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Nazr (Evil Eye), Dream Interpretation, Jinn Possession, and Black Magic: An Islamic, Scientific, and Cultural Analysis of Their Impact on Mental Health and Social Dynamics

Kiramatt Ullah Bettani¹, Ajwa Arooj Ghilzai², Hussian Ahmad³, Abdul Wahab⁴, Qasim Riaz⁵, Mujeeb Ullah Doutani⁶

	Authors' Contribution
1 Assistant Professor & Head, Department of Psychiatry, Mufti Mahmood Memorial Teaching Hospital, Dera Ismail Khan Pakistan	Introduction, Data analysis, Data interpretation, Drafted results part in the main manuscript
2 Clinical Psychologist, Mufti Mahmood Memorial Teaching Hospital, Dera Ismail Khan Pakistan	Conceptualized the design, Data collection, Literature search
3 Assistant Professor, Department of Psychiatry, Mufti Mahmood Memorial Teaching Hospital, Dera Ismail Khan Pakistan	Data collection, Proofreading, Critical revision of the final version
4 Assistant Professor, Department of Psychiatry, King Edward Medical University, Lahore Pakistan	Discussion and Conclusion
5 Assistant Professor, Department of Psychiatry, Pak International Medical College, Peshawar Pakistan	Literature Review, Questionnaire design, Data assembly, Manuscript drafting
6 Assistant Professor, Department of Psychiatry, Bolan Medical College, Quetta Pakistan	Results section, proofreading

Dr. Ajwa Arooj Ghilzai
 Correspondence: Clinical Psychologist, Mufti Mahmood Memorial Teaching Hospital, Dera Ismail Khan Pakistan
 Email: ajwahghilzai300@gmail.com

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ABSTRACT

Objective: This study examines how beliefs in Nazr, Jinn, dreams, and black magic affect mental health, help-seeking behavior, and social harmony from Islamic, cultural, and scientific viewpoints. **Study Design:** Quantitative cross-sectional study. **Settings:** Urban and rural settings were utilised. 300 participants were recruited. **Duration:** 9 months. **Methods:** A convenience sampling method was used to recruit 300 adult participants. The instruments utilized in the study comprised the Belief in Supernatural Phenomena Scale, GHQ-12, DASS-21, Brief RCOPE, and a bespoke Healthcare-Seeking Behavior Questionnaire. Data analysis was conducted using SPSS 26 and involved the application of descriptive statistics, chi-square tests, t-tests, ANOVA, correlations, and regression. **Results:** 67% linked emotional distress to supernatural beliefs 80% in rural areas vs. 55% urban ($\chi^2(1) = 16.78, p < 0.001$). Believers had higher distress ($M = 24.6$) than non-believers ($M = 18.2$), $t(298) = 6.21, p < 0.001$. While 42% sought spiritual healing, 58% chose medical help. Believers were less likely to seek psychiatric care ($F(2,297) = 9.42, p < 0.001; p < 0.01$). Belief negatively correlated with education ($r = -0.63$) and predicted reluctance to seek psychological care ($\beta = -0.58, R^2 = 0.47$). **Conclusion:** The study highlights the importance of incorporating cultural and religious understanding into mental health plans and recommends a blend of clinical and faith-based methods to enhance overall well-being and accessibility to healthcare.

Keywords: Nazr (evil eye), Dream interpretation, Jinn possession, Black magic.

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INTRODUCTION

Beliefs in supernatural phenomena, including Nazr, Jinn possession, Sihir, and dream analysis, are deeply ingrained in many Muslim communities and have a considerable impact on how mental health is perceived. Spiritual frameworks view these occurrences as actual realities. However, contemporary psychiatry typically interprets similar symptoms as indicative of schizophrenia, dissociative identity disorder (DID), or anxiety disorders.¹ Individuals who believe in Jinn possession may instead turn to religious remedies, including Ruqyah, rather than seeking psychiatric evaluation, which can cause diagnostic delays.² Those who believe in the evil eye often turn to spiritual remedies, which can inadvertently perpetuate a distrust of mental health services. Visits to traditional healers are often made instead of seeking help from mental health

professionals when conditions believed to be caused by black magic are present. The interpretation of dreams can also impact mental health; ominous dreams may contribute to increased anxiety and distress. Experts suggest implementing comprehensive approaches that take into account religious values and promote evidence-based psychiatric treatment.^{2,3} Combining faith-based interventions with culturally aware mental health education can facilitate a connection between spiritual perspectives and clinical diagnoses, ultimately lessening stigma and encouraging individuals to seek help.^{2,3}

