

Analysis of the Expressions of Acceptance of Sickness in Jordanian Arabic in light of Islamic and Arabic Culture: A Socio-psychological Approach

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Abstract

The study is a socio-psychological analysis of recurrent well-wishing utterances or expressions Jordanians usually use when they visit patients or react to the Facebook posts of patients. Studying a collection of 33 recurrent utterances and expressions gathered from four active accounts on Facebook shows that these expressions are loaded with the cultural dimensions of reception and acceptance of pain and how the Islamic culture provides a positive attitude that furnishes a reassuring factor that helps in recovery. The study means to demonstrate that expressions are normally based on and derived directly from the Holy Qur'an, Hadith of the Prophet, and the principles established in Muslim education. With the studies of Hamidi et al. (2010), Rassool (2015) Risor (2009), and Richardson (2012) and others in the backdrop, the study will demonstrate that the Islamic views on perception and acceptance of sickness and pain converge with and go beyond modern medical and psychological practices.

Keywords: The Holy Qur'an, *Sahih Al-Bukhari*, culture, religion, expressions of well-wishers, patients, acceptance, Facebook.

1. Introduction

Generally, Islamic culture views sickness as prescribed by Allah to try the patient's trust in Allah, belief in the hereafter, tolerance, acceptance, and contentment and full submission to the Will of Allah. Those who demonstrate these qualities and succeed in the trial are promised rewards of adding good deeds and expiation of sins in their records of reckoning in the hereafter. For the

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Muslim, this mortal world is the playfield for preparing one's record for evaluation and judgment in the immortal world of the hereafter. Those whose records are pious will brag about them and show them to others: "So, as for him whose book is brought to him in his right hand, he will then say '(Now), here you are! Read my book'" (The Qur'an 69:19). In contrast, those impious ones with bad records will wish that they did not receive their records: "As for him whose book is brought to him in his left hand, he will then say, 'Oh, would that my book had not been brought to me. And that I had not realized my reckoning'" (The Qur'an 69:25-26).

Thus, the expressions of the patient as well as those who interact with him/her stem from this understanding and are extracted from the two main Islamic sources that provide a manual to guide and shape their thought and perception of sickness and recovery. The utterances of the patients reflect their religious and cultural perception of sickness. Based on that perception, language develops phrases and expressions to embed the significance in which a certain community perceives the phenomenon.

2. Theoretical Background

This study will analyze the expressions of well-wishers collected from 4 accounts on Facebook in light of Islamic religious and cultural convictions based on the instructions revealed in the Holy Qur'an and the Prophet's Hadith (sayings and deeds of the Prophet). The selected quotations from the Holy Qur'an and the sayings of the Prophet help explain and analyze the categories of expressions subject of discussion in this study.

The definition of sickness is drawn from Mu'minah Al-Basha (2011), "Al Maradh fi Is_Sunnah Al Nabawiyyah" (sickness in the Prophet's Sunnah). Al-Basha defines sickness in light of Islamic heritage as physical malfunction usually mentioned in lieu of fasting and pilgrimage provisions. She isolates two types of sickness in the Islamic tradition: sickness of the believers and that of non-believers. The one will be cured and rewarded with expiation of sins for acceptance and patience, the other, defined as psychological and sensual involvement, will entail suffering and pain. Acceptance of such an unpleasant experience is rewarding as it is the source of cleansing sins and acquiring thawab (reward/ good deeds) for the accepting Muslim. This is why it is considered a gift from Allah for those He wants to help (Al-Basha, 2011).

Furthermore, this study will draw on a number of studies relevant to the issues subject of analysis. On the influence of Islamic education on the Muslim psychological mental built-up, this study benefits from Hamidi et al.'s (2010) study. Besides, the articles of Hayes et al. (1999) on the impact of acceptance versus control rationales on pain tolerance and Rassool (2015) on cultural

competence in nursing Muslim patients will be of much use to the purposes of this study. Furthermore, Risor's (2009) psychological study entitled "Illness explanations among patients with medically unexplained symptoms: different idioms for different contexts" is highly relevant to the subject of this paper with regard to the derivation of terminology related sickness and pain. Richardson's (2012) perception of cultural impact on the reception and management of pain in different cultures will be of much use to cultural approach this study follows in analyzing the expressions in question.

3. Review of literature

This paper studies the cultural verbal or written responses of patients and well-wishers to sickness. Expressions about sickness fall within the field of managing the patient's malady and the accompanying experiences of pain, stress, discomfort that come with it. In her illuminating study, Risor (2009) suggests three different categories of idioms expressed by ailing people: personal, social, and moral idioms. The first type is the one that is common for all listeners. The second set of idioms is related to social conditions of everyday life. The third set is existential in nature; it is related to the value of life and how worthy is living. Risor asserts that knowing the external social and moral idioms of patients is necessary for the understanding of the patient's case and the possibility of curing him/her. An individual may, therefore, rely on several explanations, depending on specific contexts, situations, and cultural spaces, to legitimize each explanation (2009, p. 510).

