



# Beliefs and Attitudes of Mental Illness Patients towards Religious Healers in Khartoum

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## Abstract

The study aims to investigate the beliefs and attitudes of mental illness patients towards religious healers in Khartoum State, and also to identify whether beliefs and attitudes of mental illness patients attending religious healers in Khartoum State were affected by other variables such as: educational level, gender, age, and marital status. The sample comprised (174) mental illness patients attending religious healing centres, they were selected through purposive sample. The instrument of data collection was a scale for measuring patients' beliefs and attitudes designed by researchers, and reliability of the Scale was (0.71). Statistical package for social sciences (SPSS) was used for data analysis. The results indicated that beliefs and attitudes of most patients towards religious healing is positive, there was no significant difference in patients' beliefs and attitudes towards religious healing according to gender, age, and educational level. In conclusion, the study suggested some recommendations, the most important is to highlight the positive impact and role of religious healer's treatment on patient's health, so their role should not be neglected and they should work in collaboration with the mental health system and integrating them into primary health care. At the end of this research, there were some recommendations as well as suggestions for further studies.

**Keywords:** Beliefs; Attitudes; Mental illness; Patients; Religious healers; Sudan

## Introduction

Traditional healing is considered as old and everlasting medical process before the advent of modern medication. Traditional healing varies across cultures, and almost all people around the globe have developed such practice, therefore, traditional medicine has been carried out in all cultures [1]. Due to the fact that traditional medicine as an indigenous healing has been developed over generations within various societies. The World Health Organization (WHO), defines traditional healing as "the product of the knowledge, skills, and practices based on the theories, beliefs, and experiences relevant to specific culture [2]. Traditional healing implies various health practices, approaches, techniques and exercises offered to maintain well-being as well as to diagnose and treat mental disorders [3]. A majority of the Sudanese adopts traditional religious healing to enhance their primary health care needs. In addition to religious healing is available and accessible as it is a part of their belief system [4].

During El Tigani El Mahi's era (1911-1970) who was a famous Sudanese psychiatrist, traditional healing has remarkably developed and is widely accepted among the Sudanese, not only among illiterates but also among well educated people, influencing all aspect of the Sudanese lives [4].

## Statement of the Problem

The majority of mentally ill patients in Sudan prefer to attend nonmedical practitioners such as religious healers because of their beliefs, trust on their healing, affordability, in addition to lack of awareness among the Sudanese, ease of the service, and that psychiatric illness requires long duration under treatment, owing to mental ill patients look for fast recovery, there for the problem of this research lies in the role of illness beliefs and attitudes of mental illness patients, the demographic characteristics which leads patients to choose religious healers treatment.

This research raises the following questions:

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- What was trend of patients' beliefs towards religious healing in Sudan?
- Was there a significant difference in patients' beliefs and attitudes towards religious healers in Khartoum State owing to gender, age, and educational level?

### Research Objectives

- To examine the general trend of beliefs and attitudes of mental illness patients towards Religious Healers in Sudan.
- To investigate the effect of some other variables such as age, gender, and educational level on patients, beliefs towards traditional healing.

### Hypotheses

- Patient's beliefs and attitudes towards religious healing were positive.
- There was no significant statistical difference in patients' beliefs and attitudes towards religious healers in Khartoum State attributed to age, gender, and educational level.

### Importance

In Sudan, religious healing which is known to be as form of traditional healing, based on deep belief in metaphysical supernatural powers as causative factors, therefore, patients with mental illnesses seek traditional healers. This research has an important scientific value, as it tackles a significant and popular way of treating psychiatric patients suffering from mental illness. However, coordination with the formal psychiatrists is highly needed in dealing with specific health problems and in emergency psychiatric disorders.

### Research limitations

The study was carried out in Khartoum State, two religious healing centres were selected, (Umm Dawan ban and Saim Dema for Sufi and Quran healing). About one hundred and seventy-four (174) of mental illness patients attending these religious centres were interviewed.

### Definitions of terms

**Beliefs:** are states or conditions of mind in which confidence is placed in persons or things [5].

**Attitudes:** they are relatively fixed feelings toward a person, idea, or object. Attitudes whether positive or negative, are influenced by both external and internal forces [6].

**Mental illness:** is a health problem that makes a person feels, thinks, behaves in an abnormal way [1].

**Traditional healer:** is someone who believes he can treat and heal sick people using prayers or supernatural powers [7].

