Research Article

Religious Belief in Mental Illness and Its Influences on Seeking Treatment: Indonesian Patients' Perspectives

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Abstract

There is strong interaction between religion and mental health problems. Mentally ill patients may need their religious beliefs to be considered in illness management planning. This study aimed to describe patients' religious belief on mental illness and its influences on treatment seeking. Qualitative this study was conducted in a psychiatric hospital and patients' residences in Indonesia. Ten patients met the inclusion criteria of adherence treatment over least 2 years, and were not in an acute phase of illness. Purposive participant selection was used. Information was collected using in-depth individual interviews and the data were analyzed using content analysis. Lincoln and Guba's criteria were considered for trustworthiness. The findings were illustrated in two categories: the meaning of mental illness, and the influences of religious belief in seeking treatment. The first category was explained in two themes: 1) positive perspective with subthemes: the illness as enhancing the Imaan and atonement for the patient's sins by going through the trial or test from Allah; and the illness as the destiny and the will of Allah, 2) negative perspectives with subthemes: the illness as the weakness of Imaan; devil/jiin or black magic as the cause of illness; and illness as a punishment for the patient's sins. The second category is the influences of religious belief in treatment seeking with four subthemes: families or relatives as the initial treatment-seekers; Islamic rules as a guide on seeking the treatment; believing in the verses of Qur'an and hadith; and believing in destiny. The issues of religion in mentally ill patients regarding their illness and the decision in seeking treatment should be considered in designing nursing care for patients.

Keywords: Indonesian mental illness patients; Religious belief; Seeking treatment.

Introduction

Indonesia is the fourth largest country and the most populous nation with the largest majority of Muslims. Islam manages all aspect of a Muslim's life and behaviors[1] although there are some Muslims who might not obey strictly the Islam practices. Practicing Islam is focused on the textual foundation of the Qur'an and is emphasized on the fives pillar of Islam: testimony of faith (*Imaan)*; practice of the five daily prayers *(Shalat)*; fasting during Ramadhan

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(*Shiam)*; almsgiving (*Zakat*); and performing the *Hajj* (pilgrimage to Mecca).[2] However, the variety of linguistic groups, ethnic and cultural is great within Muslim communities of Indonesia which are intertwined with religion and old traditions.[3] This condition creates different religious influences which is observed in the communities with different religious views and cultures. Despite this fact, some homogeneity has been found in Muslim communities, such as family dynamics; the health care accessing, and healthcare using; the risks of health; the processes of decision-making; and the belief and practices of health.[4]

There is a strong relationship between religion and mental illness. Studies found that religion plays an important role in mentally ill patients.[5-6] Religious beliefs could influence patients' perception about mental illness, and in determining the treatment. Patients represented their illness influenced by their religious belief in positive (God's plan, God' gift, or a test from God) or negative meanings (God's punishment, possession, a demon, *jinn*), and preferred religious/traditional healers as the primary source treatment.[3,6-7] The treatment methods by religious/traditional healers included alternative medicine/herbs, spiritual cleansing, asking for help from the spirit,[6-7] and by the recitation of the verses of Quran to the patient face to face or to pray over a bottle of water to be consumed by a patient in a Muslim community.[3] There was no further explanation on the extent to which these methods improve a patient's condition, however, Boras[6] underlined that purpose, hope, and meaning in life that are instilled by religion, may affect recovery and encourage treatment adherence.

However, in Indonesia, few studies have addressed the existence of beliefs, perceptions, or attitudes of patients that are related to help-seeking for mental health treatment. This study explored the beliefs about mental illness in order to understand how religions influence the way patients conceptualize mental illness and the decision on seeking treatment.

Objective

This study aimed to explore patients' religious beliefs on mental illness and the influence these beliefs have on treatment seeking.

Conceptual Framework

In this study, an Islamic concept on mental illness was selected as the conceptual framework. The historical Islamic conception of mental illness is divided into three categories[8]: 1) theologically derived positions based upon the Quran and *sunnah/ hadith* (prophetic traditions), mean that the source of the concept is Islam religion itself whereas the notions about the illness and treatment are a result from the Quran and *hadith*; 2) theoretical concepts constructed by Islamic philosophers, religious leaders, and scholars, refer to the belief of Islamic thinkers which integrates the component of religion and science as a concept, and 3) the common beliefs of individuals and groups in the traditional Muslim societies; refer to beliefs that were developed in the Muslim cultural system. On this conception, in the traditional Muslim societies the belief of mental illness is bound with their spiritual awareness of their Creator and they tend to view the illness as God's will, a test from God, or as punishment of their sins.[8-10] In addition, they believe the illness is caused by other factors that are responsible for emotional distress or irrational behavior.

