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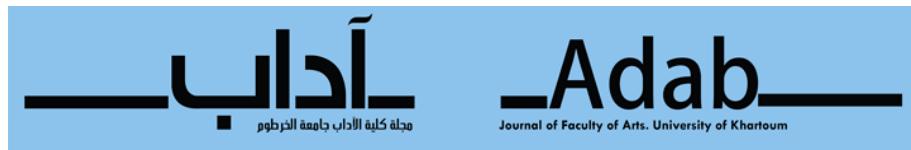
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قواعد النشر وشروطه

آداب مجلة علمية محكمة تصدر في يناير ويوليو من كل عام عن كلية الآداب جامعة الخرطوم وتقبل البحوث في مجالات الآداب والفنون والعلوم الإنسانية مع مراعاة الآتي:

١. لا يكون البحث المقدم للمجلة قد نشر أو قدم للنشر في مكان آخر.
٢. تخضع البحوث المنشورة في هذه المجلة للتحكيم العلمي الذي يتولاه أساتذة مختصون وفق ضوابط موضوعية.
٣. تسلم نسختان مطبوعتان من البحث على معالج نصوص (حاسوب) مع أسطوانة مدمجة تحتوي على البحث. أو ترسل على البريد الإلكتروني adabsudan@gmail.com
٤. يراعي في البحث أن يتراوح حجمه بين ٣٠٠٠-٥٠٠٠ كلمة، ويرفق الباحث مستخلصاً باللغتين العربية والإنجليزية ليحثه بما لا يتجاوز صفحة واحدة (٢٠) كلمة، وينذل هذا المستخلص بما لا يزيد على خمس كلمات مفتاحية تبرز أهم المواضيع التي يتطرق إليها البحث. ويراعي أن تحتوي الصفحة الأولى من البحث على عنوان البحث واسم الباحث، والجامعة أو المؤسسة الأكademie وعنوان البريد والبريد الإلكتروني باللغتين العربية والإنجليزية.
٥. تنشر المجلة مراجعات الكتب بحدود (٢٠٠٠) كلمة كحد أقصى، على لا يكون قد مضى على صدور الكتاب أكثر من عامين، ويدون في أعلى الصفحة عنوان الكتاب واسم المؤلف ومكان النشر وتاريخه وعدد الصفحات. وتتألف المراجعة من عرض وتحليل ونقد، وأن تتضمن المراجعة خلاصة مركزة لمحتويات الكتاب. مع مراعاة الاهتمام بمناقشة مصداقية مصادر المؤلف وصحة استنتاجاته.
٦. أن يوثق البحث علمياً بذكر المصادر والمراجع التي اعتمدها الباحث في نهاية البحث. وترتبط المراجع في نهاية البحث هجائياً على لا تحتوي قائمة المراجع إلا على تلك التي تمت الإشارة إليها في متن البحث. يشار إلى جميع المصادر في متن البحث كالطريقة التالية (اسم العائلة. سنة النشر. الصفحة أو الصفحات) مثال: (صادر. Adams. 2000. 14. ٢٠٢١). وتوثق في قائمة المراجع والمصادر كما يلي:
للكتب وبحوث المؤتمرات:
 - أحمد بدوي. *أسس النقد الأدبي عند العرب*. القاهرة، دار هبة مصر، ١٩٦٤م.للمقالات والفصل في الكتب:
 - قاسم المؤمني. "علاقة النص بصاحب دراسة في نقد عبد القاهر الجرجاني الشعرية". عالم الفكر. الكويت: العدد الثالث يناير/ مارس ١٩٩٧م. ١١٣-١٢٨.يراعي في المراجع الأجنبية نفس النمط
٧. تعبر البحوث التي تنشرها المجلة عن آراء كاتبها، ولا تعبر بالضرورة عن وجهة نظر المجلة أو أية جهة أخرى يرتبط بها صاحب البحث.
٨. لهيئة التحرير الحق في إدخال التحرير والتعديل اللازمين على الأبحاث. وتعد هيئة التحرير رأي محكم المقال نافذاً بالنسبة لنشر البحث أو عدمه أو إدخال التعديلات التي يوصي بها المحكم.
٩. لا تقبل البحوث والدراسات التي تعد لإكمال مطلوبات إجازة الرسائل الجامعية (الدكتوراه).
١٠. لهيئة التحرير الحق في رفض أي بحث مقدم لها دون إبداء الأسباب.

Phobias and its Relation to some Variables among Women Attending Traditional Healers in Khartoum State.

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Medicinal, Aromatic plants, and Traditional Medicine Research Institute, National Center for research

Abstract

The objectives of this paper are to identify the most common types of Phobias among women attending traditional healers. It also tried to investigate the levels of Phobias and their relationship with some variables such as age above twenty years old, marital status, place of socialization.

The study was carried out in Khartoum State. The descriptive approach method was used in this study. The population of this study was represented in only the women attending some traditional healer's centers, mainly Fugara's centers in Khartoum State. The total sample size was (166) women selected randomly from (9) centers of traditional healers in Khartoum State, distributed in three localities, which are El Bugaa, Shariq Elneel, and Jebal Awlyia. The data collected through the following tools: personal information form, Phobia scale. The study used a statistical package for social sciences (SPSS) to obtain an accurate data analysis. The main findings of this study were: Demono Phobias are the most common type of Phobias among women attending traditional healer's centers in Khartoum State. The levels of Phobias are highest among women attending traditional healer's centers in Khartoum State. There are not significant differences in Phobias among women attending traditional healer's centers in Khartoum State due to marital status and socialization place.

There isn't a significant relationship between Phobias and age levels among women attending traditional healer's centers in Khartoum State. Some recommendations were suggested at the end of the study.

