

The Role of Islamic Religious Practices in Improvement of Sudanese People Mentally Ill

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ABSTRACT

This paper based on study designed to investigate the role of Islamic religion and its warship practices on the patient's improvement, beside the medical treatment. The study aimed to identify the possibilities of devising means of psychotherapy take religious aspects into their consideration. This research carried out in Sudan's capital Khartoum. There were two types of questionnaire, one-for 14 mental health professionals (psychiatrists, psychologists, and medical psychiatric doctors). The second questionnaire for 60 (30 male and 30 female) patients who have recovering rapidly from their psychological disturbances, the results showed that both patients and mental health professionals admit that religious belief is importance. In addition, warship practices have their effects on improvement and may facilitate the treatment processes. The study recommends Patients should give more interest and attention toward religion if they have believed in certain religion.

Keywords: *Islamic religious practices, Sudanese mentally disturbed individuals*

Many definitions had given to mental health. However, it could have maintained that mental health is the ability of the individual to adjust to his/her life's circumstances efficiently, and interact with other positively. Nevertheless, life stresses and pressure that threaten their psychological well-being and adjustment. In many instances, people fall subjects to mental and psychological disorders. Psychotherapy, the intervention from the part of the mental health professionals, is the process by which the problems solved and the individual restored to normality. The process of a successful psychotherapy, however, depends mainly on the extent to which the patient believes on it. Religion in general has an influential impact on its believers; it may play a role when dealing with mentally disturbed individual. Islam as a religion in particular has great position among Muslims' nation. It influences every aspects of Muslims' life of their duties rights, relationships with others, and dealing with society in general including both material and spiritual elements. Regardless of these facts, concerning the deep penetration of Islam into Muslim's life and its ready-made solution for even psychological problems, Muslim mental health professionals have not used it fully as a rich source for psychotherapeutic practices. Psychotherapy now a day is dependent on traditional psychotherapeutic schools, prominent

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among them are psychodynamic (Freud, Jung and Adler). Client-centered therapy (Carl Rogers). Humanistic-existential Gestalt (Laing, Maslow, Skinner and Allport Bandura). It is general agreed that an effect psychotherapeutic method should contain the cultural elements characteristic of so society, in which it was developed. This means psychotherapy should largely be limited to its culture of origin. That means if we use part or some particular technique in a culture different from that of the origin, we cannot use the psychotherapeutics methods criticized by many psychological professionals (Eysenck, Gordon Allport, among others).

Eysenck (1960) asserted that current psychotherapeutic methods are not highly effective in restoring normality to the people who are troubled by psychological and mental disorders. His assertion challenged the claims made by the different psychotherapeutic schools, to the efficiency of their methods. Eysenck arrived at the conclusion of doubting the efficiency claims after comparing the rate of recovery among patients undergoing psychotherapy provided by different schools, with the rate of recovery of various kinds of therapy. What he found was that the rate of recovery for people in the waiting lists was almost the same as that of the people who underwent psychotherapy. Eysenck's findings and conclusions could be explained psychotherapeutic methods schools of psychotherapy that do not cover all aspects of human life. If the efficiency of the different psychotherapeutic methods is doubtful although they are applied in their societies of origin (Western societies), it is definitely more doubtful if they are apply in very different societies (Eastern societies). There are many differences between western societies, Muslim ones in particular. The differences include cultural background, educational aims, moral and religious attitudes, values, social customs, political orientation, and so on. Therefore, mental and psychological disorders in affecting people in a particular society need to be treated with consideration of the cultural orientation and life circumstances prevailing in that society. The variation reflects a non-fair treatment with limited rate of recovery at best. In this case, the major goal of psychotherapy (i.e. to cure) may not be fulfilled (May et al 1976; McCord, 1978, Frank et. Al, 1978). As to the issue of applying Western psychotherapeutic methods in Muslim societies, one may assert that they are doomed to failure, or an insignificant rate of success, if they not modified and bent to conform to the Muslim cultural orientation and psychological makeup. Badri (1979) indicated that many eastern health professionals (Muslims as well) focus their attention on the gaps between western and eastern societies in terms of educational progress, technological progress, and so on, and mistakenly conclude that anything coming from the west is correct, valuable, and suitable. A variety of empirical investigations attempted to study the various issues concerning the role of religion in solving people psychological problems. Lawrence and Brown (1962) investigated the dynamics the perceived effectiveness of religion in solving personal problems. In this study, they had two variables: the first one was the type of problems; the second was the type of solution. They found that the perception of religion as a solution might vary as a function of the type of the problem that generate anxiety. Lawrence and Browns find in a study the importance of religion as an effective source for solving people's psychological problems and emphasizes the importance of investigating the dynamics through which religion achieves such effectiveness. The issue of the role of religion in mental health, and its effectiveness in solving psychological and mental disorders and not be discussed without considering the meaning of "mental health". If we are to consider some conceptions of mental health that are adopted by eastern Muslim psychologists and mental health professionals, we find our late Tigani El Mahi (1960) who views mental health as a complex integration of medical, social, religious, and economical factors. The absence or problems concerning any of these factors influence mental health negatively. the major theme of this investigation is the idea that we as Muslims, and

