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Muhammad Yusri Yusof @ Salleh, Muhammad Syakur Ahmad, Paiz Hassan, Mohd Zahirwan Halim Zainal Abidin, Muhd Imran Abd Razak, Noor Aileen Ibrahim, Mohd Anuar Ramli

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Muhammad Yusri Yusof @ Salleh, Muhammad Syakur Ahmad,
Paiz Hassan, Mohd Zahirwan Halim Zainal Abidin & Muhd
Imran Abd Razak

Academy of Contemporary Islamic Studies (ACIS), UiTM Perak Branch, Seri Iskandar Campus,
Malaysia.

Noor Aileen Ibrahim

Academy of Language Studies (APB), UiTM Perak Branch, Seri Iskandar Campus, Malaysia

Mohd Anuar Ramli

Department of Fiqh & Usul, University of Malaya, Malaysia

Abstract

The badi of a human corpse is a feeling of fear particularly for those involved in being an undertaker. In the Malay community, an individual is assumed to have been affected by the badi of a corpse when there are symptoms which include the following: sleepless nights, joint aches, and pains, feeling disturbed and fearful. These symptoms are experienced during and after the process of the funeral which involves certain aspects such as: the corpse, the condition of the corpse, the burial of the deceased, the products used in the funeral proceedings, the burial site or ground and the cemetery. In addition, this study focuses on the perspective of the Malay-Muslim undertakers in Kedah, Perak, and Kelantan on their experiences with the badi of a human corpse. In this study, the research method is a combination of library research and interviews with the respondents. The gathered qualitative data is analyzed thematically. The research findings show that the concept of badi comprised of several factors which include being religiously and spiritually weak as well as the disturbance of evil spirits. The prime motivation of this particular study is to raise the awareness of the causes of badi and the importance of the prevention of the badi of the deceased. This study also made several recommendations to minimize and prevent the badi of a human corpse based on the experiences of these Malay-Muslim undertakers.

Keywords: Funeral Rites, Funeral Proceedings, Fear, Spirit, Evil Spirits.

Introduction

According to the beliefs of the Malay community, badi is related to an evil spirit or an unseen entity that is found in each object, living beings and condition. Someone is affected by the badi when he is severely fearful and spirals into depression which inevitably has a deep impact

on his life. Meanwhile, an evil spirit is referred to the disturbance of jins, devils, ethereal beings or bunian and qarin. It is also connected to the deep beliefs of the Malay community on animism which involves the belief of the presence or existence of a soul or spiritual entity that is present within every being. According to the terms found in modern medicine and psychology, necrophobia is defined as the fear related to corpses. However, if the fear is related to death it is defined as thanatophobia. These two definitions reflect the deep fear towards death but from a different perspective. This particular research will focus on the aspects of necrophobia as it is parallel to the concept of badi according to the beliefs of the Malay community.

The Concept of the Badi of the Human Corpse according to the Malay Community

The concept of the badi of the human corpse according to the Malay community is related to the influence of evil spirits such as jins and satan. Skeat (1900:94) defines badi as 'mischiefs' of the evil influence of spirits which ultimately aim to wreak havoc on the daily lives of mankind. Badi is also connected to the evil spirit or influence of a place or animal such as jungles, graves, ditches, corpses, rivers, elephants, deers, junglefowl, and so forth. Skeat (1900: 427) further explains

'Badi is the name given to the evil principle which, according to the view of Malay medicine-men, attends (like an evil angel) everything that has life. It must not be forgotten when we find it used in inert objects such as trees, and even stones or minerals, that these too are animate objects from the Malay point of view'.

In addition, Endicott (1981: 22) surmises the concept of badi based on the beliefs of the Malay community as the following:

'The badi is an independent entity that remains in place of 'life' and 'spirit' in case of a violent and unusual death. It is free to leave the corpse and, like a spirit it can enter other bodies at will, 'devouring the spirit' or to possess anyone who accidentally comes in contact with it and cause him to become sick'.

Skeat (1900: 428) also stated that there are 193 types of badi according to the beliefs of the Malay community. The treatment for badi entails the recitation of certain incantations and the preparation of an offering to the evil spirit in question. Skeat claims that badi originated from the evil spirit named Ibnu Ujan. The conventional treatment practised by the Malay community involves the use of 7 limes mixed with bathwater of the person afflicted by the badi. Hassan (1990: 459-461) in his medical report, on two patients claimed to have been afflicted by the badi, stated that trauma was the main cause of the badi. These patients were unfortunately affected by the badi after helping two victims of a motorcycle accident. One of the accident victims died on the spot while the other one died upon arrival at the hospital. Consequently, the two patients afflicted by the badi were reported to be suffering from depression, loss of concentration and kept on recalling the horrific condition of the accident victims. It was also reported that at night, they would hear the screams of the accident victims and felt that the victims were crawling on all fours crying for help. After helping the accident victims, the patients afflicted by the badi were also found unconscious at times and were reported to be behaving exactly like the accident victims they had helped previously. One of the badi patients upon regaining consciousness had claimed that the spirit of the dead

accident victim had possessed him and was found to be behaving in an aggressive manner due to this. Both patients afflicted by the badi were given the appropriate medication by their doctors and were sent home. Later, both patients sought alternative treatments where one patient had recovered but unfortunately, the other did not and was found to be repeatedly exhibiting symptoms of mental distress. Therefore, the medical officer had deduced that both patients were experiencing some type of mental disorder after witnessing the trauma of the accident victims and their beliefs in the existence of badi had only worsen their condition.

