

# An exploration of spiritual healing methods amongst the south-asian muslim community in the north of England

## Abstract

UK's South-Asian (particularly Muslim) Community are known to attribute mental health problems to the malevolent affliction of (Jinn) spirits,<sup>1</sup> and more likely to seek religious therapies for illness either solely or in combination with conventional medicine.<sup>2</sup> This research examines a purposive sample of 13 (mainly South-Asian) Muslim spiritual healers in West Yorkshire. Using data collected via semi-structured interviews and observation of 'surgeries', the research reveals that preferred methods of 'treatment' vary according to therapists' and service users' ethnicity, literacy levels and educational attainments as does spiritual healers' willingness to refer patients to conventional mental health services. Ethnicity is a particularly important factor with noticeably different practices by Pakistani-Kashmiri pirs who are also distinguished by their greater reluctance to engage with NHS services. This study found some service users to be culture specific i.e. those of Pakistani-Kashmiri heritage in the main displayed unquestioned allegiance towards spiritual healers of their own background. This group were also more subject to exploitation and less satisfied with spiritual healing outcomes. Other healers from different backgrounds displayed a more structured approach with service users from different backgrounds. This study aims to highlight the different methods used in spiritual healing as well as the preference and prevalence of spiritual healing consultation among Muslims of South Asian backgrounds in West Yorkshire.

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Nussrat O Hussain,<sup>1</sup> Simon Dein<sup>2</sup>

<sup>1</sup>Researcher, Durham University, UK

<sup>2</sup>Professor, Durham University, UK

**Correspondence:** Nussrat O Hussain, Researcher, Durham University, UK, Email [nussaratto@hotmail.com](mailto:nussaratto@hotmail.com)

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## Introduction

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, approximately 54% of who were born outside of the UK. There has been emerging interest in the use of traditional healers by South Asians in the UK. Early studies by Aslam<sup>3</sup> and Healey & Aslam<sup>4</sup> focused upon health seeking behaviour among the UK Muslim community. These studies revealed that people called upon traditional cultural or religious healers when suffering from mental or physical ill health, sometimes attributed to misfortune. Similar patterns of petitioning pirs (holy men or saints) for miracle cures were found in other cities in the UK, Birmingham,<sup>5</sup> and Leicester.<sup>6</sup> Dein<sup>7</sup> and Littlewood<sup>8</sup> studies show consistent patterns in the Bangladeshi Muslim Community in East-London accessing spiritual therapies from Muslim Healers.

Previous studies have focused either on one ethnic (Bangladeshi) population<sup>8,9</sup> or focused mainly in or around the South of England and the Midlands. Dein,<sup>10</sup> Khalifa<sup>11</sup> and others have documented several methods for spiritual healing among Muslim therapists to expel malevolent affliction of jinn, black magic and evil eye. This study includes healers in Bradford deriving from both Bangladeshi and Pakistani backgrounds.

### Jinn, witchcraft and evil eye

In contrast to Orthodox or 'High Islam,' Folk Islam denotes forms of Islam that incorporate native folk beliefs and practices.<sup>12</sup>

This includes the deployment of traditional magical systems, ecstatic rituals and amulets.<sup>13</sup> In terms of health seeking behaviour, many South Asians in the UK are known to visit traditional and spiritual healers offering culturally specific approaches to mental illness and its treatment.<sup>14</sup> How frequently help from these healers is sought in the UK is unclear, although their use appears to complement the use of Western Medicine, rather than replacing it.<sup>15,16</sup>

Belief in 'unseen worlds' (Al Ghayb) is central to Islam. Throughout the Muslim world mental illness and some forms of physical illness, particularly epilepsy, are attributed to three supernatural causes: Jinn, sorcery and evil eye. The Qur'an, for example, cautions that only those who believe in extrasensory realities have the capacity to benefit from its teachings: 'In it [the Qur'an] is "a guidance for those who are conscious of God; those who believe in the unseen, who establish prayer and spend (in charity) out of that which We have bestowed upon them".<sup>17</sup> The Qur'an describes two entities of high intellect—humans from the world of physical form and jinn from the metaphysical world. The term Jinn (A. from the verb Janna to conceal) refers to beings created with free will, living on earth in a world parallel to mankind. Muslims maintain that jinn are spiritual beings – created from smokeless fire rather than the spirit of dead people.

Although contentious, many Islamic scholars maintain that jinn can possess a human body thus inflicting physical or mental harm to the individual. Jinn possession is commonly ascribed for anxiety, depression, erratic behaviour in one's words, deeds or actions,

delusions, epilepsy and for pain and tiredness where biomedical treatments have failed.<sup>7</sup> Black magic or sorcery denotes the power of a person to inflict harm or adversely influence the course of nature through occult. Known as Jadoo (South Asian Languages) or Sihr (Arabic), witchcraft is commonly held to be performed by specialists-JadooKhur- (Bengali) or Sahir (A) (sorcerer) for a fee. Women more than men fear black magic because of its use in inducing them to go to Bangladesh (or other south Asian Countries) to marry someone against their will. It is typically perpetrated through performing spells on hair or nail clippings from the victim. Explanations of sorcery and jinn are not mutually exclusive: a magician may perform sorcery by sending a jinn spirit to the victim.

Evil eye pertains to the belief that some people can bestow a curse on victims by the malevolent gaze of their magical eye.<sup>18</sup> Those giving the evil eye are held to be unaware of doing so. Commonly the cause is attributed to envy, with the envious individual casting the evil eye doing so unintentionally. Children are held to be especially vulnerable to this phenomenon on account of their inherent weakness; to avert its effects on young babies amongst some South Asian cultures, a black mark may be painted on their heads. This practice is not mentioned in the Qur'an or Hadith so it is not a veritable Muslim tradition. It can be assumed that this cultural practice adopted by the Bangladeshi community was adopted through co-existing with Hindu traditions on the sub-Continent for centuries.

Treatment for supernatural afflictions include the recitation of Qur'anic verses, blowing on holy water (and sprinkling on the patient or drunk), exorcism and the prescription of a *Tabij*- (B) or *taweez* (U) a locket usually containing verses from the Qur'an or other Islamic prayers. The prayers written on paper are sewn into a tiny cloth (or leather) pouch. The latter fold treatment involves an amulet worn with the intention of repelling evil or bringing good luck. Such amulets are considered permissible by some Imams providing they consist of the names or Attributes of Allah in Arabic and the person using it believes that the amulets or individuals are not powerful in themselves, but are empowered by Allah. A popular healing form is recitation of specific Quranic verses called - *Ruqya*. In Arabic 'Ruqya' has the same root as '*Taqwa*' meaning piety. Ruqya is a healing method which invokes God's name and prescribed verses from the Quran on the patient: "And we reveal of the Qur'an what is a healing and a mercy for the believers, and the wrong doers are not increased except in loss." (Qur'an 17:22).

