The Interpretation of Mental Illness as a Supernatural Cause in Muslim Communities

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Abstract--Muslims usually believe in supernatural or religious causes as the main reason of most mental illnesses around them due to the classical Islamic teaching. This literature is a scope to look at if perception of supernatural forces (evil eye, possession by jinn, black magic) or religious causes (punishment/blessing from God) is common in Muslims in developing and developed countries or not? Also in comparison to other religions do Muslims consider believing more or less than other religions in those causes? This explanatory literature review aims to search for findings that can give a better understanding to the Islamic and Muslim perception of mental illnesses and their perception of treatment. The databases internet was searched for studies related to the topic. Also, no limitation was placed on years included in the search. Sixty-four relevant publications were read and analyzed closely for findings and treatments. Supernatural and religious causes were more investigated and included in Muslim communities than non-Muslims communities due to Muslims perception of mental illness. This review has shown that due to the high prevalence of populations to consider supernatural and religious believes as a cause of mental illness to follow the trend of using therapeutic and spiritual aspects hand in hand to assure an excellent service for patients.

Keywords--Black Magic; Evil Eye; Jinn Possession; Mental Illness; Muslims

I. INTRODUCTION

A mental disorder is considered in the DSM-IV-TR as "a clinically significant behavioral or a psychological syndrome or pattern that occurs in an individual and that is associated with present distress, disability or significantly increased risk of suffering death, pain, disability or an important loss of freedom." [1]. Thus, the DSM-IV-TR's conceptualization of mental illness tends to focus on mental illness as a manifestation of a behavioral, psychological or biological dysfunction in the individual [2]. This definition has changed in DSM-V to the following "A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above." [1].

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Islam, like other religious traditions, has historical conceptions of mental illness and traditional modes of psychotherapy [3, 4].Islamic perspectives on illness have been developing for centuries and can be traced to the Quran itself. Within the Quran, four components are mentioned that have come to be viewed as a holistic model of the self. This model is based on the interrelation between the *ruh* (soul), the *qalb* (connection between the soul and the body), the *aql*(intellect) and the *nafs* (drives or desires) merging through the *dahmeer* (consciousness). In order to be healthy, all 4 aspects need to be balanced. An imbalance in any aspect results in physical, mental and/or spiritual illness [5]. Islamic understandings of mental and physical illness correspond to currently accept diagnostic classifications as described in the DSM-IV-TR and the ICD-10. Islam, however, acknowledges an additional category of illnesses: spiritual illnesses, which are broadly divided into 2 types, *sihr* (black magic) and *nazr/ayn al husood* (evil eye). Jinn, spirit possession and bewitchment all fall under the category of *sihr*. *Nazr*, on the other hand, is when a person looks at another person with an 'evil eye' or with envy. Very little is known about the symptom beliefs of patients consulting GPs in Arab countries [6].

Many theorists such as Eisenbruch[7] have argued that non-Western cultures have a different conceptualization of psychological disorders from Western cultures. Specifically, Ossman et al. [8] suggested that Arab patients with psychological problems were more likely than others to attribute their problems to supernatural causes. It has been argued that Arab culture is less open to psychological explanations for problems than is Western culture [9]. Therefore, patients with psychological problems might impute supernatural causes as an alternative to psychological ones. Consistent with this, from clinical experience Al-Krenawi and Graham [9] suggested that Arab patients with psychological problems tended to blame supernatural causes for the origins of their problems and linked this with a tendency in Muslim culture to impute an external locus of control in mental health problems [10, 11].

Theoretical framework

Western civilization's relationship with mental illness has had a complex and varied history, characterized by periods of relative scientific inertia and ostracism of those afflicted, as well as periods of great theoretical insight and progressive thinking. Following the abandonment of supernatural explanations/theories and with the emergence of logical thought and experimental reasoning after the middle Ages, the stage was set for a transition to a humane method of treating mental illness. Behavioral theorists conducted experiments to conclude that behaviors are acquired and learned through conditioning, but cognitive theorists emphasize perception, thinking, belief systems, and other processes of remembering and learning for mental health [12]. Likewise, sociocultural theory focuses on how acquisition of behaviors is influenced by cultural beliefs and attitudes, apart from peers and adult influences [13]. According to Vygotsky's sociocultural theory [13], when a child is born, he/she has fundamental biological constraints on his/her mind; it is the culture that provides chances for learning, and as a result, children start using abilities of their mind in order to adapt their culture [14]. Rosenstock et al. [15] proposed the "Health BeliefModel" that focuses on beliefs and attitudes to predict health behaviors. It understands the severity of illness and barriers to dealing with it in terms of how it is perceived by an individual. This model explains the causes of not utilizing health services by focusing on four constructs such as: perceived susceptibility, perceived severity, perceived benefits, and

perceived barriers [16]. These four constructs have been seen to combine additively and affect the probability of executing certain health-related behavior [16]. Perceived barriers have been shown to be the best predictor of behavior [17]. Therefore, focusing on perception and belief systems is an important aspect of understanding any health-related issue.