Therefore, the awareness of the medical team of the patient's background is necessary to deliver an efficient treatment because that background has an effect on the patient's psychology and understanding of the mishap. Richardson (2012) has come to the same conclusion that awareness of the patients' culture is indispensable for the treatment and medical action.

Indeed, studies have shown that culture is pivotal to the conceptualization, expression, explanation, and acceptance of sickness and pain. It is a crucial dimension to the understanding of illness experience. In fact, it can give an identity to some expressions of well-wishers to patients, but it has a main impact on the explanations given to understand the nature of sickness, and how to heal it. Lovering (2006) argues that people learn how to conceptualize, express, and explain sickness, and its meaning through a set of codes circulated in culture. Free (2012) affirms Lovering's view as he amplifies that the perception, utterance, and management of pain are "culture specific" (p.143). A similar study by Godwin et al. (2001) comes to a similar conclusion that if medical professionals understand the patient's culture, they will have high chances of giving appropriate medical interaction.

Galanti (2008) defines culture as a set of “beliefs, values, norms, moral codes, lifestyle choices, characteristics, and mannerisms” shared and circulated among a community of people (p. 6). She maintains that culture can be actively or passively communicated from old generations to new generations formally and informally. Furthermore, she contends that these collective practices, shared in the culture of the social group, posit an identity structure that provides the members of the group with a point of reference for their understanding and belonging to the group.

Liao et al. (2016) who conducted a cross cultural qualitative study among four ethnic groups (African American, Hispanic, Asian, Caucasian) approve that there are cultural differences in coping strategies of pain and in social support. Some patients use praying and hoping as passive coping strategies, others use spirituality and non-traditional methods in managing illness to assure the spirituality and religious background.

In her important study on the subject of illness and culture, Grace Richardson (2012) emphasizes that the expressions of pain used by patients coming from diverse backgrounds and cultures influence the method pain is perceived, communicated, and interpreted. She holds that people learn from their culture how they should comprehend, describe, and perceive the experience of illness. She took a socio-linguistic approach to the expressions of pain in general. She classifies the way patients express their pain into verbal and non-verbal expressions. Under the verbal category, she provides three sub-categories: (1) metaphoric expressions that express feelings and location in the body), and (2) religious expressions or explanations. Under the non-verbal category, Richardson (2012) lists numerous items like facial expressions, body language, crying, moaning, wailing, being quiet, walking, rubbing affected parts, groaning, and grimacing. She asserts in the study that these expressions are culture-bound, i.e. culture influences how pain is understood, explained, and expressed, and what meanings are attached to these expressions. So, people learn from their culture how to understand and express physical pain.

Furthermore, there are numerous studies on the role of religion, spirituality, and culture as supramedical agents of healing. These differ from one culture to another and one religion to another (Hernandez et al., 2006; Liao et al., 2016). Religious practices may support patients physically and psychologically to cope with their pain experience. Different studies emphasize that religion and spirituality have a great effect on boosting patient’s psychology and a significant role in acceptance and patient’s improvement. Patients often call on their religious understanding when they face difficulties in their medical problems. They refer to traditional practices related to their religion and culture (Bates et al., 1997).

Liao et al. (2016) maintain that religion gives a positive interpretation of pain experience when it indicates a spiritual growth. In contrast, sickness gathers a negative experience of agony if it only signifies a disorder of physical malfunction of the body. Culture has a very important effect on the perception of the phenomenon. For instance, Asian patients feel less affected by pain than Caucasian patients due to their stoicism, which encourages the minimization of pain and the collective support they get from family and friends in Asian societies (p.75). In another study, Hernandez et al. (2006) explain that the cultural stoicism of the Japanese enables them to control the expressive display of pain compared to Hispanic culture. For instance, it is acceptable and normal in Japanese culture to express their pain openly to others. Liao et al. (2016) also show that in some collective communities, such as Asian Latino/Americans, patients tend not to utilize social support because they might lose face, disturb social harmony, or put burden on others, whereas patients of other cultures like Europeans and Americans seek social support to cope with illness and pain (Liao et al., 2016).

Iniguez et al. (2003) hold that in African-American and Hispanic cultures, patients resort to spirituality and non-traditional healing management to cope with illness because religion occupies a central part in their culture. In contrast, the authors hold that non-Hispanic whites believe that pain can only be healed by physicians in a proper medical environment (Bates et al., 1997).

Liao et al. (2016) argue that people of different ethnic groups differ in their experience of sickness. They vary in their understanding, expression, using social support, and coping with pain. The Gate Control Theory contends that the culture and previous experience can influence the pain experience. Likewise, Bates' biocultural model of pain suggests that the different cultural groups have different experience of pain. This difference purports that their attitudes to pain and its meaning "may influence their neurophysiological as well as psychological and behavioral responses to pain" (cited in Liao, p.75).