## Literature Review

### Preface

The incidence of mental disorders is globally accepted as major health disaster affecting human well-being and normal functioning. Statistics have shown that the number people with mental illness is increasingly growing, therefore, procedures of prevention and therapeutic techniques of mental illness should be made available to all mentally disturbed individuals all over the world, with regard to their races, diversity in their attitudes, beliefs, and deeply rooted tradition. The importance of spiritual factor in mental health is now widely accepted. Religious healing has been practiced by many cultures for many years, and is an accepted mode of treatment in different cultures. Permanent seeking for traditional healers in both urban and rural areas in Sudan in particular, and worldwide have led to the development of folk psychotherapy to cure a wide range of psychological problems. It is clear that that healing beliefs and practices are beneficial to mental health.

### Mental illness

With regard to definition of specific nature of mental illness, however, psychologists often state that mental disorder involve behaviour that is distressing, dysfunctional, and different from the social norms. Theories that have attempted to explain the etiology of mental illness include the biological approach, the psychodynamic, the behavioural, and the sociocultural. The most frequently used sources for classifying mental disorders are: Diagnostic and Statistical Manual of Mental Disorders (DSM); the first edition was published in 1952, and the most recent edition, called DSM-IV. The other classification is International Classification of Diseases (ICD) – (WHO) [8]. Mental illnesses have different types and degrees of severity. Neuroses or disorders based on anxiety, patients who experience these disorders usually report being restless, however, these people typically live in the community, rather than in a hospital. According to statistics, this group of anxiety –related disorders affects many people all over the world. In other words, millions of people are anxious, unhappy, and afraid. Anxiety-related disorders include: Generalized anxiety disorders, Panic disorders, Phobic disorders, Obsessive-Compulsive disorders, Post-traumatic stress disorders, and Conversion disorders. The most common characteristics among patients suffering from neuroses are their touch with the reality. As observed by the researchers in this study, patients' beliefs in traditional healers and well-oriented with the nature of their disorders and stress [9]. Psychoses are major mental illnesses that are characterized by severe symptoms such as delusions, hallucinations, disturbances of the thinking process, and defects of judgment and insight. Psychotic patients

show thought distortion, emotional unrest, and abnormal patterns of behaviour. Such patients are often off reality (derealisation), do not know that they are ill (lack of insight) and they have obvious confusion concerning the outside world. Generally, psychoses are divided into organic and functional psychoses. Organic psychoses are those disturbances connected with a physical defect of or brain damage, e.g. Alzheimer and Epilepsy. Whereas, functional psychoses occur due to psychological or non-organic factors e.g. Schizophrenia and Affective psychoses. Nevertheless, many researchers believe that this distinction between organic and functional is probably inaccurate, because almost all psychoses are currently believed to result from some structural or biochemical change in the brain [10].

### **Traditional healing**

According to World Health Organization (WHO), traditional medicine is an overall product of knowledge, skills and practices based on beliefs and experiences relevant to a distinct or particular people. Traditional healing aims to achieve certain objectives such as maintenance of health, as well as prevention, diagnosis, and treatment of physical and mental illness. Spiritual healing is dated back an ancient form of healing to ancestors who believed in superstition and supernatural forces such as devils and evil spirits as causative of mental disorders. Hence, the role of spiritual was to get rid of such demons from the patient's brain [11]. Most of religious healers claim that cure is from the God, and they have a belief in verified ways of healing process. In Sudan native religious healers throughout northern Sudan is known as the faki. The faki usually share the value and attitudes of his community. He plays multiple roles as a religious healer, teacher, diviner and religious leader. Also plays a very important role, especially in rural Sudan, in addition, he is a community leaders and he is usually consulted in a number of social issues, they well known, trusted and respected by all the members of his community. The treatment of the faki is based mainly on the holy Quran and Sunna.

### **Traditional medicine in Sudan**

Sudan traditional healing or medicine; is regarded as being unique because it combines a mixture of Islamic, Arabic, and African cultures. In poor and remote parts of the country, traditional medicine has become the most practical treatment for a variety of mental disorders and their patients. According to the Sudanese general traditional medicine, plants and herbs are intensively used in curing different diseases and ailments, specific traditional medicine on contrast, can also be divided into two separate entities: Religious healing, which based on Islamic culture; uses The Holy Quran and Prophetic tradition. Non-religious healing, which is based on African culture; believes in secular practices such as black magic and Zar. As matter of fact, traditional