Methods

Design

This study presents one part of the results of the reconnaissance phase from an action research study entitled 'The development of continuity psychiatric nursing care in enhancing mediation

adherence in schizophrenia persons in Indonesia'. A qualitative design was employed to collect data using in-depth interviews. The interviews were initiated with a broad open question, and were followed by probing questions to get in-depth information and to focus on exploring patients' perspectives.

Setting

The study was conducted in a ward of a psychiatric hospital and the patient's residence in Pekanbaru, Riau Province, Indonesia. This psychiatric hospital does not only serve the patients at Riau province, but also the three nearby provinces.

Participants

The participants of this study were schizophrenia patients who visited the outpatient clinic, with the following criteria: 1) aged from 21 − 60 years old, 2) were diagnosed as schizophrenia using the Diagnostic and Statistical Manual of Mental Disorder[11], with persistent symptoms occurring at least during the last 2 years and the brief psychiatric rating scale (BPRS) score was less than 31 (mildly ill); 3) adherence to treatment for at least 2 years and; 4) not being in an acute phase of illness; 5) staying with family.

Ethical Considerations

Ethical clearance for this study was obtained from the Faculty of Nursing, Prince of Songkla University. The study was also accepted by the local research ethics committee for all data collection sites. Patients were provided with detailed information about the study and were given the opportunity to ask any relevant questions. The patients who agreed to join the study signed their written consent. The individual interview was conducted in a specified room in the hospital and/ or at the participants' homes. The researcher took care for any signs of distress from the patients and their families when discussing the illness during the interviewing process. Participants were allowed to refuse to answer any questions, request to change

the questions or terminate the process at anytime during the interviews. With the participants' consent, the interviews were recorded with an audiotape recorder, and confidentially was maintained in all the stages of the study.

Data collection

Purposive technique was used to select the participants. Demographic data were obtained from participants directly through oral responses. Some tools such as non participant observation sheets, interviews, field notes, and journal writing were designed for data collection. Some questions related to religious beliefs were asked by using an open-ended approach. The questions were about the patient's religious history, the patient's beliefs, religious activities, the frequency of religious activities, the importance of religion in the patient's life and how he/she used these religious beliefs in his/her daily live and for his/her treatment. In addition, questions were asked about the process of seeking treatment and the activities in religious treatment.

Data analysis

The content analysis[12-13] method was used to analyze and interpret the interview data. The analysis process started with reading the interview transcripts several times to achieve a sense of wholeness. The next step classified the data into the unit of analysis, and followed with open coding. Codes were sorted into categories. The categories were organized into a hierarchical structure to formulate a general description of the research topic. All the analyzed data were translated from Indonesia language to English language by the main researcher and back-translated by two bilingual nursing translators. Following discussion with the co-author, themes were revised and consensus was reached, which is significant for the completeness of the interpretation.

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Trustworthiness

Four criteria by Lincoln and Guba[14]: credibility, transferability, dependability, and confirm ability were used to maintain the trustworthiness. A prolonged relationship was developed to build a rapport and collect the information regarding religious beliefs. Methodological triangulation was achieved through non participant observations, in-depth interviews, focus group discussions, field note results, journal analysis, and audio recording. Asking participants as a member check was established to optimize the credibility. Documenting a thick description in a simple language offered the reader to judge if the findings could be transferred to their own context. To gain dependability, the co-author and two experts was entangled in the process of verifying data interpretation. Moreover, via the audit trail linkages, all of the authors examined and discussed the data collection and analyzing procedures to finally reach a consensus of the study findings.

Findings

Demographics data

Ten participants who met the inclusion criteria were recruited. The participants suffered from schizophrenia for 6 to 20 years. Seven participants were men and three were women with ages ranging between 21 to 45 years old. Four participants status were single while two participants were married, two were widowed, and two were separated. All of them were Muslim with different ethnicities. Although the major ethnic group in Riau province is Malay, six participants were Minangnese while three participants were Malay and only one participant was Javanese. The participants have various educational backgrounds with five of them having graduated senior high school, four participants graduated junior high school and only one participant had a bachelor degree.

The meaning of mental illness

This study showed that most participants explicated the definitions of mental illness by relating them to religious terms. The findings are described in two main themes: positive and negative perspectives toward mental illness. During the interview, most participants firstly expressed the negative perspectives and later followed by expressing the positive perspectives. However, eight participants described both positive and negative perspectives of this illness. A number of subthemes were developed to explore the detail of the participants' perspectives on mental illness.

Positive perspectives on mental illness. In most of the participants, religion was indicated in explicating the meaning of mental illness by expressing positive perspectives in a religious aspect. Eight participants described the meaning of illness in two themes: enhancing *Imaan* (faith) by going through the trial or the test from God; and the illness as the destiny and the will of Allah.

