Some Transcultural Aspects of Qatari Psychiatric Patients

By M. Fakhr El-Islam

ABSTRACT

The illness behaviour of psychiatric Qatari patients is determined by the nature of their symptomatology. The importance of somatic symptoms in determining the patient role and patient-doctor relationship is discussed in the light of cultural characteristics of the Qatari community. Delusory cultural beliefs related to possession, sorcery and envy provide a conceptual framework for explanation of many disorders. Inter-generational conflict is an important factor in neurotic disorders.

Failure to report symptoms in an abstract fashion is characteristic. The cultural and religious heritage absorbs many features which would otherwise be considered symptomatic of a psychiatric disorder.

Qatar is an Arab state occupying a peninsula approximately at the middle of the western coast of the gulf separating Persia from Arabia. Most Qataris came from Arabs of the parent Arabian peninsula in the early eighteenth century and share with them a common language (Arabic) and a common religion (Islam) as well as a lot of common cultural heritage and tradition. Is it an oil exporting country with a population of about 200,000. Small factories, fisheries and farms subscribe only a little to the country's economy. A lot of foreigners from neighbouring and European countries are employed in professional, skilled and unskilled jobs.

Illness Behaviour

The term illness behaviour has been used (Mechanic, 1966) to indicate how various people recognise that they are ill and what they do about it. In Qatar the concept of illness as well as the action taken by

patients and their families vary according to whether the problems are somatic, emotional or social. Those with somatic complaints seek medical help; those with emotional and behavioural problems seek the help of a native healer (Motawa), while those with social problems find it difficult to deal with these problems in an undisguised form (El-Islam, 1974).

The presence of somatic symptoms, especially pain, may be the only, or the major indication that makes a Qatari individual seek medical attention. Somatic symptoms are attributed to the organ in which they are most experienced. It is beyond the imaginative experience of most Qataris that somatic symptoms could be of psychiatric origin. Patients manipulate their doctors to indulge in physical investigations. Many doctors follow their patients' lead into unwarranted laboratory, radiological and 'up-to-date' investigations under the assumption that this will reassure the patients. Apart from the risk inherent in some of these investigations, e.g. X-rays, over-investigation gives the patient the implicit message that his physician is looking for something which he cannot find and the patient instead of being reassured, reaches the conclusion that he suffers from an unknown or peculiar disease on which no adequate knowledge or experience is yet available to doctors (El-Islam, 1975). In this way over-investigation proves to be not only useless but positively harmful to the patient. When the somatic experience is of a general nature, e.g. a sense of general body enfeeblement, many patients entertain an iatrogenic (i.e. doctor-induced) belief that their problem is one of 'general physical weakness'. Their relations or friends were diagnosed as such when presenting to doctors with similar experiences of fatigue or anergy. Patients and doctors enter into a mutually reinforcing collusion in which vitamins, especially injections, and so-called tonics are prescribed by doctors to please rather than help their patients (El-Islam and Ahmed, 1971).

Emotional and behavioural problems, on the other hand, are traditionally attributed to acts of possession by spirits (Jinn), sorcery or envy by the evil eye. Families who entertain these beliefs take their patients to native healers who are endowed with powers of exorcising evil spirits, undoing sorcery or ending the harm of envy. When efforts along these lines are judged to have failed, and this may take months or years, the patient is finally brought under medical care.

For social problems it would have been appropriate in many instances to seek social help, e.g. in the form of marriage guidance, social activities for young people and care for the old. However, the virtual absence of these services forces those with social problems to play the patient role by developing somatic symptoms. Therefore social problems which could not be managed at the level of the individual and his family are disguised as medical psychiatric problems. An example of these problems is furnished by the syndrome of culture bound neurosis in Qatari women (El-Islam, 1975). The syndrome occurs mostly in females who fail to satisfy the social criteria of women role fulfilment according to the traditional Qatari value systems. A mixture of asthenic and hypochondriacal neurosis is initiated, conditioned and bound (fixed) by sociocultural expectations. The conditions occurs mostly in women who are husbandless, childless or under threat of husband loss (e.g. through polygamy). Patients develop somatic symptoms that foresake the social roots and reverse the picture as they attribute their social failure to their apparent physical dysfunction. Although their somatic symptoms practically cover the whole body, very little could be expected from a simple pharmacological approach. This only adds emphasis to the views of May *et al.* (1971) condemning "Pharmacological solutions of human problems".

