Original Article

# Jinn-Possession With Psychosis, Childhood Traumatic Experiences, and Dissociation Among the Hausa-Fulani Muslims of Kaduna Metropolis, Northwest Nigeria: A Cross-Sectional Analysis

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## ABSTRACT

In Northwest Nigeria, where Islamic and traditional beliefs are deeply intertwined, jinn-possession is a common idiom of distress for psychotic symptoms. The relationship between this cultural construct, dissociation, and childhood trauma remains underexplored in this population. This study aimed to determine the prevalence of jinn-possession with psychosis and dissociation, and to investigate their association with childhood traumatic experiences among Hausa-Fulani Muslims. A community-based cross-sectional study was conducted among 2500 adults in Kaduna Metropolis. Participants were selected via multi-stage random sampling. Instruments included a socio-demographic questionnaire, the Jinn-Possession with Psychosis Phenomena Inventory (JPPI), the Dissociative Experiences Scale (DES), and the Childhood Trauma Questionnaire (CTQ). Data were analysed using descriptive statistics, chi-square tests, and binary logistic regression. The prevalence of jinn-possession with psychosis was 68.4% (n=1710), while 42.8% (n=1070) reported significant dissociative symptoms. A strong, statistically significant association was found between jinn-possession with psychosis and dissociation ($\chi^2$ = 387.4, p<0.001). Participants with jinn-possession had significantly higher mean scores on the CTQ (mean=52.4, SD=12.1) compared to those without (mean=38.7, SD=9.5) (p<0.001). Logistic regression confirmed childhood physical abuse (OR=2.1, 95% CI: 1.8-2.5) and emotional neglect (OR=2.4, 95% CI: 2.0-2.9) as significant predictors of jinn-possession phenomena. This study reveals very high rates of jinn-possession with psychosis and dissociation, strongly linked to childhood trauma. Findings underscore the need for culturally sensitive mental health frameworks that integrate local spiritual beliefs with trauma-informed care in this region.

**Keywords:** Childhood Trauma, Dissociation, Jinn-Possession, Psychosis, Trans-Cultural Psychiatry

## INTRODUCTION

The conceptualisation of mental distress is profoundly shaped by cultural and religious contexts.[1] In many non-Western societies, spiritual and supernatural aetiologies for psychological phenomena, such as psychosis and dissociation, are predominant, often overshadowing biomedical explanations.[2,3] Among Muslim populations globally, the belief in jinn; sentient, invisible beings made of smokeless fire as described in the Qur'an, is widespread. Within this worldview, jinn-possession is a culturally sanctioned idiom of distress through which symptoms of severe mental illness, particularly psychosis, are expressed and understood.[4,5]

In Northwest Nigeria, the Hausa-Fulani ethnic group is predominantly Muslim, and their socio-cultural landscape is deeply infused with Islamic and pre-Islamic traditional beliefs.[6] Here, mental illness is frequently attributed to spiritual causes, including witchcraft, evil eye, or jinn-possession, with traditional and religious healers often being the first port of call.[7,8] Epidemiological studies from Nigeria have consistently reported high prevalence rates of psychotic disorders, though their presentation is often filtered through this spiritual lens.[9,10]

Dissociation, a disruption in the normal integration of consciousness, memory, identity, and perception, is

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another complex phenomenon that shares a porous boundary with both psychosis and spirit-possession across cultures.[11,12] Spirit-possession states can be viewed as a form of dissociative trance, where an individual's identity is temporarily replaced by that of a possessing entity.[13] Research has established a robust link between severe childhood traumatic experiences and the development of both psychotic and dissociative disorders in adulthood.[14,15] Trauma disrupts attachment and neurodevelopment, creating a vulnerability to fragmentation of the self, which may be interpreted as possession in specific cultural settings.[16]

However, a significant gap exists in the empirical literature. While studies have examined spirit-possession in various contexts,[17,18] and others have documented the trauma-psychosis link in Western samples,[19] there is a paucity of large-scale, quantitative research investigating the specific interplay between jinn-possession with psychotic features, dissociative symptoms, and childhood trauma within a homogeneous cultural group like the Hausa-Fulani of Nigeria. Understanding these relationships is critical for developing effective, culturally competent mental health interventions that are acceptable to this population. This study, therefore, aimed to determine the prevalence of jinn-possession with psychosis and dissociation, and to investigate the association between these phenomena and childhood traumatic experiences among the Hausa-Fulani Muslims of Kaduna Metropolis, Nigeria.

