

Cultural aspects of care for Muslim schizophrenic patients: an ethnonursing study

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Abstract:

Objective: To explain cultural aspects of caring for Muslim schizophrenic patients.

Design, materials and methods: Using ethnonursing research method, data were collected through in-depth interviews and participant observations with 13 key informants and 19 general informants residing in one of the southern provinces of Thailand.

Results: Seven themes culture related to caring for Muslim schizophrenic patients emerged, as follows: a) merit and sin are associated with caring for schizophrenic patients, b) being a schizophrenic patient is not considered a stigma, c) visiting

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schizophrenic patients is a way to gain merit, d) treatment for schizophrenic patients must be in accord with Islamic principles, e) modern and folk treatments including praying Duar are used for schizophrenic patients, f) success or failure of the schizophrenic treatment is the will of Allah, and g) practising religion is important for schizophrenic patients without psychotic symptom.

Conclusion: The findings reflect the importance of religion as a cultural environment when caring for Muslim schizophrenic patients. Nurses can integrate this knowledge with their usual care in order to create a culturally congruent caring setting for the patients.

Key words: cultural aspects of care, Muslim schizophrenic patients

บทคัดย่อ:

วัตถุประสงค์: เพื่ออธิบายวัฒนธรรมการดูแลผู้ป่วยจิตเภทมุสลิม

รูปแบบวิจัย: การวิจัยเชิงชาติพันธุ์วรรณนาทางการพยาบาล

วัสดุและวิธีการ: การสัมภาษณ์เจาะลึกและการสังเกตอย่างมีส่วนร่วม

ผลการศึกษา: จากผู้ให้ข้อมูลหลัก 13 คน และผู้ให้ข้อมูลทั่วไป 19 คน พบ 7 ประเด็นหลักที่เกี่ยวข้องกับการดูแลตามวัฒนธรรมอิสลาม ดังนี้ 1) การดูแลผู้ป่วยจิตเภทมีความสัมพันธ์กับบุญและบาป 2) การป่วยเป็นโรคจิตเภทไม่ได้ถือว่าเป็นตราบาป 3) การเยี่ยมผู้ป่วยจิตเภทเป็นวิธีหนึ่งในการสะสมบุญ 4) การรักษาผู้ป่วยจิตเภทต้องมีความสอดคล้องกับหลักศาสนาอิสลาม 5) การรักษาผู้ป่วยจิตเภทมีทั้งการรักษาด้วยแผนปัจจุบัน เชิงพื้นบ้านรวมทั้งการสวดเพื่อขอพรจากพระอัลเลาะห์ 6) ผลการรักษานี้ขึ้นอยู่กับพระประสงค์ของพระเจ้าว่าจะให้หายหรือไม่ให้หาย และ 7) การปฏิบัติศาสนาก็มีความสำคัญสำหรับผู้ป่วยจิตเภทที่ไม่มีอาการทางจิต
สรุป: ผลจากการศึกษาสามารถนำไปเป็นแนวทางในการดูแลผู้ป่วยจิตเภทมุสลิม และให้ความรู้แก่สมาชิกในครอบครัวของผู้ป่วยเพื่อจะได้ให้การดูแลผู้ป่วยจิตเภทได้อย่างเหมาะสมและสอดคล้องกับวัฒนธรรมอิสลามต่อไป

คำสำคัญ: วัฒนธรรมการดูแล, ผู้ป่วยจิตเภทมุสลิม

Introduction

Schizophrenia is a chronic illness which requires long-term management strategies and coping skills.¹ In Thailand caring for schizophrenic patients has become an important issue because of the de-institutionalization policy for psychiatric patients.² Even after being discharged from hospitals, they are still unable to fulfill roles in society.³ Thus family members become major providers of long-term care for schizophrenic patients whose conditions are serious and persistent. Strengthening the capability of family caregivers as well as facilitating them to provide cultural care to their sick family member is a crucial way to improve the well-being of the patient. Cultural aspects of care of family caregivers varies among different cultures.⁴

Muslims are a large and an important group, particularly in the southern region of Thailand. Muslims have specific values, beliefs, and ways of life. All aspects of Muslim life are influenced by the Islamic concepts contained in the Holy Book (the Qur'an).⁵ Caring is believed to be an outcome of having love for Allah.⁶ Every Muslim is expected to care for their sick family members according to Allah's will.⁶ To provide effective care through Muslim family caregivers, nurses should understand the Islamic cultural aspects of care.