Modern Medicine and Necrophobia

The fear or phobia of death is related to thanatophobia and necrophobia. Thanatophobia is the fear towards the process of death itself and how death will occur which eventually has a devastating effect on the daily life of an individual (Suarez, 2014). Moreover, it will also adversely affect the physical as well as the mental state of mind of a person (Feifel, 1990: 537). On the other hand, Necrophobia is the fear towards anything related to death which includes fear of the dead bodies, the physical condition of the corpses, all matters related to the funeral proceedings, and the condition of the burial grounds (Lang, 2004: 32). Thanatophobia and necrophobia can be cured or treated using the modern approach as well as the psychological approach (Feifel, 1990: 538). There are two basic methods in the treatment related to the phobia of death namely: to provide therapy on a consistent basis to help the patients realize that the fear they have is actually a figment of their imagination (Feifel, 1990: 539). One example of this type of treatment is to help the patient overcome the fear of snakes by exposing the patient to fake plastic snakes, attending an exhibition on snakes and learning the technique of handling snakes. Consequently, the patient will eventually not have a phobia towards snakes anymore. The next method of treatment is to change the perception of the patient towards a certain phobia. This kind of treatment does not involve a physical approach but it entails making the patient realize the causes of the phobia and ways of overcoming it. In this way, the patient will be able to control their emotions better as he becomes aware what actually triggers the phobia (Abramowitz et. al., 1990: 539). For instance, through training and practice, the patient would come to realize that he will start to have a panic attack. When the patient is made aware of the triggers or causes of the attack, the patient will be able to control himself better and prevent himself from having a panic attack in the future (Feifel, 1990: 540).

The Signs of Necrophobia according to Modern Medicine

There are several factors that cause necrophobia. A patient with necrophobia should avoid the things or situation which are related to death such as accidents, heights, and reports related to the issue of death. Moreover, in certain situations such as looking at caskets, hearse, and the cemetery are other things related to death which should be avoided as well by someone afflicted with necrophobia (Thorson & Powell, 1988). In most cases, when necrophobia is not treated it will eventually lead to spiritual and mental disorders. An individual with necrophobia will tend to imagine seeing corpses everywhere, or imagining meeting them. This person would most likely experience a panic attack when he is exposed to anything which might remind him of death. Even seeing a church, tombstone, corpses and vicious animals might trigger necrophobia. According to Terry (2012), among the physiological symptoms of necrophobia are shortness of breath, a rush of adrenaline, irregular heartbeat, profuse sweating, dryness of the mouth, anxiety, feeling of pain and discomfort, and feeling

fearful. However, for other people the feeling of fear experienced is quite normal but it does not have a debilitating effect as the one experienced by someone with necrophobia.

Literature Review related to Necrophobia

Terry (2012) in his research claims that nursing students undergo a gradual desensitization process towards corpses. This process is based on the general assumption that this method will eventually build a resistance and develop a sense of courage among these students towards corpses which in the end, the sight of corpses will no longer intimidate or strike fear in them. In addition, Terry (2012) also claims that a cognitive behavioural therapy will also be effective in helping nurses to control their thoughts by seeing things which would normally frighten them be seen as less intimidating or fearful. Generally, most patients with necrophobia will experience an abnormally heightened sense of fear which is irrational and the causes of this fear is also unknown and ambiguous. It is recommended that an innovation in the teaching and learning approach be implemented such as a simulation method to ensure that the effects of necrophobia be minimised. By conducting this simulation, it can create a bond between the patient with necrophobia and the nurse attending him. Quinn (2000) also supports this simulation method by claiming that active learning will take place when the learner takes part in activities such as giving their opinions and suggestions, simulation, and having open discussions, these activities will eventually develop their clinical skills and lead to the development of clinical skills in providing support to each other in treating patients with necrophobia. Flavel (1978) also stated that an individual way of viewing death will lead to various types of panic and anxiety depending on certain aspects. These aspects include religious beliefs. Flavel also claims that Christianity has helped many individuals to develop a sense of peace and to be more accepting with the eventuality of death. It has been deduced that for a Christian, death will bring the ultimate sense of peace (Flavel, 1978). Moreover, it is concluded that faithful religious believers who often attend religious gatherings have less anxiety towards the process of death.