medicine makes use of different natural elements. Therefore, traditional medicine experts are well-versed on the use of plants and herbs for both medical and nutritional purposes to patients, as well as being recognized as professionals on patients' attitudes and beliefs towards traditional healing [12]. Traditional healer is characterized as an outstanding individual who claims ability or having a healing power to cure mental illness, or a particular skill to treat specific types of physical complaints. In Sudan, traditional healing is the popular and widely spread way of treating people with psychiatric illness, owing to traditional healers have high reputation and recognized among in the society. Traditional healers as they are aware of local treatment options, as well as about the physical, emotional and spiritual lives of the people they serve, are able to influence their behaviour. Therefore, it is necessary to consider traditional healers as effective health care providers for patients suffering from mental disorders, and also to consider their remarkable contribution in meeting the needs of those helpless patients [7]. The religious healers in traditional and religious centres in Sudan use many techniques and methods for healing and treatment for mental illness, such as the traditional management includes reading Quran on the patient, drinking water with papers soaked, wearing amulets and fumigation.

### **Attitudes**

Attitudes are complex psychological constructs which can be acquired through experience and they are also viewed as an individual's predisposed state of mind, which in turn influences the individual's thought and behaviour (M Richard, 2010, p, 40). Attitudes formation takes place as a result of various ways, and they begin forming since early childhood. Many psychologists view that attitudes formation occurs through direct experiences, persuasion, and media, however, contemporary researchers have suggested that attitudes may emerge out as a result of psychological needs, social interactions, and genetic factors. Attitudes have three components or domains: conative, cognitive, and affective [13].

### **Religious beliefs**

Religious beliefs comprise a wide range of practices and rituals, these practices vary across cultures such as prayers, meditations, yoga, transcendental meditation, and involvement with community religious groups. It is of prime importance to examine closely the concept of religious belief, as it concerns only with human perception. On the other hand, spiritual beliefs are derived from ideas that are exclusive to religion, relate to the existence, and worship including explanations for the values and practices centred on the teachings of a spiritual healing. It is worth stating that both religious and spiritual beliefs can find answers to the existential questions concerning mental illness and the possibility of being cured. Helping patients and family members to find

meanings for their experiences, however, still constitutes a challenge for health professionals, due to the fact that psychotherapists maybe not able to deal with patients' religious and spiritual beliefs [14]. It is necessary for patients' religious beliefs be recognized and integrated in the development of a plan that guarantees and keeps mental health care [15]. Beliefs can play an important role in living with mental illness since they can be determinants of patients' health behaviour in managing illness, therefore, words such as 'perception', 'cognitive representation' and 'explanation' can be used synonymously with beliefs, but the term 'belief' is the most preferred [16]. Having a belief in the nature of mental illness and its causes affects how religious healers deal with it and remains fundamental for a number of theoretical models of illness behaviour, causation and medication compliance knowing a patient's beliefs regarding their condition is clinically relevant for managing their condition and can also help predict recovery from mental disorders. Spiritual healers are recognized as effective factors that contribute to mental health in many persons. The concept of such healing is found in all cultures and societies, and it is expressed in an individual's constant search for ultimate meaning through active involvement in religion and/or belief in God [17].

## Previous Studies

### **Attitudes of patients with psychiatric illness towards traditional healing [18,19]**

The aim of this study is to evaluate the attitude of patients toward traditional healing in Khartoum teaching hospital in Sudan. Patients who attended the outpatient clinic were asked about previous history of seeking treatment from traditional healers. A questionnaire was administered to patients. The results reported that about (84%) of patients had a previous history of seeking traditional treatment for psychiatric illness. Besides, no significant difference was found between the two groups regarding psychiatric diagnosis and demographic characteristics such as age, gender and educational level. The majority of participants (55.9%) believe that their psychiatric symptoms are due to evil eye, and 20.7% believe that the symptoms are due to magic.

### **The significance of faith healers in the treatment of mood disorders in in United Arab Emirates [20]**

The study is meant to explore the role of faith healers in the treatment mood, and the procedures are Mini International Neuropsychiatric Interview, Help-Seeking Pattern, and Experience Questionnaire The results showed that majority of patients had visited faith healers before seeking medical services. Families from rural areas looked at mental illness as a real disease as any other organic disease. In faith healing, different diagnoses,

which included touch, evil eye, witchcraft, and demon possession were more common among patients' resident in rural and urban areas.