It is a *Shari* (Islamically lawful) process of healing where one receives protection through Allah's Power. 'Normal' (non-afflicted) participants will not react adversely to the recitation whereas those who are affected may display signs of discomfort, anxiety or emotional instability, such as crying or expressing anger. Little is known of the prevalence of these phenomena in UK Muslims. One recent study by Khalifa, Hardie, Latif, Jamil and Walker<sup>6</sup> examined Muslims' beliefs about Jinn, black magic and the evil eye. Using a self-report questionnaire a sample of 11 individuals aged over 18 years were asked if they believed affliction by these supernatural entities could cause physical or mental health problems and whether doctors, religious leaders, or both should treat this? The majority of respondents believed in the existence of Jinn, black magic and the evil eye and approximately half of them stated that these could cause physical and mental health problems and maintained that these problems should be treated by both doctors and religious figures.

To date studies of religious coping in the Bangladeshi community have predominantly focused upon mental illness. There is a dearth of information about coping in physical illness. Greenhalgh, Helman and Chowdhury<sup>19</sup> studied explanatory models of diabetes mellitus among UK Bangladeshis. The results suggested that prayer is commonly deployed by those with this disorder and ritual Muslim prayers (*Namaz*) (B) or *Salah* (A) were often cited as a worthy and health giving form of exercise. This is because compulsory prayer is offered five times a day and the practical methods for 'wudhu' (ritual ablutions) and then the physical form of worship/prayer (involves different physical poses such as standing, kneeling and prostration) motivates the patient to make the physical moves (where physically possible, limbs and health permitting). It is also a spiritual exercise where the mind has to be focused towards God; any worldly thoughts or interjections are repelled or blanked out as best possible to maintain a spiritual one to one with Allah. This alleviates the pressures of one's worries that may be constant and there is a break from 'worry'. This is also seen as a spiritual exercise that forms the second most important tenet of Islam after accepting the basic Islamic Creed. The authors of this study suggest that healthcare professionals should be aware of the therapeutic impact of this association.

### Demographics of Bradford

Bradford is a city of diverse cultures and faiths. Being the fourth largest metropolitan in population, the largest proportion of the districts population identifies themselves as White-British at 63.9%. The largest ethnic minority inhabitants of people are from a Pakistani origin (106,614 20.41%) in the UK, with Bangladeshis 9,863 (1.89%). The majority of this Pakistani population of Bradford originates from Independent Kashmir (around the District of Mirpur) in Pakistan. The largest religious population is Christian (45.9%) followed by 24.7% Muslim. 20.7% of the population stated they had no religious affiliation (Bradford Observatory 2017).

The South Asian community began to expand in Bradford with the movement of people from Pakistan in the late 1950's and 1960's to find work in textile mills with continuous in-migration, often organised around marriage ties. There is now a growing cohort of both older people and of second and third generation people of South Asian origin, giving rise to a complex and now long established community. There are close links with the Indian sub-continent, with family and village ties sustained through in-migration and regular trips "home" by individuals or whole families.

The UK has a pluralistic healthcare system. Running in parallel to the NHS services, there is a large network of community-based, traditional South Asian approaches to health care. This extends to other towns and cities where there are significant numbers of people of South Asian origin. This network has close links with Pakistan and the Indian sub-continent with healers who are resident in the UK being closely linked to healers in India and Pakistan. Well known faith healers (gurus for Sikhs and Hindus, pirs for Muslims) and herbal practitioners (*hakims*) are frequently invited to the UK and travel around the country providing religious healing. The pir's spiritual power is acquired through birth right (lineage), a lifetime of devotional acts, or spiritual enlightenment bequeathed by a spiritual mentor to a student. The process of 'Kashf' divine individual revelation through the heart rather than the mind allows him to communicate directly with God. With years of spiritual devotion to God, some spiritual

healers believe they are able to understand or interpret the needs of their patients through signs, messages or disclosure of things unseen behind the veil picked up through a thought process which is more in tune with Gods spiritual messages than the average/lay person. Thus they can act as a mediator between God and the people. The word hakim is derived from *hikmah* (A), the traditional system of medicine practised mainly among Muslim countries in South Asia. This practice involves use of a variety of herbs and minerals, originates from Greek medicine and Hippocratic theory of four humours (blood, phlegm, black and yellow bile).

Traditional therapists are consulted and traditional remedies accessed when UK residents are visiting their ancestral countries such as those with heritage from the Indian sub-continent, Africa or the Middle East. Consultations may occur without the recipient being present, either someone solicits help on their behalf or remedies can be obtained via correspondence: *tawiz* (amulets), for example, can be sent by mail. With a quarter of the population of Bradford represented by Muslims, (the majority belonging to Pakistani/Kashmiri heritage) it is unique in culture and environment compared to other cities in the UK. Similarly, unique cultural trends are prevalent in many life aspects of this population. There is a cosmopolitan outlook within communities in Bradford, with a recent influx of immigrants from Eastern Bloc countries and adherents of the Christian faith taking up housing within the formerly predominant Asian (and mostly Muslim) communities in the inner city. Therefore; in relation to this study, it is more accepted for certain members of the Muslim community to openly call upon religious or cultural healing methods and use alternative spiritual therapies in contrast to the indigenous population, which is more likely to access conventional medical therapies available on the NHS.

Recently the topic of 'Islamic Spiritual Healing' has been taken up by the NHS in Bradford District Care Foundation Trust through their Research and Design Department (R&D). To investigate further this study provides a diverse perspective of Islamic diagnosis and healing methods used by spiritual healers based or working in Bradford. Muslim therapists of different cultural backgrounds in the North of England were interviewed to identify trends and patterns in healing methods. To date subject relevant studies have examined explanatory models of health and illness among UK Muslims (mainly Bangladeshi) and their health seeking practices. Studies documenting the work of healers are sparse. The aim of the present study is to explore and provide some insight into different healing methods used by Muslim spiritual healers (SH) for 'spirit possession' amongst the Muslim Population in Bradford, West Yorkshire.

## Methodology

This study utilised an ethnographic approach to understand the details of practises by Muslim healers in Bradford in diagnosing and treating both physical and mental illness in Bradford. The author (NH) conducted semi-structured interviews based on a topic guide (from a review of the literature) alongside participant observation of healers during consultations at their 'surgeries'. This methodology allowed for the collection of experience near rich data.

## Participants

The study comprises thirteen individuals: twelve male and one female therapist aged between 36-88, (mean age 58 years) who have

been practicing as spiritual healers in Bradford offering a service to cure affliction of Jinn, Black Magic or Evil Eye (J, BM&EE). Seven healers were of Pakistani origin, two Indian Gujarati, one Bangladeshi and three Arabs. Their clients/service users were mainly from Bradford, but sometimes further afield. Four other healers were approached but declined to participate for reasons unknown. Table 1 & Table 2 shows the nationalities or heritage of healers with their age and healing method.