## MATERIALS AND METHODS

### Study Design and Setting

A community-based, cross-sectional study was conducted over a six-month period (January to June 2024) in Kaduna Metropolis, the capital city of Kaduna State in Northwest Nigeria. The metropolis is a multi-ethnic hub but is predominantly inhabited by Hausa-Fulani Muslims.

### Participants

The study included 2500 adult residents (aged 18 years and above) who identified as Hausa or Fulani and were Muslims. Individuals with acute medical conditions preventing interview, those with known intellectual disability, or those who were unable to provide informed consent were excluded.

### Sample Size Determination

The sample size was calculated using the formula for estimating a single population proportion;[20] $n=Z^2.p.(1-p)/d^2$. Assuming a prevalence of psychotic phenomena of 50% (to yield the maximum sample size), a 95% confidence level, and a margin of error of 2%, a minimum sample size of 2401 was required, which was rounded up to 2500.

### Sampling Method

A multi-stage random sampling technique was employed. First, four local government areas (LGAs) within the metropolis were randomly selected. From each LGA, five electoral wards were selected by simple random sampling. Finally, households within selected wards were chosen using a systematic random sampling method, and one eligible adult was randomly selected from each household for interview.

### Study Instruments

Socio-demographic Questionnaire: A self-designed proforma collected information on age, gender, ethnicity, educational level, marital status, and occupation.

Jinn-Possession with Psychosis Phenomena Inventory (JPPI): This 15-item instrument was developed and validated for this study (Cronbach's $\alpha = 0.89$ in the present sample). It assesses symptoms of psychosis (e.g., auditory hallucinations, delusions of control, thought insertion) that the participant or their family attributes to jinn-possession. Items are scored on a 5-point Likert scale (0=Never, 4=Almost Always). A cut-off score of ≥25 was used to classify "Jinn-Possession with Psychosis."

Dissociative Experiences Scale (DES): The DES is a 28-item self-report questionnaire that measures the frequency of dissociative experiences.[21] It has been previously validated in Nigeria, showing good reliability and validity.[22] The Hausa version used in this study had a Cronbach's α of 0.91. A mean score of ≥25 was used to indicate significant dissociative pathology.[23]

Childhood Trauma Questionnaire (CTQ): The CTQ is a 28-item retrospective self-report inventory that measures the severity and frequency of five types of childhood trauma: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect.[24] It has been used and validated in several Nigerian studies.[25,26] The Hausa version demonstrated excellent internal consistency (Cronbach's $\alpha = 0.93$). The total score was used for analysis, with higher scores indicating greater trauma severity.

### Study Procedure

Data collection was performed by trained research assistants fluent in Hausa and English. After obtaining written informed consent, interviews were conducted in a private setting, usually within the participant's home. The study purpose was explained, and confidentiality was assured. All instruments were translated into Hausa and back-translated into English (using the WHO iterative back-translation technique) to ensure conceptual equivalence. The interview lasted approximately 15-20 minutes.

### Statistical Analysis

Data were analysed using IBM SPSS Statistics Version 28. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarise socio-demographic and clinical variables. The chi-square ($\chi^2$) test was used to examine associations between categorical variables. An independent samples t-test was used to compare mean CTQ scores between groups. Binary logistic regression was performed to identify predictors of jinn-possession with psychosis, entering variables that were significant in bivariate analyses. A p-value of $<0.05$ was considered statistically significant.