المستخلص

تهدف هذه الورقة إلى معرفة أكثر أنواع المخاوف المرضية شيوعاً بين النساء المترددات على المعالجين الشعبيين بولاية الخرطوم. كما تهدف أيضاً إلى معرفة مستويات المخاوف المرضية وعلاقتها ببعض المتغيرات بين النساء المترددات على المعالجين الشعبيين بولاية

أجريت الدراسة داخل ولاية الخرطوم. تم تطبيق المنهج الوصفي. ويتمثل المجتمع الأصلي للدراسة في النساء المترددات على المعالجين الشعبيين وعلى وجه الخصوص الفقراً بولاية الخرطوم. وقد بلغ الحجم الكلي للعينة (166) امرأة تم اختيارهم بطريقه عشوائية من (9) مراكز للمعالجين الشعبيين موزعين في ثلاث محليات هي محلية البقعة، محلية شرق النيل و محلية جبل اوليم. تم جمع البيانات من خلال الأدوات الآتية: استمارة البيانات الأولية-مقياس المخاوف المرضية. وقد تم ترميز البيانات وادخالها داخل جهاز الحاسوب من أجل الحصول على تحليل دقيق وذلك باستخدام برنامج الحزم الاحصائية للعلوم الاجتماعية (SPSS).

اهم النتائج التي توصلت اليها الدراسة هي:

الخوف من الجن هو من أكثر أنواع المخاوف المرضية شيوعاً بين النساء المترددات على المعالجين الشعبيين بولاية الخرطوم.

أن نسبة مستوى المخاوف المرضية لدى النساء المترددات على المعالجين الشعبيين بولاية الخرطوم تتسم بالارتفاع.

لا توجد فروق ذات دلالة إحصائية في المخاوف المرضية لدى النساء المترددات على المعالجين الشعبيين بولاية الخرطوم تعنى للحالة الاجتماعية ولمكان التنشئة الاجتماعية.

لا توجد علاقة ذات دلالة إحصائية بين المخاوف المرضية والمستويات العمرية بين النساء المترددات على المعالجين الشعبيين بولاية الخرطوم. تم إعطاء بعض التوصيات وفقاً للنتائج التي توصلت إليها الدراسة.

Introduction

Phobias are a form of anxiety disorder. About 264 million people worldwide have an anxiety disorder. Women are nearly twice as likely as men to be diagnosed with an anxiety disorder in their lifetime (Hannah Ritchie, et al, 2018), because many women are exposed to injustice, bad treatment, and both physical and psychological abuse. In addition, women are more admitting their illness and they do not hesitate to seek treatment from psychiatric clinics (ElSawaf, and etal, 2006).

Phobias can define as a persistent and excessive fear of an object or situation (Faid, 2005). It is more common in women. It most often starts in childhood or twenties but can develop at any age, particularly after a traumatic experience. It can divide into three subgroups, social phobia, specific phobia, and agoraphobia.

Studies published in recent years confirm the high prevalence of specific phobias in the general population, especially in women. Other studies revealed that there were some types of phobias prevalent among the attenders to traditional healers such as agora and social phobia. (Sorketti,2011). Others showed that there were some psychological disorders such as anxiety and phobias come to Maseeds of Sophia centers (Omer, 2004). Many of them confirm that women were the most individuals who were using traditional healer's centers. (Hakim, 2008, Gadh ElDam, 2003). Others showed that most of the visitors attend traditional healer's centers due to their belief in the abilities of traditional healers and their healing methods generated from their religious and cultural background (Gadh ElDam, 2003), and because of the failure of modern medicine in treated some diseases (Al Nagar, 2003). So far, there were no studies had been conducted to show the common phobias, in particular among women. Therefore, this study aims to

identify the most common Phobias among women attending traditional healers' centers (Fugara centers) in Khartoum State and their relation with some variables. Moreover, the results of the study phobias in women may contribute and help the official bodies such as the ministry of health to establish plans and strategies which related to the health of women attending traditional healers.

Problem of the study

Many women in Sudan seek the help of traditional healers, especially religious healers. A Literature review has highlighted that Phobia is one of the neurotic disorders, which has belonged to a large group of anxiety disorders. It affects humans of all ages, marital status, and educational levels. It has seen as a possession by evil spirits or due to a punishment from a supernatural being for long time. These beliefs are playing an important role in shaping the behavior and emotions of a human. Many researchers carried out some researches on Phobias. However, they did not attempt to study the most common types of Phobia among women attending traditional healers (Fugra healers), so the problem of this study can be outstanding as follows:

Firstly: To identify the most common types of Phobias among women attending traditional healer's centers in Khartoum state. Secondly: To determine the relationship between the Phobias with some variables.

Objectives of the study

The objectives of this study were to:

- Identify the most common Phobias among women attending traditional healer's centers (Fugara centers) in Khartoum State.
- Know the levels of Phobias among women attending traditional healer's centers (Fugara centers) in Khartoum State.
- Determine the significant differences in Phobias among women attending traditional healer's centers (Fugara centers) in Khartoum State and their marital status.
- Determine the relationship between Phobias and age levels among women attending traditional healer's centers (Fugara centers) in Khartoum State.
- Identify the significant differences in Phobias among women attending traditional healer's centers (Fugara centers) in Khartoum State and socialization place.

Justification and importance of the study

The importance of this study can be reflected in the following:

It is important to conduct this study to satisfy one of the goals of the traditional medicine department. Moreover, this study tries to fill the existing gap in literature reviews by putting special focus on identifying the most common types of Phobias among women attending traditional healers, and their relationship with some variables. Besides, the importance of this study is also clear through the targeted sample, who are women attending to traditional healers. It is noticeable that many women came to traditional healers and complain of many fears, especially the fear of demons and jinn. Therefore, it is important to study and know what are these common types of fears and phobias to educate them and raising their awareness about these types of Phobias in the future. In addition, enables women to live in active and better

levels of life, without any anxiety and fears. Because the many types of phobias are the most common in women. It affects negatively on women's life, their marital compatibility, adaptation, and adjustment through their different ages and during their deals and interaction with family and the people who surround them. Besides, the study phobias among women attending traditional healers, this may also supply the official authorities such as the health ministry to establish plans and strategies that related to the health of women attending traditional healers.

Hypotheses of the study

The hypotheses of this study are:

- Demono Phobias are the most common types of phobias among women attending traditional healer's centres (Fugara centers) in Khartoum State.
- The levels of Phobias are highest among women attending traditional healer's centres in Khartoum State.
- There aren't significant differences in Phobias among women attending traditional healer's centres (Fugara centers) in Khartoum state due to marital status.
- There isn't a significant relationship between Phobia and age levels among women attending traditional healer's centres (Fugara centers) in Khartoum State.
- There aren't significant differences in Phobias among women attending traditional healer's centres (Fugara centers) in Khartoum State due to socialization place.