particularly the some of us who identify themselves as belonging to the psychological society and the helping professions of the psyche, should turn toward our own belief system from which we can modify and devise new Islamic oriented techniques for helping our psychologically disturbed individuals. To deny this, is to deny the logical and well-established notion that treatment of the troubled psyche irrespective of its particular belief system is doomed to failure. A Muslim psychologist or psychiatrist who would not accept, at least in an abstract ideational level, the notion of turning to his/her own cultural belief system, would in effect imprison his/her potentialities within the high walls of the imported western techniques.

A question that would logically follow such an argument would be, if we were to rely mainly on our belief system, as it rests on Islam, would it be sufficient for us in understanding, diagnosing, describing, and devising Islamic oriented psychotherapies. For answering such question, we are required only to direct our attention, with open eyes and minds, toward the major sources of our Islamic principles, teachings, and methods of dealing with every aspect of life. The sources here are of course "Quran" and "Hadith" (Prophet Teachings) we would find that Quran and Hadith have dealt with every aspects of the human life. In the process, have dealt with the problems that are of concern, or should be of concern, to psychotherapy. While it would be impossible to review all aspects of concern in this limited introduction to empirical investigation, a review of some of the Islamic teachings as relevant to our purpose would be appropriate. The following verses from the holy Quran indicate that turning to religion and to Quran would be a safe guide for the Muslim against negative thoughts, negative feelings, and the troubling life circumstances. At the same time, it is the way for the troubled and disturbed individual to come back to security and the positive feelings about himself, others, and assuring the Muslim that Almighty is always ready to accept their repentance from their sins and is showing them the way to the proper religious life.

Virtue, Reward:

بسم الله الرحمن الرحيم
(إن هذا القرآن يهدي للتي هي أقوم ويبشّر المؤمنين الذين يعملون الصالحات أن لهم أجراً كبيراً).. الإسراء (9)

Translation:

Verily this Quran doth guide to that which is not right (or stable) and giveth the glad things to the believers who work deeds of righteous, that they shall have a significance reward.

بسم الله الرحمن الرحيم
(يا أيها الذين آمنوا اتقوا الله وآمنوا برسوله يؤتكم كفلين من رحمته).. الحديد (28)

Translation:

O ye that believer fear God and His apostle, his will bestow on you, a double protection of his mercy, he will provide for you.

بسم الله الرحمن الرحيم
(ومن عمل صالحاً من ذكر أو انثى وهو مؤمن فلنجزيه حياة طيبة ولنجزينهم أجرهم بأحسن ما كانوا يعملون) .. النحل (97).

Translation:

Whoever works righteous man or woman and has faith, verily to him will we give a new lift that is good and we will bestow on such their reward according to the best of their actions.

Healing and Mercy.

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بسم الله الرحمن الرحيم
(وننزل من القرآن ما هو شفاء ورحمة للمؤمنين ولا يزيد الظالمين إلا خساراً). الاسراء (82)

Translation:

We send down (stage by stage) in the Quran that which is a healing and mercy to those who believe to the unjust it curses nothing but loss after loss.

بسم الله الرحمن الرحيم
(يا أيها الناس قد جاءكم موعظة من ربكم وشفاء لما في الصدور وهدى ورحمة للمؤمنين). يونس (57)

Translation:

Humankind, there nath come to you a direction from your lord and a healing for the diseases in your hearts; and for those who believe a guidance and a mercy.

بسم الله الرحمن الرحيم
(هذا بصائر للناس وهدى ورحمة لقوم يؤمنون). الجاثية (20)

Translation:

These are clear evidences to men, and a guidance and mercy to those of assured faith.