Muslim patients mainly refer to practices that help them feel that they are closer to Allah and help in relieving pain like patience, praying, reading Qur'an, fasting, *udhiah* (sacrifice), sadaqa (alms deeds), such as donating money, clothes, meat, and food to needy people (Rassool, 2015). In carrying out such actions, Rassool (2015) holds that Muslims observe the instructions of the Holy Qur'an and the Prophet's Hadith. His study also shows that religion and spirituality are important concerns for most patients' lives that are conventionally not a part of health care. Religious practices may support patients at least psychologically to cope with their pain experience.

Different studies emphasize that religion and spirituality have a great effect upon patient's psychology and a significant role in patient's acceptance and improvement. Patients often resort to their religious practices when they face difficulties in their medical troubles, mainly chronic pain. Hamidi et al. (2010) argue that Islamic education rears the physical, mental, and spiritual facets of human existence. Thus, Islam brings contentment by developing faculties and capacities that create equilibrium between physical and spiritual needs, highlighting indistinctive humanity. The authors emphasize that belief in religious teachings is among the main factors of happiness as a component of mental health. For instance, Hamidi et al. (2010) argue that Islamic education depends on a set of principles that give spiritual strength to the Muslim and enable him to face the difficulties of life and the ailment of the body. Such principles include absolute trust in Allah, acceptance of the Will of Allah, belief in the hereafter, hope, will-power, patience, contentment, and self-restraint.

Different cultures vary in their practices, some give prayers, others read from their holy texts, especially the Holy Qur'an in case of Muslims in particular. Muslims follow the instructions of the Holy Qur'an, as in the verse: "The ones who have believed and whose hearts feel composed with the remembrance of Allah, verily in the remembrance of Allah the hearts are composed" (The Qur'an 13:29). Besides, several Islamic beliefs affect Muslim patients' attitudes and behavior towards illness and pain. Some studies point out methods of Islamic treatment taking after the methods used by the Prophet in the seventh century (Al-Shamma et al., 2009; Hssanien, 2010; and Rassool, 2015). Other patients resort to herbal treatment like honey, dates, pomegranate, fig, olive oil, and herbs.

Acceptance is a concept of survival with suffering without depression, defiance, or even no serious effort to diminish or avoid the dwelling agony (Hayes et al., 1999). Acceptance, according to McCracken & Eccleston (2003), is a state of co-survival with pain and carrying on with daily life without intensive focus on pain. It is a process of the avoidance of the residing pain. Since acceptance has been studied in the pain medicine literature from non-religious point of view and found to be a valuable approach, medicine professionals must take into consideration religious traditions and background.

4. Methodology

This study analyzes recurrent written expressions of well-wishers collected from four randomly selected activists on Facebook. They personally or their intimate relatives or friends were undergoing an experience of severe sickness and pain. In response to their posts, hundreds of friends reacted with well wishes and invocations for their safety. The four different posts included one that was

tagged by an activist, who is responsible of an initiative team to fight breast cancer on social media. This initiative is about the bright side of breast cancer awareness and early detection journey in Jordan. The researcher participated in two events of the initiative. The founder of the initiative was personally motivated as his mother was one of the cancer fighters. He posted on his page to announce taking his mother to King Hussein Cancer Center in Amman. He asked people to pray for her. His post received a tide of responses and interactions of well-wishers from all around Jordan. The second case was a post tagged by the Chairperson of King Hussein Cancer Center, saying: “with one hand raised, [the patient] tells the world that it is possible to beat cancer, and he will [do] inshallah (Allah willing)” in 2019. The third was tagged by a person who posted that he had a broken leg and attracted numerous responses, interactions, and well wishes. And the fourth case was of a 23-year-old Jordanian cancer fighter who was diagnosed with a rare type of cancer, Osteocarcoma, in her mandible (lower jaw), and attracted the attention and support from a wide range of people and official institutes in 2019. The patient initially told her story for a closed group of girls. But she was astonished with the huge amount of responses and sympathy with her story, which later was posted on so many sites in Jordan and abroad.

The expressions and well wishes were huge in number, but they were notably repetitive. After sifting repeated expressions, the whole set boiled down to 33 expressions which constitute the data for this study. Based on the perception of sickness and cure in the Holy Qur’an, and the entries of *Sahih Al-Bukhari*, Vol. 7, Book 70, on patients, and the studies of Al-Basha (2011), Hamidi et al. (2010), Rassool (2015), Richardson (2012), and Risor (2009), these expressions were classed out into the following nine categories: (1) the meaning of sickness in Islamic culture, (2) sickness is prescribed by Allah, (3) Muslims are instructed to visit patients, (4) the magic expression, (5) sickness is an act of trial of the Muslim, (6) cure is from Allah only, (7) sickness is an opportunity for the Muslim, (8) optimistic language, and (9) the Necessity for treatment. Some of these categories are indebted to the foregoing studies, but the majority is the contribution of this study.

5. Research question

This study means to address the following two questions:

1. How far do well-wishers’ expressions conform to the principles of Islamic sources and education? 2. How far do Islamic views on the management of pain and sickness converge with modern medical and psychological practices?

6. Findings and Discussion

In this section, the data is studied in categories according to their significance and connection to Islamic education relevant to the issue of sickness. They will be numbered according to their appearance in the discussion. Some will be discussed individually, others will be discussed as a group, depending on their subject.