### Ethical Consideration

The study procedures were reviewed and approved by the Health Research Ethic Committee of Ahmadu Bello University Teaching Hospital, Shika-Zaria (**Ref: ABUTHZ/HREC/C34/2025**). Informed written consent

was obtained from all participants prior to their inclusion in the study. Confidentiality and anonymity of participants was maintained throughout the research process. Participants were duly informed they could withdraw from the study at any time without any consequences.

## RESULTS

Table 1 presents the socio-demographic profile of the respondents. As detailed in Table 1, the study achieved a robust sample of 2500 participants, providing substantial power for the analyses. The mean age of 34.2 years (SD=10.8). The gender distribution was nearly even, with a slight predominance of females (52.4%, n=1310). For the educational profile, almost half of the participants (45.0%, n=1125) had received only a Qur'anic education. The majority of participants were married (61.8%, n=1545) and engaged in trading or artisanal work (55.6%, n=1390).

The prevalence figures for the primary phenomena under investigation are as shown in Figure 1. More than two-thirds of the entire sample (68.4%, n=1710) met the threshold (JPPI ≥25) for jinn-possession with psychosis, while the prevalence of significant dissociative symptoms (DES ≥25) was 42.8% (n=1070).

The bivariate analysis revealed a powerful and statistically significant association between jinn-possession and dissociation ($\chi^2 = 387.4$, $p<0.001$). The cross-tabulation in Table 2 provides a clearer view of this relationship. The key finding is that among the 1710 participants with jinn-possession, the majority; 58.5% (n=1000) also exhibited significant dissociative symptoms. In stark contrast, among the 790 participants without jinn-possession, only 6.0% (n=47) had significant dissociation.

The independent samples t-test as presented in Table 3, confirmed a statistically significant difference in childhood trauma scores between the two groups (t=31.2, p<0.001). As detailed in Table 3, the mean CTQ score for participants with jinn-possession (52.4, SD=12.1) was substantially higher than for those without (38.7, SD=9.5). The magnitude of this difference; over 13 points on the CTQ scale, is not only statistically significant but also clinically meaningful.

To disentangle the unique contribution of each variable while controlling for others, a binary logistic regression was performed. The model was highly significant ($\chi^2(6) = 585.3$, $p < .001$) and explained a substantial portion (35.2%) of the variance in jinn-possession status. The results, presented in Table 4, offer a more nuanced understanding than the bivariate analyses.

The most powerful predictor was the presence of significant dissociation, which increased the odds of jinn-possession by more than six-fold (AOR=6.36, 95% CI: 5.03-8.04).

Regarding childhood trauma subtypes, the analysis reveals a distinct pattern. Emotional neglect emerged as the strongest traumatic predictor (AOR=2.41, 95% CI: 1.98-2.93), followed by physical abuse (AOR=2.10, 95% CI: 1.76-2.50) and emotional abuse (AOR=1.80, 95% CI: 1.54-2.11).

Table 1. Socio-demographic characteristics of participant

| Characteristic | Category | Frequency | Percentage ( |
|---|---|---|---|
| Age (years) | 18–25 | 625 | 25.0 |
| | 26–35 | 850 | 34.0 |
| | 36–45 | 625 | 25.0 |
| | >45 | 400 | 16.0 |
| Gender | Male | 1190 | 47.6 |
| | Female | 1310 | 52.4 |
| Education | None | 375 | 15.0 |
| | Qur'anic only | 1125 | 45.0 |
| | Primary | 500 | 20.0 |
| | Secondary and a | 500 | 20.0 |
| Marital sta | Single | 750 | 30.0 |
| | Married | 1545 | 61.8 |
| | Divorced/Widow | 205 | 8.2 |
| Occupation | Unemployed | 375 | 15.0 |
| | Farming | 375 | 15.0 |
| | Trading/Artisan | 1390 | 55.6 |
| | Civil servant/Stu | 360 | 14.4 |