Security:

بسم الله الرحمن الرحيم
(الذين آمنوا وتطمئن قلوبهم بذكر الله ألا بذكر الله تطمئن القلوب). الرعد (28)

Translation:

Those who believe, and whose heart find satisfaction in the remembrance of God. For without doubt in the remembrance of God do hears find satisfaction.

بسم الله الرحمن الرحيم
(بلى من أسلم وجهه لله وهو محسن فله أجره عند ربه ولا خوف عليهم ولا يحزنون). البقرة (112).

Translation:

Nay whoever submits its whole self to God and is a doer of good – he will get his reward with his reward with his lord, a shall be no fear, nor shall they grieve.

بسم الله الرحمن الرحيم
(الذين آمنوا ولم يلبسوا ايمانهم بظلم اولئك لهم الأمن وهم مهتدون) الانعام (82).

Translation:

It is those who believe and confuse not their beliefs with wrong – that are (truly) in security, for they are on (right) guidance.

Removing feeling of guilt fear of death:

بسم الله الرحمن الرحيم
(ولن يؤخر الله نفساً إذا جاء أجلها والله خبير بما تعملون) المنافقون (11)

Translation:

But to no soul will God grant respite when the time appointed (for it) has come; and God is well acquainted with (all) that ye do.

بسم الله الرحمن الرحيم
(قل ان الموت الذي تفرون منه فإنه ملائكم ثم تردون إلى عالم الغيب والشهادة فينبئكم بما كنتم تعملون).. الجمعة (8).

Translation:

Say? The death from which ye He with truly overtake you; then will ye be sent back to the knower of things secret and open; and he will tell you (the truth of) the things that ye did.

For forgiveness and patient:

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بسم الله الرحمن الرحيم

(قل يا عبادي الذين اسرفوا على أنفسهم لا تقنطوا من رحمة الله إن الله يغفر الذنوب جميعاً انه هو الغفور الرحيم).. الزمر (53).

Translation:

Say "O my servants who have transgressed against their souls despair not of the mercy of God: for God forgives all sins: for he is often forgiving most merciful.

بسم الله الرحمن الرحيم

(إن الله لا يغفر أن يشرك به ويغفر ما دون ذلك لمن يشاء ومن يشرك بالله فقد افترى إثماً عظيماً).. النساء (78).

Translation:

God for giveth not that partners should be setup with him, but he for giveth anything else to whom he pleased to set.

Number of studies accomplished by some Muslim psychologists are asserting the non-Muslim ones. El-Gadi (1984) asserted that Quran recitation has positive effectiveness in reducing anxiety. He claims that after he compared three groups of people, non-Muslim, non-Arabic speak in experiment involved; listening to the Quran recitation for one group, listening to an Arabic for the other group, and measuring their physiological change through different instruments. Badri (1967) had used systematic desensitization technique for treated a Moroccan female patient she had been suffered from acute generalized anxiety, feelings of in adequacy and depression, certain phobic reactions, and a number of hypochondriasis symptoms.

The treatment had done in the light of Islamic concept of sin forgiveness. After a period, the patient partly received and felt possibility of successful treatment.

METHODOLOGY

Subjects

The number of the subject in this study is sixty patients. Equal number of male and females; twenty-nine are outpatient from Omdurman Clinic for Mental Illness, and thirty one-are inpatient from El Tigani El Mahi Mental Hospital. The main characteristic of these subjects is that they regarded by their doctors as having improved. The sample based on purposive selection, those improved are included, those who are not excluded. Different types of illnesses included, schizophrenia, depression, epilepsy, alcoholic, anxiety-state, personality disorder, and addictive. The subject age ranged 15- 48, the majority of them rang 21-30 with average age 25 year.

In this study fourteen mental, health, professionals (psychologists, psychiatrist, and medical psychiatry doctors) had interviewed. They are working in El Tigani El Mahi Hospital, Bahri Mental Clinic, Medical Cops Hospital, and Omdurman Clinic for Mental Illness. The selection based on their win to participate.