### **The impact of traditional healing in caring for patients with affective disorder in Egypt [21]**

This research is done to reveal the impact of traditional healing on patients with affective disorder. Clinical Interview for DSM-IV Axis I Disorder (SCID-I) was adopted. The results concluded that 40.8% sought traditional healers. And of those, 62.2% were before seeking psychiatric services and 37.8% after. Furthermore, the study emphasized that most of the patients suffering from mental illness prefer to experience religious healers rather than psychiatric thereby.

### **The incidence of mental disorders Among Visitors to religious healers in Saudi Arabia**

The research attempts to investigate the prevalence of psychiatric disorders among visitors to religious healers in Riyadh, Saudi Arabia. Research method is cross-sectional study among the visitors and a questionnaire as well as Mini International Neuropsychiatric Interview were implemented on samples. The results showed that most of the participants were youths with intermediate and secondary education. Moreover, Depressive and anxiety disorders were the most common among the respondents.

### **Attitudes towards traditional healing: Implications for integration of traditional healing and modern medicine in South Africa [22]**

The study is conducted to examine health care practitioners' attitudes traditional healers. The methodology is telephonic conversation with hospital clinical managers and health care practitioners. Health care practitioners working in rural and urban hospitals in South Africa were tested. The results showed a significant difference among health care practitioners with regard to their attitudes towards traditional healers, and no significant difference found pertaining to health care practitioners' knowledge of traditional healing.

### **Treatment plans of psychotic disorders by traditional healers in Sudan [23]**

This research is intended to investigate plans of treating patients with psychotic disorders by traditional healers as well as their interventions. The methodology based on quantitative approach, and the selected samples were diagnosed through neuropsychiatric assessment. The results stated that the age of the patients brought for treatment to the traditional healer centres ranged from 19 to 52 years old, were single, and had basic education only. The mean for the overall Positive and Negative

Syndrome Scale score was (118.36) on admission and (69.36) on discharge.

### **Some demographic characteristics of patients with mental illness at traditional healers' centers in Sudan [24]**

The study is about the demographic characteristics of patients with mental disorders at traditional healers' centres in Sudan. The researchers used a cross-sectional study, and administered specially designed questionnaire and structured interview. The results found that patients mean ages were 35 years, illiterate, and jobless. Furthermore, the patients were diagnosed as having psychotic disorder.

### **The Socio-demographic characteristics of people with mental disorders who seek treatment from traditional healers in Sudan [25,26]**

The study is conducted to highlight the socio-demographic characteristics of people with mental disorders who seek treatment from traditional healers. In order to fulfil that aim, both qualitative and quantitative research methods were used, as well as structured questionnaires for data collection. The result pointed out that there should be a mutual cooperation between traditional healers and mental health professionals that can be attained through seminars and programs, and workshops.

### **The effect of some variables on patients' attitudes towards traditional medicine treatment**

The aim of this study is to know the reasons behind the attitudes of some patients who resort to traditional medicine. Also to know the socio - economic and characteristics of traditional healers found within the study society, as well as knowing the diseases they are able to treat, and the means they follow in such treatment. The study used comparative analytical descriptive method, used stratified sampling, and standardized interview targeting the head of household was used as the basic means for data collection, as well as the scientific observation. Additionally, the researcher tried to conduct interviews with some of the patients in the native treatment centres in Shendi city but no response was obtained there.

### **Techniques of traditional healing of mental disorders in Sophia Centres [27]**

The study aims to examine how Sheikhs in traditional healing centres deal with mental disorders. To achieve that end, a descriptive method was used, and the data was collected through questionnaires. The analysis of questionnaires indicated that similarity of techniques used in dealing with mental disorders among Sheikhs depending on their knowledge about signs,

symptoms and causes of these disorders. Besides, there was a relationship between the treatment of mental disorders and patients' beliefs, in addition to, there are many practices in the treatment in the Sophia centres that similar to what is going on at modern psychiatric centres.

### **Mental disorders among patients seeking for traditional healers in urban Tanzania [28]**

This research was conducted to investigate the prevalence of common mental disorder among patients attending traditional healing centres in Dar el Salaam. A clinical interview was carried out to determine the prevalence of mental disorders in 178 patients from traditional healer centres. The result found that (48%) of patients suffering from mental disorders at traditional healer centres.