6.1 The meaning of sickness in Islamic culture

The meaning of sickness in this study is what the researcher derives from the Holy Qur'an and Hadith. That definition includes physical, psychological, or neurotic disorders. The Holy Qur'an defines sickness as a physical malfunction in the body. Physical sickness is mentioned in reference to provisions of fasting (The Qur'an 2:184), Hajj (pilgrimage) in (The Qur'an 2:196), and ablution. Here sickness is that of believers who will be cured by Allah (Al-Basha, 2011).

There are two other types of psychological or spiritual sickness specified for those non-believers who are skeptic of Islam, and sinners of temptation and lust. The Qur'an describes non-believers as sick at heart, and are punished with multiplication of sickness for their allegations against Islam. Sickness at heart is also mentioned in correlation with temptation and readiness for indulgence in illicit carnal desires. There is no cure for these two types of sickness for "Allah has set a seal on their hearts and on their hearing, and on their beholdings is envelopment. And for them is a tremendous torment" [The Qur'an 2:6] (Al-Basha, 2011).

6.2 Sickness is prescribed by Allah

Muslims live by the conviction that whatever happens to a Muslim is predetermined for him/her by Allah. Believers should show acceptance and submission to the will of Allah and should have total trust in Allah and contentment for whatever has designed for them.

1. قل لن يصيبنا إلا ما كتب الله لنا هو مولانا وعلى الله فليتوكل المؤمنون (التوبة، 51).

"Say, 'nothing will ever afflict us except what Allah has prescribed for us; He is our Supreme Patronizer, and on Allah let the believers then put their trust'" (The Qur'an 9:51). This utterance, which is originally a verse from the Holy Qur'an, is usually uttered by the patient himself and sometimes by his well-wishers. The expression conveys the Islamic contention that sickness is from Allah and the patient and the well-wishers adhere to that belief and demonstrate total trust in Allah. This is in line with the findings of Liao et al. (2016) and Hernandez et al. (2006) about communities that resort to religion for healing because religion boosts patients' morale and psychology with its positive outlook towards the

pain experience. Believing in the religious positive attitude indicates the spiritual growth of the patient.

6.3 Muslims are instructed to visit patients

Muslims are urged by the Prophet's Hadiths to visit patients and boost their morale. That action is a Muslim duty and is rewarded in Islam. The Prophet said, "feed the hungry, visit the sick, and set free the captives" (*Sahih Al Bukhari*, Vol. 7, Book 70, Number 552). In another Hadith, "Allah's apostle ordered us ...to visit the sick and greet everybody" (*Sahih Al Bukhari*, Vol. 7, Book 70, Number 553).

Visitors are usually relatives and friends of the patient. However, with the wide spread of social media, well-wishers do not even need to know the patient. They just participate in abidance to the instructions of the Prophet. Their well-wishing notes or utterance when calling on the patient are meant to console him, raise his morale and remind him of the opportunity sickness provides for expiation and reward. Following is an analysis of the spoken or written utterances said to the patient and the response of the patient in light of the Islamic network of concepts and convictions expressed in the Holy Qur'an and the Prophet's Hadith.

6.4 Magic expression

2. الحمد لله/ الحمد لله رب العالمين

"Praise be to Allah." or "Praise be to Allah, The Lord of the worlds."

This phrase in either form is the most frequently used utterance of patients and well-wishers. In fact, this is the magic phrase, so to speak, used on such an occasion. This phrase is the traditional response of the patient to the shower of questions he gets from his family and friends about his case, health, recovery, and the like. In case they do not ask him questions, they will say, "Praise be to Allah for [your] safety."

3. الحمد لله على السلامة

Utterances 2 and 3 imply a number of components of the network of concepts and convictions in Islamic thought pertinent to sickness. These components include the essential concepts of satisfaction, acceptance, and contentment with whatever has prescribed for the patient. Moreover, these components are shared by both the patient (expression 2) and the well-wishers (expression 3). It is the common culture of society.

6.5 Sickness is an act of trial of the Muslim

4. تفاقيد الله رحمة.

Allah's trials [are signs of] mercy.

5. إذا أحب الله عبدا ابتلاه.

If Allah wants to do good to somebody, He will try him.

In expressions 4 and 5, sickness is perceived as a trial for the Muslim that gains him the mercy if he passes the test. It provides an opportunity for expiation of sins and getting reward by adding good deeds in his record. It is, in fact, a sign of Allah's favor for the patient. The two expressions are extracted from the Prophet's Hadith narrated by Abu Huraira, "Allah's apostle said, if Allah wants to do good to somebody, He afflicts him with trials" (*Sahih Al Bukhari*: Vol. 7, Book 70, Number 548).

Sickness is from Allah to try the Muslim in order to test his acceptance and submission to the will of Allah. Patience and endurance of the infected person are essential for gaining the mercy and reward of Allah. This is why all the patients' invocations to Allah include no complaints, but rather a show of submission and calling on Allah to grant recovery.