Enhancing *Imaan* (faith) and atonement for their sins by going through the trial or the test from Allah. The participants expressed the illness they suffered in their lives as a trial and a test from Allah. If they could accept the suffering caused by the illness, they believed that their level of faith would be increased by God, and their sins will be expiated.

> …It's already many years, but I (patient) believe that this test will enhance my Imaan. …will erase my sins …I pray in my Shalat to ask Allah' forgiveness and wipe out my sin by this illness. As Ustadz said every illness can erase our sins.(P4)

The illness as a destiny and the will of Allah. The participants related the illness as a destiny (*qadar*) and Allah's will. They believed that Allah created illness to make them to be a better person.

It was my bad "qadar" (destiny). We (patient) have to accept good "qadar" or bad "qadar", haven't we?(P5).

I should accept the willing of Allah. He created that to make me better and change my behavior to family. Perhaps. (P1)

Negative perspectives on mental illness. For some of the participants, religion gave meaning to the illness they were suffering by relating it with negative aspects. Those aspects were grouped into following themes: punishment of their sins; devil/jiin or black magic as the cause of illness; illness as the weakness of the *Imaan*.

Punishment of their sins. In this study, the participants believed that their bad deeds in the past would be punished in this world or later in the hereafter. A participant stated "But it would be better if I got punishment right now, in the world, rather than later in hereafter. It will be awful." (P4)

Devil/jiin or black magic as the cause of illness. The finding revealed that the illness was perceived as being caused by the supernatural factors such as devil/jiin or black magic. Some participants mentioned:

First time, I and my family believed that I was possessed by jinn.(P6).

I was ill because of 'guna-guna' (black magic). (P10)

Illness as the weakness of *Imaan* (faith). This theme reflected the illness which was perceived as the impact of having weak *Imaan*. In this study, the weak *Imaan* was shown by not practicing the religion. Meanwhile, in Islam, the notion of *Imaan* denotes simply a confession of the truth (what the prophet Muhammad brings from God) with the tongue, an assent of the heart and a firm conviction, or the doing of good deeds and carrying into practice of the principles accepted.[15-16] Seven participants found and heard that their families

or the people around told them that their illness was because of the weakness of their *Imaan*. However, four of the participants disputed this argument because they practiced their religion even though not performing all of the compulsory practices.

My family said that I was sick because my Imaan is too weak… They (family) said I did not practice Shalat (praying)…I practiced Shalat and fasting. May be sometimes I did not practice Shalat 5 times in a day, nor not practicing it on time. (P9)

Influences of religious belief in seeking the treatment.

The finding revealed the ways of participants seeking mental illness treatment. The emerging themes were: families or relatives as the initial treatment-seekers, Islamic rules as a guide in selecting the treatment, believing in the verses (*ayaah*) of *Qur'an* and *hadith*, and believing in destiny in seeking the treatment.

Families or relatives as the initial treatment-seeker. All participants stated that, at first, the decision to find the treatment was made by their family members or relatives. This occurred because participants did not know or realize that they were ill and some of them felt something weird was happening in their mind or bodily function. The participants never tried to talk about their feelings and illness to others because they themselves were feeling at odds about the illness. In this study, all of the participants were taken to the hospital for the first time in an acute condition at least two years after they had been taken to get treatment from a religious healer or folk healer.

I was doing nothing because I was afraid if someone talked to me at that time. If someone talked to me, my ear was deaf and my brain was difficult to catch the words suddenly. It was freaky. I did not realize

I was ill. (P4)

...Later my mother took me to see a doctor after two years and still went to dukun of course (smiled)...(P1)

Islamic rules as a guide on seeking the treatment. All participants were treated by the folk practitioners especially in their initial treatment. While they were in a stable condition, four participants tried to find information about the illness and the treatment, and decided to follow Islamic rules in seeking the best treatment and in choosing the type of treatment. They stopped using religious healers who did not treat based on the Qur'an or *sunnah/hadith* and/or folk healers. They preferred medical treatment, religious healers who treated them based on the Qur'an and *sunnah*, and they performed Islamic practices such as *Shalat, dzikir, praying,* as their treatment.