From a review of literature published within the last ten years (1996-2006), it found that the studies related to cultural aspects of care in Muslim schizophrenic patients in Thailand are limited.⁷⁻¹⁶ Only knowledge, practice and needs of Muslim caregivers caring for schizophrenic patients at home

were presented.⁷⁻⁸ Thus, this study intends to explore Islamic cultural aspects of care for schizophrenic patients. The findings of this study should help nurses to provide care to meet the needs of Muslim family caregivers and of schizophrenic patients.

Materials and methods

To discover cultural aspects of care in Muslim schizophrenic patients, an ethnonursing method was employed to collect complex, elusive and largely unknown data about Islamic cultural aspects of care from key family caregivers of schizophrenic patients. The Sunrise Model of Leininger's theory of culture care diversity and universality was used as a comprehensive cognitive map to discover Islamic cultural components that could relate to care. Ethnonursing is a naturalistic inductive research method required to provide emic (inside views of informants) knowledge grounded with people as the knower.⁴

The context of this study was one of the southern provinces of Thailand, where a large population of Muslim groups resides. These Muslims could speak Thai language. Their occupations were rubber tapping, vending, and fishing.

Informants in this study consisted of 13 key and 19 general informants. They were purposively selected using inclusion criteria. Key informants in this study included the caregivers who were the main source for learning about Muslim schizophrenic caregivers' caring for their patients. Ten key informants lived in the same house with the patients, and three lived nearby the patients' houses. Key informants were six mothers, three fathers, two wives, one daughter and one younger brother of schizophrenic patients. Key informants participated in 4 to 7 interviews, lasting 1 to 2 hours for each interview at their houses.

General informants were people who were aware of caring issues presented by Muslim caregivers or knew about Islamic concepts related to caring for schizophrenic patients. They lived nearby Muslim caregivers or in the same village. They consisted of five family members, a schizophrenic patient, three neighbors, three health volunteers, two health

care providers, four religious teachers and one Imam. General informants participated in 1 to 3 interviews lasting 1 to 2 hours at their houses and their offices.

The researcher is an important instrument as a nurse researcher, a non-intervening role as interviewer, participant observer, reflector, and interpreter. Data was collected and analyzed over seventeen months. The following ways were used to collect and analyze the data: Leininger's Stranger to Trusted Friend Guide, a semi-structured interview guide, an observations-participation-reflection guide, a camera, and a tape recorder. The researcher conducted in-depth interviews, detailed observations and gradually moved into complete participation with the informants. Feedbacks were given throughout the research process and after the findings were synthesized.

Data were obtained from each key and general informant by in-depth personal interviews conducted by the researcher over seventeen months. These interviews were also conducted with tape recordings or field work including condensed and expanded accounts and fieldwork journals. The interview guides comprised a variety of semi-structured, open-ended questions. Interviews occurred in the natural environment, such as the informants' houses, or informants' offices or in the setting indicated by informants. Multiple observations with participant reflection were employed to obtain systematic and rigorous meaning and gain in-depth knowledge from the informants and so obtain credible findings. This technique was used by the researcher to guide the interview process. Taking photograph was another data collecting method which ensured accurate situations and environment contexts.