## Recruitment

An application for ethical clearance was granted in August 2013 from University of Durham. The primary researcher (NH) advertised the study in mosques, community centres and through word of mouth. By travelling around mosques in West-Yorkshire and offering prayers NH was able to identify local (affiliated or unaffiliated) spiritual healers by speaking to attendees. Some healers were known to NH so he approached them directly. Other's information was passed to NH by service users at other therapists' surgeries or from the Mosque. The spiritual therapists were all working from a mosque or a 'home surgery' in Bradford and were interviewed there. Participants were contacted between August 2013 and September 2013 either by telephone or approached directly for a maximum period of 15 minutes to inform them of the project after which an information leaflet was either emailed or physically handed to the therapist.

The information sheet explained the purpose of the study. It explained that we were seeking spiritual healers to participate to gain a better understanding of 'healing methods,' within the Muslim community: that it would be a semi-structured interview with estimated duration of interview time (90 Minutes) and the option to decline participation without prejudice at any time during the process. Participants were informed that there would be no reimbursement for time, no perceived risks could be foreseen and there was no personal gain for the researcher/s except to perhaps publish our findings in future for the benefit of gaining better understanding of healing methods within the Muslim community. Full anonymity and privacy was offered (and honoured) for during and after participation. Details of a complaints procedure were also provided with contact information: an email address for Professor Dein and Durham University. The information on the consent form would be read out verbally (sometimes translated into Urdu) to the participant by the principal investigator NH at the interview.

Below the information was a request for written consent for participation in the study, which repeated the full process of the interview procedure and was to be signed in person prior to participation. Once this signature was received a subsequent appointment was arranged in each case for an interview for up to 90 minutes which was offered either at the healers home or place of work such as a mosque. A semi-structured interview was undertaken with the thirteen recruited healers to elicit responses for their chosen method of spiritual healing or exorcism. Questions were derived from an overview of the existing literature on traditional healing among Muslims in the UK. The interview included questions about how they became healers, the reasoning behind their chosen method of therapy, the length of time they have been practising, their clients and their fees or any other conditions attached to their therapy. It also asked about their methods for diagnoses and treatment.

**Table 1** Shows nationalities of different therapists, their age and their healing method

Nationalities of participating therapists, age and healing method									
Healers' nationality	Method used by healer							Further therapy	Age
	Ruqya	Homotherapy	Taweez	Prayer	Cupping	Calculations	Istekhara		
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K
Arab (TUN)	Y	Y	Y	Y	Y	N	Y	Y	54
Arab	Y	Y	Y	Y	Y	N	Y	Y	63
Arab	Y	Y	Y	Y	Y	N	N	Y	36
Pakistani/ Kashmiri	Y	Y	Y	Y	Y	N	Y	Y	54
Pakistani (F)	Y	Y	Y	Y	Y	N	Y	Y	88 (D)
Pakistani	Y	Y	Y	Y/N	Y	Y	Y	Y	38
Gujarati	Y	Y	Y	Y/N	Y	Y	Y	Y	59
Gujarati	Y	Y	Y	Y	Y	Y	Y	Y	N/K
Bangladeshi	Y	Y	Y	Y	Y	Y	Y	Y	88 (D)

**Abbreviations:** N, no; Y, yes; N/K, not known; D, Deceased.

**Table 2** Shows nationalities of different therapists, their age and their healing method

Participants nationality	Ruqya	Home therapy	Taweez	Prescribed prayer	Cupping	Calculations	Istekhara	Further therapy	Age disclosed
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	52
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N
Arab (TUN)	Y	Y	Y	Y	Y	N	Y	Y	54
Arab	Y	Y	Y	Y	Y	N	Y	Y	63
Arab	Y	Y	Y	Y	Y	N	N	Y	36
Pakistani/ Kashmiri	Y	Y	Y	Y	Y	N	Y	Y	1
Pakistani (F)	Y	Y	Y	Y	Y	N	Y	Y	88 (D)
Pakistani	Y	Y	Y	Y/N	Y	Y	Y	Y	38
Gujarati	Y	Y	Y	Y/N	Y	Y	Y	Y	59
Gujarati	Y	Y	Y	Y	Y	Y	Y	Y	N
Bangladeshi	Y	Y	Y	Y	Y	Y	Y	Y	88 (D)

### Analysis

The semi-structured interview provided in-depth experience accounts of the respondents' healing practices, i.e. what they actually did to help their service users. These were analysed for thematic responses. The intention was to help the researcher and health practitioners gain an understanding of what an encounter with a faith healer looks like, what experiences or ideas the 'spiritual healer' may have in their head, and reflect on how to interact and assist a patient presenting with J, BM & EE issues.

Of the 13 individual case studies four were selected for more detailed consideration to give an overview of the different methods employed by these spiritual healers.

The reasons for their inclusion include:

1. How representative the therapists are of other therapists and the differences in therapists whether they recommend going to a GP and how quickly i.e. early or late or whether they just recommend spiritual therapy.

2. One of the four Kashmiri healers was chosen because all were very similar and do not offer advice on GP referrals.
3. The Indian Gujarati represented those that combined the Taweez and prayer
4. One of Arab heritage seemed to follow the Ruqya method and/or a process of logic which was unique. He also had many visitors.

### Therapist case study 1

Case study 1 is a 63 year old Indian Gujarati Muslim Scholar, a Mufti, (the highest scholarly attainment in Islamic Studies) who is qualified to pass a fatwa, (religious edicts). This scholar is also an *Amil*. An *Amil* is not necessarily an Islamic scholar but an individual who is well versed in understanding the various states of possession, black magic, evil eye or jinn. He is Sunni (Deobandi) denomination. Highly educated, graduated from a reputable Islamic university, fluent in English and is well accustomed to British Culture. The primary investigator (NH) has known the work of the spiritual healer for over eight years from his interest in the subject. NH has also had some interaction with some of his service users who speak highly of him. NH approached the therapist in person after prayers one evening at the mosque where he leads prayer and the interview was conducted there.

This scholar has been practising exorcisms and treating individuals for malevolent spiritual affliction for over thirty years. The process of gaining access to the therapist is through the mosque to which he is affiliated. People present to him directly with their issues. He also has a dedicated phone number where he can be reached for appointments. Treatment for service users is usually in his home. This spiritual healer sees between 30- 50 people a week. Most are Muslim female; about 10% are non-Muslim, including Sikhs, Hindus and Christians. There is no fee for his service. The main issues presented to him are obstructions in life, business and personal issues, marriage problems accounting for a change of personality in a spouse or other family member. There may also be health issues such as unexplained illnesses, dissatisfaction from conventional NHS services or pains or health issues which have not been diagnosed by their doctor. These issues may have been exacerbated by a visit to the patients 'home' country. The SH is responsible for identifying whether there has been malpractice through occult and offers advice and therapy accordingly.