Islam recognizes the concept of Nazr, believed to be a cause of harm or misfortune. According to Sahih Muslim (2188), the evil eye is a genuine and potent force capable of inflicting damage. Frequently, Muslims recite Surah Al-Falaq and Surah An-Nas or use protective amulets known as taweez. This belief can have

a psychological impact, potentially increasing stress and anxiety, which may sometimes lead to the manifestation of psychosomatic symptoms. In Yemen, a study found that children whose parents believed Nazr caused illness displayed high levels of anxiety.^{5,6} A powerful conviction in supernatural harm can lead to self-fulfilling prophecies, such as fatigue and headaches caused by the psychological distress they experience.⁷

Islam divides dreams into three categories: genuine revelations from God, distressing visions attributed to Satan, and manifestations of the subconscious mind. Religious Muslims frequently seek interpretations from learned Islamic scholars, influencing their emotional responses and choices. Research suggests that dreams are associated with unconscious mental processes and neural activity.^{8,9} Interpreting dreams may provide emotional comfort, but it can also increase anxiety, particularly when viewed as a predictor of bad fortune. Overemphasizing the interpretation of dreams can reinforce and exacerbate negative thought patterns and worsen psychological conditions.

In accordance with the Islamic faith, Jinn can take hold of humans, resulting in abnormal behavioural and psychological patterns. *Quranic recitation, also known as Ruqyah, is a widely practised spiritual therapy.* Research has found that individuals residing in cultures with a deep-rooted faith in supernatural entities, such as Jinn, tend to seek spiritual healers over medical professionals for treatment of conditions like schizophrenia and Dissociative Identity Disorder (DID).¹⁰ The delay in receiving psychiatric care tends to worsen the conditions and shares similarities with psychiatric disorders that are typically marked by hallucinations, dissociation, and altered states of consciousness.^{11,12} These research results underscore the importance of culturally informed approaches to mental health care. According to Islamic texts, Sihr, or black magic, is recognized as a cause of adversity, sickness, and societal problems. Rituals and remedies comprise Ruqyah, herbal treatments, and spiritual counselling. Psychiatrically, symptoms indicative of Sihr often bear a likeness to schizophrenia, including delusions and paranoia.⁷ Individuals who believe in Sihr may experience social exclusion and be denied access to timely psychiatric treatment, ultimately exacerbating their situation.⁴

Belief in supernatural phenomena can offer solace and also cause psychological turmoil. Practices such as prayer, reciting the Quran, and communal ceremonies provide emotional strength and a feeling of being in control.¹³ Excessive fear of supernatural forces can result in chronic anxiety, paranoia, and psychosomatic symptoms.^{10,6} Linking mental distress to supernatural factors can exacerbate stress, ultimately resulting in physical symptoms like exhaustion and headaches.⁶ Initially, numerous Muslims attempted to find assistance from religious healers before consulting mental health professionals. This form of spiritual comfort can potentially hinder timely diagnosis and treatment for severe conditions such as major depressive disorder and schizophrenia. A single study found that relying solely on religious exorcisms hindered the timely identification of necessary psychiatric diagnoses.¹⁴ The stigma associated with mental illness discourages people from seeking

professional help, resulting in prolonged periods of suffering. Supernatural beliefs can promote community cohesion by means of common rituals and communal prayer. Geertz suggests that common religious experiences strengthen a community's sense of shared identity and moral principles. For many, religious coping strategies are vital during difficult times. However, individuals suspected of being possessed by Jinn or victims of Sihr frequently experience social ostracism or mistreatment, which may involve forced exorcisms, imprisonment, or physical assault.¹⁶ Practices of this nature exacerbate psychological trauma and can result in social isolation and career setbacks.⁴

