 2023).

identifying hidden assumptions, drawing relevant distinctions, engaging in cogent reasoning, and examining worldviews (general perspectives).<sup>57</sup> This attribute is compulsory for the therapist in general dan for *ṭabīb al-rūhī* in particular, due to the fundamental basis related to believe system and Islamic worldview of health. Gerd B. Achenbach has moved toward seeing the relationship between psychotherapy and philosophical counseling as more complex, as a "relationship of cooperation and competition, that is, a dialectic relationship".<sup>58</sup>

In addition, it has been suggested by Muslim scholars that there is no separation between psychological and spiritual health (mind, soul, and body) as they are intertwined in the worldview of Muslims toward health, the <sup>59</sup>comprehension of health, and interference of jinn as well as witchcraft is needed to spread goodness and to run the divine trust as caliph on this earth.<sup>60</sup> According to Rassool, Muslims believe an illness is not something viewed in the negative sense, but rather as a positive event that can purifies the body, hearth, and soul.<sup>61</sup> As narrated by Abu Sa'id Al-Khudri and Abu Huraira, it is reported that the Prophet Muhammad (PBUH) said that:

*"No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslims, even if were the prick he receives from a thorn, but that Allah expiates some of his sins for that."*<sup>62</sup>

This hadith talks about those who suffer from physical diseases and psychological illnesses. <sup>63</sup>However, Islam teaches its adherents how to deal with and face such kinds of problems, in order to get out of trouble in sound. Another hadith gives much tranquility and full of peace for the true believers:

*"How amazing is the believer's matter, for all of his affairs are good, and that is not for anyone except the believer. If good things happen to him, he gives thanks, and it is good for him, and if hardship happens to him, he is patient, and it is good for him."*<sup>64</sup>

These two hadith infuse the belief system (*aqidah*) in replacing Secular therapeutic practice that only focuses on diseases or body health, it differs from Islam which assumes all obstacles of life and its sufferings are fine for true believers. This,

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<sup>57</sup> Ibid., p. 21.

<sup>58</sup> Gerd B. Achenbach "Philosophy, Philosophical Practice, and Psychotherapy," in Ran Lahav and Maria da Venza Tillmanns (eds.), *Essays on Philosophical Counseling* (Lanham: University Press of America, 1995), pp. 61-74.

<sup>59</sup> Nur Hadi Ihsan dkk., "WORLDVIEW SEBAGAI LANDASAN SAINS DAN FILSAFAT: PERSPEKTIF BARAT DAN ISLAM," t.t., 31, <https://doi.org/DOI: 10.28944/reflektika.v17i1.445>.

<sup>60</sup> Rassool, G. Hussein, *Evil Eye, Jinn Possession, and Mental Health Issues; An Islamic Perspective*, p. 187.

<sup>61</sup> Rassool, G, Hussein, The crescent and Islam: Healing, nursing and spiritual dimensions. Some considerations towards understanding of the Islamic perspectives on caring, *Journal of Advanced Nursing*, vol. 32, issue 2, p. 1476-1484. <https://doi.org/10.1046/j.1365-2648.2000.01614.x> (accessed 9 October 2023).

<sup>62</sup> Imam Al-Bukhari, *Ṣaḥīḥ Al-Bukhārī*, no. 5641. <https://www.dorar.net/h/9WLNopy9> (accessed 9 October 2023).

<sup>63</sup> Nur Hadi Ihsan, Fachri Khoerudin, dan Amir Reza Kusuma, "Konsep Insan Kamil Al-Jilli Dan Tiga Elemen Sekularisme," *Journal for Islamic Studies* 5, no. 4 (2022): 18, <https://doi.org/DOI: https://doi.org/10.31943/afkarjournal.v5i4.323>.