6. رب إني مسني الضر وأنت أرحم الراحمين.

"Adversity has touched me, and You the Most Merciful of the merciful" (The Qur'an 21:83). This is an invocation by prophet Job in his calamity reported in the Holy Qur'an.

7. اللهم إنك عفو تحب العفو فاعف عنا وارحمننا.

"O Allah, You are Most Forgiving, and You love forgiveness, forgive us and have mercy on us." (At-Tirmidhi).

8. لا تيأس من روح الله ولا تقنط من رحمة الله.

"Do not despair of the Spirit of Allah, nor despair of Allah's Mercy." The expression is extracted from two verses from the Holy Qur'an 39:53, and 12:87.

These expressions indicate full submission of the sick believer to the will of Allah, and acknowledgement that there is no cure except the cure of Allah. The expressions also contain total trust in Allah and an absence of despair of Allah's mercy. They are derived from Islamic sources and related to believers with Islamic education based on the principles of Islam pointed out in Hamidi et al. (2010).

9. الصبر مفتاح الفرج.

“Patience is the key to recovery.”

This expression is a popular proverb derived from Islamic texts. It is used by well-wishers to indicate optimism and positive encouragement containing also acceptance and contentment as a common Islamic culture to reassure the patient. It provides the patient with psychological reassurance and encouragement to maintain tolerance towards pain.

This is a very significant expression that includes an element of metacultural psychiatry. It embeds the Islamic concept of patience and tolerance towards suffering as a basic principle that produces immediate acceptance and flexibility along with optimism of wielding spiritual cleansing in the hereafter. To achieve such ends, modern psychologists and neurologists are hard at work experimenting to develop empirical techniques that can enable patients with chronic diseases to cope with pain. One such effort is the current empirical psychological treatment of chronic pain, Acceptance and Commitment Therapy (ACT), which is still in progress. Albert Feliu-Soler et al (2018) describes ACT as “a process-based therapy that fosters openness, awareness, and engagement through a wide range of methods, including exposure-based and experiential methods, metaphors, and values clarification” (p. 2145). The authors add that recent meta-analyses endorse the efficacy of ACT as a process of management that enhances psychological flexibility towards pain. Similarly, Krimayer’s study (2008) on culture and the metaphoric mediation of pain surveys a series of theories of psychological studies that tackle the problem of understanding and dealing with pain.

6.6 Cure is from Allah only

As sickness is prescribed by Allah (expression 1), so is recovery; it comes only from Allah, as in expression 10.

10. وإذا مرضت فهو يشفين.

“And when I am sick, then He, Ever He cures me” (The Qur'an 26:80).

This is the root of Islamic perception of sickness and cure. Numerous Hadiths caught the essence of this ayah (Qur’anic verse) and reproduced its meaning. For example, ‘Aisha narrated that when the Prophet visited a patient, he would invoke Allah, saying, “Take away the disease, O the Lord of the people! Cure him as You are the One Who cures. There is no cure but Yours, a cure that leaves no disease” (*Sahih Al Bukhari*, Volume 7, Book 70, Number 579).

Based on the significance of Islamic texts, social culture has woven expressions that the patients' visitors and commentators use when interacting with the patients. Following is a group of them from the collected data:

11. ربنا يشافيك ويعافيك.
“I invoke Allah to cure you and recover your health.”
12. اللهم شفاء ما بعده سقم.
“O Allah, cure him [the patient] a cure that leaves no disease.”
13. اللهم بردا وسلاما وشفاء.
“O Allah, make it coolness, safety, and a cure for him.”
14. الله يقومه بالسلامة.
“O Allah, make him stand in safety.”
15. اللهم اذهب البأس واشف أنت الشافي.
“O Allah, remover of trouble! (Please) heal (this patient), for You are the Healer.”
16. شافاها الله وعافاها.
“[I invoke] Allah to cure her and give her health.”
17. أسأل الله العظيم رب العرش العظيم أن يشفيك.
“I Ask Almighty Allah, Lord of the Great Throne, to cure you.”
18. اللهم أنت الشافي لا شفاء إلا شفاؤك.
“O Allah, You are the Healer, there is no cure but Yours.”
19. اللهم يا قدير يا عظيم يا من تحيي العظام وهي رميم سبحانه يا ذا العرش المجيد نسألك بلطفك أن تمنّ عليه بالشفاء العاجل، إنك على كل شيء قدير.
“O Allah, O Almighty, O You who revive bones that are worn, O You Glorified, with the Glorious Throne, we ask You with Your Kindness to endow him [the patient] with speedy recovery. You are capable of everything.”
20. اللهم ألبسه ثوب الصحة والعافية عاجلا غير آجل يا أرحم الراحمين.
“O Allah, endow him [the patient] with the dress of health and wellness sooner than later, You are the Most Merciful of the merciful.”

21. اللهم اشف مرضانا ومرضى المسلمين شفاء لا يغادر سقما، اللهم يا من تعيد المريض لصحته وتستجيب لدعاء البائس، اشف كل مريض.