Terms of the Study

Some variables

It indicates in this study to, age, marital status, and place of socialization.

Phobias

A group of states of terror, anxiety, and panic associated with specific things, places, or situations. (Arthar, 2011). The term in the current study is referring to the social Phobias, insect and Zoo Phobias, Agora Phobias, death and illness phobias, darkness and natural phenomenon Phobias, and Demon Phobias.

Traditional medicine

The world health organization (WHO, 2013), defined traditional medicine as "The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or social imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing".

Traditional healers

Traditional healers refer to persons who are recognized by the community in which they live to provide health care by using vegetable, animal, and mineral substances and certain other methods based on their social, cultural, and religious background (WHO, 2013). In this study, they are mainly referring to Fugara healers.

Fugara healers

Faqirs are usually descendants of Wallis and Sallihin (Holly man) from when they inherit Baraka. He controls and organizes activities within Massed and Khlawas. His healing techniques are based on Islamic teaching, animist vestiges, and beliefs in spirits, magic, and witchcraft. (AlSafi, 2006)

Faki healers

Fakis is a peddler of religious recipes, an itinerant cleric traveling from village to village selling his merchandise. His healing abilities are not as wide as those of Fagir are, but people genuinely fear him because he practices black magic. (AlSafi, 2006)

Shaikes

He is a tribe and Sufi leader. He sometimes called Walis (Holly man) (AlSafi, 2013).

Literature review and previous studies

phobia

Definition of Phobia

Mental disease is for a long time, thought to be due to illness possession by spirits. The word Phobia is derived from the Greek word /Phóbos/, meaning fear. It defined as a group of states of terror, anxiety, and panic associated with specific things, places, or situations. (Arthar, 2011)

Classification of Phobia

A Phobia had classified into one of three categories:

Specific Phobia

It is a constant fear of a specific stimulus, subject, or situation. People with these Phobias specifically try to avoid the entity of fear. It is more common among women than in men. It begins in childhood age and disappears without treatment. The most common types of simple phobia are Zoophobia includes fear of dogs, snakes, insects, rats. Natural environment Phobias: the fears

caused by objects found in nature such as fear of heights, storms, water, and fear of the dark. Claustrophobia and Acrophobia. (Al Hijawi, 2004)

Social Phobia

It is referring to a strong and persistent fear of social or performance situations in which the patient might feel embarrassment or humiliation, such as eating in public, or fear of public speaking. It starts in late childhood or early adolescence until middle age. It is spread equally among women and men. (Al Hijawi, 2004)

Agora Phobias

It is a generalized fear of leaving a home or a small familiar safe area. It involves a fear of public places and open spaces. People with agoraphobia become anxious about being in situations where escape would be difficult or embarrassing, or where help would not be immediately available. They are likely to avoid crowded places such as shopping malls and movie theaters, cars, airplanes, subways, and other forms of travel. (Arthar, 2011). It begins in the twenties or thirties of age and continued for several years. It is more prevalent among women than in men. (Al Hijawi, 2004)

Other types of Phobias

Demono Phobia: It is referring to a morbid fear of the Jinn, Demons, and spirits. (ElSherbini, 2003).

Death phobia: It is a fear of seeing dead bodies and graves. The individual avoids going to funerals and participating in the burial. (Awad, 2006)

Symptoms of Phobias

The symptoms of Phobias consist of breathlessness, heart fluttering (palpitation), chest pain or pressure, a sensation of suffocation or drowning, dizziness, and vertigo, heat or cold waves, sweating, dry mouth, a sensation of fainting, trembling or shaking, a fear of dying or becoming mad, or losing control. (Arthar, 2011)

Causes of Phobia

Certain factors may develop Phobia. These factors include biological factors such as the role of genetic and serotonin deficiency factors. On the other hand, Environmental factors which due to Phobias as an emotional response learned after a frightening incident or painful experience.

Theories interpreting the causes of Phobias

Many different theories explained the etiology and factors that may develop phobias.

One of these theories is:

Psychoanalytic theory of Phobias

It viewed that phobias are the product of unresolved conflicts between the id and the superego. Moreover, the conflict originated in childhood and was either repressed or displaced into the feared object. The object of the Phobia is not the source of the anxiety. (Ganim, 2011)

Learning theory of Phobias

It views that Phobias is a result of conditioning based on painful experiences or based on simple real-life events. The women who have Phobia of insects, for example, may stem from being bitten as a small child (Ganim, 2006).

According to learning theory, Phobias have also developed when fear responses are reinforced or punished. Both reinforcement and punishment can be positive or negative. Positive reinforcement is the presentation of something positive, such as a parent rewarding a child for staying away from a snake. Positive punishment is the presentation of something negative, such as a child being bitten by a snake (Faid, 2005)

Cognitive theory of Phobias

Cognitive theory focuses on an individual's thoughts as a crucial determinate of his or her emotions and behaviors. Our responses make sense within our view of the world. Therefore, according to cognitive theory, it is important to change a person's thoughts and beliefs in order to change his or her behaviors. According to cognitive theory, irrational responses are the result of automatic thought and erroneous beliefs. Cognitive reframing Cognitive is a technique that is used to help the client examine his beliefs and develop healthier ways of viewing the situation. Techniques such as the stop method are used to help the individual stop automatic thoughts and replace them with new thoughts (Faid, 2005).

Treatment of Phobia

Many various methods have been emerged and claimed to treat Phobias. These methods are as follows:

Behavior therapy: It consists of three main options: implosion therapy, the avoidance-inducing treatment of aversion therapy, and systematic desensitization.

Cognitive-behavioral therapy (CBT): It aims to help the patient to recognize and reassess his patterns of negative thoughts and replace them with positive thoughts by using many strategies such as cognitive reconstruction, stress inoculation training (Hofman, 2012).

Psychoanalytic therapy: It is used many techniques such as free association, Hypnosis, and analysis of dreams (Faid, 2005).