Giger dan Davidhizar (2004) stated that the fundamental reason for necrophobia is the lack of exposure of the practice and the funeral proceedings among the younger generation. In the past, the funeral proceedings were conducted at home. The deceased was put in a casket for a few days to enable family members and friends come to pay their last respects. However this is no longer being practised in modern society which leads to the lack of exposure to the younger generation. Nonetheless, Freud (1918) claims that one of the major factors which lead to necrophobia is the experience and trauma experienced during childhood. When a child is exposed to death, particularly after having seen a dead body, there is a tendency for the child to develop necrophobia when he becomes an adult. This theory is found in his book entitled Reflection on War and Death. Constance & Emmanuel (2015) based on the theory by Freud (1918) stated that one of contributing factors of necrophobia is the trauma of witnessing a death of someone during childhood. It is recommended that the method of narrating the past and trauma experienced previously be made a compulsory component of the training module for nursing students. In this way, the students can help their patients to alleviate their level of depression and lessen the impact of their necrophobia attacks.

On the other hand, Berman dan Snyder (2011) had claimed that a contributing factor of necrophobia is the cultural beliefs of the individual. Based on a study they conducted, it was found that certain Africans have a unique practice of taking the deceased out of the home by

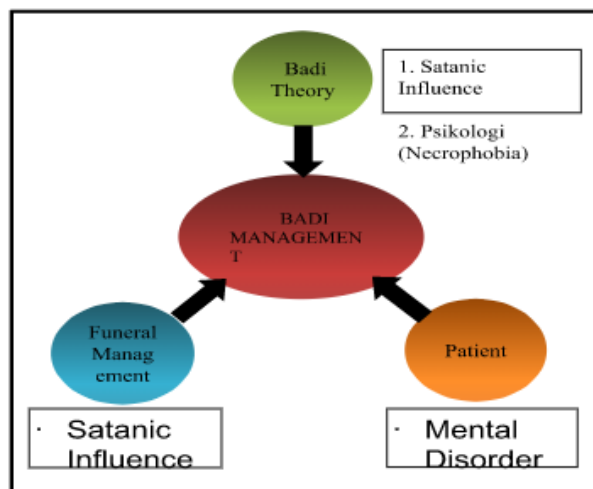
making a hole in the wall and not through the door as was normally practised. The rationale for this method is to prevent the soul of the deceased from returning home. In some cases, the foot of the deceased is cut off to prevent the soul from returning home. Another practice of the Africans is to take the corpse through different routes with many barriers on the way to the cemetery with the belief that it will prevent the spirit from returning home. All the abovementioned methods have led to a misconception among medical students that the dead still have an impact on the lives of the ones they left behind. According to Heidgerken et. al (2005) in their study on necrophobia among nursing trainees found that the age factor is a contributing factor particularly among first year trainees. These trainees are still grappling with the realities of life such as the death of loved ones. To these young trainees, death is still an alien concept and is a difficult fact of life for them to accept. Furthermore, Kurlycheck dan Trenner (1982) observed that for those in the 20 to 40 years age group, they experience a higher level of anxiety particularly related to their own death as it is still something that is hard for them deal with. Menyweather-Woods (1992) also concurred with Kurlycheck dan Trenner (1982) that in their study it was discovered that young men between the ages of 19 and 35 experienced a higher level of anxiety coping with the issue of death than those aged above 65 years old. Hence, it can be concluded that the lack of exposure to the issue of death is the cause for the fear and anxiety.

On the other hand, according to Basavanthappa (2004), gender is another contributing factor for necrophobia. This is because most patients afflicted with necrophobia are female nurses. Moreover, they are known to be more sympathetic and experience a higher level of fear towards death as they have to bear a lot of responsibilities. Based on a study related to anxiety towards death, it was found that women are more anxious than men as the former are more worried about the fate of their children if they were to die. They worry that their children will grow up motherless, alone and experience a lot of hardship without them by their side. Based on the findings of this study, it is recommended that another research be conducted on the relationship between gender and necrophobia.

Meanwhile based on a study conducted by Wong (1999) among nursing trainees in Iran had found that a major factor of necrophobia is the fear of the death of a family member and the impact on the family structure. In Iran, the bonds among family members is very strong and the death of a loved one has a significant impact on the family unit. It usually lead to depression among the members of the family involved. Harrawood et al (1996) also concurs that death has a devastating impact on families as the familial bonds were strong in the first place. Wong (1999) also claims that another contributing factor of necrophobia is the lack of exposure to the process of death in the curriculum in Iran. This has made any discussion regarding death only been done behind closed doors and rarely discussed in public. As a result, the nursing trainees experienced a phobia when confronted with any situation related to death and particularly the deceased. A group of researchers from Padova University conducted a study and compared nursing trainees from Iran and Sweden and discovered in their findings that the religion or beliefs of a country is another factor of necrophobia. It is a general fact that Iran is a country that has strong religious beliefs while Sweden is a secular country. The approaches of these two countries have an impact on the way they view death and provide treatment for necrophobia as the different beliefs and religions have a tremendous effect on them.