During the 60 minute semi-structured interview with this SH; NH posed various questions from the formatted questionnaire. The interview began by discussing the interviewees' background. The therapist began by saying that he was a "humble man of no extraordinary talent." He attributed his 'gift' of healing to his "noble ancestry."

"I am at the end of a long line of scholars going back many generations so it was natural for me to continue in this field. At a very young age I knew I wanted to become an Islamic scholar at seven years old I had a dream where I saw Prophet Mohammed (one who sees Prophet Mohammed in his dream is regarded in Islam as 'gifted' and blessed by Allah) My teacher taught me initially about this work (spiritual healing) I had a mentor delegated to me, with whom I worked with under supervision for many years. I spent many chillas (forty day retreats) retreats) to hone my skills and remain in abstinence of certain foods until my ustad (Teacher) advised me to work independently. We always follow the correct tradition of our teachers and uphold our

vocation with the utmost respect and concern, conducting our help for the ummah (humanity) with reverence to Allah as without him we cannot do anything. All help is from Allah"

Most notably the therapist was asked about his method of diagnoses and treatment, to which the explanation was that it is a "gift from Allah." For diagnosing the problem the service user's name, age and mother's name is taken for a 'calculation' process. Depending on what type of 'oddity' transpires from the calculation the therapist can deduce if it is 'magic,' jinn, evil eye or indeed physical/mental illness. Taweez are also offered to service users. He explains that these taweez contain numbers of Qur'anic chapters and relevant verses for spiritual cure. They do not contain any other information or images. The therapist explains that the majority of his service users are illiterate and cannot read or write in their own language let alone read Qur'an or recite prayers in Arabic. "Sometimes there is nothing else you can do for them." The blessed verses from the Qur'an help reduce the affliction and keep the bearer of the taweez protected. Although sometimes there are service users who are very knowledgeable in Islam and speak English it does not mean they are immune to the adverse effects of jinn and black magic. They can still be afflicted through the malevolent misdeeds of another. If one does not practice their religion they are not guaranteed protection." The Taweez can also help protect those individuals (for instance who may be) indulging in un-Islamic (immoral) activity and become vulnerable if they do not adhere to the basic tenets of faith.

The SH was keen to make NH aware of his close work with local hospitals in mental/physical health. He has helped cancer patients recover by using his method to complement conventional medical treatment and is well known for his work by a local oncologist at Bradford Royal Infirmary, who also has a special interest in spiritual healing. Thus for healer 1 ancestry and dreams of the Prophet combined with specific studies and supererogatory prayers were involved in him developing his vocation. His method of treatment was prayers, blessed water and Taweez. His service users are of all faiths and backgrounds.

### Therapist case study 2

Case study 2, is a 46 year old male. He is a Hafiz (memorised the Qur'an). This Islamic therapist uses Ruqya as a method of treating those afflicted by malevolent spirits. Therapist 2 was born in Libya and is of Sunni (Maliki) denomination. He embraced Islam at the age of fifteen and memorised the Quran. He has degrees in Mathematics, Engineering and Arabic. Having founded a French Islamic publishing house he has written, translated and edited over 20 Islamic books. He has been practicing Ruqya professionally since 1997 and travels globally to promote and explain Ruqya whilst simultaneously treating and training people. The primary researcher (NH) came to know of this therapist through a poster campaign for Ruqya training based at the East London Mosque in Whitechapel. NH Travelled to London to initially meet the therapist and arranged to meet him at a Ruqya centre in Yorkshire where he was due to treat people 'afflicted by JBM&EE'. NH remained with the therapist accompanying him over two weeks to other cities to gain further insight and built a rapport with the therapist to allay any fears (in the past some therapists' work has been taken out of context and manipulated by the media). The therapist acknowledged there was a genuine interest from NH in the (jinn and

black magic) work and offered to participate in the study, despite his busy schedule. The arrangement for visitors is that the shaykh is invited by his friends/students from various towns or cities such as London, Luton and Watford etc. He has a programme/itinerary set up by his local representatives in each location who 'advertise' the date, time and venue for his visit. The venue is booked out for 2-3 days to conduct SH surgeries for service users. During NH's tour with the SH, the SH would himself oversee the healing and therapy, but also trained one or two local representatives who would be supervised by the SH and coached to help those queuing for therapy. NH arranged his own accommodation and used his own transport. He also made contact with the interviewee's local representatives for their perspective on the subject, but they were less forthcoming and requested that all questions be directed to the primary therapist, as he was the coach and mentor. The SH came in to practicing Ruqya and treating people after an experience in Pakistan, whilst on Tabligh (an Islamic retreat organisation of self-reformation) He explains:

"I was with my wife in Talbligh 'chilla' (forty days retreat) in Pakistan when a djinn hit her, I then searched for treatment for her, and I knew healers in Paris, then took people for treatment... I started treating myself, then met Muslim djinns and wrote a book on the subject, then started training and touring and establishing Ruqya centres, up to 70 centres in 31 countries including Europe and Africa." The SH is well travelled and draws huge congregations for his conferences. He sees between 30-50 people of all nationalities and faiths each month at each of the Ruqya centres. There is charge of £50.00 for the exorcism, which "contributes towards setting up new centres and for the training of new therapists. This is done for "the benefit of all mankind." The charge also includes cupping a 'therapy bag' which has verses typed on paper with edible ink to be immersed in water for washing and drinking, blessed olive or black seed oil for massage and Senna leaves for making tea and washing.

When a service user first arrives to see the therapist, he initially goes through a formatted questionnaire followed by reciting prescribed verses of the Qur'an for the treatment of jinn, black magic and evil eye. "The service user (who is possessed) will always respond negatively to Qur'an recitation. Through experience I know what verses to recite and how many times (to calculate what the affliction may be)." "If there is no adverse response from the patient we continue with the Qur'anic treatment as the Qur'an is blessing and a remedy for all ailments. However, we strongly advise the patient to see their doctor (As this could be a medical issue)." In cases of Jinn possession, the jinn may become apparent and talk through the patient. This SH has a unique method of exorcising the jinn which he calls 'Jinn Catching.' Whatever reason is established for possession (after catching and questioning the jinn) i.e. whether it has been disturbing the jinn, or they have been bound through black magic which has been perpetrated upon them by a jealous individual the jinn are demanded to leave. This may involve a lengthy dialogue between the SH and the jinn. The SH will catch the jinn and expel him from his duties that he has been "forced into by the sorcerer." In all cases the recitation will continue until the negative effects have dissipated. This could be from 15 minutes to a couple of hours depending on the severity of the affliction and stubbornness of the jinn. Once jinn left the afflicted person through the Ruqya (through coercion or force) the therapist recalls and catches the jinn (which he then controls). The jinn asked if he would: "accept Islam and help him fight against evil?"