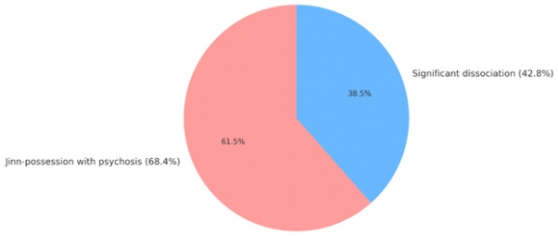


Figure 1. Prevalence of primary study phenomena (N=2500)
*Note: Cut-off score for Jin-possession with psychosis and significant dissociation is ≥25*

Table 2. Association between jinn -possession with psychosis and dissociation (N=2500)

| | Significant dissociation (DES ≥25) | No significant dissociation (DES <25) | Total | $\chi^2$ (p-value) |
|---|---|---|---|---|
| Jinn-possession (JPPI ≥25) | 1000 (58.5%) | 710 (41.5%) | 1710 (100%) | 387.4 (<0.001) |
| No jinn -possession (JPPI <25) | 47 (6.0%) | 743 (94.0%) | 790 (100%) | |
| **Total** | 1047 | 1453 | 2500 | |

Table 3. Comparison of childhood trauma scores by jinn -possession status (N=2500)

| Group | n | Mean CTQ score | Standard deviation | t (p-value) |
|---|---|---|---|---|
| Jinn-possession (JPPI ≥25) | 1710 | 52.4 | 12.1 | 31.2 (<0.001) |
| No jinn-possession (JPPI <25) | 790 | 38.7 | 9.5 | |
| **Total sample** | 2500 | 48.1 | 12.5 | |

Table 4. Logistic regression predicting likelihood of jinn -possession with psychosis (N=2500)

| Predictor variable | B | S.E. | Adjusted odds ratio (AOR) | 95% CI for AOR | p-value |
|---|---|---|---|---|---|
| Significant dissociation | 1.85 | 0.12 | 6.36 | 5.03 – 8.04 | <0.001 |
| CTQ – Emotional abuse | 0.59 | 0.08 | 1.80 | 1.54 – 2.11 | <0.001 |
| CTQ – Physical abuse | 0.74 | 0.09 | 2.10 | 1.76 – 2.50 | <0.001 |
| CTQ – Sexual abuse | 0.21 | 0.11 | 1.23 | 0.99 – 1.53 | 0.062 |
| CTQ – Emotional neglect | 0.88 | 0.10 | 2.41 | 1.98 – 2.93 | <0.001 |
| CTQ – Physical neglect | 0.18 | 0.10 | 1.20 | 0.99 – 1.45 | 0.067 |
| Constant | –4.52 | 0.25 | 0.01 | – | <0.001 |

## DISCUSSION

This large community-based study among the Hausa-Fulani Muslims of Kaduna Metropolis reveals strikingly high rates of jinn-possession with psychotic features and dissociative symptoms, and demonstrates a robust, statistically significant association between these phenomena and a history of childhood traumatic experiences.

The prevalence of jinn-possession with psychosis (68.4%) is substantially higher than rates of psychotic disorders reported in general population studies from other parts of the world,[27] but aligns with findings from other settings where spirit-possession is

a common cultural idiom. For instance, a study from Ethiopia also found high attribution of mental illness to spirit-possession.[17] This high prevalence likely reflects the deep internalisation of the jinn paradigm within the Hausa-Fulani Islamic worldview, where unusual sensory and cognitive experiences are primarily interpreted through a spiritual lens rather than a biomedical one.[5,7] It underscores that in this context, 'jinn-possession' is not a rare culture-bound syndrome but a mainstream explanatory model for a range of psychotic phenomena.