### **Patients, Attitudes towards medical treatment and traditional healing in Sudan [29]**

The aim of this research is to investigate the patients' treatment dilemma and reasons that lead patients to switching between the two health care systems (medical treatment and traditional healing). The methodology is questionnaire to two types of practitioners (psychiatrists and traditional healers) also questionnaire to patients attending psychiatric hospitals and patients attending traditional healing centre. Three hospitals are Altigani Almahi, Khartoum North and Khartoum Teaching Hospital. Also seven traditional centers in and around Khartoum are: Massed Sheikh Alyagout, Shiekh Algeili Abd Almahmowd, Umm Dwanban, Sheikh Abo Groun, Sheikh Abd Alrahim Albra'ai, Sheikh Shernobe centre, for Sufi healing and Sheikha Nafisa centre for Zar healing lies at Khartoum north. Both quantitative and qualitative methods are implemented. The results showed that attitudes of mentally disturbed people towards traditional healing in Sudan were positive. And no correlation found between attitudes towards traditional healing and level of education (Tables 1-3).

## **Methodology and Procedures**

**Research methodology:** To fulfil the objectives of the study, a quantitative research methodology was implemented through using the descriptive inquiry.

**Population and sample:** The population consisted of patients with mental illness who were attending religious healers in Khartoum State. A purposive sample method was adopted, therefor, the sample size was (174) respondents.

## **Instruments**

The researchers designed a measurement about beliefs and attitudes of mental illness, it includes four dimensions consisted

of 51 statements, the first dimension is about knowledge of religious healing of patients with mental illness attending religious healing consisted of 10 statements, second dimension is about the behaviour of patients towards religious healing

consisted of 7 statements, third dimension is about emotion towards religious healing consisted of 9 statements and the fourth dimension is about belief in psychological illness consists of 25 statements.

*Table 1: Characteristics of sample.*

Variables	Gender	Age	Region	Education	M. status	Income
	Male (73) 42%	Less than 20 (11) 6.3%	North (47) 27%	Law (33) 19%	Married (107) 61.5%	High (21) 12.1%
	Female (101) 58%	20-40 (83) 47.7%	West (29) 16.7%	Medium (107) 61.5%	Widow (4) 2.3%	Medium (118) 67.8%
		41-60 (68) 40.2%	East (8) 4.6%	High (34) 19.5%	Divorce (1) .6%	Low (35) 20.1%
		Over 60 (10) 5.8%	Khartoum (68) 39.1%		Single (61) 35.6%	
			Centre (22) 12.6%			

*Table 2: Shows internal consistency of the scale.*

Dimensions	No	Correlation	No	Correlation	No	Correlation
Knowledge of religious healing in patients with mental illness attending religious healing	1	0.191	5	0.672	9	0.731
	2	0.458	6	0.426	10	0.407
	3	0.047-	7	0.729		
	4	0.738	8	0.624		
The behaviour of patients towards religious healing	11	0.172	14	0.691	17	0.29
	12	0.734	15	0.231		
	13	0.127	16	0.684		
Emotion towards Religious Healing	18	0.49	21	0.465	24	0.218
	19	0.618	22	0.223	25	0.183
	20	0.443	23	0.149	26	0.569
Belief in Psychological Illness	27	0.248	36	0.513	45	0.187
	28	0.253	37	0.629	46	0.488
	29	0.387	38	0.017	47	0.54
	30	0.475	39	0.358	48	0.398
	31	0.607	40	0.506	49	0.505
	32	0.374	41	0.223	50	0.357
	33	0.449	42	0.57	51	0.626
	34	0.196	43	0.533		
	35	0.508	44	0.335		

## Procedures

A questionnaire was pre- tested on a sample of 30 patients for both centres to determine the validity and reliability of the questionnaire and the measurement before they are applied in the

survey. Also the researchers consulted some specialists in this field to ensure validity of measurement. The above table shows the consistency for the dimensions of the scale, some questions are deleted, others changed, these changes done under the judgment of expertise in this field.

**Validity and Reliability:** Validity and reliability are used to determine the psychometric properties of the measurements. The above table shows the reliability values for the dimensions of the

scale are about (0.705), and the validity is about (0.839), which indicates that the measurement (scale) had a rate of validity and reliability which justify its use on this study.

**Table 3:** Shows reliability and validity of scale.

Dimensions	No of questions	Reliability by Cronbach's Alpha	Validity by square root (Sqrt)
Knowledge of religious healing in patients with mental illness attending religious healing	10	0.79	0.88
The behaviour of patients towards religious healing	7	0.65	0.81
Emotion towards Religious Healing	9	0.56	0.75
Belief in Psychological Illness	25	0.825	0.91
Total	51	0.71	0.84

**Table 4:** Shows one sample t. test to determine the trend of patients' beliefs and attitudes towards religious healers in Khartoum State.