Those jinn that do not leave on their own accord are threatened with being burned through continuous recitation of the Holy verses of the Qur'an. "Only those most stubborn are dealt this fate. All remedies are from the Qur'an and Sunnah."

The Shaykh is eager to train others to undertake this 'noble work' and help those afflicted by negative forces.

Although this method has been adopted by this SH the primary researcher is aware that other healers (other than his colleagues) are using variations of this method of Ruqya. Patients visit the SH from vast distances to where he is stationed and often claim to have a combination of health, social and personal issues. Usually they are dissatisfied with treatment from other healers or even conventional GP's, although some may not have contacted their GP because their issue may be more about personal problems rather than health issues. As the shaykh is fluent in English and other languages and is of Arab descent he is trusted much more than those who may not be fully conversant in English. Some service users may come because they feel their condition is merely due to spiritual affliction and thus can only be removed by a qualified Raqi.

The examples below can offer some elucidation on this matter:

- I. A lady attends the SH's surgery because she is having marital issues and prior to this has been having headaches. The headaches have worsened and the husband has 'gone off her.' The "spark has suddenly gone and he has also no sexual desire." This happened soon after they had rejected an approach to give their daughters hand in marriage to a family relative in Pakistan. On their arrival in the UK matters became worse and the daughter has been suffering unexplained headaches too resulting in poor performance at work. The daughter is repulsed when the Qur'an verses for ruqya are played on CD in the house and the wife suffers headaches and dizziness. In recent times she had started having bad dreams about graveyards and people chasing her. She came to the SH who exorcised her and said that she had been the victim of sorcery from Pakistan by her sister in law. The lady expressed a sense of lethargy and heaviness prior to the treatment which had 'lifted' after the ruqya.
- II. A business man arrives having lost the will to work and lost his business after taking on a business partner. The business partner is thought to have cast a spell on the patient through envy so that he fails in business. Consequently nothing is going right for the patient. From having a very successful enterprise with various business interests he is losing money and his properties are being destroyed by continuous floods, and other unexplained phenomena where his tenants are leaving in droves claiming their houses are haunted.

The SH was very understanding and helpful towards the aims of this study. He referred us to his website to show us his 'logical' approach to helping those with a malevolent affliction of spirits. He came in to being a Raqi through a jinn encounter with his wife and personal experience. He uses the Ruqya method (explained above) and 'jinn catching' as his two combined methods of healing with some traditional prophetic healing methods known as "At-Tibb Nabawi" (A. Prophetic Medicine). His service users are from all backgrounds and faiths.

### Therapist case study 3

Case study 3, is a 60 year old male. The primary researcher (NH) came to know of the spiritual healer some time ago through various service users who attended a local community project. NH approached the spiritual healer through one of the therapist's confidantes whom he knew from the above community project. This interviewee was hesitant at first as he wanted to be assured that anything he said would not be manipulated. The other issue was that the Kashmiri community is quite insular and only trust their own. Many originally settled in the inner city areas of Britain and formed close communities around the mills or foundries where they worked.

The therapists' confidante spoke for NH and informed him that he was 'safe' divulging information as he knew NH. The information sheet was thus explained in Kashmiri Pahari dialect (which the NH is familiar with as he has lived alongside this community) and verified by the therapist's confidante. The interviewee was thus happy to participate in the interview on the basis that if someone arrived for treatment, attending to his 'patient' would be his priority. This individual is known to his followers by the title 'Pir' a reverent title for Shaykh (or scholar) on the Indian sub-continent and especially among the Sunni Sufi/Bahrelvi sect. This is the prevalent sect amongst the majority of people from similar (rural Kashmiri) backgrounds to the pir. This therapist works independently of any mosque from a garage extension in his home. He uses a Taweez (amulet/religious charm) method only for treating those afflicted by malevolent spirits. Born in a remote village in Kashmir in Pakistan, he arrived in England in the late 1960's as an economic migrant whilst in his early teens and began working in various jobs; mainly in factories and foundries.

"We were too poor to afford school as we were (living) very remote and shoes were expensive:" recalls Mr x who did not want to be identified. "When we arrived in England we were motivated to work many long hours to support our families back home. It was really cold and there were lots of people. It was a big place and we weren't used to city life:" he continues in a provincial 'Pahari' dialect. After some time working as a manual labourer, in his middle age he became affiliated to a 'Pir' in a local mosque in Bradford. He used to "see what the pir in the mosque did" and learned by following his method over a couple of years. As such he discovered everything he was required to know. In fact whilst learning, the therapist informs NH that he realised he had gained better insight into a pir's work. He saw this as a calling to practice 'pirhood' himself and left the mosque and never returned. He is not currently affiliated to any mosque or school nor has he undertaken any other formal qualification or training. The therapist mentioned a few scholars in Pakistan that he was affiliated with, but did not elaborate. As such he could not offer any traceable 'tariqa' (known method) or form of ijaza (permission) that he could qualify at the time. The therapist set up his practice in his own house using money from local donations and gathering some of his supporters that he knew from the mosque where he was previously based. People began attending after hearing through 'word of mouth' and he became well known for his therapy. He charges between £100 and £1000, and quickly adds that "some is for sacrifices made in Pakistan." Around 40-50 people make use of his services each week. The researcher found it difficult to conduct the interview as there were often interruptions with visitors turning up unannounced. Although the therapist said

there was a mix of clients; during the three day period it took to get through a total of ninety minutes interview, NH noticed that there was a majority of young Kashmiri females sometimes accompanied by an elder lady. This was followed by older females. Seldom were there any males and sometimes they would simply accompany the women folk and remain in a separate room.

Service users attended for many different problems leading from general anxiety to household matters such as marital issues. Sometimes the elderly ladies would divulge intimate details of the younger ladies: matters that would normally be addressed with a gynaecologist. However, NH noticed that the therapist would sometimes bring up such matters in general conversation. Taweez were available for every problem from health issues to asking for an 'obedient husband' or choosing or helping in a marriage proposal. There was a general feeling among the visitors that GP's or conventional healthcare professionals did not understand the matters relating to their culture and thus did not feature in these contexts. The 'pir' would exploit this and even said he would

"not recommend any of the patients to visit their GP as in nearly all cases the service users have been 'let down' by these services" "they don't know much about us, and they keep making estimated guesses in trying to know what is wrong and really they don't know anything (the doctors)." Kashmiri spiritual healers did not refuse physical contact between service users (most encouraged it) as reverence which involved practices such as touching of feet and kissing his hands (which according to orthodox Sunni belief is akin to committing shirk, ((appointing partners with Allah)). Sometimes the pir would stroke the head of the 'patient' or pat their back which the interviewer was told is "just a sign of respect and reassurance." Sometimes there would be a lot of incoherent shouting and back slapping to 'exorcise the devils.'