> *I was treated by 'dukun' at the beginning. Later, after 5 years, I knew that I had a mental illness after searching for information in Google, and then I asked my mom to see another doctor...I never came to 'dukun' anymore, but I still come to see Ustadz S to learn the Quran, to get herbal medicine, and to have rugyaah sometimes. (P1)*

Six participants got the information about the illness while they were treated in the hospital and they were treated by a doctor, folk healer and religious healer. Two of the six participants were carrying an amulet in their daily activities. A participant mentioned "This is a *jimat* (amulet) given by the paranormal. I have to carry this everywhere to protect me from astral". (P6). Meanwhile, some participants perceived some barriers they found in seeking another treatment. The barriers were unemployment, the condition of their illness, the urge to follow their family's decision, the feeling of having enough with the current treatment, lack of knowledge, lack of family support, avoiding being a burden and avoiding discussion about the illness and treatment with their families. A participant explained "I mostly kept silent. I do not want to discuss too much with my parents. I regret it, but I cannot explain it because I always stuttered when talking with people." (P8)

Believing in the verses (*ayaah*) of the *Quran* and *Hadith*. All participants reported that religion is an important aspect in the treatment process because they believed in some verses of the *Quran* and *hadith* (traditions of Prophet Muhammad peace be upon him (pbuh)) which stated the explanation of illness and suggestions of treatment. A participant mentioned "It was clearly stated that Allah created a medicine except for old age." (P1)

Believing in destiny. Destiny was indicated to be a strong influence of religious belief in seeking treatment. It not only encouraged the participants to try to look for some alternatives to treatment, but it also made them surrender to finding a treatment because the illness was Allah's will and they just accepted it.

> *Although this is my destiny, I should keep trying the appropriate drugs for myself. (P2)*

> *Whatever...just be 'pasrah' (surrender) to my destiny. (p7)*

However, all participants agreed that the final result of their treatment depended on Allah's will. As stated by one participant "I tried to seek the best treatment but I should remember to give the final result to Allah." (P2)

Discussion

This study shows that the meaning of illness was highly related to religious belief, and was considered as an important issue for the majority of the patients. The fundamental tenets of Islam, which mention that there is one God (Allah) and God created everything including illnesses, might have contributed to this fact.[17] These study results

are appropriate with Muslims' understanding that illness and suffering is a natural part of life, a test of the believers' patience and gratitude to Allah, or as an atonement for their sins, and an opportunity for greater reward in the hereafter.[9,17] In Islam, an illness is not seen as a punishment or weakness of *Imaan*, instead it may make someone return to equilibrium in life and come to a greater knowledge of Allah.[2]

The practitioners who treat mental illness in Indonesia are separated into 3 types: *dukun* (supernatural/folk healers); *kyai/ustadz* (Islamic religious healers); and psychiatrists.[18] Similarly, another study emphasized that supernatural practitioners and religious healers play important roles in treating mental illness, and they are easy to access and widely available as they live within a community instead of a psychiatrist who is mostly located in the urban areas.[3]

Some participants expressed that they were possessed by *jinn* or evil spirits which might further lead to both physical and psychological problems. This condition was also explained in the Qur'an and Islamic theology,[2] and it could be treated by Islamic ways such as *rugyaah*.[9] Nevertheless, it need to be aware of the fact that not all problems of mental health are connected with the *jinn* possession or black magic.[4] Belief in the *jinn* as causing illness and the responses (carrying an amulet and the form of prayer) are influenced by cultural beliefs which are blended with religion. In Islam, supplications to *jinn* or to anything or anyone else but Allah is considered as the greatest sin because it was identified as *shirk* (the worship of anything but Allah).[19]

Believing in destiny and its influences to seek treatment as a result of study is discussed in Islamic teaching. In Muslim culture, believing in destiny (mentioned as *qadar* - preordined by God -) is being encouraged and considered as an adaptive

response to medical treatment.[2] It is believed that *qadar* of a human has already been written from the moment of conception.[10] This study revealed that participants had different perspectives on destiny in seeking treatment. Misunderstanding about the interpretation of Qur'an verses which mentioned that all lives are under Allah's control and can be changed by Allah alone[20] resulted in *pasrah* (surrender) among the participants in suffering from their illness. This condition indicated that the religious and cultural beliefs in Indonesia were inextricably interwoven. A study stated that *qadar* may bring fatalism in some cases in a community[21], however, another study highlighted that *qadar* also brings the optimism to healing and encourages to accept of Allah's will.[22-23] For instance, the illness is viewed as a chance to refine the less of faith through self-responsibility sense and regular prayer or to remedy the connection with Allah. [24]

In this study, the success or failure of schizophrenic treatment was believed to be determined by Allah. Similar evidence was found in a study conducted among Thai Muslim which revealed that the amelioration of mental illness patients was dependent on Allah, however, the patients still visited the folk practitioner to seek treatment.[25] The finding shows a practice which conflicted with the Islamic principles that do not accept belief of others besides Allah.

Conclusion and Recommendations

The results of this study are consistent with previous studies and show that the meaning of religion has a positive effect in seeking mental illness treatment. Nurses might need to consider religious beliefs in the management of mentally ill patients. However, nurses' knowledge about religions should be enhanced in the first place to avoid misunderstanding in interpreting the meaning of religious' perspectives.

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