Studies confirm that supernatural beliefs play a substantial part in how mental health is viewed in Muslim cultures. Yemeni children exposed to beliefs associated with Nazr displayed increased levels of anxiety.⁶ Historical research has shown that people with schizophrenia were often subjected to exorcisms, leading to a delay in receiving proper psychiatric care.¹⁰ In South Africa, beliefs about Jinn resulted in individuals giving priority to spiritual treatment over medical intervention.¹¹ Faith-based healing practices can be found across cultures, including Mal de Ojo in Latin America and a form of black magic within Hindu traditions, both of which are rooted in similar beliefs.

Providing evidence-based psychiatric care in a way that respects and acknowledges religious beliefs is of utmost importance. Beliefs in supernatural forces often hinder medical diagnosis and treatment in Muslim communities. Relying solely on religious interventions may lead to prolonged suffering, and conversely, dismissing patients' religious beliefs can result in spiritual distress and undermine trust in the healthcare system.¹⁷ Failing to distinguish between psychiatric symptoms and spiritual concerns accurately can have negative consequences, including misdiagnosis.^{10,11} Healthcare professionals should recognize the importance of addressing both a person's spiritual and medical needs in order to build trust and encourage patients to comply with treatment.

Few quantitative studies have simultaneously examined the effects of supernatural beliefs on mental health, help-seeking behavior, and social outcomes, despite a wealth of qualitative and theoretical work on the topic in Muslim societies. Previous studies frequently concentrate on cultural explanations of psychopathology or beliefs about jinn and mental illness, but many of them are qualitative or case reports that emphasize cultural models rather than thorough quantitative analysis and does not always include demographic comparisons or multiple psychosocial variables together.¹⁹

METHODS

The sample size for this cross-sectional quantitative study was calculated using the G*Power software (Faul *et al.*, 2009),¹⁸ which is widely used for power analysis in social and behavioral research. Assuming a medium effect size (Cohen's $d = 0.3$), a significance level (α) of 0.05, and a desired power ($1-\beta$) of 0.80, the minimum required sample size was estimated to be approximately 300 participants. This sample size ensures adequate statistical power to detect meaningful associations between beliefs in Nazr (evil eye), Jinn possession, dream

analysis, and black magic, and their impact on mental health, healthcare-seeking behavior, and social cohesion across demographic variables. Convenience sampling was employed to recruit a diverse sample of adults (aged 18 and above) from social media, community centers, and healthcare institutions, reflecting urban and rural populations. Participants were required to provide informed consent and complete structured questionnaires.

Measures Used:

- **Beliefs:** Adapted Belief in Supernatural Phenomena Scale (Tobacyk & Milford, 1983).
- **Mental Health:** GHQ-12 (Goldberg & Williams, 1988) and DASS-21 (Lovibond & Lovibond, 1995).
- **Religious Coping:** Brief RCOPE (Pargament et al., 2011).
- **Healthcare Behavior:** Researcher-developed tool comparing psychiatric vs. faith-based treatment.

Statistical Analysis:

Descriptive statistics summarized demographics and beliefs. Chi-square tests analyzed links between geography and beliefs. Independent t-tests compared distress levels in believers vs. non-believers. One-way ANOVA assessed healthcare-seeking behavior across groups. Pearson's correlation examined education and belief strength. Regression showed that supernatural beliefs significantly predicted psychiatric help-seeking behavior.

Ethical Approval

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2013. All procedures involving human subjects/patients were approved by the Regional Ethical Review Committee of Gomal Medical College Dera Ismail Khan, KPK, Pakistan, under approval number 114/GJMC/JC. As well as Written Consent was formally received from the individual involved. Confidentiality and anonymity were safeguarded.