Dimensions	N	Mean	Test value	Std. Deviation	t. value	sig	Interpretation
Knowledge of religious healing in patients with mental illness attending religious healing	174	39.05	30	2.84	64.95	0.00	the dimension is high at average, at statistical level 0.05
The behaviour of patients towards religious healing	174	24.06	21	1.65	24.43	0.00	the dimension is high at average, at statistical level 0.05
Emotion towards Religious Healing	174	32.94	27	2.32	33.70	0.00	the dimension is high at average, at statistical level 0.05
Belief in Psychological Illness	174	84.69	75	4.83	26.07	0.00	the dimension is high at average, at statistical level 0.05
Total	174	180.78	153	8.82	40.71	0.00	the dimension is high at average, at statistical level 0.05

**Table 5:** shows the two independent samples t. test to find out whether there are differences in beliefs and attitudes of mental illness patients towards religious healers in Khartoum State according to gender.

Dimensions	Comparing groups	N	Mean	Std. Deviation	t. value	Sig	Interpretation
Knowledge of religious healing in patients with mental illness attending religious healing	Male	73	38.7260	2.98729	1.227	0.222	There is no statistical difference
	Female	101	39.2574	2.69315			
The behaviour of patients towards religious healing	Male	73	23.5890	2.12678	3.270	0.001	There is statistical difference in favour of female group
	Female	101	24.3960	1.08701			
Emotion towards Religious Healing	Male	73	33.1644	2.44389	1.099	0.273	There is no statistical difference
	Female	101	32.7723	2.23106			
Belief in Psychological Illness	Male	73	84.4247	5.37979	0.459	0.647	There is no statistical difference
	Female	101	84.7624	4.31312			
Total	Male	73	179.792	10.73023	0.959	0.339	There is no statistical difference
	Female	101	181.092	7.07262			

**Data analysis:** Data was analysed using statistical package (SPSS) version 21 to analyse the quantitative data, using below tests:

- T- Test for one sample.
- T. Test for two samples.
- One -way ANOVA.
- Frequency and percentage.

## Results

**Hypothesis 1:** Beliefs and attitudes of mental illness patients towards religious healers in Khartoum State were positive. To verify this hypothesis, the researchers used one-sample t-test. Table 4 shows one sample t. test to determine the trend of patients' beliefs and attitudes towards religious healers in Khartoum State. The above table shows the t-test to verify whether beliefs and attitudes of patients towards religious healing are positive. It is noted that the values of T (T) respectively in all dimensions (64.950, 24.432, 33.698, 26.074, 40.701) and the means are (39.0465, 24.0575, 32.9368, 84.6864, 180. 772) respectively in all dimensions, and the probability values respectively in all dimensions is (0.00), which indicates that all dimensions of the beliefs and attitudes of patients towards religious healers are high, at the significance level 0.05 (Table 4).

## Discussion

From the above table, it is clear that t-test is respectively in all dimensions (64.950, 24.432, 33.698, 26.074, 40.701) and the probability values respectively in all dimensions is (0.00), that the dimension is high on average, at statistical level less than (0.05), which confirm & agree with the researcher hypothesis that is patient's illness beliefs and attitudes towards religious healing are high. The result agrees with the study of, which found most of visitors had strong belief in religious (sheikhs) healing. Also the result agrees with study of who found (98%) of respondent's their belief in God, and religious, about (58%) were very strong in their beliefs [30]. In this regard, patients and their relatives' belief that only religious healers can understand the supernatural etiological basis of mental disorders rather than psychiatrists, and thus, their tendency towards traditional healing was found to be significant and positively [29]. Most patients' belief in healers as source of blessing, advice or for forgiving. Also most people have their own way (tarega), they are followers, they belief, and consult sheikhs in everything during their life. They belief in sheikh's treatment more than doctors' treatment. They attend massed because they found psychological and spiritual comfort, they belief that Allah (God) and Quran bring their final cure. Many reasons that people attending religious healing (healers) respect and trust healers and their healing, leading to a good relation build between healers and patients based on confidence, effectiveness and respect, the most

of them seek help and advice for other problems such as family, business, or other social or financial problems. Stigmatization play an important role that patients attended religious healers, some people and their family still have the stigma of mental illness, most of those people and families have low awareness of psychiatric health and illness, so they refuse to bring the patient to psychiatrists, so no one will know they have a mental patient, to avoid this stigma and shame they actually take their patients to traditional healer who is accepted by their community, all those reasons lead patients to have positive and high beliefs and attitudes towards religious healing [31] (Table 5).