As the researcher was not Muslim, it was important to develop trust with the informants. A Stranger to Trusted Friend Guide⁴ helped the researcher evaluate whether criteria to obtain true emic data were met. At the initial process of the study all informants had shown resentment to strangers during the interview. They refused to have tape recording and were not comfortable with giving any information. So the researcher had to conduct various strategies to enhance trust relationship such as, driving them to some places and bringing them some food when visiting them. The usual Thai ways of socialization

were followed, such as having meals with them, and participating in special events. It became evident that the researcher could move to become a trusted friend when informants began to share their details about caring for their patients, being willing to allow interviews using tape recordings. The researcher was welcome, invited to join with funeral ceremony, and was called for help from the informants. These situations ensured that the researcher moved from the front stage to the back stage.⁴ A period of prolonged relationship is another method that allowed trust to be developed between the researcher and the informants, thus contributing to the credibility of the findings.

Data sources consisted of transcriptions, field notes, and photographs. Data from tape recorders were transcribed verbatim and converted into computerized transcripts. Leininger's Phases of Ethnonursing Analysis for Qualitative Data were used to analyze these data. Data analysis was conducted simultaneously with data collection. This was continued using the usual data coding; processing and analysis of all data and took place until data collection was complete.⁴

The trustworthiness or reliability of the study was considered throughout the process thus ensuring data is credible, has meaning-in-context, has recurrent patterns, saturation and is transferable. These were all relevant to the ethnonursing method.⁴ Moreover, the finding about Muslim family caregivers caring for schizophrenic patients that related to Islamic principles were indicated clearly by the religious teachers and Imam who were general informants.

This study was approved by the Institutional Review Board of Nursing Faculty at Prince of Songkla University and the director of Sonkhla Rajanagarindra Psychiatric hospital. Ethical issues were also taken in consideration throughout the whole process of the investigation.

Results

Seven themes were formulated by examining the raw data, identifying descriptors, and clustering recurrent patterns.

Theme 1 Merit and sin are associated with caring for schizophrenic patients.

Caring for schizophrenic patient was believed to be a way of making merit. This was guided by Islamic principle.

The informants had the belief that the more one gained merit in the present life then the better off one would be in the after life. They would go easily to stay in a comfortable place (a heaven). In other words they believed that whoever denied help to schizophrenic patients could be in a state of sin, would undergo suffering and would have difficulties reaching a heaven in the hereafter. These ideas were based on the belief that Allah knew the good and bad deeds of every Muslim from his recording Angel. These beliefs led informants and others to adopt a community approach to schizophrenic patients as follows:

Provide care for schizophrenic patients as making merit.

All key and general informants believed that giving food and money to schizophrenic patients was a way of making merit. Giving food was done by a female shopkeeper; she gave food to the schizophrenic patient at a reduced price. The additional food was given to the patient in order to make merit (Sadagah). Schizophrenic patients' relatives and neighbors always gave food or money to them. That was because they had sympathy and realized that the patient had no income. These beliefs are supported by the following statements:

**Shopkeepers in this area know well about my daughter.*

They sold food to my daughter for less money than the actual price. They said that the rest of food was for making merit (K6)

**My relatives in another side of my house and my neighbor always gave money to my daughter since she could not work. They could gain merit that helped the patient (K8)*

Thinking schizophrenic patients are disgusting is a sin.

All key and general informants believed that despising schizophrenic patients was a sin, because the patient's state was given by Allah. This patient was accepted as an excepted person by Islamic religion. One who blamed a schizophrenic patient could get in a state of sin. This claim is supported by the statement as following:

**The schizophrenic patient's neighbor who didn't take interest in or talked with this patient got in a state of sin. This patient should be talked to and given food by a Muslim. Dawa group (group of Muslim who broadcasts Islamic religious knowledge) did not despise or fear schizophrenic patients. They talked with the patient and invited him to Dawa. (G6)*

Theme 2 Being a schizophrenic patient is not considered a stigma.