Religious therapy: Includes the following: Repentance, forgiveness, foresight sick, du'aa, and remembrance of Allah who enters the tranquility and replaces the worry, grief, and Satan. (Mohammed, 2000)

Medicine therapy: The doctors prescribe medicines to help manage the physical symptoms of anxiety while learning to overcome Phobia. Like the medicines of the anti-anxiety and depression medicines (Arthar, 2011).

Traditional medicine in Sudan

Definition of traditional medicine

Traditional medicine has practiced by a major sector of the community. The world health organization defined traditional medicine as "The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or social imbalance, and relying exclusively on practical experience and observation handed down

from generation to generation, whether verbally or in writing" (WHO, 2013).

Types of traditional healers

In Sudan, traditional medicine is associated with religion and powerful beliefs. There are many types of traditional healers in Sudan. They have been classified into two types of professional healers: the first type is specialists' healers include herbalists, Zar practitioners, bonesetters, midwives, and eye surgeons. The second type is the general practitioner healers such as witch doctors, and magic mongers, and religious healers. There are two types of religious healers in Sudan Fakis and Faqirs. Faqir organizes activities within Massed and Khalwa. His healing techniques are based on Islamic teaching, animist vestiges, and beliefs in spirits, magic, and witchcraft. The Faki uses different procedures in healing that reflect the values, beliefs, and attitudes of his community about the causes of illness, and the prevention of it. Therapy is usually conducted in the context of a ceremony composed of several ritual-symbolic procedures involving the use of culturally validated sacred or arcane symbols. These include incantations, invocations, the erasure, the ritual incensing, Higab, and the spitting cure (Al Safi, 2006).

Attenders to Traditional Healers

Many people in Sudan attend to traditional healers. Women are the most individuals who are using traditional healer's centers. (Hakim, 2008, Gadh ElDam, 2003). The tendency towards traditional healing was assumed to be influenced by patient's belief in the abilities of traditional healers and their healing methods that generated from their religious and cultural background (Gadh ElDam, 2003), and because of the failure of modern medicine (Al Nagar, 2003).

Previous studies

Studies dealt with attenders to traditional healers

1. The study of Omer, (2004) is attempts to investigate the traditional healing of psychological disorders in Sophia centers (Massed) in central Sudan. The study found that the Sheikh of Sophia centers (Maseed) have got their own classification of psychological disorders based on signs, symptoms, in addition to dominant social beliefs. anxiety and phobia cases diagnosed by traditional healers as the evil eye (45,5%), Mothers of boys (27,3%),and from Satan possesses. The co-patients prefer to take their relatives to Maseeds because of various reasons including the social perspective towards the mentally ill and their belief in Sheikh's spiritual greatness.
2. Study of Mdimu, etal (2003), aimed to determine and compare the prevalence of common mental disorders and the characteristics of those attending primary health care clinics and traditional healers' centers in Dar-Salaam. The study found that the prevalence of common mental disorders among traditional healer 'sceters' patients was doubles of that primary health care patient. Depression and obsessive-compulsive disorder were relatively more common in the traditional healer's group, and Phobias were more common in the primary health clinic group.
3. Study of Saeed K, et al(2000), aimed to investigate the prevalence, classification, and treatment of mental disorders among attenders at faith healers. The study found that the most frequent problems identified by faith healers were the shadow of evil spirits (27%), jinn possession (16%), or (demon) (14%). Women have a higher rate of the shadow of evil spirits, and demon possession while men have a higher rate of jinn possession, medical problems, and the evil eye. Major depressive episodes

(24%) generalized anxiety disorder (15%), and epilepsy (9%) were the most prevalent mental disorders among the attenders of faith healers.

4. Study of Mohammed, (2000) tried to know the beliefs, which revolve around nature, causes, symptoms, and treatment of psychological and mental illness in Sudan. The study found that (36%) of the sample attribute psychological and mental illness to fate, (21%) to demon possession, (16%) due to envy and evil eye, (4%) black magic, (3%) masters, (10%) jinn, (88%) to the weakness of religious commitment, (71%) due to taboo. (49%) of them believe in Faki's ability in treating psychological and mental illness.

Studies dealt with Phobia

5. Study of Hassan, (2016), aimed to investigate the general characteristic of Post-Traumatic Stress Disorders (PTSD) among women at shelter centers in the United Arab Emirates and to determine the relationship between PTSD and social phobia, age, and educational level, and marital status. The study found that there is a significant correlation coefficient between posttraumatic stress disorder and social phobia. There is no significant correlation coefficient between posttraumatic stress disorders and social phobia and age.

6. Study of A Bener, Emirates, et al (2011), aimed to identify the most common phobias in children and adolescents and to determine the prevalence, age distribution, and socio-demographic correlates of phobias. The study found that (19.7%) of females had higher rates of phobias (62.4%) than males (37.6%). Social phobia (12.7%) was the commonest phobia found followed by agoraphobia (8.6%).

7. Study by Naveed et al, (2015), aims to find out the Prevalence and Consequences of phobias among the population of Karachi, Pakistan. The study found that (45%) people suffering from social phobias, (46%) of them suffering from specific phobias, and (30.5%) of people are suffering from agoraphobia.

8. Study of Eljaily, (2003), aimed to investigate the relationship between religiosity and some psychoneuroses (Phobia, hysterias, hypochondriasis, and obsessive-compulsive disorder). It found that there was no correlation between religiosity and Phobia. There was a significant difference in psychological disorders between males and females attributed to females. There was no interaction between religiosity and gender in psychological disorders (Phobia, Hysterias, Hypochondriasis, and Obsession compulsive disorder).

Comment on the previous studies

Some studies had tried to investigate only the beliefs that revolve around nature and causes of psychological illness (Mohammed, 2000). Others showed the prevalence of common mental disorders and traditional healing techniques among the attenders of traditional healers (Omer, 2004), Saeed K,2000), (Mdumu, etal, 2003). Sorketti et al, (2011), some studies dealt with women (Mohammed, 2001). The majority of studies related to Phobia focus on studying Phobias in children (Hassan, 2016, Bener,2011), other studied phobias in the general population (Naveed et al,2015).