Larry Cameron Menyweather-Woods (1992) also concurred based on a study on the socialization of race and religion and its effects on the fear of death among African Americans between the ages of 19-35 and those above 65 years old. The research findings showed that the ones in the younger age group are more likely to be fearful of death than the ones in the older age group. Kurlycheck dan Trenner (1982) agree with these findings which found a correlation between necrophobia and age. The younger the nursing trainees are, the higher the chances of them being predisposed to necrophobia. This study was conducted in Zimbabwe which focussed on the link between necrophobia and age. This research had adapted the Psychological Development Model by Erikson (1902-1988). This theory states that once an individual reaches the final stage of life, he has achieved 'integrity ego'. This concept reflects the fact that as a person grows older, he will not be resistant to the idea of death but will in fact embrace it. Thorson dan Powell (1984) conducted a study on patients afflicted with necrophobia. The respondents were between the ages of 16 to 60 years old. The research findings showed that women had a higher min score in the scale of fear towards death than men. Meanwhile, Slaughter dan Griffiths (1990) had conducted a study on the fear of an early or premature death. The respondents were 90 children between the ages of 4 to 8 years old. The findings showed that the older the person is, the higher the chance of being fearful and anxious towards the idea of death.

Theoretical Framework



This theoretical framework is based on the Badi Theory which relates to two aspects. Firstly, it is on the theory of satanic influence based on the al-Quran and authentic or Hadith Sahih. This theory refers to the kitab tafsir and syarah hadith. On the other hand, the second aspect is based on the field of psychology which defines necrophobia as the fear and anxiety of mankind towards all aspects related to death and funeral management which include the phobia of the corpse, funeral management tools, the burial of the deceased, the actual burial process and post-burial process. This theoretical framework is derived from the interviews conducted with the undertaker and the patients afflicted with the badi of the corpse.

The Research Methodology

This study combines library research with field work which is based on the interviewing method. The theory of the badi of the corpse is based on the findings of the library research

of local as well as Western scholars. There are four respondents who mainly consist of undertakers with more than 35 years of experience. Two of the respondents were from Kampung Sungai Pau, Kedah, while two others were from Kampung Pasir Parit, Kelantan. Meanwhile, 4 patients afflicted with badi of the corpse lived in Seri Iskandar, Perak. The research findings from this field work were compiled thematically in line with the proposed theoretical framework.

Research Findings

Perspective of the Undertaker

The badi of the corpse is a mental and physical disorder that often affects new undertakers and patients who are shocked by seeing a corpse as it is something alien to them. The main cause is disturbance from evil spirits such as satan and jins. The person afflicted with the badi will often recall the face of the deceased, the condition of the corpse, the way the deceased is positioned either in the living room for visitors to pay their last respects to, the way the deceased is bathed, is covered in shroud, and after the funeral. This situation is based on the findings of the interview with three respondents that said the badi of the corpse is due to the disturbance of evil spirits such as the jins and satan.

“The badi of the corpse is caused by the disturbance of the jins upon the heart, mind and physique of a person. When the patient closes his eyes and is all alone, he will tend to see glimpses of the deceased as these jins appear in the form of the reflection of the deceased”.

(PJI, 2019)

‘The badi of the corpse is a type of satanic disturbance which only tarnishes the reputation of the deceased. Once a person dies, all his deeds or misdeeds end with him. The badi of the corpse has no connection with the deceased whatsoever as it is only a form of evil disturbance affecting the undertaker and the patient himself. This badi can be cured only through the sincere reliance upon the protection and will of Allah SWT as well as constant prayers.’

(PJ2, 2019)

The badi of the corpse normally affects the undertaker and anyone else involved in the process which includes the moment of sakaratul maut, the bathing of bakai, the bathing of the deceased, the shrouding of the deceased, the procession to the cemetery or the act of burying the deceased. Consequently, the ones afflicted with the badi will constantly visualise or imagine the face of the deceased and situation of the funeral proceedings.

(PJ1, 2019)

Besides that, the patient and the undertaker afflicted with the badi are usually found to experience lethargy or feeling dispirited, not accustomed to seeing a dead body and the funeral process itself. The badi will also affect the ones who are not exposed to dead bodies in their daily lives. Moreover, the ones afflicted with the badi are normally individuals who are not only afraid of corpses but also afraid of any mystical elements or the supernatural based on the beliefs of the community. In addition, those with a previous history of

experiencing hysteria and possessed by evil spirits, having the ability of seeing the supernatural, and having been possessed are also predisposed to the badi of the corpse. Evidently, this is based on the unanimous conclusion of all the respondents involved as shown below:

‘Normally, the people affected by the badi are the first timers in terms of in charge of the deceased, or those who had never even seen a corpse. They are often dispirited and easily frightened. In some instances, they had previously experienced being possessed with the whispers of the supernatural such as jins, demons and spiritual beings known as bunian’.