II. METHODOLOGY

The databases internet (Google scholarly, MEDLINE, NCBI) were searched for studies related to mental illness among Muslims in developed and developing countries and treatment outcome by using the following terms: "supernatural," "supernatural as a cause of mental illness," "mental illness causes," "Muslims perception of mental illness," "treatment in Muslims communities from mental illness," "Muslims communities in developed countries." Initially, no limitation was placed on years included in the search. Seventy relevant publications were read and analyzed closely for method and content, with particular focus on location and inclusion criteria of study participants. Studies were eliminated if supernatural forces or religion were not included in the cause relationship of mental illness, if the studies did not have specific quantitative or qualitative findings, or if the students included were not related to any specific religion. Sixty-four remaining articles were reviewed further, and it was decided that it well be used in benefit of the research.

III. RESULTS

Interpretations of Muslim community in developing countries

The Eastern Mediterranean Region (EMR)

EMR is a WHO-defined group of countries comprising Afghanistan, Arab Republic of Egypt, Bahrain, Djibouti, Iraq, Islamic Republic of Iran, Jordan, Kingdom of Saudi Arabia, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Republic of Yemen, Somalia, Sudan, Syrian Arab Republic, Tunisia, and the United Arab Emirates. Thus, the common between those countries is their religion which is Islam. Mental disorders are common in the EMR. Large scale community surveys conducted in the region report rates of psychological distress between 15·6% and 35·5%, with higher rates in countries with complex emergency situations. The 12-month prevalence of mental disorders ranges between 11·0% and 40·1% [18]. An overview of the literature in relation to mental illness in Saudi Arabia indicates the lack of an accurate estimate for the prevalence of such problem among the Saudi population. However, a few studies have been conducted in relation to specific mental disorders or particular populations and age groups. For example, a study by Al-Sughayr and Ferwana [19] has measured the prevalence of mental illness among high school students selected from four sites (N=354) and indicated that the rate of mental illness among the study population was 48%. It was found to be more prevalent among females(51%) than males (41%). Another study reported that, the prevalence of the minor mentalillness morbidity was 18.2%, (30.5% when the sub-threshold mental illness is included). It was significantly higher in women (22.2%) than men (13.7%),especially in the younger age group [20].

Using the etiological scale to describe the etiological beliefs of Saudi primary care patients has shown that cases with emotional stress has attributed their illness to "test or punishment from Allah" also attribution to evil eye

were common. Devil/Jinn and magic/sorcery were, by contrast, rare beliefs [6]. Psychomotor retardation maynot be recognized as a mental illness thus delaying treatment, whereas excitement may beinterpreted in cultural terms as demonic possession [21].

Another study Alrahili at al. [22] has found (87%) believed that depression was a medical illness, 75% said that depression would not occur if 'one was close to God' and more than half (57.66%) blamed 'black magic' or the 'evil eye'. Thus, while most subjects believed that depression could be caused by supernatural factors, they also believed that it was an illness requiring treatment. A study of autism by Alqahtani and Mohammed [23] approached 85 Saudi parents of children with autism and 47 of them were interviewed. Several causes of autism were reported. A vaccine was the most causative sources reported. Number of parents had a guilt feeling that their child condition (autism) was caused by them. While others convinced that their child autism was due to supernatural forces like evil eye or black magic.

A study in Kuwait by El-Islam and Abu-Dagga [24] has reported the cognitive schemas of 208 subjects were elicited in relation to 12 hypothetical symptoms which are most commonly presented by patients suffering from psychiatric disorder. It found that emotional symptoms however were the major candidates for psychosocial and/or supernatural explanatory concepts. Since most people in this culture (including patients and professionals) are somatically orientated in explaining health problems or symptoms it is not surprising that individuals who adopted supernatural explanations were in the minority. The supernatural as an explanation for all somatic symptoms were 58 and 81 for emotional symptoms. Unfortunately, older individuals were over-represented among those who would attribute symptoms to supernatural explanations but this is not due to their tendency to be among the less educated.