Cultural Psychopathology

Background culturally shared beliefs lacking objective proofs have been termed delusory beliefs (Murphy, 1957). Of these, I shall discuss three beliefs relevant to the Qatari community : possession, sorcery and the evil eye.

Possession by spirits is believed to be an act of mastery of man by supernatural agents known as "Jinn". The possession is held to result in unreasonable and therefore unpredictable, behaviour. The affected individual may claim unawareness of the disturbed behaviour or attribute it to morbid emotional experiences induced by the Jinn.

In sorcery, on the other hand, it is the evil intentions of other people that involve the spirits in order to harm a particular person in the way

they specify. Thus a divorced wife may be held to prevent love between her ex-husband and his new wife and a young man who breaks his relationship with a girl could become impotent through sorcery.

The evil eye belief is a concrete representation of omnipotent evil-producing wishes by the eyes of people who envy the success, health and prosperity of others. The envious looks or even glances are held responsible for any deterioration, especially if sudden in the envied person's well being. The enculturation of Qataris does not stress achievement motivation according to McClelland's criteria (McClelland. **et al.,** 1953) Therefore, instead of responding to the success of another person by being competitive in order to increase his own achievement, a Qatari individual may simply envy the other person's better position so that the latter loses his precedence or superiority.

Culturally conditioned conflicts precipitate psychiatric disorder in many patients. The rapid acquisition of wealth with the discovery of petrol availed for Qataris all Western commodities including the mass media conveying the Western modes of life while many, especially older members, are still adherent to traditional ways of life and interaction. Inter-generational conflict involves these issues in the relationships between the older and younger generation. Thus tradition favours certain patterns of family relationships, marriage rules and attitudes towards women from which many young people try to diverge (El-Islam, 1976). Intergenerational conflicts along these issues are encountered in about 20% of young Qatari neurotics.

Symptomatology and the Cultural Background

Symptoms are concretely expressed according to the way in which they are conceived by Qataris. Tension is often described as body aches which are attributed to deep locations (down to the bones) because no superficial lesion is detectable. Even abstract symptoms may be attributable to various body organs, i.e. conceived concretely as if they were somatic symptoms. Thus poor concentration on reading may be attributed by school children as well as by their parents to their eyes "not

catching properly" and these children are often taken to the eye clinic. Worries and unpleasant anticipations are ascribed to the heart which is held to tell the patient about them.

Eliciting the precipitating factors of psychiatric disorders is often difficult and needs a lot of patience. Patients do not conceive the possible relationship between their complaints and recent life events although the sequence of events and content of symptoms may suggest such a relationship.

Obsessional symptoms are rarely reported to the psychiatrist. The background cultural and Islamic religion absorb a lot of phenomena which would, in other cultures, be regarded as obsessional. Thus odd numbers, and particularly 3 and 7, are regarded as good numbers. Earth and heaven are believed to have seven layers each, the world is believed to have been created in seven days and several pieces of advice deter from vice in threes and encourage virtue in threes. Also recurring undesired thoughts which would be classed as obsessional ruminations are disowned and attributed to the devil. Individuals who have recurring unacceptable aggressive and/or sexual thoughts distrust them and disobey them without feeling guilty about having them because they are not theirs; they are the devil's. The Arabic word "wiswass" stands for both the devil and worrying thoughts (e.g. ruminations). Many cleanliness acts are normal religious rituals, e.g. washing the hands and rinsing the mouth three times each before prayers.

Guilt feelings are not frequently encountered presentations of depressive illness. However if enough time is allowed, a careful interview elicits guilt feelings in many depressed patients. The illness may be regarded as punishment by God in retribution for the patient's badness or wrong conduct (El-Islam, 1969). These guilt feelings are hidden in the symptomatological background whereas the foreground is occupied by projections of responsibility for their suffering on others in their environment. Some patients synthesise the projection and guilt components into a formula attributing punishment to God who utilizes other people as means of effecting the punishment in real life situations.

Many delusions depend on alterations in the quality of traditionally held beliefs. The presence of delusions and hallucinations in psychotic patients has to be carefully assessed against the background of delusory cultural beliefs. Many Qataris who believe in possession, sorcery and/or envy do not discuss these issues with their doctor if they feel that he does not entertain these beliefs. A doctor who understands or shares the patients' cultural background should elicit details of their symptomatology in order to decide whether they are within or beyond culturally sanctioned bounds. It is interesting that when some patients recover from a psychotic illness their morbid experience could be "normalised" by adapting them to the delusory cultural belief system, e.g. hallucinatory perceptions become devil-induced thoughts.