Due to a word limitation in this study and for ethical purposes some conversations cannot be disclosed that were inadvertently overheard. Conversations from young females should normally be addressed to a gynaecologist. Thus it was clear intimate personal details had been regularly discussed with the pir on many occasions. NH raised a question on how extortionate fees could be justified for spiritual therapy. The therapist retorted that 'people receive from us that others cannot provide. Also a sacrifice has to be made 'in the pocket' which depends on the status of the individual. If there is no sacrifice then the person will not appreciate the spiritual gift being bequeathed to them." On completion of the interview the therapist thanked NH for being patient and showing reverence towards him. Prior to departing for the final time the therapist handed a taweez bound in a sealed tin case to NH (free of charge) for 'protection.' This SH's service users were all of the same cultural background and religious denomination (consistent with all Kashmiri therapists except one (below)). This SH had no formal background in education and only spoke a Kashmiri dialect language. No structured method of diagnosis was offered except distributing Taweez for all cases.

### Therapist case study 4

Case study four is of a spiritual healer aged 39. Born and currently resident Bradford, West-Yorkshire he practices spiritual therapy from a dedicated office from his home. He is a Hafiz (memorised the

Qur'an) and is also an exegete of the Qur'an. He is affiliated with the Sunni (Deobandi) mosque where he teaches Arabic and recitation of the Qur'an. He chose to follow this denomination at the age of around 17. His background is Pakistani-Kashmiri origin. Previously of the Sunni (Bahrelvi) Sufi sect predominant in his ancestral region of Pakistani Kashmir he now affiliates with the slightly different (non-mystical) Deobandi school of Sunni thought.

The primary researcher (NH) has known the Spiritual healer for twenty-four years through the local community and obtained his details through the therapist's brother at a Bradford mosque. NH contacted the therapist and arranged a meeting at his home 'surgery' coinciding with consultation sessions held for visitors on a Monday evening, dedicated to treating J, BM&EE patients. Visits to his surgery are strictly by appointment as he is in prayer at certain times of the day and supererogatory prayer most of the night. The spiritual healer fasts for 5 days a week and works at a mosque three days a week to support his small family. "I only work for what is needed, this is to prevent temptation and to focus on the work of Allah and offer my gift from Allah to other people who are most in need." The therapist is educated to secondary level (up to age 16 with some GCSE qualifications) and is fluent in English as well as four other languages. He can simultaneously relate to both his ancestral Kashmiri traditions and the current British culture especially the needs of young people. The therapist began practising spiritual healing on himself and his family soon after he married at the age of 18. He attributes his becoming a spiritual healer to '*Minjanib Allah*' (Gift from Allah). The healer informs NH that he was very spiritual from an early age, offering his daily prayers and leading a righteous life. Due to some adverse events that affected him and his family emotionally and physically he began to explore how he could initiate a more practical approach to negate the evil influences. At this stage in his life he realised he wanted to learn about spiritual healing and after treating his immediate family was called upon to treat his other family members and friends. He explains: "soon after marriage there were some real issues within our relationship as well as my son being born disabled. Prior to getting married to my wife, there were some family issues regarding whom I should marry. Many people were unhappy about my choice of partner and it resulted in many problems. However, I did not immediately think or realise what the cause of the instability in our relationship was. I remained steadfast in my faith which led me to my spiritual guide in this world through '*Istikhara*' (religious dream or vision). Our spiritual guide who is based in India helped me overcome the affliction through verses of the Qur'an. Moreover I felt that I may have something to offer other human beings through my spirituality."

The therapist has since followed his mentor's advice and offered several chillas (one chilla is 40 days of abstinence) arriving at his current stage of spirituality. He further comments that there are 'several hierarchies of attaining spirituality.' "..... The highest level (of spirituality) is that of a fakir, who attains this level through years of total devotion and spiritual dedication to Allah ..... If one does not adhere to their calling and the liberty and spiritual superiority gained through their previous spiritual endeavours, they will inevitably succumb to the worldly desires and fall prey to their '*nafs*' (humankind's base desires)."

This spiritual healer does not charge for his service and "welcomes visitors from all over the UK." Most of his clients are female.

"Some of these females have been in very awkward and oppressed situations and need someone who is sensitive and trustworthy:" he says. "Some of the issues they disclose can be very intimate, but if I have to help them then I ask them to explain to my wife who helps out and tells me on a need to know basis. This is a very delicate matter and one which becomes the downfall of many 'pirs'. He mentions that due to 'a lack of understanding and knowledge (in the Islamic faith) in the south-Asian community many people cast spells on their own families (by visiting sorcerers). These are individuals who are motivated by greed and revenge and influenced by an un-Islamic ancestral culture perpetuated by lack of education and remote areas from where they originate. There could be various reasons for becoming involved in ordaining the services of an evil magician. "Whichever ones they are: all lead to spiritual ruin and damnation in the hereafter. Many do not understand the consequences of practicing of the occult, but once involved they are out of the boundaries of Islam."

The therapist regards the work of '*Amiliyat*' (spiritual healing) as complimentary to his spiritual contact with Allah, and his work is undertaken for humanitarian purposes. He explains that his: "spirituality and remembrance of Almighty Allah comes first and everything else is secondary. If it means that my level of spirituality enables me to help humankind in need, then I will impart with some spiritual guidance and hope these people will also bring about some spirituality in their life too. Such afflictions only become more powerful when the individual is spiritually weak." This Therapist uses a combination of Ruqya and taweez (amulets). "The taweez have only Qur'anic verses and are to repel any negativity that the individual may be vulnerable to. The Qur'anic verses will protect the wearer of the amulet at a basic level. It is used as many people do not adhere to the prescribed Ruqya or recitation." "They are looking for something spontaneous, but fail to realise that their circumstances will take time to improve. "An audio CD of 6 hours with the relevant Qur'anic verses is given to 'break the spell' is provided to all visitors complaining of malevolent affliction which must be listened to in full for the first time and can be reduced to 2-3 hours of audio thereafter. In addition the service user is required to recite some prescribed Qur'anic text and use oil (mainly olive or black seed oil) and water blessed by Qur'anic verses which is used to drink and sprinkle around the house.

To perform exorcism on the patient the therapist invokes the jinn through specific Qur'anic verses which speaks in a distorted voice through the afflicted individual. After ascertaining why s/he has possessed the individual the jinn are demanded to leave. "If they refuse to leave then they can be burned. This happens by identifying jinn or the source of energy. By reading (Qur'an) the energy gradually dissipates and is extinguished. Not all jinn are killed, but some are imprisoned. The jinn hold no physical form, but can be seen as a source of energy or in an adopted physical form only by the 'experienced' fakir (pious or saintly people). This is when the jinn expires and they are taken away by their own and buried in the air."