(PJ1, 2019)

‘Usually, people who are used to funeral management are immune and will not be affected by the badi and they are known as ‘mangli’ or ‘immune’ with all types of corpses. They are usually indifferent and are not fearful. However, the reverse is true particularly for those with the opposite characteristics. They are found to be easily affected by the badi as they suffer from low morale, easily shocked, and has never seen a corpse up close particularly the ones who have been disfigured due to being victims of drowning, a fiery and tragic death, and accidents. Upon seeing such corpses, they will become severely traumatised and usually they already have some history of being possessed by evil spirits or having some sort of phobia towards death and distressing situations....’

(PJI 2, 2019)

‘They do not have the courage, are easily frightened, and lack self-confidence. An undertaker must be steadfast and firm although the situation is rather difficult and challenging. The undertaker must have the ability to withstand any type of duress. However, those who are easily scared and are dispirited should not become undertakers. In fact, if this group of people were to pay the last respects to the deceased it is crucial they follow certain prescribed guidelines or practice. At times, they have heard stories related to the supernatural and often imagine seeing apparitions while looking at the deceased....’.

(PJI 3, 2019)

‘Certain people who are easily frightened and dispirited should not come close to the deceased because they will become scared even upon seeing the hearse, or even simply imagining a corpse in the hearse, being involved in the funeral process and the burial of the dead. Sometimes they are afflicted by a mysterious illness which involves the disturbance by evil spirits which makes them extremely fearful and struggle to control their emotions particularly when they are alone at night.....’.

(PJI 4, 2019)

The research findings from the interviews conducted with the undertakers showed that one of the factors that lead to someone being affected by the badi is the disturbance caused by the jins and demons which inadvertently affects the minds. Besides that, qualities such as being dispirited and easily frightened are other factors which just worsens or leads to the

deterioration of the mental and physical condition of the afflicted individuals. Moreover, there is a higher chance of a person being affected by the badi if a person is dispirited and has developed a phobia due to a prior experience with the supernatural.

The Perspective of the Patient afflicted by the Badi

Symptoms of being afflicted by the Badi

The patient affected by the badi will usually suffer from a mental and physical disorder. The symptoms of the mental disorder are namely: the initial stage which involves the feeling of discomfort when alone, in a quiet and dark place. Next, the patient will begin to visualise the condition of the corpse either during the funeral, while bathing the deceased, while paying his last respects to the deceased, while shrouding the corpse, during the burial process and so forth. The act of imagining the face of the deceased, feeling the cold body of the deceased while kissing the forehead or while bathing the deceased, visualising the gaze of the dead before the eyes are closed upon death, visualising the injuries and the stitches on the deceased due to an accident, visualising the disfigured corpse due to a horrific death such as drowning, being burnt to death or lost in the jungle, visualising the horrific condition once the dead body was found and so forth are all symptoms of the mental disorder due to the badi of the corpse. Even if the patient is able to finally have a restful sleep, he will eventually experience nightmares due to the corpse he had seen previously. This is evident through the responses given by the undertakers or respondents of this study as stated below:

‘I will be shocked when I see the face of the corpse, suddenly I see the eyes are slightly opened as if gazing at me. Then, I will begin to sweat, experience cold sweats, and I will start to imagine the dead once I close my eyes. But when my eyes are opened, I will imagine seeing the dead being close by. Even at night when I fall asleep, I will dream of seeing the dead....’

(PBJ1, 2019)

‘While I was bathing the corpse of an accident victim, I did not feel anything and even after praying for the deceased, and burying him, I still felt nothing. However, once I reached home, I feel frightened and felt as if I was being followed from behind. Even when I took a bath, I felt uneasy and felt scared as if I was being watched. Then when I was about to sleep, I still felt a sense of uneasiness and started to visualise the injuries on the corpse. But the most frightening part is that I felt the deceased was looking at me while I was about to close my eyes to sleep...’

(PBJ2, 2019)

‘This is the first time I experienced this kind of stress because prior to this I was not adversely affected when I saw dead bodies. However, there was this particular time when I saw this corpse which had left a deep impact on me. When I was paying my last respects to the deceased, I was in a state of shock and I began to sweat profusely as well as trembling. When it was dusk, I will begin to grow frightened and at night I found it extremely difficult to fall asleep as I would envision seeing the deceased and at certain times there would be the smell of camphor and sandalwood wafting through the air. Even if I did managed to fall asleep due to fatigue, I would have horrifying nightmares where I would only see the face of the deceased in question...’.