“O Allah, cure our patients and Muslim patients, a cure that leaves no disease. O Allah Who recovers every patient and responds to the invocation of the desperate, cure every patient.”

This group of expressions abide by the conviction expressed the Qur’anic verse in item 10. The sayings of the Prophet (items 11& 12) are examples of invocation to Allah that serve as models to be emulated by Muslims while asking Allah for healing patients. As clear, expressions 10, 11, 12, and numerous others similar to them set the linguistic pattern for believers to use on the occasion of visiting or writing comments for patients. The expressions also indicate total trust and belief in Allah and His Power to cure and give health to the ill people. Besides, it is important to notice here that Muslims can invoke Allah directly without the mediation of anybody regarding sickness or any other matter. This is one of the basic principles of Islam that a Muslim can appeal to Allah directly as directed by the Holy Qur’an. Allah reveals to the Prophet that: “... when My bondmen ask you concerning Me, then, surely I am near; I answer the invocation of the invoker when he invokes Me” (The Qur'an 2:186). This is why the invocations to Allah are directed immediately to Him.

6.7 Sickness is an opportunity for the Muslim

22. أجر وعافية.

“It’s a reward and health.”

23. إن شاء الله كفارة لذنوبك.

“Allah willing, it’s expiation for your sins.”

24. طهور إن شاء الله.

“Purification, Allah willing.”

These culture-bound expressions are usually used in communicating or interacting with patients to show that sickness conforms to the Islamic tradition which indicates that any mishap - illness, grief, harm, suffering, tiredness - however minute, afflicting the Muslim is defined in Hadith as a trial to test his endurance (Al-Basha, 2011). A good Muslim accepts whatever is decided for him by Allah. Acceptance of such an unpleasant experience is rewarding as it is the source of cleansing sins and acquiring thawab (reward), i.e., adding good

deeds to the book of reckoning. This is why it is considered an opportunity from Allah for those He wants to help.

The lexis and significance of the expressions are based on and derived from a number of Hadiths. For example, Allah's apostle said, "No calamity befalls a Muslim but that Allah expiates some of his sins because of it, even though it were the prick he receives from a thorn" (*Sahih Al Bukhari*: Vol. 7, Book 70, Number 544). There are Hadiths to indicate that prophets used to suffer more than other people, and Prophet Muhammad used to suffer double the suffering of his companions and, consequently, his reward would be double the reward of any of them. Narrated by Aisha: "I never saw anybody suffering so much from sickness as Allah's Apostle" (*Sahih Al Bukhari*: Vol. 7, Book 70, Number 549). Similarly, Abdullah Bin Masoud narrated: "... No Muslim is afflicted with any harm, even if it were the prick of a thorn, but that Allah expiates his sins because of that, as a tree sheds its leaves." (*Sahih Al Bukhari*: Vol. 7, Book 70, Number 551).

In some situations, as when a Muslim is afflicted with the loss of his eyesight, the reward is gaining paradise in case he shows patience and acceptance. The Prophet reported a promise of Allah that "if I [Allah] deprive my slave of his two beloved things (i.e., his eyes) and he remains patient, I will let him enter Paradise in compensation for them" (*Sahih Al Bukhari*: Vol. 7, Book 70, Number 557). In other cases, such as dying in a plague (*Sahih Al Bukhari*: Vol. 7, Book 71, Number 628) or abdominal disease, (*Sahih Al Bukhari*: Vol. 7, Book 71, Number 629), the dead person is considered a martyr who will gain paradise.

It is also implied that in order to get expiation, a Muslim should accept, feel content, and be patient to qualify for getting expiation and reward. Abidance by these conditions is judged by his behavior and utterances. This is why the expressions of well-wishers encourage the patients to bear their calamity with satisfaction, acceptance, and contentment as in expressions 2-9 above.

6.8 The Necessity for treatment

25. ما أنزل الله من داء إلا وله دواء

"There is no disease that Allah has created, except that He also has created its treatment" (*Sahih Al Bukhari*: Vol. 7, Book 71, Number 582).

Along with psychological tolerance of pain and sickness, Islam encourages people to take medicine for recovery. In practice, the Prophet used available medicines at that time in the 7th century to treat himself and cure patients, as clear from Hadiths in Recovery Book 71. These medicines include Ruqya by reciting the Mu'auwidhat (The Qur'an 113 and 114), drinking honey, drinking

she-camel's milk, using crushed black cumin mixed with oil, cupping, using Ud Al-Hindi (certain Indian incense), among other things. Therefore, Islam enhances physical medications with psycho-spiritual methods for healing. Psycho-spiritual methods are meant to boost the morale of the patient, which is vital for speedy recovery.

6.9 Optimistic language

Some of the expressions used by patients are meant to convey hope in their optimistic language as an indication of trusting the providential wisdom of Allah. The following expressions are of this type:

26. ألف لا بأس عليك

“One thousand no difficulty on you [I am optimistic that you are in good health]”

27. لا بأس إن شاء الله .

“No difficulty, Allah willing.”

28. عليك العافية.