Instrument

The information had been collected through questionnaire designed by the researchers and introduce inform of interview. There were two types of questionnaire:

One for the patient, contains besides, the biographical information, type of illness, type of treatment and the beneficial ones, different warship practices and its performance before the illness and after the improvement, and types of relationship towards families and relatives members, the second questionnaire for mental health professional psychologists, psychiatrist and medical psychiatry doctor. This questionnaire includes the professionals' ideas about

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role of religion in psychotherapy and its importance in mental health, the relationship between religious and psychological treatment and rate of importance and the possibility of having means of psychological treatment stand on religion basis, in particular Islamic religion.

Procedure

The sample of the in-patient (31 patients) selected purposively from the population of El Tigani El Mahi Hospital (70 patients). About four of them introduced per day. Concerning the outpatients of this study - 29 patients – they selected purposively from the outpatient clinic of Omdurman Hospital. The inclusion criteria the improved patients and the exclusion criteria the not improved patients.

The investigator used to go for interviews about 3 days a week, the days not fixed but randomized. Concerning mental health professionals, the interviews with them arranged according to their suitable time. The patients' and mental health professionals, questionnaires were introduced inform of interviews carried out by the investigator. The period that interviews took was fifteen days.

Findings

Table no (1): Rate of Recovery

Rate of Recovery	Number	%
Very good	38	63.3
Moderate	18	30
Another response	04	6.6
Total	60	99.9

Table one above showed that 63.3 % improved very well. 30% moderate improvement and 6.6% have another response, as they do not notice the improvement yet.

Table No. (2) Prayer Practice Before and After Illness and Improvement

Prayer	No. of Sub. Before illness	%	No. of Patient After improving	%
Always	36	60	50	83.3
Sometime	14	23.3	8	13.3
No prayer	10	16.7	2	3.3
Total	60	100	60	99.9

Table two showed that the majority of the individuals they always practice the prayer 83.3% and 23.3% sometime practice prayer and only 3.3% never pray.

Table (3) Ramadan Fasting Before Illness and After the Improvement

Prayer	No. of Sub. Before illness	%	No. of Patient After improving	%
Always	34	56.7	48	80
Sometime	17	28.3	10	16.7
No prayer	9	15	2	3.3
Total	60	100	60	100

Table three above showed that the majority always fasting Ramadan 80%, 28.3% fasting sometime and only 3.3% never fast.

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Table No. (4) Mosque's Prayer before the Illness and After Improvement

Mosque prayer	No. of Sub. Before illness	%	No. of Patient After improving	%
Always	19	31.7	25	41.7
Sometime	20	33.3	21	35.0
No prayer	21	35.0	14	23.3
Total	60	100	60	100

Table four above showed that 41.7% always prayer in the mosque (female rare prayer in mosque) 35.5% sometime prayer in mosque and 23.3% never prayer in mosque.

Table No. (5) Quran recitation before the Illness and after the improvement

Quran recitation	No. of Sub. Before illness	%	No. of Patient After improving	%
Always	12	20.0	13	21.7
Sometime	15	25.0	20	33.3
Non	33	55.0	27	45.0
Total	60	100	60	100

Table five above showed that 21.7% always recite Quran, 33.3% sometime recite Quran and near the half 45% never recite Quran.

Table No.(6)Mental health professional views of the Importance of Religion in Mental Health

Importance of religion	No. of Professionals	%
Has importance	12	85.7
No importance	0	00.0
Another response	2	14.2
Total	14	99.9

Table 6 above showed that the majority of the mental health professionals interviewed 85.7% view religion has an important in the mental health.

Table No. (7) Utilization of Religious Aspects in Psychotherapy

Possibility of using religion in Therapy	No. of Professionals	%
Yes	14	100
No	0	0
Total	14	100

Table 7above showed that all mental health professional agree on the possibility of utilizing religious aspects in psychotherapy.

Table No.(8) Patients' Reaction toward the New Suggested Method

Patient's Reaction	No of Professionals	%
Accepted	5	35.7
Rejected	1	07.1
Another Response	8	57.1
Total	14	99.9

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Table 8 above showed that 35% of the patient will accept the suggested psychotherapy, only 07.1% will rejected and more than the half have another response like need a qualified professional in religious aspects.