Current study rationale

The current study was concerned with identifying the deficiencies in previous studies on attenders to traditional healers. More specifically, it concerns Phobias among women attending traditional healers and its relation with some variables such as age level, marital status, and place of socialization. These variables had

considered closely related to phobias among those women who attend traditional healers. Thus, the present study was distinguished from previous studies in that; it deals with study phobias, mainly among women whereas the previous studies dealing with the study attenders to traditional healers in general, or study phobias only in children or adolescences. Therefore, the difference appears in the sample population and the limitations of the study.

Methodology

The study applied the descriptive approach.

Study Population

The population of this study was represented only women attending some centers of traditional healers, mainly Fugara's centers in Khartoum State. Their various educational level, marital status, places of socialization, and ages above twenty years old. The reason for choosing the women for conducting this study is that women are the most ones who are attending traditional healer 'scenters as many studies prove that. (Hakim, 2008, Gadh Eldam, 2003). They are also considered to be the most ones who accepted mystical and supernatural beliefs and believing in the abilities of traditional healers and their healing methods which are generated from their religious and cultural background. In addition, many types of phobias are the most common in women more than in men.

Study Area

Khartoum state was selected to conduct this study. Because it is a large city, where there is cultural interaction and various types of traditional healer's centers are found.

Methods of Data Collection

Personal Information sheet

It consists of general information of women attending traditional healer's centers (Fugara's centers), including variables, such as age, education, marital status, occupation, mother's and father's tribe, place of growth.

Phobia Scale

The Phobia scale was derived from the Minnesota Multiphasic Personality Inventory scale (MMPI), which consists of many original clinical scales. Some researchers used this scale in their studies, and it achieved a higher validity and reliability, which encouraged the researcher to use it in the current study. The current study used this scale, which was designed to assess the common Phobias, using six subscales, social Phobias, insect and zoo Phobias, agora Phobias, death and illness Phobias, darkness and natural phenomenon Phobias, and demono phobias. The researcher has added some items to the scale to cover the wide types of common phobias.

Face Validity of Phobia Scale

To measure the properties of the items, the items of the Phobia scale had been presented to the group of arbitrators. They had agreed that the items of this scale are suitable and relevant to the current study. However, they have recommended making some modifications as follows: The items of the scale should reformulate in vernacular language. The item number (31) should disintegrate into several items. The items number (2, 8, 25, 32) should be omitted from the Phobias scale. Items (4,5, 7,11,14,20,21, 23,29,30,33) should be changed from negative to positive items.

Phobias scale scoring system

The scale included (42) items. The way of correcting the phobia scale depends on two levels: (Yes, No). These two levels had given two weights (1, zero) respectively. In the case of expressions of positive, the weights become (1). In the case of items negative, the weights become (zero). The high degrees in the scale indicate that the women have Phobias.

Pilot Study for Phobias Scale

To study the measure properties of the items which measure Phobias in the recent research population, the researcher applied the Phobias scale on a pilot random sample consisted of(36) women attending traditional healer's centers (Fugara's centers), selected by stratified random sampling. After scoring responses, the researcher did the following:

Factorial Validity for Phobias Scale

The researcher applied factorial analysis to determine the subscales of Phobias. The results of this procedure explained that there are only (42) items distributed on six factors (subscales). The researcher named these subscales according to aggregates of items. These names are as follows: Social Phobias, insect and Zoo Phobias, Agora Phobias, death and illness phobias, darkness and natural phenomenon phobias, Demon Phobias. This means that there are (8) items not loaded on any subscales, so the researcher decided to delete them all. Their numbers are (3, 5, 11, 16, 22, 23, 39, and 41).

Internal consistency for Phobias scale

The researcher applied the Person correlation equation to get correlation coefficients between scores of each item to the total score of the subscales in which the item laid in. The following table shows the results of these computations:

Table No (1) shows the results of Person correlation equation of item-Total correlation (r) by subscales of Phobias scales

Social Phobias		Insect and zoo Phobias		Acro, clustro and Agora Phobias		Death and illness Phobias		Darkness and natural phenomenon Phobias				Demono Phobias	
Item	R	item	R	item	R	item	R	Item	R	Item	R	item	R
8	.655	4	.373	2	.385	1	.528	14	.788	33	.552	38	.552
9	.749	25	.446	7	.566	6	.705	15	.733	34	.628	40	.835
17	.290	26	.548	12	.387	10	.549	20	.588	48	.663	42	.460
18	.546	27	.426	21	.533	13	.639					50	.703
19	.753	28	.548	32	.533	43	.549						
24	.405	29	.640	35	.468	45	.397						
36	.573	30	.595	47	.492	46	.351						
44	.653	31	.640										
49	.642	37	.551										

From the above table, we noted that all the items in all sub-scales have links to a positive signal and are statistically significant at the level of (0.05), so the researcher decided not to omit any items of the scale, and thus the items of the scale became in its final form consists of (42) items.

Reliability Coefficients of Phobia Scale

To find out the reliability coefficients for the Phobias scale in a population of the study of the current study, the researcher computed Cronbach's Alpha and Spearman-Brown coefficients for

each subs scale and total Phobias scores. The following table shows the results of these computations:

Table No (2) shows the results of Alpha and Spearman-Brown coefficients for each sub-scales and total Phobias scores.

sub-scales	items number	Reliability coefficients	
		Alpha	spearman-Brown
Social Phobias	9	.858	.828
Insect and Phobias	9	.827	.819
Agora Phobias	7	.761	.722
Death and illness Phobias	7	.797	.732
Darkness and natural phenomenon Phobias	6	.861	.712
Demono Phobias	4	.812	.781
Total score of all Phobias	42	.944	.903

From the above table, we noted that the values of reliability coefficient for all sub dimensions of Phobias is greater than (0, 50) and this indicates that these sub-dimensions have acceptable degrees of reliability in the population of the present study.

Sampling

After making sure of the appropriateness and the validity of the tools to measure the variables involved in the current study population, there searcher applying these tools on a sample size which consisted of (166) women who attending traditional healer's centers (Fugara's centers) with their marital status, place of socialization, and age above twenty years old. They are selected from three localities (Al Buqaa, Sharig Elneel, and Jebal Awliya locality) representing the State of Khartoum. From each locality, three traditional healer's centers (Fugara's centers) were selected.