Similarly, the rate of significant dissociative symptoms (42.8%) far exceeds the 1-3% prevalence of dissociative disorders in Western community studies,[28] but is consistent with research linking high dissociation to spirit-possession states.[12,13] The potent association between jinn-possession and dissociation suggests a significant overlap in these phenomena in this population. This finding supports the theoretical perspective that spirit-possession can be conceptualised as a dissociative trance disorder,[13] where the fragmentation of identity and consciousness serves as a psychological defence mechanism, potentially in response to overwhelming stress or trauma.[16]

The core finding of this study is the strong link between childhood trauma and both jinn-possession and dissociation. Participants with jinn-possession reported significantly higher levels of childhood trauma compared to those without. This aligns with a vast body of international literature linking childhood adversity, particularly abuse and neglect, to an increased risk for psychosis[14,19] and dissociation.[15,16] Our logistic regression model further refined this, identifying emotional neglect, physical abuse, and emotional abuse as the most powerful traumatic predictors. This pattern suggests that it is not merely the occurrence of trauma, but the pervasive atmosphere of emotional invalidation, rejection, and physical violation that profoundly shapes a child's developing sense of self, potentially creating a vulnerability to experiences that are later interpreted as external possession.[29]

Our findings resonate with studies from other parts of Africa. Research in South Africa has shown high rates of dissociation in individuals with psychotic disorders, often in the context of trauma.[30] In West Africa, studies from Ghana have documented how spirit-possession beliefs shape the experience and treatment of mental illness.[18] This study adds a crucial quantitative dimension from Northwest Nigeria, demonstrating that the trauma-possession/dissociation link is not merely anecdotal but a robust statistical reality in this specific cultural group.

These findings have profound implications. Firstly, they highlight the critical need for mental health professionals in Nigeria and similar contexts to be culturally competent. Dismissing a patient's belief in jinn-possession as mere superstition would be counter-therapeutic.

## CONCLUSION

This study provides compelling evidence that among the Hausa-Fulani Muslims of Northwest Nigeria, the experience of 'jinn-posession with psychosis' is highly prevalent and is intricately linked with dissociative pathology and a history of childhood trauma, particularly emotional and physical abuse and neglect. It demonstrates how profound psychological distress, rooted in early adverse experiences, is expressed through culturally available idioms of spirit-possession and dissociation. Moving forward, mental health interventions in this region must be dual-focused: they must be trauma-informed to address the root causes of distress, and culturally resonant to effectively engage with the local explanatory models of illness. Future research should employ longitudinal designs to better understand the causal pathways and explore the efficacy of integrated care models that involve both traditional and biomedical practitioners.

## RECOMMENDATIONS

Clinicians must engage with this cultural construct respectfully while gently introducing biomedical perspectives. Secondly, the strong trauma link calls for the integration of trauma-informed care into mental health services. Screening for childhood trauma should be routine in patients presenting with psychotic or dissociative symptoms, regardless of their cultural attribution. Finally, there is a need for collaborative models that can bridge the gap between traditional/religious healers and the formal healthcare system, fostering a shared understanding that incorporates both spiritual and psychological aetiologies.

## LIMITATIONS

This study has several limitations. Its cross-sectional design precludes causal inferences; we cannot definitively state that trauma caused the possession beliefs, though the temporal sequence (childhood trauma preceding adult symptoms) is logically sound. The use of self-report measures for trauma and dissociation may be subject to recall and social desirability biases. While the instruments were translated and showed good internal consistency, full validation of the Hausa versions of the DES and CTQ in this specific population is an ongoing process. Finally, the focus on one ethnic and religious group limits the generalisability of the findings to other populations in Nigeria.

## AUTHORS' CONTRIBUTIONS

AAY, SMB, AIA, MMM, and BAY conceptualised and designed the study. AAY, SMB, AIA, and FAS were involved in data collection and analysis. AAY, SMB, AIA, MMM, FAS, and BAY drafted and revised the manuscript. All authors critically reviewed for intellectual content, approved the final version, and agreed to be accountable for all aspects of the work.

## INFORMED CONSENT

Written informed consent was obtained from all participants prior to enrolment.

## DECLARATION OF PATIENT'S CONSENT

The authors certify that all appropriate consent forms were obtained. Participants understood that their identities would remain confidential.

## DECLARATION OF HELSINKI

The study was conducted in accordance with the principles of the Helsinki Declaration.

## AVAILABILITY OF RESEARCH DATA

Data are available upon reasonable request from the corresponding author.

## FUNDING

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## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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