<sup>64</sup> Imam Al-Muslim, *Saḥīḥ Muslim*, no. 2999. <https://www.dorar.net/h/NNRH8eQT> (accessed 9 October 2023).

will elevate Muslims' *īmān* and increase their immune system and balance of body, mind, and soul. Nevertheless,<sup>65</sup> the discussion affirms with the diseases caused by jinn possession, evil eye, and witchcraft in terms of it being an organic disease, is proven in Islam and in the West. Once treated, it is treated like any other real organic disease or psychological disorder, with no difference between them. Thus, based on what was explained.<sup>66</sup>

In relation to mental health, many Muslims failed to seek treatment from mainstream psychiatric health services due to their convictions of suffering from jinn possession or witchcraft and lack of spiritual doctor or medicine.<sup>67</sup> It has been suggested that understanding Islamic values, beliefs, and worldview<sup>68</sup> of treatment can be beneficial in drug adherence and modification of different psychotherapeutic techniques.<sup>69</sup> We deal with the disease of witchcraft in terms of it being an organic disease, as we have proven. Once treated, it is treated like any other real organic disease or psychological disorder, with no difference between them. Thus, based on what was explained above, Ibn Qayyim argues that witchcraft is treated in two stages; firstly, getting rid of the witchcraft substance lodged in the stomach, and also getting rid of the symptoms. witchcraft material can be identified at the diagnosis stage. Secondly, getting rid of the jinn assigned with witchcraft that mostly difficult condition for therapists due to taking more time and torturing the patient.<sup>70</sup>

These two stages of treatment philosophy must be well-understood by the therapist (*ṭabīb al-rūhī*) while giving treatment to the patients caused by witchcraft due to his great role of being a facilitator and guidance and giving advice (when appropriate), educating the client in the creed (*‘aqidah*) and Islamic jurisprudence (*fiqh*) and working with people to facilitate their psychological and spiritual growth and development.<sup>71</sup> These religious theoretical approaches of Islam will bring back Muslims patient to believe in God's decree for them in this worldly life. The principle of therapeutic illness of Islam and its responsibility should be disseminated worldwide in order to bring back wisdom and *fiṭrah* as the blessing of God Almighty to all of mankind.

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<sup>65</sup> Amir Reza Kusuma, "Konsep Jiwa Menurut Ibnu Sina dan Aristoteles," *Tasamuh: Jurnal Studi Islam* 14, no. 1 (2022): 30, <https://doi.org/10.47945/tasamuh.v14i1.492>.

<sup>66</sup> Mohammad Latief dkk., "Framework Richard Walzer Terhadap Filsafat Islam Dalam Bukunya; Greek Into Arabic Essay On Islamic Philosophy" 7, no. 1 (t.t.): 14, <https://doi.org/DOI:10.15575/jaqfi.v7i1.12095>.

<sup>67</sup> Abu Muhammad Mahmud Ibn Ahmad Badru Al Din Al 'Aini Al Hanafi, *'Umdatul-Qāri Sharhu Sohīh Al-Bukhārī*, p. 21/ 265.

<sup>68</sup> Mohamad Latief, Amal Fathullah Zarkasyi, dan Amir Reza Kusuma, "PROBLEM SEKULER HUBUNGAN AGAMA DAN NEGARA MENURUT ALI ABDUL RAZIQ" 7 (2022).

<sup>69</sup> Sabry, W. M., and Vohra, A., Role of Islam in the management of psychiatric disorders. *Indian Journal of Psychiatry*, vol. 55, Suppl, 2, S205-S214. <http://doi.org/10.4103/0019-5545.105534> (accessed 9 October 2023).

<sup>70</sup> Al-Imam Al-'Allamah Ibn Al-Qayyim Al-Jawzi, *Zādu Al-Ma'ād fi Hadyi Khairi Al-'Ibād*, p. 4/ 114; Sa'ad Sa'id Ahmad Abduh, *Maradh al-Sihr; Haqiqatuhu, Ahdafuhu, Anwa'uhu, al Wiqāyah Minhu, 'Ilājuhu*, p. 467.

<sup>71</sup> Rassool, G. H., *Islamic Counselling; An Introduction to Theory and Practice*, (East Sussex: Routledge, 2016).