(PBJ3, 2019)

'I had only seen the deceased from afar as it was being taken to be bathe. In that instance, I immediately started to shiver and sweat profusely while my limbs began to suddenly become cold. Immediately, I quietly sat down and recited several verses from the holy Al-Quran that I remembered. Upon reaching home, I started to feel anxious and felt like on the verge of tears, filled with anxiety, and fear particularly when it was night time. At dusk as darkness fell, I could not sleep and all I could see was his eyes and the most frightening part was the corpse had opened his eyes and smiled at me...'

(PBJ4, 2019)

The second phase of the symptom of the mental disorder is when the patient begins to see shadows of the deceased and then eventually began to get a clearer image of it. At certain times the patient might visualise the dead person, the way it was bathe and buried. The description of the facial expression and physique of the deceased as described by the patient was terribly accurate. At this phase of the symptom, the patient will start to experience shock, fear of the corpse, fear of being alone, and of dark and quiet places.

'I begin to see a glimpse of the face and physique of the deceased, exactly as I had seen him this morning as I was bathing it. After isyak prayers at the mosque, I saw him standing in a dark and secluded path. As I passed him, I saw that it was clearly the deceased. Upon reaching home, I heard someone greeting me and when I turned around, I saw him standing behind me...'

(PBJ1,2019)

'When I woke up in the middle of the night and went to the kitchen, I saw him again. But suddenly, he disappeared. However, when I went to my room, I saw his reflection in the mirror. But the reflection disappeared once I switched on the lights in my room. Whenever I was driving either in the day or night, I would suddenly feel uneasy as if he was seated at the back of the car. At this point, I began to feel afraid to enter my own house as I find it highly disturbing....'

(PBJ2, 2019)

'I could see clearly, when I opened my eyes, glimpses of the deceased in the window of my house, even in the reflection of the mirror of the vanity table. Moreover, whenever I was taking a shower I felt that the water from the pipe had turned red and had a stinking smell to it. At night, I often dreamt of the deceased...'

(PBJ3, 2019)

'I could see him everywhere, particularly as night approaches I will become frightened. I will not dare go out of my bedroom and would feel so uneasy and anxious. My body would become cold, and I would not dare close my eyes....'

(PBJ4, 2019)

The third symptom of the patient afflicted by the badi is a physical disorder whereby the patient would experience severe headaches and begin to fall ill. This can be concluded in the following statements made by the patients:

‘After I became frightened upon seeing glimpses of the deceased, I would experience nausea, headaches and fall sick which eventually led me to have sleepless nights for two weeks. I really could not fall asleep at all’.

(PBJ1, 2019)

‘Everyday I would get terrible nightmares, seeing glimpses of the deceased in the day and at night, I felt as if I was still there on the day I was paying my last respects to him and everything stood still, my body grew warm and sickly which led to an illness that I suffered for a week, I was so lethargic due to an intense headache....’

(PBJ2, 2019)

‘It was a frightening yet enlightening experience, as I fell ill a week after the incident occurred, when I was ill I was plagued by terrible nightmares that were intensely frightening and horrifying and would suddenly wake up due to the intensity of the nightmares, and when I woke up I would experience intense headaches and filled with nausea....’

(PBJ3, 2019)

‘I fell ill throughout the entire week and although the illness did dissipate but I would fall ill again through the week. Once I recovered, my whole body ached, and I experienced intense headaches....’

(PBJ4, 2019)

The Ruqyah Treatment and Alternative Malay Treatment for Patients affected by the Badi

The treatment for patients affected by the badi of the corpse according to the perspective of the undertaker comprises of 3 methods: the recitation of ruqyah holy verses, the use of certain traditional practices as a form of warding off the badi, and the use of natural elements such as the leaves of the bidara and remunggal plant. This can be surmised from the four interviews conducted with the respective undertakers which are as follows:

‘In order to provide treatment for the badi it would involve certain incantation and the use of bidara leaves as well remunggal leaves. While bathing and after the bath, there is a specific traditional practice which include reciting the following: the five bismillah, bismillah turbatu ardina, ayat kursi and muawwizatain. During the treatment of the badi, the recitation of any of the abovementioned verses is acceptable, then blown in the direction of the patient, pat his back and wipe his face. After reciting ayat Kursi, blow lightly into a container of water filled with either an infusion of bidara or remunggal leaves as a part of the whole treatment process. It is also an important practice that upon leaving the house, the patient is advised to recite a prayer which begins with bismillahi walajna’.

(PJ 1, 2019)

'Badi is caused by satanic disturbances and are psychological in nature. The treatment of badi involves ruqyah, the recitation of any prayer of protection from the demon, and constantly seeking the protection of Allah SWT. It is important to recite bismillahi turbatu ardina, the five bismillah, selawat tafrijiyyah and syifa', ayat kursi, take some soil from the cemetery or the home of the patient, and then wipe it to the face of the patient in question. Before going home, the undertaker should take ablution and bathe. However, if the undertaker still visualises the deceased, he should bathe with the water infused with the leaves of the bidara plant.