**Hypothesis 2:** It predicted that there was no significant difference in patients' beliefs and attitudes towards religious healing attributed gender. The researchers used t-test for two independent groups. Table 5 shows the two independent samples t. test to find out whether there are differences in beliefs and attitudes of mental illness patients towards religious healers in Khartoum State according to gender. It was found that the calculated T values were respectively (1.227, 3.270, 1.099, 0.459, 0.959), and the probability value are (0.222, 0.001, 0.273, 0.647, 0.339), which indicate that there are no statistically significant differences in all dimensions of patient belief and attitudes towards religious healing according to gender. Except the dimension of behaviour of patients towards religious treatment which found that there were differences of function by type in favour of the female group at the significance level 0.05. The results found that there was no significant difference in all dimensions of patient belief and attitudes towards religious healing according to gender, this results disagree with the researcher's hypothesis that (there is correlation between religious healing and patient gender). The result agrees with the study on the Attitudes of patients with psychiatric illness toward traditional healing which found that there is no significant difference in gender, however, this result disagrees with the study Ehab. For the dimension of "The behaviour of patients towards religious healing" the result found that there is statistical difference in favour of female group, this result agrees with the researcher hypothesis and this agrees with the study. The researchers expected that females are more attendants to religious healing than males for many reasons, first, most of female are belief that they are facing psychological problems in their live, because of males' dominance, which may be of the low socio-economic status in their society, culturally males are more dominant in decision making and at home. Another reason woman had limited access to health awareness especially in rural areas. Socialization, cultural beliefs, economic and social conditions for both females and males play an important role in their beliefs and attitudes towards religious healing [32-40].



**Hypothesis 3:** It hypothesized that there was no significant difference in beliefs and attitudes towards religious healing owing to patient's educational level. The researchers used one-way

ANOVA to determine whether there was a differences in beliefs and attitudes of mental illness patients attending religious healers in Khartoum State according to education level (Table 6,7).

**Table 6:** shows the result of one- way ANOVA to test the difference in beliefs and attitudes of mental illness patients towards religious healers in Khartoum State according to education level.

Education level		Sum of Squares	df	Mean Square	F	Sig.	Interpretation
Knowledge of religious healing in patients with mental illness attending religious healing	Between Groups	36.754	5	7.351	0.919	0.470	There is no statistical difference
	Within Groups	1343.040	168	7.994			
	Total	1379.793	173				
The behaviour of patients towards religious healing	Between Groups	23.053	5	4.611	1.728	0.131	There is no statistical difference
	Within Groups	448.372	168	2.669			
	Total	471.425	173				
Emotion towards Religious Healing	Between Groups	95.985	5	19.197	3.847	0.003	There is statistical difference
	Within Groups	838.320	168	4.990			
	Total	934.305	173				
Belief in Psychological Illness	Between Groups	175.943	5	35.189	1.567	0.172	There is no statistical difference
	Within Groups	3773.022	168	22.458			
	Total	3948.966	173				
Total	Between Groups	816.782	5	163.356	2.187	0.058	There is no statistical difference
	Within Groups	12546.350	168	74.681			
	Total	13363.132	173				

**Table 7:** Shows One-way ANOVA to determine whether there was difference in beliefs and attitudes of mental illness patients towards Religious Healers in Khartoum State according to age.

Age		Sum of Squares	df	Mean Square	F	Sig.	Interpretation
Knowledge of religious healing in patients with mental illness attending religious healing	Between Groups	47.989	3	15.996			No difference
	Within Groups	1331.804	170	7.834	2.042	0.110	
	Total	1379.793	173				
The behaviour of patients towards religious healing	Between Groups	6.465	3	2.155			No difference
	Within Groups	464.960	170	2.735	0.788	0.502	
	Total	471.425	173				
Emotion towards Religious Healing	Between Groups	30.228	3	10.076			No difference
	Within Groups	904.077	170	5.318	1.895	0.132	
	Total	934.305	173				
Belief in Psychological Illness	Between Groups	11.101	3	3.700			No difference
	Within Groups	3937.865	170	23.164	0.160	0.923	
	Total	3948.966	173				
Total	Between Groups	129.227	3	43.076			No difference
	Within Groups	13233.905	170	77.846	0.553	0.647	
	Total	13363.132	173				