All key and general informants believed that to be schizophrenic was not considered a stigma in a Muslim family. This was because schizophrenia was the will of Allah. According to informants every Muslim believed that Allah allowed him/her to be a pure person when he/she was born. Being a schizophrenic patient was Allah's test. He wanted to test the patient's patience and caregiver's patience. Caregivers would get in a state of sin if he/she denied caring for a schizophrenic patient and avoided treating him/her. Being a schizophrenic patient was not considered a stigma, and is supported by the following statements:

**She was born as a normal girl. Then she got this schizophrenia when she was seven years old. It didn't embarrass me because her schizophrenia was given by Allah. (K6)*

**Muslims in this community did not blame the parents when someone was schizophrenic in their families. This is because their schizophrenic children were given by Allah. (G1)*

Although schizophrenic patients were accepted by family caregivers, some patients' behaviors made their family members feel embarrassed. These behaviors included bathing naked in public and touching males. As the family caregivers reported:

**In the past my father took a bath in the public canal in the nude my father's behavior made me, my mother and my relatives ashamed. (K3)*

**In the past she always touched other men when she was close to them. Her behavior made me embarrassed. (K5)*

Theme 3 Visiting schizophrenic patients are a way to gain merit.

All key and general informants believed that visiting schizophrenic patients and other sick people could be a way of gaining more merit. Regarding this belief, merit was gained between the times of departing from a visitor's house until coming back to his or her house. Visitors always gave advice to caregivers and shared caring experiences concerning giving psychiatric treatment to schizophrenic patients. Moreover, visiting were made to schizophrenic patients because of their concern for them. Schizophrenic patients who are treated at

the hospital were thought of as severely sick people, and relatives and neighbors should visit them and be concerned for them. In addition, visiting schizophrenic patients could also extend a visitor's life. These claims are supported by the following statements:

**By visiting schizophrenic patient more merit was gained. It was gained from the time visitors departed from his/her house until they came back home. This period of time was recorded as doing well (G13)*

**At the beginning of her schizophrenia, she was visited by her relatives. They advised her as to who could treat this illness. Both modern (More loung) and folk treatment (More ban) were suggested by visitors. Now she has few visitors to visit her. (K10)*

**Those who visited the sick could expect his/her life to be lengthened. This was another reason to encourage Muslims to visit the sick, besides gaining merit. (G6)*

Theme 4 Treatment for schizophrenic patients must be in accord with Islamic principles.

All Muslim schizophrenic patients' family members tried to treat their schizophrenic patients when the illness started. They brought schizophrenic patients to any places that could cure patients' illnesses. Although schizophrenic patients were treated both in accordance with and in conflict with Islamic principles, most of schizophrenic patients' family caregivers (10/13) were very concerned to provide treatment in accordance with these principles. Some treatments were confirmed by religious authorities before they treated schizophrenic patients. These claims are reflected in the following:

**Everyone needs to understand that illness should be treated. Schizophrenia is an illness that is part of the human cycle. Moreover, treatment for every illness had already been given by Allah. (G15)*

**Every thing that is used to treat schizophrenic patients must not conflict with Islamic principles. These treatments included eating or painting. Holy water that is used for schizophrenic patients must be obtained through the word according to the Holy Qur'an. (G13)*

**Before I used folk treatment with my daughter, it was confirmed that it was the right treatment by a religious authority.*

He told me that it did not conflict with Islamic principles. Because this treatment was helping, then it was a suitable treatment. (K11)

There were three schizophrenic patients' caregivers treated their patients with non-halal treatments (folk treatments that were incongruent with Islamic principle such as fortune teller and ritual activities which were not indicated in Islamic principle). They knew that these were in conflict with Islamic principles but they had to do it since these treatments might improve their patients' diseases.

