Editorial

Recent Development in the Uses and Abuses of Traditional Healing of Psychiatric Patients in Egypt and the Arab World

Since all the times, psychiatric disorders have been managed in some way or another by different disciplines, psychological medicine is but only one recent version. It was expected that the psychiatric role in dealing with psychiatric problems will increase with modernization, illumination and increasing available services. With the improvement of psychiatric orientation of the lay man, as well as medical practitioners in general, it was expected that early diagnosis and proper referral system would take place. Other medical and surgical specialists are becoming more and more attentive to the role of emotional factors in the causation, precipitation and perpetuation of whatever disorder or disability in non-psychiatric patients. All such factors would have led to replace more and more traditional healing procedures by professional scientific medical care. This, most probably, is not the case.

In Egypt for instance, up to my knowledge till now, there is no definite valid statistical data informing about the actual state of the ongoing medical and non medical practice available for psychiatric patients. Almost all the claimed figures are either approximation or non-representative.

This paper is a trial to introduce clinical observations and impressions that could be taken as they are, or could suggest some working hypothesis to be verified.

First : The Zar ceremonies is getting less and less and is becoming restricted to those very rich stratum of the society (regardless education or social class) or to those poor individual who participates in groups in relatively common Zar activities (called Dukka). This could be partly due to the fact that Zar is considered by both the traditional and radicalist moslems as a sin. Also most psychiatrists are of the opinion that it is either useless or harmful. The vast majority of the middle class consider Zar as either a luxurious expensive procedure, or a humiliating one.

Second: The healing by Koraan has many versions that could be summarized as follows:

a) Certain unpaid classic Sheikhs practice this experience by reading particular verses of Koraan for certain mild ailments. Many of such verses are meaningful and relevant to a particular suffering. For instance reading the verse that God can protect one from envy for those who believe that, they are envied. Other decent praying are nonspecific on the assumption that God is the principal healer and all other human activities including medical ones are but means or catalyst for his basic will.

b) Other uneducated rather possessed group use Koraan as a blessing symbol, regardless any specific meaning or underlying religious explanation.

c) A third group writes down certain verses of Koraan on a piece of cloth or paper, and put them in closed cover called Hijab, and ask the patient to keep them most of the time near his heart or close to his body some way or another.

Both groups b) and c) are utilizing the lay religious beliefs and help clients mainly through suggestibility, with or without mild alteration of consciousness.

d) The fourth group uses Koraan as a tool for cognitive reformation of ideas and beliefs. The client is given selected verses, which are possibly relevant to his condition, and is asked to repeat them silently or loudly with himself for tens or hundreds of time daily. This would act in some way or another as some sort of cognitive therapy through a matrix of religious sentiment.

Sometimes such praying (selected Wird) is advised to be repeated in a particular situation relevant to the suffering. For instance, when going into dark or closed places, or when seeing somebody whom the client (or the patient) believes that he is using saucery against him.

Third: Affirmation of the existence of other sane worlds in the universe asserted by the Koraan, called Jin, was specially interpreted by some practitioners, and many forms of malpractice are carried out on the assumption that those Jin are responsible, not only for dissociative syndromes that could be available to such interpretation, but also for many serious psychoses, and many times for certain physical disorders. This concept underlies many different healing or abusing procedures, some of which are worth mentioning:

a- Interpreting the symptom formation as well as handling them through utilizing non-specific suggestibility. In this case the influence of the personality of the healer has the major role in affecting the result.

b- Enhancing splitting usually in a state of mild alteration of consciousness, which allows direct dialogue with the Jinny, with no physical interaction, assuming that the Jinny is a decent one, believing in or belonging to the same religion of the client (for instance : a moslem Jinny for the moslem client)

c- Confrontation with the Jinney identified as aesthetic (Kafer), or belonging to another religion (a christian Jinny control a moslem or vice versa). This could include physical punishment starting from insulting, actual beating with or without a tool (a stick or a whip) or even temporary suffocation. Casualities, including death, are not infrequent in such practice.

Fourth : Another version is based on certain concepts, derived from principles of spiritology, related mainly to parapsychology. To my knowledge this is relatively limited to a minority of intellectuals of the middle class.

Except the Zar, which has been relatively diminished and the spiritual healing which seems to be unchanged, all other activities seem to increase during the last two decades. It was expected with increased education , decreased illiteracy, spread of TV services all over with varieties of broadcasting and general modernization, to have less and less of such practices. This is not actually the case. What wsorth noting is that such procedures are becoming popular among relatively cultured and intellectual groups such as artists, university professors, including professors of medicine and certain authorized people.

The attitude of psychiatrists, in general, include devaluation, warning and/or

condemning all such non-psychiatric activities. Few of them try to give certain interpretation, occasionally using Jung's concepts, or understanding the phenomenon through the multiple ego states of transactional concepts of Eric Berne for instance. Such interpretation is mostly theoretical and very few patients could admit and benefit from it.

There is little or no direct dialogue between psychiatrist on one hand, and traditional healers on the other. Indirect dialogue is occasionally set in through their common patients. In the last few years most psychiatrist can hardly examine a patient who did not pass, some way or another, through one or the other of such traditional trials. Occasionally, the healer refers some of his client who present with dangerous or extremely bizarre behaviour to the psychiatrist, but the reverse is rare to occur. Certain psychiatrists do not frankly advice avoiding such trials for certain group of patients. Within limits, failure of such trials would pave the way for proper management. However, this group of patients would go to such healers with or without agreement or permission from their psychiatrists.

The explanation of such spread of these practices in recent years needs further elaboration and assessment in the field. Some common factors could be responsible, such as increasing ambiguity of life situation, monopoly of the truth by what is known as pseudoscience and the general tendency for dependence on some declared, or concealed authority. Special factors could include the minority of adequate psychiatric services and the limited education and training of medical students and psychiatrists in national educational and training programmes. Lastly, the lack of popular counter movement of scientific illumination could be as well partly responsible.

In a trial to make use of the positive aspect of this movement, the national programme of the mental health, 1991-1996, for Egypt (WHO 1991) has recommended that effort should be made in this direction. When a trial to control and regulate such activities was suggested, a wave of misunderstanding, interpreted such inclination in terms of permissiveness, and legislation. The misinterpretation added to the problem, and invited another way of confrontation.

Although the hazards of such practice are increasing the popular opinion, and not uncommonly legal authorities are less antipathetic and loose control is still going on, making things worse so far.

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