It shows the result of one- way ANOVA to test the difference in beliefs and attitudes of mental illness patients towards religious healers in Khartoum State according to education level. The above table showed that there are no statistically significant

differences in all dimensions of belief and attitudes towards religious healers according to educational level, except the dimension of emotion towards religious healing where it found statistical significant differences according to educational level at

the significance level 0.05. The researcher hypothesis is there were no statistically significant differences between belief and attitudes towards religious healing and patient's educational levels, researcher expected that all people with different educational levels are attending and belief in religious healing. So the result found that there is no statistical difference in the illness beliefs and attitudes of patients towards religious healing according to educational level, which confirms and agreed with the researcher hypothesis. The result was consistent with the study of which found that there are no significant differences in educational level, in addition to the study. The result disagrees with, which found that most visitors were illiterate or with only primary basic education, and also the result. On the other hand, the results of the dimension of emotion towards religious healing which found there is statistically significant differences according to educational level. And at the significance level 0.05, this result agrees with the study who revealed that majority of the patients were illiterate regarding education. Some studies found that when level of education increases, the belief and attitude towards religious healing will decrease. The effect of religiosity should play role in seeking help from religious healers which indicates that cultural attitudes are directly influenced by religious beliefs. This confirm that most of patients with different educational levels attend religious healers according to their rural cultural beliefs, that religious healing is accepted by their communities, most of people belief in sheikhs' treatment as a main source of treatment, in addition to the strong belief that religious healing should facilitate and improve knowledge, attitude and manage their illness. Socialization plays an important role in the patient's beliefs towards traditional (religious) healing; most of rural families are strong believers in traditional medicine more than hospital or modern medicine (psychiatrics), although education leads to changes the negative perceptions towards mental illness to positive and correct concepts about the psychological and mental illness [41-50].

**Hypothesis 4:** No significant difference in patients. Beliefs and attitudes towards traditional healers attributed to age. The researchers used one- way ANOVA to verify the above-mentioned hypothesis. It appears that no significant statistical difference in patients' beliefs and attitudes towards religious healing attributable to age. The result found that there was no statistical difference in beliefs and attitudes of patients towards religious healing, which means that all people with different ages are attending religious healing, this result disagrees with the researcher hypothesis, which supposed that there is correlation between patients age and belief and attitudes towards religious healing. The result agrees with the study which found that there was no significant difference attributed to age. The result disagrees with the study of, who indicated that most of the patients' ages range between 25 and 45 years old. Also the result

disagrees with the study of which found that most of the visitors were the age of 31 years. The researcher expected that old people were the most categories attending religious healers, that they have positive belief and attitudes towards religious healing and treating by traditional medicine, that maybe because of their social culture towards traditional healing, although there are medical serves available now. The researcher also expected that patients in middle age will prefer to attend or go to medical treatment more than traditional treatment because they are well educated and they have strong power to reach medical treatment anywhere.

## Conclusion

Patients' illness beliefs and attitudes towards religious healing in Khartoum State are positive, patients' beliefs in the abilities of religious healers and their treatment, beside social, cultural beliefs and their role in healing. It is worth noting that the majority of Sudanese people belong to one of the different Islamic sofia (Tarega) with leaders (Sheikhs), and they emotionally, socially attended them when they feel psychological and spiritual suffering. Religious healers working as part of the original of old traditional medicine, people still belief that mental illness should be treated by religious healers, because they used spiritual psychotherapy as main source of healing, and also religious healing have acceptance by their communities at all [51-54].

## Recommendations

According to the findings of the research, some recommendations are suggested:

- Government should take attention to psychiatric health, by building Psychiatric clinics in general hospitals, especially those who are near to the rural areas, and also provide medicine and services.
- The Ministry of Health should have a clear strategy on training and motivation of religious healers so as to formalize their practice.
- To emphasize the significance of cultural beliefs in the prevention and cure of mental disorders.
- Religious healers should be trained in order to play effective role in providing mental health services.
- To raise people's awareness about the special nature of mental illness.
- To provide counselling programs to families of mentally ill patients to improve their knowledge and attitudes towards traditional healing.

## Suggestions

- Studies in religious therapy between acceptance and rejection by psychiatrists.

- Studies in religious healing as complementary or alternative treatment.
- Studies in the attitudes of psychiatric doctors and health practitioners towards religious healing practices.
- Studies in the field of religious psychotherapy and to know the methods which used in the treatment and their benefit healing.
- To conduct comparative cross-cultural studies on traditional healing versus current psychotherapy.

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