(PJ 2, 2019)

'The badi of the corpse is not caused by the deceased as the dead is lifeless. In actuality, the badi is mainly caused by feelings of extreme fear and anxiety as well as satanic disturbance. It is important to recite a prayer for the protection of Allah SWT while bathing the deceased, quickly taking ablution, taking some soil from the place which evokes fear or just making a sign of taking the soil. Next, recite any prayer for the protection of Allah SWT, blow to the soil taken previously, and lastly wipe the face. During the recovery process, an individual can bathe with the leaves of bidara and remunggal.'

(PJ 3, 2019)

'The basic treatment for a person afflicted with badi is the ruqyah treatment. Recite bismillahi turbatu ardina, blow it towards the patient, and pat his back. However if the patient is not cured, it is recommended that several zikir manzil and ma'thurat be constantly recited by the patient himself especially after the dawn and maghrib prayers. Besides that, it is highly recommended that the patient recites bismillahi lazi yadurru in the morning and evening. But if the condition has worsened, take some bidara leaves, recite a prayer and ask the patient to take a bath. God willing, the effects of the badi will dissipate gradually as time passes by'.

(PJ 4, 2019)

Discussion

There are a few conclusive facts from the abovementioned discussion related to the badi of the corpse. Firstly, based on modern medicine the symptoms associated with badi is similar to the term necrophobia which is the fear to all things related to corpses. The only difference between necrophobia and badi is the perception of the undertaker particularly in their belief that the latter is a form of satanic disturbance. Meanwhile the former which is necrophobia focusses on mental disorders of the respective patient and has no connection whatsoever to any evil or supernatural disturbances. According to the Islamic perspective, the disturbance caused by demons and jins have been recorded in the holy Al-Quran and Al-Sunnah. Among the Quranic verses that mention these evil disturbances is found in Surah Al-A'raf verses 200-201 as stated below:

'Verily if you have been tempted and influenced by satan, seek the protection of Allah SWT as He Hears All and Knows All. To the faithful believers, if they have

even been slightly affected by the reflection of the temptation laid by the devil, they should return (to Allah) as this will help them see (the right path)'.

Mankind are also encouraged to seek protection from the disturbance and temptation of the jins and satan as stated in Surah al-Mukminun, verses 97-98 which means the following:

'And say: Oh my Creator, I seek your protection from the whispers and disturbance of the demons and I seek your protection, my Divine Creator, so that satan will not come near me'.

There are several authentic Hadith which portrays the satanic disturbance on human beings as stated below:

'Verily, satan is always present whenever a person is doing something' (HR. Muslim, no.135).

'Verily, satan walks alongside the son of Adam akin to the blood coursing through his veins'. (HR. al-Bukhari, no. 2038).

'Atha' bin Abi Rabah had said: Ibnu Abbas once asked me: 'would you like me to show you a woman destined for paradise?' Atha' replied immediately: 'of course, I would'. Ibnu Abbas replied: 'The black-skinned woman had come to see the Prophet (pbuh) and said: I have been constantly plagued by possession of evil spirits and (whenever I am possessed), my aurat or physique is exposed to everyone. Please pray to Allah so He may cure me of this possession. The Prophet (pbuh) said: If you wish, bear patience and you will be rewarded with paradise. However, if you still wish that Allah SWT may cure you, I will pray to Allah SWT to cure you. Upon hearing this, the woman said: I (choose to) bear patience. She also said: my aurat is often exposed (during the possession of the evil spirit), please make a prayer to Allah so that He will protect my aurat. Hence, the Prophet (pbuh) prayed for her.' (HR. al-Bukhari, no. 5652).

This satanic disturbance can also appear in the form of a human being that is either alive or dead as described by the undertaker and the patients treated according to the syariah ruqyah. This has been verified by the authentic hadith related to the matter in question and is stated as the ones below:

'One day Abu Hurairah R.A was sent by the Prophet (pbuh) to tend to the food bought with the zakat collection. At night, a jin appeared in the form of a boy and stole the food. The jin was caught by Abu Hurairah R.A and was brought to the Prophet (pbuh). Immediately, the jin promised not to steal again and he was then freed. However, the jin returned every night for three whole nights. Abu Hurairah had caught the jin, and after being taught how to recite ayat Kursi, it was released. The next day, Abu Hurairah told the Prophet (pbuh) what had happened and the Prophet (pbuh) said : This time it was truthful although it lied previously'. (HR.Bukhari, no.2311)

There was also another hadith narrated by Ibnu Kathir who verified the sanad sahih as claimed by Saidina Ali which stated that during the Badar war, there was a demon that appeared like Suraqah bin Malik bin Ja'syam who is a nobleman from Bani Madlaj. This hadith was documented by Ibnu Kathir in the al-Azim Al-Quran tafsir while doing the tafsir of verse 48 from surah al-Anfal (Ibnu Kathir, 2008: 216-217)