Description of the Study Sample

After collecting the final forms, the sample size was (166) women who were attending some traditional healer's centers (Fugara healers) in Khartoum state, as shown by the following table:

Table No (3) shows the descriptions of the study sample according to locality and other demographic variables

Descriptions Variables	Levels	El Bugaa	Shariq Elneel	Jebal Awlyia	Total
Education level	Uneducated	8	9	6	23
	Kalwaa	4	-	2	6
	Primary	12	22	10	44
	Intermediate	5	7	5	17
	Secondary	12	10	8	30
	University	17	9	20	46
	Total Sum	58	57	51	166
Age Levels	20 – 24	8	7	7	22
	25 – 29	12	16	6	34
	30 – 34	9	6	10	25
	35 – 39	5	8	10	23
	40 – 44	4	3	5	12
	45 – 49	6	2	5	13
	50 – 54	4	6	3	13
	55 & Above	10	9	5	24
	Total Sum	58	57	51	166
marital status	Married	40	33	30	103
	Single	16	14	17	47
	Divorce	2	7	2	11
	Widow	-	3	2	5
	Total	58	57	51	166
father tribe	North tribes	20	24	25	69
	Central tribes	10	32	21	63
	Kordfan tribes	22	1	3	26

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	Darfour tribes	6	-	2	8
	Total	58	57	51	166
mother tribes	North tribes	20	23	27	70
	Central tribes	9	33	20	62
	Kordfan tribes	22	1	2	25
	Darfour tribes	7	-	2	9
	Total	58	57	51	166
Home (Growth place)	Northern	4	3	7	14
	Khartoum	28	44	32	104
	Kordofan state	15	2	1	18
	Darfour state	3	1	2	6
	Central state	7	7	8	22
	Eastern state	1	0	1	2
	Total	58	57	51	166

The above table shows that most of the women have a high level of education (46), their age range between (25-29), most of them are married (103), their mother and father tribe come from northern Sudan, most of the women home growth place come from Khartoum State (104).

Statistical Analysis

The researcher had used a statistical package for social sciences (SPSS) to obtain accurate analysis data. The following statistical tests were used: Pearson's Coefficient of correlations, Alpha Spearman-Brown to obtain the reliability of the tool, Factorial analysis to determine the subscales of the tool, Frequencies, and percentage, the confidence interval for each percentage. One sample (t) test, Pearson correlations coefficients. One-way analysis of variance (ANOVA) and Spearman correlations coefficients.

Presentation and Discussion of the results

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Presentation of Results of Hypothesis No (1)

To validate the hypothesis, which states that "Demono Phobias is the most common type of Phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum state". The study analyzed the data by using one sample (t) test to determine the level of different types of phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum state. The table below illustrates the one sample (t) test to determine the level of different types of Phobias among women attending traditional healer's centers (Fugara's centers), and the confidence limits for each level of different types of Phobias in a population study. (95% confidence level)

Table No (4) shows the results of one sample (t) test to determine the level of different types of Phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum state.

Phobias Types	Mean	SD	Tested value	(T) Value	df	Prob. (sig)	Statistical Inference
Social Phobias	3.578	2.859	4.50	- 4.154	165	.001	Below medium
Insects and Zoo Phobias	4.494	2.612	4.50	-.030	165	.488	medium
Acro Phobias, claustro Phobias and Agora phobias.	4.018	1.940	3.50	3.441	165	.001	Above medium
Death and Illness Phobias	3.946	2.010	3.50	2.858	165	.003	Above medium
Darkness and natural Phenomenon	3.705	2.007	3.00	4.525	165	.001	Above medium

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Demono Phobias	2.639	1.470	2.33	5.599	165	.001	High
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In the above table, we notice that the Demono Phobias is a high level whereas (T) value is (5.599) with probability (.001). That means Demono Phobias are the most common types of Phobias among women attending traditional healer's centers (Fugara's centers).

These results have agreed with the study of Saeed. K, etal, (2000), which confirm that women have the highest rate of jinn possession and Demons.

The study could interpret these results in the light of the cultural concept about the etiology of diseases, which attributes all mental illness to supernatural power (Helman, 2000). There is a general belief that physical and mental diseases originate from various external causes such as a breach of a taboo or customs, hostile ancestral spirits, spirit possession, evil eye, sorcery, and demoniacal possession. The demon and jinn may cause many different types of sickness, harm humans, affecting their psychology, moods, body, wealth, possessions, business, and relations with others.

The study may also refer to these results according to Sudanese society's concepts about the Jinn, and Demons (al Safi, 2013). These concepts dwell in the minds of women and create irrational fear and frightening picture from these jinn, spirits, and demons. The jinn became in the imagination of many women as a world of fear and terrible creatures. It can gain entry into the human world by the means of supernatural tools; so many women who suffer from demon phobia typically avoid contact with items connected to the occult. Women also believe that evil supernatural beings that exist and roam on earth may have abnormal and persistent fears of

demons. They become unduly anxious when discussing demons, when venturing alone into woods or a dark house, or when watching films about demonic possession and exorcism. The appearance of Demons in various forms may always make women terrified. They believe that Jinn could appear and can take on various forms, the most common of which are the forms of loathsome things and animals such as a huge snake, a black cat, and a dog or a sheep. Therefore, they do not kill these animals, because of fear of being inflicted with madness and possession with Demons. All bad acts or any abnormal and explainable events, which are supposed to be caused by Demons and Jinn, may explain why Demon Phobia is most common among women. Women believe that some Jinn can overpower humans and make them hear voices and see things other than what they are, by means of witch craft. Therefore, a wife may see her husband as ugly and off-putting, which provokes a reaction in the one who sees that and causes anxiety and distress, when in fact the other person has not changed at all. They believe that if man or woman disappears in the wilderness, it is attributed to the Jinn who have carried out them.

Presentation of Results of Hypothesis No (2)

To validate the hypothesis, which states, "The levels of Phobias are highest among women attending traditional healer's centers (Fugara's centers) in Khartoum State" The study analyzed the data by using frequencies and percentages of different levels of Phobias. The table below illustrates the frequencies and percentages of different levels of Phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum State and the confidence interval for each percentage in the population with a confidence level (0.95).