“[I invoke Allah] to give you health.”

29. أجر وعافية.

“Reward and health.”

30. ما على قلبك شر.

“[I wish] no evil on your heart.”

31. السلامة بخطاك.

“[I wish] safety [to be] in your steps.”

32. شدة وبتزول.

“[It is] a mishap that will vanish.”

33. عساك بصحة وخير.

“I hope that you are healthy and well.”

These expressions indicate an amount of optimism generated from trust in Allah. Therefore, a Muslim should have absolute belief that Allah will cure him. If he

does not have that belief, then Allah will give the patient whatever he believes he is going to get as very clear from the following Hadith narrated by Ibn Abbas: “The Prophet went to visit a sick bedouin. Whenever the Prophet went to a patient, he used to say to him, don’t worry, if Allah will, it will be expiation (for your sins): The bedouin said, you say expiation? No, it is but a fever that is boiling or harassing an old man and will lead him to his grave without his will. The Prophet said, then, yes, it is so” (*Sahih Al Bukhari*: Vol. 7, Book 70, Number 560). What the Prophet expresses here is optimism and trust that Allah will heal and reward the patient, who, in his turn, utters his desperation and expectation of death. To this pessimistic note, the Prophet responds that if the patient thinks it is death, then it will be death. The patient does not demonstrate full trust and confidence that Allah will save him, and does not abide by the Qur’anic instruction:

لا تيأس من روح الله ولا تقنط من رحمة الله.

“Do not despair of the Spirit of Allah, nor despair of Allah’s Mercy” (expression 8). The expressions (26-33) maintain this essential point of Islamic optimism founded on total reliance on and submission to Allah’s Will as articulated in the Holy Qur’an and Prophet’s Hadith.

7. Conclusion, Impact, and Recommendations

7.1 Conclusion

The study shows that the language of expressions and comments of well-wishers on Facebook is extracted from Islamic culture as expressed in Qur’an and Hadith. Inherent in these expressions are shown to conform with the basic principles and conception of Islam with regard to sickness and physical and psychological mishaps that can affect a Muslim. It shows that illness is an opportunity for the Muslim to be rewarded and rectify his/her book of reckoning for the hereafter. The expressions examined in this study explicate that Islam provides an essential method for boosting the psychology of the patient and breeding emotional flexibility towards pain. These factors lead to acceptance and contentment of the Muslim patient who lays himself/herself passively in the hands of Allah, a feeling that has a massive remedial effect on the patient.

This also indicates that Islam conforms with modern psychological studies with regard to acceptance of pain. It rather goes beyond the modern scope of acceptance with the promise of cleansing sins and being rewarded in the hereafter. However, Islam does not advocate passive management of pain only, but urges patients to find medical treatment to help cure them.

7.2 Impact

This study covers a gap in scholarship about Arabic expressions of well wishing on the occasion of sickness that are derived from cultural Islamic sources or inspired by Islamic principles and convictions. It is hoped that it will trigger further studies tackling other dimensions of the subject.

7.3 Recommendations

The study has been limited to the socio-psychological analysis of culture bound well-wishing expressions. However, it does not cover Islamic traditional healing methods based on Tibb al-Nabawi (Prophetic medicine) which are derived from the Holy Qur'an, Hadith (Prophetic traditions), and Sunnah (way of life) of Prophet Muhammed (PBUH), such as using honey, dates, pomegranate, fig, olive oil, herbs and others, as described in Hadiths in *Sahih Al-Bukhari*, Vol. 7, Book 71. Furthermore, the study does not discuss the role of spirituality in developing flexibility and acceptance in other religions.

In light of these limitations, comparative studies between the role of religion and spirituality in Islam and other religions in developing acceptance and flexibility towards sickness and pain will be helpful. There is room for more research based on Islamic medication methods.

تحليل للتعبيرات الأردنية باللغة العربية فيما يخص القبول بالمرض استنادا إلى الثقافة العربية والإسلامية: نهج اجتماعي نفسي

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ملخص

يقدم هذا البحث تحليلاً اجتماعياً نفسياً لمجموعة من التعبيرات والتمنيات بالشفاء التي يكرها الأردنيون عند عيادة المرضى أو التعليق على حساباتهم على الفيسبوك. وعند تحليل 33 من تلك التعبيرات تبين أنها محملة بالأبعاد الثقافية الإسلامية فيما يخص التعايش مع المرض وتقبله. وتبين الدراسة أيضاً التوجه الإيجابي لتلك الثقافة في مساعدة المرضى على تحمل الألم والطمأنينة للشفاء. وتتفحص هذه الدراسة البعد الثقافي لتقبل الألم وكيف أن الثقافة الإسلامية تقدم توجهاً إيجابياً يعين على الشفاء. وتستنتج الدراسة أن التعبيرات موضوع الدراسة مشتقة من كلمات القرآن الكريم أو الحديث النبوي الشريف أو المبادئ التي تركز عليها التربية الإسلامية. وتهدف الدراسة إلى تبيان أن عبارات تمنيات الشفاء مبنية على نصوص القرآن الكريم والسنة النبوية والتربية الإسلامية ومشتقة لغوياً منها بشكل مباشر. واعتماداً على مجموعة من الدراسات أهمها:

Hamidi et al. (2010), Rassool (2015) Risor (2009), and Richardson (2012)

فإن الدراسة تبين أن تناول الإسلام للمرض والألم وتقبلهما يتفق مع أحدث الممارسات الطبية والنفسية المعاصرة بل يتقدم عليها.