The spiritual healer explains that: "They (jinn) only afflict the target individual at their most vulnerable and impure state....., but during ritual ablution for prayer (to purify the physical body) the satanic spirits leave the body as Allah's Noor (spiritual light) gained through prayer will burn out the jinn." "The outcome or speed of recovery depends on the strength of faith and conviction in Allah of the patient as well as that of the healer.

When questioned why some patients who visit spiritual healers are dissatisfied and not recovering the spiritual healer said:“.....The only reasonable explanation for this is that they are in contact with the darker spirits rather than receiving guidance from Allah. In all other circumstances the more spiritual the healer the easier it is for the afflicted to be cured; as all other powers (such as satanic) are inferior to the supreme spiritual power that is blessed through Almighty Allah.”

Again it can be said this SH began his ‘vocation’ due to personal experience with the jinn. He has service users from all backgrounds and uses Taweez, spirituality and Ruqya. He openly admits employing the help of Muslim jinn to resolve complex matters, a contentious issue amongst some other healers of the same sect.

The above results are discussed in the section below.

## Discussion

This study presents data from interviews with 13 Muslim healers in Bradford. Unlike previous studies in the UK<sup>6,7</sup> which have predominantly focused upon Bangladeshi healers in the South of England, the current study includes a selection of healers of Pakistani, Arabic, Bangladeshi and Gujarati descent/heritage. Overall however the findings reflect those of previous studies in that mental distress is commonly attributed to supernatural causes, particularly jinn possession, and folk treatments like the recitation of Quranic verses–ruqya, are commonly deployed.

As in the previous studies the reaction of the ‘patient’ to hearing the verses of the Quran are used for diagnostic purposes. Although some overlap and similarities existed in diagnoses amongst especially the Arab and Deobandi (non-Sufi/Kashmiri) groups, no scientific intervention or methods were applied in the diagnosis of service users by any of the SH’s. Thus it can be reported that consistency exists among non-Sufi/Kashmiri therapists who used various methods of deduction to arrive at a diagnosis whether this was using a flow chart process or analysing responses to Quranic verses for the different afflictions such as Black magic, Evil eye or Jinn affliction. The most comprehensible and transparent method of diagnosis was witnessed in the Arab (case study 2) method where the SH went through a formatted questionnaire and dependent on the service responses subsequently prayed various verses in random order to determine the mode of affliction and also to determine if it was a bona fide patient/service user who had come for the right purpose (from time to time there are may be people who hear about a SH and turn up posing as a service user, to test the authenticity of the SH). Except one Kashmiri therapist of a Sufi background who maintained that affliction is a cause of ones straying from the straight path and ritual/prescribed prayers must be performed with utmost diligence, the other Kashmiri therapists’ had a more haphazard and unstructured method of diagnosis usually providing service users with a Taweez or holy water.

In this study the primary researcher NH also witnessed Kashmiri SH’ had service users from their own background only who usually held superstitious beliefs. This may be because these SH’s understood folk beliefs (and sometimes played on them for more custom) whereas SH’s from other backgrounds received service users from all backgrounds for healing, exorcism and advice from all backgrounds including non-Muslims. Similarly healers often treat a number of physical problems alongside those that cannot be seen as medical entities like marital disharmony.

We now discuss three aspects: How individuals become healers, the types of problems brought to them and the treatment modalities deployed.

We begin with training of therapists according to the six types of training as in Helman:<sup>20</sup>

- I. Inheritance;
- II. Position within a family;
- III. Signs and portents at birth;
- IV. Revelation; (in the case of our therapists this would be Dreams of acceptance)
- V. Apprenticeship;
- VI. Acquiring a particular skill on one’s own.

This study found beliefs among SH regarding signs and portents at birth were avoided as it could be classed as blasphemous or at least irreverent to proclaim signs & Portents at Birth. Muslims believe such characteristics are associated with prophet-hood thus no human being in the current day and age is deemed capable of such a quality. A similar concept known in the sufi (mystic) tradition as *kashf* (A “unveiling” deals with knowledge of the heart rather than of the intellect, which was alluded to by some of the Kashmiri therapists. However, there are other ways of developing healing methods not included in the above:

- A. Religious Retreat (or Chilla- a period of retreat). SH’s in case Study 1 and 4 underwent a chilla and SH (case study 2) also promulgated a similar concept. Both Healers 1& 4 belong to the Deobandi school of thought with the Arab’s (case study 2) school of thought closely linked to the former. Kashmiri therapists of a Bahrelwi background could not validate where they had taken chilla and some did not mention this practice even when probed.
- B. Bequeathed (Through a teacher or spiritual mentor). All therapists except that of Arab heritage thought this to be an integral part of their learning process as SH’s. Although Kashmiri therapists could not qualify this they believed that a ‘gift’ had been bequeathed to them by a higher authority (such as a spiritual teacher/mentor) or they had been given Izn permission).
- C. ‘Tariqa’ (a specific Method) usually a prescribed method passed on by a spiritual mentor and sometimes can require additional periods of retreat. Again SH’s from case studies 1 & 4.
- D. 34 were consistent in this and had a specified method of deduction or calculation that they followed and had learned from their spiritual mentors.

The methods of spiritual healing adopted by spiritual healers are given below in Table 3, Table 4 which shows if they received any training for their work. If so which types of training were received? The contents of the above table are explained in detail below.

## Types of treatment

The analysis indicates a distinct division in methods for healing of malevolent afflictions. Two main strands emerged from the interview questionnaires. One group of (four) therapists of Pakistani-Kashmiri origin were basically identical in their approach to spiritual healing

i.e. They used the Taweez method of treatment only and charged more, whereas other therapists charged much less or offered their services for no cost. None of the therapists in this group had acquired their healing methods through 'Ijaza' (Quality 5 Apprentice) and some also had acquired the healing powers through inheritance (1), i.e. family tradition which none of the others had declared. None of this group had attained recognised secular academic or religious qualification.

Their method of diagnosis was vague and NH found these therapists closed and cautious, offering a lack of rationale behind their method. One Pakistani-Kashmiri therapist used Ruqya, but he was also different in other attributes too i.e. spoke fluent English and was highly educated. He had a religious and secular education, supporting Ijaza (Apprenticeship under a teacher in Pakistan) (5) and held a 'tariqa'.