A study on university students in Qatar reported by Zolezzi and Bensmail [25] showed that (39.6%) Qatari students believed that "mental illness is the result of possession of evil spirits". In addition, 50.2% of students responding "yes" and "I don't know" to the following question "mental illness is a punishment from God". Also, a study in Pakistan examined beliefs of medical practitioners for the reason of depression among patients as a result 37.2%of answers were agreeing on religious and supernatural causes. Specifically, about 13.4% belief for black magic, 13.3% for jinn possession, 18.1% for god's punishment, 19.2% for evil eye. As significant finding, supernatural causes were more commonly held by female doctors, those working in rural settings, and those with greater psychiatry specialist education [26].

Malaysia

The belief of supernatural powers as a cause of mental illness continued to exist in other countries like Malaysia. 134 Malay patients were investigated by means of a 20-itemchecklist. About 53% of the patients attributed their illnesses to supernatural agents. Witchcraft and possession by evil spirits were regarded as common causes of illness [27].

Algeria

Al-Issa [28] reported Algerian concepts of mental illness. Although, Algeria whose cultural background reflects not only the African tradition but also the influence of the Arab-Muslim culture; they still attribute patient

mental illness to the position by a supernatural being Jinn (demons) which control his behaviors, thoughts and desire. The evil eye another precipitating factor is considered as a means of sanctions against anybody who exceeds the limit of positive attribute.

South Africa

In a study of South African Muslim psychiatrist, the participants emphasized the role of spiritual aspects when commenting on Islamic definitions of mental illness. This link was made by all of the participants, who explained that being possessed by jinn, being bewitched or have been affected by *nazr* are common beliefs among patients from the Muslim community [5].

Ethiopia

In Ethiopia, widespread beliefs that severe mental illnesses are due to demon possessions, bewitchment by evil spirits, ancestors' spirits or the evil eye have existed for many years, but the attitude of the public towards such illnesses has only recently been addressed [29, 30]. Over a million Ethiopians are estimated to suffer from schizophrenia and affective disorders [31]. Schizophrenia and major affective disorder was attributed to supernatural forces by27% of 178 individual interviewed out of more than 21,000 screened. Muslims represent73.5% of interviewed sample. In a logistic regression model, none of the following covariant entered in the model showed a significant association with attribution to supernatural forces: Christian religion (OR 2.01; 95%CI 0.68–5.93), rural residence (OR 2.94; 95%CI0.70–12.27), relative with schizophrenia (OR 0.45; 95%CI 0.16–1.19) or age (OR 1.02; 95%CI 0.99–1.06).

Interpretations of Muslim community in developed countries

United Kingdom

After Christians, Muslims represent the largest religious grouping in the UK. According to census statistics, there are approximately 1.6 million Muslims in the UK [32]. A study on the total of 111 participants completed the study questionnaire, of which 52 were female. The majority were aged between 18 and 30years, married, employed and born outside the UK. The majority believed in the existence of Jinn (80%), black magic (65%) and the evil eye (73.8%). Around 60% of respondents believed in Jinn possession. Females were more likely than males to believe in the existence of black magic and evil eye [33].

In another study, 287 participants with five different believes in faith including Muslims. The belief of supernatural causes for mental stress was highest in Muslims represents 20.9%. The predictors of such believe was younger age group (less than 35 years) with lower education or no education background [11]. A surprising study have showed that Muslim Bangladeshi living in Leicester, UK (80%) compared to those living in Dhaka (73%) were more likely to believe in jinn as cause of mental health difficulty. Female gender was a predictive characteristic [34].

United States of America

Muslim Americans are an increasingly visible minority group within the American population. A study involved 255 Muslim American revealed that the conception of mentalillness as a cause of possession by jinn

(13.5%), evil eye (28.3%) and black magic (27.6%). The majority of participants agreed that mental illness is caused by chemical imbalance in the brain and that is consistent with the thought of modern psychology today [35].

Turkey

A study in turkey showed the prevalence of experiences of possession and paranormal phenomena (PNP) in the general population and their possible relations to each other and to traumatic stress and dissociation. The Dissociative Disorders Interview Schedule, the posttraumatic stress disorder (PTSD) and borderline personality disorder sections of the Structured Clinical Interviews for DSM–IV Axis-I and Personality Disorders, and the Childhood Abuse and Neglect Questionnaire were administered to 628 women. 18.3% of the participants had a DSM–IV dissociative disorder, including 8.6% dissociative disorder not otherwise specified. Overall, dissociative women reported all types of possession and/or PNP(paranormal phenomena) more frequently than the non-dissociative group. Of the four types of possession the experience of possession by a demon or jinn represent 5.2% in DID (Dissociative Identity Disorder) and 0% in non-DID. In addition, the study reported that PNP were reported more frequently by women had a history of childhood abuse and/or neglect than those who did not. However, a diagnosis of PTSD or traumatic experience in adulthood has no significant association [36].