RESULTS

Research revealed that 67% of those involved held supernatural causes of distress to be true, with a notable disparity existing between rural and urban communities. In rural areas specifically, 80% of participants reported attributing mental distress to supernatural factors, a significantly lower percentage than the 55% of participants in urban areas who held the same view. According to treatment preferences, 42% of individuals relied on religious or spiritual healing, whereas 58% sought out medical or psychological assistance. Individuals with robust supernatural convictions exhibited substantially elevated levels of psychological distress, suggesting a possible connection between such beliefs and mental health difficulties.

Table 1: Demographics

Variable	Category	n (%)
Gender	Male	156 (52%)
	Female	144 (48%)
Age (years)	Mean (SD)	32.5 (8.4)
Education	Primary	105 (35%)
	Secondary	120 (40%)
	Higher	75 (25%)
Location	Rural	165 (55%)
	Urban	135 (45%)
Belief in Supernatural Causes	Yes	201 (67%)
	No	99 (33%)
Treatment Preference	Religious/Spiritual	126 (42%)
	Medical/Psychological	174 (58%)

Table 2: Comparison of chi-square analysis between Geographic Location and Supernatural Beliefs

Variable 1	Variable 2	χ^2 Value	df	p-vl
Location	Supernatural Belief	16.78	1	.001

A chi-square analysis showed a substantial correlation between geographical region and the notion that supernatural factors contribute to stress ($\chi^2(1) = 16.78, p < 0.001$). The discovery suggests that rural individuals are substantially more inclined than their urban counterparts to link mental health problems to supernatural factors.

Table 3: Independent sample t-test Psychological Distress between believers and non-believers

Group	n	Mean (SD)	t	df	p-value
Strong Belief	201	24.6 (5.3)	6.21	298	<0.001
Weak/No Belief	99	18.2 (4.7)			

The independent t-test compared levels of psychological distress between participants with strong supernatural beliefs and those with weak or no beliefs. Participants with strong beliefs had higher distress scores (M = 24.6, SD = 5.3) than participants with weak or no beliefs (M = 18.2, SD = 4.7). This difference was statistically significant, $t(298) = 6.21, p < 0.001$, suggesting that stronger supernatural beliefs are associated with higher levels of psychological distress.

Table 4: Analysis of variance (ANOVA) Healthcare-Seeking Behavior by supernatural belief

Source of Variation	df	F	p-value
Between Groups	2	9.42	<0.001
Within Groups	297		
Total	299		

An analysis of variance (ANOVA) with a one-way design showed substantial variations in healthcare-seeking actions resulting from faith in supernatural causes ($F(2, 297) = 9.42, p$

< 0.001). Subsequent tests further established that individuals holding firmly to supernatural beliefs had a significantly lower tendency to seek psychiatric assistance ($p < 0.01$). A belief in supernatural causes may hinder access to professional mental health treatment.

Table 5: Pearson Correlation of education and supernatural beliefs

Variable 1	Variable 2	r	p-value
Education Level	Supernatural Belief	-0.63	<0.001

A strong negative correlation was discovered between education level and belief in supernatural causes through Pearson correlation analysis, with a coefficient of -0.63 and a statistically significant result at $p < 0.001$. People with advanced educational backgrounds tend not to attribute stress to supernatural causes, opting instead for medical and psychological explanations.

Table 6: Predictors of seeking psychological help

Predictor	Beta	R ²	p-value
Supernatural Belief	-0.58	0.47	.001

Results from regression analysis indicated that a belief in supernatural causes is a substantial deterrent to seeking psychiatric treatment, with a statistically significant correlation of $\beta = -0.58$ at a p-value less than 0.001 and an R-squared value of 0.47. People who hold stronger supernatural beliefs are significantly less likely to seek psychological assistance, highlighting the importance of culturally sensitive mental health programs that take these beliefs into account and promote professional care.

DISCUSSION

The findings of this study provide substantial insight into the relationship between supernatural beliefs, mental health, and the tendency to seek healthcare in predominantly Muslim communities. The research reveals a substantial impact of religious beliefs on concepts such as Nazr (evil eye), Jinn possession, black magic, and dream interpretation in forming individuals' perceptions of psychological distress and their selection of treatment alternatives.