DISCUSSION

As the investigator had mentioned earlier, in addition to the different psychological and psychiatric treatment the religious practices are also responsible for the rate of improvement of the mentally disturbed individuals. From this study, 46 of the patients asked of treatment from both modern psychiatry and native healers or vice versa interchangeably. Both patients and their relatives contributed to this choice in asking for treatment. As if there is something missing in both types of treatment, and the patient likes to compensate from both type. Some native healers depend on their treatment on the religion aspects. Whether they truly do so or not, some patients and their relative's belief in them, and this leads to these recurrent visits to the native healers' village (Am dawn ban, Kadapas, among others). Some illness needs psychiatric care and then some of the patients and their relatives seek the treatment from the modern healers or therapists. The interviews revealed that, each types of treatment that are native, psychological and modern psychiatric treatments have something to do. Concerning the illnesses in this investigation include, Schizophrenia, depression epilepsy, alcoholic, anxiety-state, personality disorder, and obsessive compulsive. Schizophrenia and depression represent the higher incidences among hospitalized patients. 10 of the patients are alcoholic, in fact, Islam belief and warship practices may solve alcoholic dependent problems directly (Malik, Badri 1976). Concern the rate of recovery 63% of the patients is very good. Obviously, religious reflects from the warship practices, even those who intentionally did not performed their duties toward religion activities represents as a mall proportion compared with these who practice these activities regularly. 16% of the patients did not participate in prayer before illness, after the improvement decreased to 33%. While prayers always before illness this increased to 83% after improvement as showed in table 2. We can utilized this tendency toward prayer specially when dealing with neurotic patient (those who aware and their contact with reality is mention) 35% of the patients did not prayer in mosque, 20% of them are female, because young female almost used to go the mosque for some traditional, and custom reasons. Prayer is the main warship practice, which Muslim must conduct; it may have beneficial aspects or impact that can achieved through the daily performance of prayer. These beneficial aspects were including obeying Allah and prophet, believing from daily anxiety, reducing feeling of guilt, strengthening people relationship, and so forth.

From this investigation the positive effects of prayer are obvious, half of the patient feel in comfortable, that means they become relaxed and happy after payer. Psychotherapists can make use of this ready tendency by increasing patients' awareness for prayer's usefulness, in fact some of these professionals utilized these tendencies toward prayer for the benefit of the patient's treatment.

The other important warship practices was Ramadan fasting 56% of the patient were fasting before illness, increased to 80% after the improvement, while 15% did not fasting before illness decreased to 3% after the improvement. The glorious Quran has a pivotal position between Muslim and this evidence in table 6, 69% of the patients influence by Quran positively, 53% did not influence and those include among them the non-listener 21%. Concerning Quran recitation by the patients themselves the result showed 20% of the patients read Quran before illness this increased 21% after improvement, while 55% did not

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read Quran before illness this decreased to 45% after improvement, we have to consider the illiterate and the in-patients 31% who have not high opportunity for Quran recitation.

CONCLUSION

Mental health professionals had concentrated most of their studies and observations of the human-self on materials effects and factors, whether environmental, economic, social, and so on. They eliminate the effect of religion which is great (Osman El Radi, 1981) Islam for instance, is able to bestow on humans, mind the desired feelings of inner peace and stability, satisfaction and security. Spiritual treatment can ensure mental health for some reasons: the confidence that there exists a power that we can rely on, to which we can trust ourselves, which fills us with inner peace and stability, this power is Allah. Practicing the religious ceremonies like prayer, the fasting are keeping away the individual from prohibitions and ensure goodwill, love sympathy with other fellow being. Such behavior is capable of making of society free of any feeling of aggression, hatred, envy, and so on. It is very important for the successful psychotherapeutic process to consider religion factor. Belief is essential in psychotherapy and any religion stand on certain belief. Islam for example, based on person's belief and faith. This study showed that, in spite of religious tendency from both some patients and some mental health professionals, it is not been used toward the benefit of the patients. It is to be highlighted that the possibility of having or accepting other means of psychotherapeutic method based mainly on religion (Islam in this case) is always there.

Due to the complexity and elusive nature of this investigation, and due to the fact that it is an exploratory research with no sufficient backing from previous research, the present investigator could not utilize the desired and more sophisticated statistical techniques (inferential statistics) and research design. Hence, only the utilization of descriptive statistics. The present investigator recommends for further studies, more sophisticated and control studies for example, two groups, one experimental one given traditional therapy only, the second group given with the traditional techniques, religion involvement (perform prayer properly, read Quran singly and in groups, and so on).

Patients should give more interest and attention toward religion if they have believed in certain religion.

Mental health professionals could utilize this attitude for the benefit of the patients.

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Conflict of Interest

The author(s) declared no conflict of interest.

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