The cause relationship between mental illness and supernatural believes in non-Muslim communities

The second most frequent cause of mental health problems after Psychosocial and environmental factors (stress) was spiritual [37]. Mental disorders were interpreted as a result of the wrath of God, curses, and evil spirits. Within a spiritual and supernatural domain, there was some distinction as these aforementioned studies attributed mental health issues to negative forces or the result of the anger of God, while other revealed the beliefs of people attributing mental health problems to some blessings and spiritual connection with God and getting special attention from nature[37].

For example, a study in Ethiopia, about Orthodox Christians (84%) of participants in the interview attributed the mental illness to the supernatural agents like, curs when somebody violates the religious principles specially the one who violates the God's commandments and other social taboos, supposed to affect by the mental illnesses. They also consider mental illness may be caused by devil practices of individuals who are missioners of devil spirits. They assume also as some persons have special abilities to harm others using their malicious power gained from devil spirits and religious education or training [38].

Another study in India, 62% of Hindus patients admitted that people in their community believed in sorcery and other magico-religious phenomena. One fourth to half of patients believed in ghosts/evil spirit (26%), spirit intrusion (28.8%) and sorcery (46.6%). Two-third patients believed that mental illness can occur either due to sorcery, ghosts/evil spirit, spirit intrusion, divine wrath, planetary/astrological influences, dissatisfied or evil spirits and bad deeds of the past. 40% of the subjects attributed mental disorders to more than one of these beliefs [39].

Effect of supernatural believe on treatment

In a community study in Dubai of 20 men and 20 women, older women tended to favor faith healing, self-help and acceptance of the situation, or, if necessary, to seek help from relatives or friends. They were less

enthusiastic about help from professionals. On the other hand, younger women felt that some cases needed psychiatric help. They were, however, not much different from the older women in their ways of dealing with depressive symptoms. These included keeping oneself busy, talking to members of the family or friends, reading the Koran and praying, and finding a good faith healer. Like their female counterparts, men identified the causes of mental illness as family difficulties, adverse childhood experiences and other external factors such as political and social stresses.

Men thought that reading the Koran was a way of coping with depression, especially as a defense against suicidal thoughts. While some mentioned that consulting psychiatrists, spending time with others, prayers and talking, were seen as key strategies [40].

In a study in Qatar University, the majority of Qatar University students prefer seeking the support from family and friends when facing psychological problems. Most students also held misconceptions regarding treatment, such as believing that medications to treat mental illness can cause addition, and mostly also appeared to underestimate the importance of seeking professional help for mental or psychological problems. Many studies in the Middle East have suggested that individuals may rather seek social support from family members or friends when faced with mental illness rather than seeking professional help [41, 42]. This help seeking attitude has been attributed to the Arab culture and among individuals of Muslim faith, who have a strong family bond, and thus, involving non-family members in mental health issues, which implicates revealing familial or personal issues, is less acceptable than in western societies [43, 44]. Misconceptions (such as believing that medications used to treat mental illnesses are associated with addiction reported by84.5% of students in our study) and lack of awareness (such as being unaware of the services provided by the university's Student Counseling Center) may be influencing students to rely more on friends and family for mental health support. These findings are consistent with those from another study conducted in the United Arab Emirates, in which most students were unaware of both individual and group counseling and psychological consultations provided on campus [44]. These findings highlight the need for educational interventions in this population to increase awareness about the importance of pharmacologic treatment and for improving access to mental health services within the university [45].

Surprisingly, somewhat similar findings have also been reported from developed countries. Although religion is said to play an important role in the lives of people in Asia and the Middle East, attributing a religious cause to mental illness also occurs in industrialized countries. For instance, research from the USA has shown that certain religious groups, such as evangelical Christians, also attributed their mental illness and depression to religious factors [46]. As a result, faith based mental health programs are increasingly being used to improve treatment engagement and compliance in certain minority groups in the USA [47]. In fact, there is a general trend in most developing countries to adopt a holistic approach to mental health, incorporating medications and therapy with elements of faith and spirituality where indicated [48].