الكلمات المفتاحية: القرآن الكريم، صحيح البخاري، الثقافة، الدين، تعبيرات الشفاء، مرضى، القبول بالمرض، الفيسبوك.

References

- Al-Basha, M. (2011). Al maradh fi as-Sunnah an-Nabawiyyah (sickness in the Prophet's Sunnah). *Damascus University Journal for Economics and Legal Sciences*, 27(3), 393-413.
- AL- Shamma, Y., Abdil Razzaq, A. (2009). Al-hijamah cupping therapy. *Kufa Med. Journal*, 12 (1).
- Bates, S. C., Beauvais, F., & Trimble, J. E. (1997). American Indian adolescent alcohol involvement and ethnic identification. *Substance Use & Misuse*, 32(14), 2013–2031.
<https://doi.org/10.3109/10826089709035617>
- Bukhari, A. (2009). *Sahih Al-Bukhari*. (M. M. Khan, Tran.) Volume 7, books 70 &71. (Original edition in Arabic was published in 846) DOI: 10.1177/1363459308336794
- Feliu-Soler, A., Montesinos, F., Gutiérrez-Martínez, O., Scott, W., McCracken, L. M., & Luciano, J. V. (2018). Current status of acceptance and commitment therapy for chronic pain: a narrative review. *Journal of pain research*, 11, 2145–2159. doi:10.2147/JPR.S144631
- Free, M. M. (2002). Cross-cultural conceptions of pain and pain control. *Baylor University Medical Center Proceedings*, 15 (2), 143-145. DOI: 10.1080/08998280.2002.11927832
- Galanti, G. (2008) *Caring for patients from different cultures* (4th ed.). Philadelphia, PN: University of Pennsylvania Press.
- Ghali, M. M. (Trans.). (2008). *Towards understanding the ever-glorious Qur'an*. Egypt: Dar An-Nashr Liljamia't. All citations from the *Holy Qur'an* in English will hereafter be taken from this edition. Citations of Sura and verses will be indicated in brackets after each quotation.
- Godwin Y.S., Clarke P.N. & Barton L. (2001) A model for the delivery of culturally competent community care. *Journal of Advanced Nursing* 35(6), 918–925
- Hamidi, F., Bagherzadeh Z., Gafarzadeh S. (2010). The role of Islamic education in mental health. *Procedia Social and Behavioral Sciences*, 5, 1991–1996.
- Hayes S., Bissett R., Korn Z., Zettle R., Rosenfarb I. Cooper L., Grundt A. (1999). The impact of acceptance versus control rationales on pain tolerance. *Psychol Record*, 49, 33-47

- Hernandez A. & Sachs-Ericsson N. (2006). Ethnic differences in pain reports and the moderating role of depression in a community sample of Hispanic and Caucasian participants with serious health problems. *Psychosom Med*, 68, 121-8.
- Hssanien M., (2010). Effect of cupping therapy in treating chronic headache and chronic back pain at “Al hejiamah” clinic HMC. *World Family Medicine Journal*, 8(3), 30-36.
https://d1.islamhouse.com/data/en/ih_books/single/en_Sahih_Al-Bukhari.pdf
- Iniguez, E., & Palinkas L. A. (2003). Varieties of health services utilization by underserved Mexican American women. *J Health Care Poor Underserved*, 14, 52-69.
- Kirmayer, L. (2008). Culture and the Metaphoric Mediation of Pain. *Transcultural Psychiatry*. doi: 10.1177/1363461508089769.
- Liao, K., Yu-Hsin, Henceroth M., Lu Q., LeRoy A. (2016). Cultural differences in pain among four ethnic groups: A qualitative pilot study. *Journal of Behavioural Health*, 75-81.
<https://www.researchgate.net/publication/294120905>.
- Lovering, S. (2006). Cultural attitudes and beliefs about pain. *Journal of Transcultural Nursing*, 17 (4), 389-395.
- McCracken L, Eccleston C. (2003). Coping or acceptance: What to do about chronic pain? *Pain*, 105, 197-204.
- Rassool, G. (2015). Cultural competence in nursing Muslim patients. Sakina Counselling Institute and Research.
- Richardson, G. (2012). “Pain expression in different cultures: A qualitative study of the analysis for the cues of pain in different cultures,” BSc thesis, Novia for Applied Sciences.
<http://www.theseus.fi/bitstream/handle/10024/43628/GraceRichardson.pdf?sequence=1&isAllowed=y>.
- Risør, M. (2009). Illness explanations among patients with medically unexplained symptoms: different idioms for different contexts. *Health*, 13(5), 505 –521.