**I brought my daughter to treat with some folk healers (fortune teller and ritual activities). I know it was in conflict with the Islamic religion but I hoped that it might improve my daughter's schizophrenic illness. In the past these treatment were used to treat psychiatric and other patients. (K8)*

Theme 5 Modern and folk treatments, including praying Duar are used for schizophrenic patients

Treatment for schizophrenic patient included modern treatment, folk treatment, and praying Duar. Praying Duar was used in order to let Allah's knew about healing a schizophrenic illness. The treatment for schizophrenic patients consists of the following:

Modern treatment

Every schizophrenic patient was treated by modern treatment at a psychiatric hospital. This treatment was used after folk treatment had failed. Almost all schizophrenic patients (9) were hospitalized in a psychiatric hospital. Then they took medication at home. All schizophrenic patients were treated for a long time (>5 years). The perceived outcome of the treatment was effective but the medication must be taken continually. These issues are reported as follows:

**My daughter got better when she was treated with antipsychotic medication in the hospital but she stopped to continue it at home. So later, her psychotic symptoms returned. (K8)*

**Now my daughter has stopped taking medication because her symptoms could be managed. Her symptoms were abated. (K12)*

Folk treatment

Every schizophrenic patient in this study was also treated with folk treatment. There were many kinds of folk treatments, including Buddhist and Muslim folk treatments. Most of the folk treatments were not effective for schizophrenic patients. This is shown in the following:

**Initially he was treated by the folk healer but he did not see the folk healer by himself. I told the healer that he was talkative so folk healer gave him the herbal medicine for boiling. The first pot of boiled herb helped him get better so the boiled herb was stopped. The boiled herb was used again after his psychotic symptom came back but it didn't work. (K7)*

**The folk healer gave us the holy water. He filled water in the container then asked a blessing from Allah. The folk healer also has religious knowledge and shares the same faith as we do, so we could ask him to bless us. The holy water was used to sprinkle on my daughter's head and bathe her body. My daughter did not get better after being treated by this healer. (K12)*

Praying Duar

Praying Duar was the way to ask mercy from Allah in order to deal with schizophrenic illness. All Muslim schizophrenic caregivers in this study believed that praying Duar was important for healing schizophrenic illness. This praying was telling Allah so that he knew that help was desired. Allah's mercifulness was in response to one who asked it from him. Mercy from Allah was asked for to heal the illness. Moreover, benevolent mercy granted by Allah was based on the supplicant religious practice and reasons for asking. Praying Duar was done five times a day after each praying session. For some caregivers an additional praying and Duar was performed after midnight in order to strengthen the power of healing. This was because the strong intention and quiet environment would allow them to get close to Allah. Praying at this time also showed the intention as the person stayed awake for praying. Another way to ask for blessings was to ask directly from a religious leader. This practice is reflected by the following excerpt:

**I asked Duar from Allah besides medicine. I woke up at 3 a.m. for praying then sat down for 2 hours to ask Allah to cure my son's illness. Asking after midnight allowed me to feel closer to Allah to ask him directly to cure my son's illness. This enabled me to receive his blessing. (K1)*

Theme 6 Success or failure of the schizophrenic treatment is the will of Allah.

All key and general informants believed that amelioration of schizophrenic patients' conditions was dependent on Allah. This was because they believed that everything in the world was determined by Allah. They also believed that the results of treatment, either failure or success, were dependent on the will of Allah. This belief is supported as follows:

**Amelioration of my daughter's illness is based on the will of Allah. She could be better if Allah expected this. She would not be better if Allah didn't expect. (K10)*

**Amelioration of schizophrenic illness was the responsibility of Allah. Muslims couldn't believe or accept that other reasons cause amelioration of illness without Allah. This is an Islamic principle. (G4)*

Theme 7 Practising religion is important for schizophrenic patients without psychotic symptom.