Secondly, there is also a difference in the manner in which treatment is provided between modern medicine and treatment-based ruqyah for those affected by the badi and necrophobia. The patient with necrophobia will be provided psychological treatment and given medication to soothe the frayed nerves. However, the respondents of the interview stated that there are four methods namely: the ruqyah method, drinking the water that has undergone the ruqyah process, the act of touching the affected area, and the bathing method. All these methods are permitted according to the Al-Quran, Al-Hadith, and the opinions of the religious scholars. Some of the authentic hadith that supports the use of the ruqyah method are stated below

'Jibril AS had come to the Prophet (pbuh) and said: O' Muhammad, are you ill? The Prophet (pbuh) replied: Yes. Immediately, Jibril AS prayed for the Prophet (pbuh): In the name of Allah SWT, I ruqyah you from anything that is harming you and from every type of evil from mankind or the evil eye (ain). Allah is the One Who Cures you and in the name of Allah SWT I make this prayer for you'. (HR. Muslim, no.5700).

The authentic hadith which supports the method of drinking water that has undergone the ruqyah process is found in the hadith by the Prophet (pbuh) and also in the holy Al-Quran as stated below:

'And remember (this event) our humble servant: the Prophet Ayyub as he was desperately praying to his god and said: 'I am afflicted with the disturbance of satan (as he is the cause of my misery) whereby satan made me poor and afflicted me with this debilitating disease which continuously makes me suffer in agony (a severe disease)'. (So, We had answered his prayers and We instructed him): stomp (the ground) with your feet.' Once he had done so, water started spouting from the ground, and We commanded him: 'This is the cool water for you to bathe with and drink from (which will cure your spiritual and physical ailments)'. (Surah Sad: 41-42)

Among the hadith that supports the method of giving a patient the water which has undergone the ruqyah process to drink is based on the hadith that stated the Prophet (pbuh) who helped a child who was unable to speak due to satanic disturbance. The hadith stated:

'The Prophet (pbuh) said: Pass me some water. Once it was given to the Prophet (pbuh), he washed his hand and gargled it. Then, he gave it to the woman. The Prophet (pbuh) said: Give the child some of this water to drink while use the rest to wipe the child with. May Allah SWT cure him through this process,' (HR. Ibnu Majah, no. 3532)

However, in another hadith, a companion of the Prophet (pbuh) was taught the method of bathing as a way to cure the affliction of the ain or the evil eye. A hadith stated:

‘The affliction known as ‘ain’ does exist. If something is to surpass fate, ain is known to surpass it. If you are required to bathe, then do so.’ (HR. Muslim, no. 5702)

Meanwhile, the method of taking a bath with the leaves of Bidara or Remunggal has no basis as the latter is just a traditional practice of the Malay community. However, the practice of taking a bath with the leaves of Bidara is a treatment for the disturbance of evil spirits based on the practice of religious scholars and does not contradict any guidelines stipulated in Islam (Ibnu Baz, 2001: 279; Ibnu Kathir, 2008:414).

The method of touching the injured or afflicted area is based on a firm basis particularly in the treatment of the badi of the corpse which includes the ruqyah blowing method, the act of wiping the face of the patient, touching and patting the back of the patient. This method is based on the hadith of the Prophet (pbuh) as narrated by Uthman bin al-As:

‘The disturbance is from satan, so be nearer to me. I came nearer to the Prophet (pbuh) and sat in front of him. The Prophet (pbuh) had patted my chest while spitted into my mouth while saying, come out o’ enemy of Allah SWT. The Prophet (pbuh) repeats three times and says: the truth lies in your practice. Then Uthman bin As said: I was not disturbed since then.’ (HR. Ibnu Majah, no. 3548)

Saidatina Aisyah R.A narrates

‘When a person is in pain or injured, the Prophet (pbuh) will put his fingers, Safwan bin Uyainah shows the example of putting the index finger on the ground and says: ‘In the name of Allah SWT may He cure or heal the person with the soil and the saliva provided.’ (HR. Muslim, no. 2194)

Conclusion

From the abovementioned discussion, it can be concluded that necrophobia fulfils the characteristics of the badi of the corpse according to the beliefs of the Malay community. However, there is a difference between the treatment provided by modern medicine and funeral proceedings. There is a need for the concerted effort by both parties to ensure that necrophobia can be treated effectively. The contribution of this study to the present body of research is to provide invaluable information on the phenomenon of badi of the deceased particularly among Malay Muslim undertakers and highlight the different treatment provided by modern medicine and religious practitioners. Hence, it can be concluded that the practice of the undertakers in providing treatment for patients afflicted with the badi of the corpse is in line with the guidelines stipulated in Islam.

Corresponding Author

Muhammad Yusri Yusof @ Salleh, Academy of Contemporary Islamic Studies (ACIS), UiTM Perak Branch, Seri Iskandar Campus, Malaysia.

Email: yusri613@uitm.edu.my

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