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Table No (5) shows the frequencies and percentages of different levels of Phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum state and the confidence interval for each percentage in the population with a confidence level (0.95)

Levels of Phobias	Scores ranges	Frequency	Percent	Standard Error	Lower Limit	Upper Limit
Low	Less than 8	12	7.2	0.020	3.29	11.17
Below Medium	8 – 14	32	19.3	0.031	13.28	25.28
Medium	15 – 21	36	21.7	0.032	15.42	27.96
Above Medium	22 – 29	38	22.9	0.033	16.50	29.28
High	Greater than 29	48	28.91	0.035	22.02	35.81

In the above table, we notice that the levels of the Phobias are highest among women attending traditional healer's centers (Fugara's centers), where the percentage of the high level of Phobias is (28.91%).

According to the study of (A Bener, 2011), which confirm that females had a higher rate of phobias than male. The study has interpreted these results as follows:

The internal and external frustration may be due to the highest level of Phobias among women attending traditional healers. Women are always trying to achieve their goals, desires, and needs. The frustrations arise from challenges in fulfilling women's goals, desires, and instinctive needs. These frustrations lead the women to feel tension and anxiety. Therefore, the women reflect their frustration as a symbol of the fear of the dark, thunder, animals, social, or another topic of Phobias.

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The negative thought and imagination towards frightful objects are also may be the cause of the high level of Phobias among women, for example, women think and imagine that the Jinn and ghosts exist in the night, in some trees, or inhabited houses, and they may cause harm. With this negative thought, she will have experience of fear.

The women's concept and beliefs about the etiology of illness, which attribute all mental illness to supernatural, hostile ancestral spirits, spirit possession, evil eye, sorcery, the action of witches and evil forces, and demoniacal possession, or may interpret the highest level of phobias among them.

Women exposing to some frightening situations during childhood may be a cause of high morbid fears. If a woman bitten by a dog was afraid of a spider or heard frightening thunder, this would make the level of her phobias high.

Presentation of Results of Hypothesis No (3)

To validate the hypothesis, which states, "There aren't significant differences in Phobias among women attending traditional healer's centers in Khartoum State due to marital status "The study analyzed the data by using a one-way analysis of variance. The following table illustrates the significance of differences in Phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum state due to marital status.

Table no (6) shows the results of a one-way analysis of variance to explain the significance of differences in Phobias among women attending traditional healer's centers in Khartoum State due to marital status.

Phobias	Source	Sum	of	Df	Mean	F	Significance.
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Types		Squares		Square		
Social Phobias	Between Groups	1.417	3	.472	.057	.982
	Within Groups	1347.065	162	8.315		
	Total	1348.482	165			
Insects and Zoo phobias	Between Groups	23.588	3	7.863	1.156	.328
	Within Groups	1101.906	162	6.802		
	Total	1125.494	165			
Acro Phobias, claustro Phobias and Agora Phobias	Between Groups	19.279	3	6.426	1.730	.163
	Within Groups	601.667	162	3.714		
	Total	620.946	165			
Death and Illness Phobias	Between Groups	9.136	3	3.045	.750	.524
	Within Groups	657.376	162	4.058		
	Total	666.512	165			
Darkness and Natural phenomena Phobias	Between Groups	14.881	3	4.960	1.237	.298
	Within Groups	649.655	162	4.010		
	Total	664.536	165			
Demono Phobia	Between Groups	2.229	3	.743	.340	.796
	Within Groups	354.084	162	2.186		
	Total	356.313	165			

From the above table, we notice that the value of (f) in all dimensions of Phobias are in a range between (057), and (1.730), and all are not statistically significant at (0.05 level), which means that there are no differences between women with three groups of marital status (married-single-divorce and widow) in phobias.

Thus, we find that these results have proved the validity of the third hypothesis that "There aren't significant differences in Phobias among women attending traditional healer's centers in Khartoum State due to marital status".

The study interprets these results according to the fact that Phobias are learned behavior, which can occur at any time of women's life or stages. Many women even if they are married, single, divorced, or widowed, may be traced to specific triggering events, or a traumatic experience at an early age. For example, the woman, who was bitten, or threatened by an animal in the pre-marriage, can be a cause of fear of all animals, even after marriage, being single, or widow.

The internal and external stresses situational, which women exposed to even if they are single, married, divorced, or widow may create such Phobias among them, regardless of the marital status. The women exposed to stresses such as the death of one parent or husband, or lots of money, exposure to divorce or separation, all these stressful situations may impact women in a symbol of the fear of death, or insect, darkness, natural phenomena, or demons.

The women also become a partner or shares responsibility with her family. These responsibilities may affect women in a form of emotional arousal represented in such symptoms as tension, anxiety and fear.

The aggressive and bad relation towards the women in the family surrounding may also interpret why there aren't significant differences in Phobias among women due to marital status. According to (WHO, 2001), among every five women, one woman may be exposed to aggressive behavior. They suffer from aggression and violence in and outside of their homes and family

in various forms. They are exposed to verbal, psychological, and physical violence including beating, sexual abuse of the females in the household, female genital mutilation, and other traditional practices harmful to women. These aggressive behaviors and violence have psychological impacts represented in physical and psychological damage and women's sense of insecurity, anxiety, and fear.

Presentation of Results of Hypothesis No (4)

To validate the hypothesis, which states, "There isn't a significant relationship between Phobias and age levels among women attending traditional healer's centers (Fugara's centers) in Khartoum State". The study analyzed the data by using Spearman correlation coefficients. The following table below explains the significance of the relationship between Phobias and age levels among women attending traditional healer's centers (Fugara's centers) in Khartoum State.

Table No (7) shows the results of the Spearman correlation coefficient to explain the significance of the relationship between Phobias and age levels among women attending traditional healer's centers (Fugara's centers) in Khartoum state (n = 166).