## Health Problem Caused by Jinn and Witchcraft

Regarding the types of witchcraft that caused diseases for man, one of the pieces of evidence from the hadith that need to be carefully studied is narrated from 'Aishah about the witchcraft that affected the prophet Muhammad (PBUH) and he invoked his Lord (for a remedy). Then one day he said:

*“O 'Aishah! Do you know that Allah has advised me as to the problem I consulted Him about while I was recovering? 'Aishah said, O Allah's Messenger (PBUH) what is that? He said, two men came to me and one of them sat at my head and the other at my feet, and one of them asked his companion, 'What is wrong with this man? The latter replied, 'He is under the effect of witchcraft. the former asked, 'who has worked witchcraft on him?' The latter replied, 'Labib bin Al-'Asam' the former asked, 'with what did he work the witchcraft?' the latter replied, 'with a comb and the hair, which are stuck to the comb, and the skin of pollen of a date-palm tree.' The former asked, 'where is that?' the latter replied, 'it is in Dharwan.' Dharwan was a well in the dwelling place of the (tribe of) Bani Zuraiq. Allah's Messenger (PBUH) went to that well and returned to 'Aishah, saying, 'By Allah, the water (of the well) was as red as the infusion of Hinna and the date-palm trees look like the heads of devils. 'Aishah added, Allah's Messenger (PBUH) came to me and informed me about the well. I asked the Prophet, 'O Allah's Messenger (PBUH), why did not you take out the skin of pollen?' He said, 'as for me, Allah has cured me and I hate to draw the attention of the people to such evil then the well was buried.”<sup>72</sup>*

This hadith showed the use of witchcraft against the Prophet Muhammad (PBUH). It is acknowledged that hadith is sahih (accepted of the sayings) which was narrated by Bukhari, <sup>73</sup>Muslim, and other scholars of hadith. Muslims accept the hadith and story and no one denies it except an innovator. There are several points from the hadith above that indicate that magic is a disease and <sup>74</sup>its conformity that witchcraft can destroy human entities like a virus:

The first point is saying of the Prophet Muhammad (PBUH), in the first hadith “O 'Aishah! Do you know that Allah has advised me as to the problem I consulted Him about while I was recovering (*shifā'i*)?”<sup>75</sup> and in the last hadith “Allah has cured me (*shafānī*)”, the word healing (*shifā*) was mentioned in this hadith twice, and he stated that God Almighty has healed him, and healing only occurs from an illness.<sup>76</sup> Imam al-Qurtubi commented on this hadith that when the Prophet Muhammad (PBUH), said: “God has healed me (*shafānī*),” and healing occurs only by removing the illness

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<sup>72</sup> Al-Imam Al-Bukhari, *Ṣaḥīḥ Al-Bukhārī*, no. 3268. <https://www.dorar.net/h/TGdk3CJ6> (accessed 29 September 2023).

<sup>73</sup> Mohammad Muslih, Heru Wahyudi, dan Amir Reza Kusuma, “Integrasi Ilmu dan Agama menurut Syed Muhammad Naquib al-Attas dan Ian G Barbour,” *Jurnal Penelitian Medan Agama* 13, no. 1 (2022): 21–35, <http://jurnal.uinsu.ac.id/index.php/medag/>.

<sup>74</sup> Muhammad Syifa'urrahman dan Amir Reza Kusuma, “قضية صفات الله عند المعتزلة وأبي الحسن، الأشعري وابن تيمية,” *Rausyan Fikr: Jurnal Ilmu Studi Ushuluddin dan Filsafat* 18, no. 1 (10 Agustus 2022): 153–88, <https://doi.org/10.24239/rsy.v18i1.876>.

<sup>75</sup> Abu Hamid al-Ghazali, *Ihya' Ulumudin* (Kairo: Dar al-Ma'arif, 1999).

<sup>76</sup> Sa'ad Sa'id Ahmad Abduh, *Maradh al-Sihr; Haqiqatuhu, Ahdāfuhu, Anwā'uhu, al Wiqāyah Minhu, 'Ilājuhu*, p. 157.

and removing the disease.<sup>77</sup> Ash-Shanqiti argued that hadith asserted the influence of witchcraft on the Prophet Muhammad (PBUH), caused illness for him.<sup>78</sup>

The second point is the saying of angel 'What is wrong with this man?' (mā waja' ar-rajul?). Ash-Shanqiti said in some proven narrations in Sahih al-Bukhari and elsewhere, it says: (Then one of them said to the other: What is the man's pain? He said: He is blessed 'maṭbūbun') meaning: bewitched, which is a statement that magic caused him pain.<sup>79</sup> Ibn Mandzur said al-waja' is a comprehensive name for every painful disease.<sup>80</sup> In al-Mu'jam al-Wasīṭ, the meaning of al-waja' is sickness and pain.<sup>81</sup>