According to the informants, a schizophrenic patient, who had no conscience, no sense of shame, or lost control of him/her self would be allowed to skip Islamic religious practices. Islamic religious practices are needed only a conscientious person. Thus from this study some schizophrenic patients who had the period of conscience needed to follow the pillars of religious practice such as praying and fasting. These are as following:

Schizophrenic patients' praying

Schizophrenic patients' praying was done in a period when they had no psychotic symptoms. The patients could be back to share some housework. A schizophrenic patient's mother could encourage her son to pray after he had got better. Family caregivers helped their schizophrenic patients to pray by: a) teaching the result of sin if the patient did not pray; b) reminding patients to pray in time; c) following the patients'

praying. One mother wanted her son to pray at the mosque because he could gain more merit. As these informants supported that:

**I felt unhappy if my son didn't pray because this is needed by Muslims. Now he has got better thus he must pray. Sometime I woke him up if he was sleeping during a period of praying. (K4)*

**Now I am happy because my son got better and he can pray. My happiness is not complete because he doesn't pray at the mosque to get more merit. (K1)*

**I encouraged my daughter to pray because this was needed according to Islamic principles. I tried to remind her to do this because I wanted to prevent her forgetting. When she got better she should pray by herself. I worry that she should get in a state of sin if she didn't pray. (K10)*

Schizophrenic patients' fasting.

Some schizophrenic patients were required to fast when they could fast without leading to psychotic symptoms. They fasted together with their family. This claim is supported as follows:

**He could fast only fourteen days last year then his symptoms recurred. He was taken to a psychiatric hospital. (K4)*

**Schizophrenic patients who have consciousness close to normal should fast. There can be exceptions due to negative result for physical or mental health of patient if fasting takes place. (G19)*

Discussion

This ethn nursing research study found that care provided for Muslim schizophrenic patients in southern Thailand is related to Islamic culture. Ott, Khadhuri & Junaibi¹⁷ also postulated that Islam is the way of life of Muslims and their health care practices. This daily life follows the teaching that is stated in the Book of God (Qur'an).¹⁸ This is because all Muslims love God (Allah) and believe that Allah is one in his divinity and in worship and has no partner.⁶ Moreover, Muslims who spend their life in submitting to Allah's commands could receive the gift which lets them have more

meaningful and permanent happiness in the eternal life.¹⁹ All care practices for schizophrenic patient follow Islamic principle. These can be reflected through the findings.

To have schizophrenia is believed to be the will of Allah. This belief is congruent with Rassool⁶ and Ohm's idea²⁰ who stated that illness is Allah's expectation and is a part of natural life. According to the Qur'an, the keys of life and death and the mysteries of everything around a person are in Allah's hands.²¹ Furthermore, it is not believed that schizophrenia is the result of doing wrong in a previous life since Islam does not believe in a previous life. Thus being a Muslim schizophrenic patient is not considered a stigma, and his/her caregiver should accept the condition and try to find treatment for him/her, whereas in some other cultures the stigma attached to schizophrenia has been a problem for schizophrenic and mentally ill patients and their caregivers.²² This is suitable with Rose²³ who asserted that perception of stigma led family caregivers of mental illness to conceal patients from others and monitor patient's behavior. This attitude of family caregivers is a cause of patient's stress.

Seeking treatment for schizophrenic patients is based on the belief that Allah did not only create sickness but he also created treatment.⁶ Thus treatment for schizophrenic patient is his/her caregiver's responsibility²⁴ with concern for Islamic principles. However, in this study some schizophrenic patients' caregivers used non-halal treatment although they believed that schizophrenia is Allah's expectation. This is because the caregivers might be concerned more about improving their schizophrenic patients' disease and this led them to treat their patient with these treatments. These caregivers might feel guilty from their deed because it meant believing Allah and others simultaneously. Then, they referred to the other Muslims who had used these treatments in the past in order to decrease their guilt. These non-halal folk treatments are fortune teller and ritual activities. Folk treatments used in this study are different from folk treatment those were used by Muslim in other countries. These were not physical abuse for the patients. In Saudi Arabia Muslim popular view of mental illness is inflicted by evil spirits then these patients in some regions are subjected to cauterization, beating and exorcism to treat the illness.²⁵ Pridmore and Pasha²⁵ also stated that in

Pakistan the majority believed mental illness is caused by demonic possession then these patient are kept in bondage chained, beaten, and part of their bodies burnt to treat these kinds of Muslim patients.