Culture influences the concept and representations of illness, affecting the presentation, assessment and management of mental disorders. The definition and classification of mental disorders is predominantly Western-

based and this can conflict with cultural contexts where alternative conceptions and traditional explanation of these health problems may be commonly held [49].

Supernatural attributions for the cause and treatment of mental illness, whilst relatively uncommon among Western cultures, are a more frequently held explanatory model among other ethnic groups. Studies conducted with mental health service users in the United Kingdom (UK) from different ethnic and cultural backgrounds show that mystical, religious and magical explanations for mental illness are substantially more likely to be cited by those who are Asian or West African, whereas White patients more commonly attribute mental illness to biological factors [50].

Studies indicate that supernatural explanatory models appear to be associated with reduced treatment satisfaction and poorer therapeutic relationships with health professionals [50] as well as a greater likelihood to seek help from faith-based organizations[51].This accord with systematic review evidence derived from population surveys in Australia, the USA and European nations that biological and genetic conceptualizations of mental illness are associated with greater endorsement of treatment by medical professionals [52].

However, public beliefs about the nature and cause of mental illness influence social acceptance, and although biological explanations may facilitate better satisfaction with conventional treatments and health services, they also appear to be associated with a greater desire for social distance from people with mental health problems [52, 53].

Literature has shown that communities with similar beliefs about mental illness may accept the different treatments of faith healers if the concept is similar to theirs. For example, Chinese comprise a significant portion of the population of Malaysia, and have their own unique perspectives toward illness and mental illness [54], viewing mental illness as a mixture of organic (i.e., ying-yang imbalance) and spiritual possession. However, their spiritual beliefs are not so different from the Malay beliefs, and it is not uncommon for Chinese to seek treatment from traditional Malay healers or for Malays to seek treatment from Chinese healers [54, 55].

Two studies from South Africa: first study, looking at Muslim faith healer's perception of mental illness. The second looked at the role of Islam in perception of mental illness ina sample of Muslim psychiatrists. Both had recognized each other based on Islamic background but rarely a psychiatrist may seek help from faith healers while faith healer may acknowledge the need of a psychiatrist help this suggest that main stream psychiatrist models may need to expand their definitions of, and approaches mental illness to include more religious and cultural dimensions which may add cultural validity to the taxonomy of illness and make for more culturally competent practitioners [2, 5].

IV. DISCUSSION

The aim of this literature review was to ascertain Muslim beliefs and interpretation about mental illness causal relationship and supernatural forces such as evil eye, black magic, jinn, possession and religious aspect (blessing or banishment from God). Findings of the selected articles were presented in tow main categories namely Interpretation of Muslim communities in developing countries, and Interpretation of Muslim communities in

developed countries. These beliefs and interpretations were compared to communities with deferent religions. In addition, the effect of supernatural beliefs on treatment was included.

Muslim in developing countries beliefs in supernatural forces especially evil eye, jinn passion, black magic and religious aspect as cause of various mental illness like depression, anxiety, autism and schizophrenia the percentages of such beliefs were from 30% -75%. This strong believes is stemmed from the classical teaching and the fear transmitted through generation. According to Islamic teaching, the existence of supernatural forces is documented in Holy Quran and Hadith. Thus, the effect of modern teaching may be concluded from the group who considered mental illness as disease that it needs treatment.

From reviewed studies, health professionals trained in western countries may perceive supernatural forces and religious aspect as a cause of mental illness. Muslims in developed countries has similar believes like there counterpart in developing countries but at lower percentages 5%-20% with higher tendency to embrace biochemical causes of mental illness.

In developing countries both Muslim and non-Muslim have a strong believes of supernatural forces and religious aspect as cause of mental illness. Unfortunately, this review not able to judge on other religions view of supernatural or religion aspect in developed countries because of scares data found.

Treatment of mental illness in some developing countries patients usually start with spiritual (faith healers) consultation and use of traditional Islamic and social ways of coping. This may delay patient seeking professional help from psychologist and psychiatrics. Some developed countries had combined both religious and spiritual approach to mental health in addition to classical psychiatric management.

V. CONCLUSION

This review has shown that due to the high prevalence of populations to consider supernatural and religious believes as a cause of mental illness to follow the trend of using therapeutic (psychiatrist and psychologist) and spiritual (faith healers) aspects hand in hand to assure an excellent service for patients. This review acknowledges the public about the general psychological health and its relation to mental illness (causes, definitions and treatments), as well as encourage through media to visit a therapist even for a simple checkup.

VI. ACKNOWLEDGMENTS

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