**Table 3** below shows various methods of spiritual healing or training received by spiritual healers

Participants nationality	Ruqya	Home therapy	Taweez	Prescribed prayer	Cupping	Calculations	Istekhara	Further therapy	Age disclosed
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	52
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N
Arab (TUN)	Y	Y	Y	Y	Y	N	Y	Y	54
Arab	Y	Y	Y	Y	Y	N	Y	Y	63
Arab	Y	Y	Y	Y	Y	N	N	Y	36
Pakistani/ Kashmiri	Y	Y	Y	Y	Y	N	Y	Y	1
Pakistani (F)	Y	Y	Y	Y	Y	N	Y	Y	88 (D)
Pakistani	Y	Y	Y	Y/N	Y	Y	Y	Y	38
Gujarati	Y	Y	Y	Y/N	Y	Y	Y	Y	59
Gujarati	Y	Y	Y	Y	Y	Y	Y	Y	N
Bangladeshi	Y	Y	Y	Y	Y	Y	Y	Y	88 (D)

**Abbreviations:** N, no; Y, yes; N/K, not known; D, deceased; 1, inheritance; 2, position within a family; 3, signs and portents at birth; 4, revelation; (in the case of our therapists this would be dreams of acceptance); 5, apprenticeship; 6, acquiring a particular skill on one's own.

**Table 4** below shows various methods of spiritual healing or training received by spiritual healers

Various methods of spiritual healing & training received										
Participants Nationality	Ruqya	Home Therapy	Taweez	Prayer	Cupping	Calculations	Istekhara	Further Therapy	Age	Training
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K	1,2,4,,6,
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K	1,6
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K	1.2.6
Pakistani/ Kashmiri	N	N	N	N	N	N	Y	N	N/K	1,4,6
Arab	Y	Y	Y	Y	Y	N	Y	Y	54	5,6
Arab	Y	Y	Y	Y	Y	N	Y	Y	63	6
Arab	Y	Y	Y	Y	Y	N	N	Y	36	6
Pakistani/ Kashmiri	Y	Y	Y	Y	Y	N	Y	Y	54	1,2,4,5,6
Pakistani (F)	Y	Y	Y	Y	Y	N	Y	Y	88 (D)	1,2,6
Pakistani	Y	Y	Y	Y/N	Y	Y	Y	Y	38	2,6
Gujarati	Y	Y	Y	Y/N	Y	Y	Y	Y	59	4,5,6
Gujarati	Y	Y	Y	Y	Y	Y	Y	Y	N/K	4,5,6
Bangladeshi	Y	Y	Y	Y	Y	Y	Y	Y	88 (D)	4,5,6

Much like the Bangladeshi community in previous studies many customs in the Kashmiri community are unique such as first cousin marriages, insularity, suspicion of other cultures or 'outsiders' (people who are not closely linked to their background or part of their (Sufi) Islam). Due to lack of literacy, hence lack of foundation in authentic scripture, many beliefs in these cohorts are based on folk belief, ancestral traditions and aspects of south-Asian customs intertwined

with their form of religion and a distinctive Pahari dialect mirroring the traits of the Bangladeshi community in East-London who hail from the economically austere region of Sylhet. Predominantly in Bradford, Leeds and Birmingham most Kashmiri families preserve their traditions through clan or caste controlled mosques and only appoint Imams who in many cases are educated 'back home' in Independent Pakistani controlled Kashmir. The author reluctantly

adds in some cases whilst probing in interviews he felt some spiritual healers were at the least unconvincing in explaining methodology and felt that it was simply a 'good enterprise' and a social gathering for the pir rather than any prescribing any authentic 'healing' or therapy taking place. The Taweez were hand written or photocopied. Some service users believed that it was the 'barakah' (blessings) from the pir that would give them the relief from their discomfort, whereas other Muslim beliefs emphasised the healing power to come directly through prayer from God.

The remainder of South-Asian therapists (Bangladeshi and Indian Gujarati) used a combination of Ruqya and some Taweez methods. They were all 'qualified' spiritual healers mostly with Ijaza (apprenticeship, 5) or some qualification. Moreover, non-Kashmiris insisted religious retreats were obligatory to attain their 'spiritual gift.' Although when probed further did not explain where, when or how they completed their retreat. They also prescribed prayers or advice for clients to continue at home to help them become more practicing/spiritual. Arab therapists used their own methods only (6, acquiring their own skill) which was simple without other interventions except the Tunisian who had acquired some of his knowledge through apprenticeship too. The female SH explained how she had acquired special knowledge from her spiritual mentors bequeathed to her from her family elders who practised healing going back to Prophet Mohammed's era. Additionally she had undergone many religious retreats and remained in nightly prayer to remain in contact with her spirituality.

Significant differences existed between most South-Asian therapists and those of an Arab heritage. Ongoing debates between various therapists challenge the efficacy and legitimacy of the 'Taweez method.' Except for four Kashmiri therapists who either declined to comment suggested that NH "will not understand." Other 'educated' therapists were able to offer plausible explanations from Hadith. They informed NH that the Taweez (inscriptions on normal paper) are only Quranic verses and invoke Allah's name in their healing; therefore "realistically this is also Ruqya." They also condemned "the use of un-Islamic methods of healing with Taweez if it invokes other than Allah's name i.e. invoking the name of a saint or use numerals, symbols etc." others explained that due to widespread ignorance in a predominantly illiterate client base many cannot remember or learn (Arabic) prayers: the Taweez is a substitute for those that cannot recite.

## Conclusion

This study found several methods of treatment for malevolent spiritual affliction among the Muslim population in West Yorkshire. A convenience sample of spiritual therapists was interviewed who used various therapies including a combination of orthodox Islamic methods and some more affiliated with a South-Asian tradition. Our results found appeal to SH' was commonplace at times of sickness. As expected many folk beliefs from the Indian sub-continent co-exist and cross religious boundaries. Followers of Orthodox or High Islam correspond with educated people following a prescribed religious framework, who are more likely to be less superstitious and will follow a logical method of spiritual healing as opposed to those who follow folk Islam, where much of the beliefs are based on folk belief. In this instance values and beliefs are guarded within a closed community network without scope for rationale or penetration of reasoning in their way of thinking or way of life. Subjects in the current study

did not report any negative effects of Ruqya therapy. One is inclined (to an extent) to agree with Weiss' (1997) comments that the British South-Asian community's "explanatory models of illness causation, in particular relation to psychiatric disorders, are not always medically oriented." This is because sometimes among some South-Asian Muslims' mental illness such as positive psychotic symptoms of schizophrenia are thought to be the affliction of jinn. For future study the primary researcher would like to explore how the NHS and health professionals can gain this populations confidence to access conventional medical services and be less vulnerable to exploitation. We would like to raise awareness about beliefs and practices, which could be acknowledged through familiarity of cultural and religious beliefs so patients with such needs feel more comfortable in coming forward and engaging with the NHS.<sup>21-23</sup>

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## Conflict of interest

Authors declare that there is no conflict of interest.

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