The treatment those were used to treat schizophrenic patients were modern and folk treatments including praying Duar. Modern treatment does not conflict with Islamic principles and neither does folk treatment that follows Islamic principles. The modern treatment was used to treat schizophrenic patient after folk treatments failed. These might involve the outcome of treatment. This is because the early intervention at the beginning of the first schizophrenic episode, the optimal pharmacotherapy and psychosocial treatment throughout the course of disorder, could improved the prognosis.²⁶ Thus psychiatric nurses should encourage family caregivers to treat with modern treatment at the beginning of illness. Praying Duar to improve the schizophrenic patient is in accord with the statements of the Committee on Clinical, Administrative, Professional & Emergency Service,²⁷ which states that Muslims need help from Allah to obtain peace during illness by praying and asking for forgiveness.¹⁷ Even though schizophrenic patients' caregivers try to find treatment, they still believed that the success or failure of the treatment of schizophrenics is the will of Allah. This is similar to Waealee's²⁴ statement that improvement of illness is the will of Allah.

All Muslims who have a good conscience must follow Islamic religious practice. This is in line with Ott, Khadhuri and Junaibi,¹⁷ who postulated that Muslims are those who follow Islamic religious practice. This also suggested that Muslims try to surrender their lives to Allah. Significant Islamic practices are the five pillars: faith in oneness of Allah, praying, Zakat, fasting, and pilgrimage.^{6, 18, 20} These religious practices are required for Muslims who are conscientious and aware. Schizophrenic patients are disturbed in their thinking, affections and behavior,²⁸ so some schizophrenic patients in this study, who had periods of psychotic symptoms, were not required to pray and fast. This is in accord with the statement of Pridmore and Pasha²⁵ about Muslim psychiatric patients in Turkey who could not control their own behavior and could not practice right conduct. In addition, the Committee on Clinical, Administrative, and Professional & Emergency

Service²⁷ also stressed that fasting is not needed in illness. Thus praying and fasting is needed only from schizophrenic patients who are without psychotic symptoms.

Muslims surrender to Allah's leads to the performance of good deeds for gaining merit in the eternal life. Similarly, Ott, Khadhuri and Junaibi¹⁷ stated that the teaching of Islamic religion holds that there is an obligation to do well and prevent evil. All Muslims believe about the eternal life and they also believe that their state in the next life results from their deeds in this present life. This is consistent with Jitmoud.²⁹ She stressed that the deeds and intentions of every Muslim during their present life are to be accounted for in the eternal life to come. Schizophrenic patients received help from neighbors besides their family members. Neighbors helped schizophrenic patients because of sympathy for him/her and in order to gain merit. Neighbors believed that helping schizophrenic patients is a way to reflect the faithfulness to Allah's expectation. He wants Muslims to help sick and needy persons.⁶ Thus merit is obtained by those who are walking in the way of Allah.²¹ Accordingly, the Qur'an states that for those who have faith, Allah will protect them by leading them from the depths of darkness forth into the light. Moreover, Pridmore and Pasha²⁵ postulated that Islam is based on unity and the core values of compassion, justice and benevolence. Furthermore, Muslims who visited schizophrenic patients, including other patients, gained more merit. Moreover, Islam teaches that visiting schizophrenic patients, along with good deeds, brings the visitor closed to Allah.³⁰

All seven themes in this study show the way of Muslim life that is based on faith in Allah. The findings of this study could help psychiatric nurses to provide appropriate care for Muslim schizophrenic patients and their caregivers.

Conclusion

The aim of this study was to discover Islamic cultural aspects of care for schizophrenic patients using an ethn nursing research method. It was found that all informants reflected Islamic cultural aspects of care. These cultural aspects of care will contribute to the transcultural nursing knowledge

base, and the theory of care in Islamic culture. The findings should help psychiatric nurses to provide culturally appropriate care for Muslim schizophrenic patients and their caregivers, as well as developing better mental care services for Muslim clients.

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