The third point is the saying of angel <sup>82</sup>'He is under the effect of witchcraft' (maṭbūbun). Sa'ad argued Since witchcraft was one of the diseases; the angel expressed it in diagnosing it with a word derived from medicine *aṭ-ṭib* which is *maṭbūbun*, as the Arabs used to give it to a sick person who was healthy and sound.<sup>83</sup> Nawawi commented *al-maṭbūbun* in this hadith is *al-mashūr* (bewitched).<sup>84</sup> This argument was in line with Ibn Al-Qayyim stances that *maṭbūbun* is *mashūr* (bewitched).<sup>85</sup>

From a hadith and discussion among Muslim scholars above, it can be concluded that only two types of diseases occurred for mankind; moral illness (*marad ma'nawī qolbī*), and somatosensory disease (*marad hissī badanī*). Hence, that since the Prophet was afflicted with witchcraft, it is an organic physical-sensory disease or dissociative disorder (DSM-V) that affected to his body, not his prophecy and it is not permissible for him to suffer from any mental or heart disease (*marad ma'nawī qolbī*).<sup>86</sup>

In this stand, the author argues this sacred hadith taught Muslims how to deal with such diseases that three angels doing therapeutic practice for the Prophet Muhammad (PBUH). it begins with a conversation about diagnosing and analyzing the illness and then detecting the causes of the disease and teaches how to overcome it so as to bring about complete healing. This procedure or protocol of treatment bestowed from heaven through permission of God is the true guidance for doctors and professional healthcare around the world that proves Islam is not an ordinary religion but its guidance for mankind and the way of life, that Western civilization

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<sup>77</sup> Al-Imam Al-Qurtubi, *Al-Jāmi' li Aḥkāmī Al-Qur'ān*, p. 2/ 33.

<sup>78</sup> Muhammad Al-Amin Bin Muhammad Al-Mukhtar Al-Jakani Ash-Shanqiti, *Adwā' Al-Bayān*, (Cairo: Dar Al-Hadith, 2008), p. 4/ 327.

<sup>79</sup> Ibid.

<sup>80</sup> Ibn Mandzur Al-Ifriqi, *Lisānu Al-'Arab*, p. 9/224.

<sup>81</sup> Majma' Al-Lughah Al-'Arabiyyah, *Al-Mu'jam Al-Wasīṭ*, p. 1014; Al-Fairuz Abadi, *Al-Qāmūs Al-Muhīṭ*, p. 1850.

<sup>82</sup> Amir Reza Kusuma, "Konsep Psikologi Syed Muhammad Naquib al-Attas," *Jurnal Al-Qalb* 13, no. 2 (2022), <https://doi.org/DOI : 10.15548/alqalb.v13i2.4386>.

<sup>83</sup> Sa'ad Sa'id Ahmad Abduh, *Maradh al-Sihr; Haqīqatuhu, Ahdāfuhu, Anwā'uhu, al Wiqāyah Minhu, 'Ilājuhu*, p. 158.

<sup>84</sup> Al-Imam Abu Zakaria Ibn Sharaf An-Nawawi, *Ṣaḥīh Muslim Bisharhi An-Nawawī*, (Beirut: Dar Al-Kutub Al-'Ilmiyyah, 2000), p. 14/ 148.

<sup>85</sup> Al-Imam Al-'Allamah Ibn Al-Qayyim Al-Jawzi, *Zādu Al-Ma'ād fi Hadyi Khairi Al-'Ibād*, p. 4/ 126.

<sup>86</sup> Sa'ad Sa'id Ahmad Abduh, *Maradh al-Sihr; Haqīqatuhu, Ahdāfuhu, Anwā'uhu, al Wiqāyah Minhu, 'Ilājuhu*, p. 162-163.

does not have.

## CONCLUSION

Point is the saying of angel 'He is under the effect of witchcraft' (*maṭbūbun*). Sa'ad argued Since witchcraft was one of the diseases; the angel expressed it in diagnosing it with a word derived from medicine *aṭ-ṭib* which is *maṭbūbun*, as the Arabs used to give it to a sick person who was healthy and sound. Nawawi commented *al- maṭbūbun* in this hadith is *al-mashūr* (bewitched). This argument was in line with Ibn Al-Qayyim stances that *maṭbūbun* is *mashūr* (bewitched).

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