

Psychiatric symptoms and attribution to jinn.

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Primary Objective: To determine the prevalence of attribution to jinn in Islamic patients with psychiatric symptoms attending an outpatient clinic in an urban area of Utrecht in the Netherlands, in particular in relation to symptoms classified as...

Ethical review	Approved WMO
Status	Will not start
Health condition type	Psychiatric disorders NEC
Study type	Observational non invasive

Summary

ID

NL-OMON40309

Source

ToetsingOnline

Brief title

Psychiatry and jinn.

Condition

- Psychiatric disorders NEC

Synonym

hallucinations, psychiatric symptoms

Research involving

Human

Sponsors and support

Primary sponsor: Parnassia Bavo Groep (Den Haag)

Source(s) of monetary or material Support: intern

Intervention

Keyword: hallucinations, Islam, jinn, psychiatry

Outcome measures

Primary outcome

The prevalence of attribution to jinn in patients enrolling into treatment programmes at i-Psy Utrecht during one year who experience hallucinations and who attribute those hallucinations to jinn.

Secondary outcome

Differences according to ethnic group, age, country of birth, immigrant generation, gender, age at migration, level of education and socio-economic status.

Study description

Background summary

There is often a discrepancy between the explanation of psychiatric symptoms by the non-western patient (and/or his/her family/traditional healer) and by the western-trained practitioner. This can create difficulties in diagnosis and treatment.

Islamic patients often attribute psychiatric symptoms to a specific concept called jinn (Colaço Belmonte, 1976; Blom et al., 2010). Other well known concepts are evil eye and black magic. Next to the symptoms of hallucinations, in Islamic patients jinn attributions are common for symptoms of mood disorders, obsessive-compulsive disorder, but also in the case of grief, family disputes, marriages problems and infertility. Although this is described in several ethnic groups around the world (Ryan, 2007; Studer, 2010) and well known in Islamic countries, systematic research in Islamic patients in the western world is still pending (Lim et al., accepted).

In many cases jinn are described in a manner that psychiatrists would classify as multimodal hallucinations. Multimodal hallucinations can be part of a schizophrenia spectrum disorder, but are also reported in mood disorders, PTSD and other psychiatric disorders (Lim et al., accepted).

It is suspected that patients who attribute their symptoms to jinn have a

reduced response to treatment and worse prognosis and as a consequence, worse adherence to treatment. Therefore, gaining knowledge about attribution to, and meaning of jinn in relation to psychiatric symptoms is indispensable for the treatment of Islamic patients in the western world. Such knowledge may contribute to innovation/ improvement in health care programs for Islamic patients. A connection and better understanding between patients who hold a religious/ cultural explanatory model on one side, and health care workers who hold a medical explanatory model on the other side, may result in a more integrated care system.

Quantitative research about attribution of psychiatric symptoms to jinn has not been undertaken yet. The extent of the occurrence of attribution to jinn is unknown, as are the existence and size of differences between ethnic groups. Possibly, attribution is associated with demographic parameters such as age, gender, level of education and time since migration.

Study objective

Primary Objective: To determine the prevalence of attribution to jinn in Islamic patients with psychiatric symptoms attending an outpatient clinic in an urban area of Utrecht in the Netherlands, in particular in relation to symptoms classified as hallucinations. Distribution of modalities of hallucinations is expected to vary according to jinn attribution. Hallucinations will be described in detail, also to determine if there is an association between the modalities of hallucinations and jinn attribution.

Secondary Objective(s): To determine if there is an association between demographic parameters and the attribution of psychiatric symptoms to jinn, and to explore the meaning of jinn to the patient in more detail.

Study design

This is a cross-sectional study. All new patients of 18 years and older that are signed up for treatment at the outpatient clinic of i-Psy Utrecht will be asked to participate in the study.

The duration of the inclusion period is 12 months.

All new patients who give informed consent will be asked basic demographic features as indicated in the appendix. They will be interviewed to determine the presence of hallucinations and attribution of these symptoms to jinn. Phenomenology of hallucinations will be systematically questioned with a semi-structured interview. In case of absence of hallucinations the patient will be interviewed about their explanatory model.

Study burden and risks

Not applicable.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

age \geq 18 years

Islamic background/religion

Exclusion criteria

Urgent medical condition or another urgent reason the participant cannot complete the interview.

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

Recruitment

NL

Recruitment status: Will not start

Enrollment: 200

Type: Anticipated

Ethics review

Approved WMO

Date: 23-07-2014

Application type: First submission

Review commission: METC Leids Universitair Medisch Centrum (Leiden)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register

CCMO

ID

NL44388.058.14