Phobias Types	Correlation coefficients	Probability	Statistical Inference
Social Phobias	-.056	.238	There isn't a significant correlation
Insects and Zoo Phobias	-.023	.385	There isn't a significant correlation

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Acro phobias, claustro Phobias and Agora Phobias	.017	.415	There isn't a significant correlation
Death and Illness Phobias	.047	.273	There isn't a significant correlation
Darkness and Natural phenomenon	.079	.157	There isn't a significant correlation
Demono Phobias	-.040	.303	There isn't a significant correlation

The previous table shows that the value of Correlation coefficients in all dimensions of Phobias with age levels are range between (.079) and (.017), and all of them are not statistically significant at (0.05 level). This means that these results have proved the validity of the fourth hypothesis that " There isn't a significant relationship between Phobias and age levels among women attending traditional healer's centers (Fugara's centers) in Khartoum State ".

The study could interpret these results as follows: The receiving of frightening information about something or being instructed to stay away from an object or situation especially when the woman is young, may explain why there isn't a significant relationship between Phobias and age levels. For example, some women when they were in children may develop a Phobia of an animal after a trusted adult repeatedly warns them the animal is dangerous and might bite them.

The dependence on others maybe related to Phobias among women regardless of age level. Some women live with their parents, whom they are taking care of, protecting them, and specifying their relation to others. Therefore, they live with their

parents peacefully. However, when the women become young or grow up in their age, they try to depend on themselves self without their parents. Therefore, they have fear. This fear is a symbol of missing the protection of their parents, and a symbol of missing the security environment to another environment, which is full of risk and harm. Therefore, anxiety appears in women whenever they miss their parents. The initial experiences in the life of the woman may also due to women's fears other than age level. For example, the women who are exposed to some fears at the early of her life, the feeling of fears may continue at a later stage of life. The parents as a model for the transmission of fear, or represented in women observing others experiencing trauma may become also predisposed to developing Phobia at different ages later. For example, a woman whose parent shows immense fear of spiders and watching an older sibling scream and run after being in contact with a spider may learn and develop Phobias of spiders, too. Women's phobias sometimes continue into adulthood. Thus, a woman may develop Phobias by observing the anxious response of others to objects or situations and all of these things supports the fear in women, and make these fears continuous in the different age's levels of women life.

Presentation of Results of Hypothesis No (5)

To validate the hypothesis, which states, "There aren't significant differences in Phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum State due to socialization place ".The study analyzed the data by using a one-way analysis of variance.

Table No (8) shows the results of One-way analysis of variance to explain the significance of differences in Phobias among women

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attending traditional healer's centers (Fugara's centers) in Khartoum State due to socialization place.

Phobias Types	Source	Sum of Squares	Df	Mean Square	F	Sig.
Social Phobias	Between Groups	27.421	5	5.484	.664	.651
	Within Groups	1321.061	160	8.257		
	Total	1348.482	165			
Insects and Zoo Phobias	Between Groups	21.350	5	4.270	.619	.686
	Within Groups	1104.144	160	6.901		
	Total	1125.494	165			
Acro Phobias, claustro Phobias and Agora Phobias.	Between Groups	22.914	5	4.583	1.226	.299
	Within Groups	598.032	160	3.738		
	Total	620.946	165			
Death and Illness Phobias	Between Groups	29.853	5	5.971	1.501	.193
	Within Groups	636.659	160	3.979		
	Total	666.512	165			
Darkness and Natural Phobias	Between Groups	21.752	5	4.350	1.083	.372
	Within Groups	642.784	160	4.017		
	Total	664.536	165			
Demon Phobias	Between Groups	4.795	5	.959	.436	.823
	Within Groups	351.519	160	2.197		
	Total	356.313	165			

The previous table shows that the value of (f) in all dimensions of Phobias are respectively (664) , (619), (1.226), (1.501), (1.083), (436) with a probability value of (651), (. 686), (.299) , (.193), (.372), (.823) and all of them are not statistically significant at (0.05 level).which means that these results have proved the validates of the sixth hypothesis that "There aren't significant differences in Phobias among women attending traditional healer's centers (Fugara's centers) in Khartoum State due to socialization place.

The study may attribute these results to interaction and mutual subjective orientation of the women towards other people wherever they live together regardless of their socialization place, where they come from. Women usually interact easily with family and a few close friends. They meet new people, talk in a group, or speak in public. They share their feelings, ideas, and problems with other people whom they are met. Therefore, with whom women are in close contacts, such as a friend, neighbor, or even a stranger, and through the interaction of women with the people where they are live, may transmit fear to them, regardless of their socialization place. For example, the woman who grew up in a place where parents are fear of insects or, natural phenomena, death or Demons, and through their interaction with their members of family and parents, she may learn from them the fear of natural phenomena, death, Demons and insects. Also, if the women who live in a society in which their members believe in the existence of Jinn, demons, and ghosts, may learn the fear of Demons, Jinn, and ghosts from members of the community in which they live. Besides, this is achieved through the women's interaction with the people who live with them regardless of the socialization place.

Conclusion and recommendations

Conclusion

This study attempted to identify the most common types of Phobias among women attending traditional healers and their relationship with some social status. It was carried out in Khartoum State. The study population represents only the women attending traditional healers, mainly Fugara healers. The sample size consists of (166) women selected from (9) centers of traditional healers (Fugara healers) in Khartoum State. These traditional healers centers were equally distributed in three localities of Khartoum State. The main findings of this study are: Demono Phobias is the most common type of Phobias among women attending traditional healer's centers in Khartoum state. The levels of Phobias are highest among those women. The study also found that there are no significant differences in Phobias among women attending traditional healer's centers in Khartoum state due to marital status and socialization place. There is not a significant relationship between Phobias and Age levels among women attending traditional healer's centers in Khartoum State.

From all these results, we can conclude that this study has proven that there is the highest level of phobias among women attending traditional healer's centers in Khartoum state. Moreover, Demono Phobias is the most common type of Phobias among them. Therefore, we can certainly speculate that raising awareness and health education should be paid attention among women attending traditional healer's centers through various media. Attention should be paid to establish several mental health centers. There is an urgent need to work together to fight the wrong traditional practices, which are practiced in some traditional

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healers' centers and raise the awareness, and capacities of the traditional healers about the nature of the mental illness.

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