Research showed that nearly seven out of ten participants, or 67%, believed that supernatural factors caused mental health problems. This was more common among people living in rural areas (80%) than those in urban areas (55%). This discovery aligns with previous studies, which have found that people in rural locations frequently depend more significantly on faith-based healing methods because of restricted access to mental health care services.^{1,6} Moreover, individuals holding strong supernatural beliefs displayed notably higher levels of psychological distress, averaging 24.6 with a standard deviation of 5.3, as opposed to those with less intense beliefs, who averaged 18.2 with a standard deviation of 4.7, the difference being statistically significant ($t(298) = 6.21, p < 0.001$). Religious beliefs can serve as coping mechanisms for psychological issues. However, an unjustified fear of

supernatural forces can cause ongoing anxiety and stress, which are acknowledged risk factors for mental health disorders.¹³

The study's results also show a notable relationship between educational level and supernatural beliefs, where a correlation of -0.63 ($p < 0.001$) was observed. Research suggests that individuals with higher levels of educational achievement tend to rely less on supernatural explanations when dealing with mental health problems. Educational programs and public awareness initiatives may be key in reorienting public perceptions towards evidence-based knowledge of mental health and consequently decreasing linked stigma.

Those who strongly believed in supernatural causes for mental illness were significantly less inclined to seek professional psychiatric assistance and more likely to consult faith healers or traditional practitioners, according to the substantial ANOVA finding ($F(2, 297) = 9.42, p < 0.001$). This relationship was also confirmed by regression analysis, which found that a belief in supernatural causes was significantly associated with a lower likelihood of seeking psychological help, with a correlation coefficient of -0.58 ($p < 0.001$) accounting for 47% of the variance in this behavior. The results are consistent with prior research, which highlights these types of beliefs as major obstacles to receiving psychiatric care.¹ The implications of delayed or lacking psychiatric care are alarming, as it can worsen symptoms, lead to disability, and heighten the likelihood of chronic mental illness.

Contrary to the negative effects on mental health, the existence of supernatural forces was discovered to contribute to increased social unity. Shared religious beliefs within families and communities can foster unity and provide mutual support during periods of psychological turmoil.¹⁵ This advantage comes with several disadvantages. Those perceived to be under the influence of Jinn or black magic often experience considerable social ostracism and stigma.⁴ These results highlight the importance of implementing holistic, culturally aware mental health approaches that combine faith-based support networks with psychiatric services to decrease stigma and enhance access to care.

CONCLUSION

Research findings demonstrate that faith in supernatural forces has a substantial impact on mental health perceptions and the likelihood of seeking treatment in predominantly Muslim communities. The findings show a correlation between rural communities, limited educational backgrounds, a strong faith in the supernatural, higher levels of psychological stress, decreased access to psychiatric treatment, and a greater reliance on traditional healing methods. Religious coping mechanisms can offer emotional support, but they may also lead to anxiety, delayed treatment, and further stigmatization of those affected by mental health issues.

LIMITATIONS

This study has several limitations. Firstly, the use of convenience sampling limits the generalizability of the findings to the broader population, as the sample may not accurately represent diverse demographic groups. Secondly, the reliance

on self-reported data introduces the possibility of response biases, such as social desirability or misinterpretation of questions. Additionally, the cross-sectional design restricts the ability to draw causal inferences between beliefs in supernatural phenomena and mental health outcomes. Cultural variations in the interpretation of concepts like Nazr, Jinn possession, and black magic may also affect.

SUGGESTIONS / RECOMMENDATIONS

Longitudinal research should be pursued to investigate the development of beliefs over time and their lasting effects on adherence to mental health treatment. Comparative studies of supernatural beliefs across various cultural and religious contexts can offer additional insights into how they impact global mental healthcare. Integrating faith and mental health interventions can help societies adopt a more inclusive and effective approach to mental health, providing individuals with the necessary support without the stigma or lengthy delays in the treatment they often face.

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CONFLICT OF INTEREST / DISCLOSURE

None.

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TRANSPARENCY DECLARATION

The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported,

that no important aspects have been omitted, and that any discrepancies from the original study plan have been explained.

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