The Patient-Doctor Relationship

Qatari patients have a dependent attitude towards doctors. They are not keen on any active participation in their own treatment. Thus they are reluctant to follow dietary regulation in conjunction with therapy with monoamineoxidase antidepressants, they are irregular in dosage of medicines and follow-up visits, and they do not do their "homework" in relaxation therapy, training in assertion or mass practice. They feel it is the job of the doctor to bring them a cure. These culture bound expectations cannot be ignored. Some patients manipulate their doctors in order to get certain treatments for their illness or to achieve certain gains through being ill, e.g. sick leave, light duty or treatment abroad.

The concept of rehabilitation and adaptation to residual disability is not acceptable to many Qataris. The Qatari society, which is not achievement motivated, does not provoke any enthusiasm in patients or their relatives about the re-establishment or maintenance of achievement and occupational identity. Patients keep wandering from one specialist to another hoping to discover someone who is clever enough to effect a complete cure. Finally the relatives give in to despair and let those who are mentally or physically disabled sink into a deteriorated invalid state. Hence schizophrenics with residual defects and the mentally subnormal

are not expected to do any job that would, by Western criteria, provide them with some independence, security and self confidence.

Insight psychotherapy is too abstract and too dependent on patients' participation to be acceptable to many patients. However, supportive interviews and family counselling / therapy have been introduced and are gaining some acceptance with the doctor acting as a "family friend".

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AUTHOR

M. Fakhr El-Islam, FRCP, FRCPsych., DPM., Senior Consultant Psychiatrist, Ministry of Public Health, Doha, Qatar.

الملـــوجز

دراسة بيئية مقارنة فى المرضى النفسيين القطريين

ان معرفة المرضى النفسيين القطريين بالمرضى وموقفهم تجاهه تتحدد بطبيعة الأعراض ، ولقد ناقش البحث أهمية الأعراض الجسمية فى تحديد دور المريض وعلاقة المريض بالطبيب وذلك فى ضوء الخصـــائص الثقافية للمجتمع القطرى ؛ حيث تمثل المعتقدات الضـــلالية المتـــوارثة فى هذا المجتمع ـ مثل مس الشيطان ، والسحر ، والحسد ـ الاطار المفهومى لتفسير كثير من الاضطرابات ، كما يلعب الصراع بين الأجيـــال دورا هاما فى الاضطرابات العصبية ، ومن خصائص هذا المجتمع أيضا عدم القدرة على التعبير عن الأعراض فى صورة مجردة ، ويذكر البـــاحث أن الكثير من المظاهر التى يمتصها التراث الثقافى والدينى تعتبر أعراضـــا للاضطراب النفسى بدون هذا الامتصاص .

Des Aspects Transculturels des Patients Psychiatriques Qatari

ABSTRAIT

Le comportement dû aux maladies chez les patients Qatari est déterminé par la nature de leur symptomatologie. L'importance des symptomes somatiques dans la détermination du rôle du patient et de la relation patient-médecin est discutée dans la lumière des caracteristiques culturelles de la communauté Qatari. Les convictions déliantes alliées aux possessions, à la sorcellerie et à l'envie créenzum cadre conceptuel pour expliquer plusieurs troubles. Le conflict entre les générations est un important facteur dans les troubles névrotiques. La faillite de décrire, les symptomes dans un langage abstrait est caractéristique. L'héritage culturel et religieux absorbe plusieurs traits qui autrement auraient été considérés comme des symptômes psychiatriques.

Psychiatric Morbidity Among Egyptian Deaf Children

By *Zienab Bishry, Salwa El Mala, M. Kamel*

ABSTRACT

In this study sixty children aged 3 - 6 comprising two equal groups of low and high socio-economic status were compared with their controls. Deaf children were statistically less socially mature on the Vienland social maturity scale and had lower I.Q's. on the Hiskey Nibraska test than their controls. Hyperactivity and antisocial behaviour were the most common symptoms on the parental scale for assessment of deviant behaviour. The different influential mechanisms responsible for these findings were discussed. There was no statistical difference between males and females. Follow up study after six months and after one year for the low socio-economic group showed significant improvement in deviant behaviour after one year.

INTRODUCTION

The term deafness is a blanket expression which includes all types of hearing difficulties, and that the consequences of deafness depend on a large number of variables of which the most important are probably the age of onset and degree of hearing loss (Denmark, 1969). It is important to differentiate those whose disability has preceded the acquisition of speech and language (prelingual or early profound deafness) from those whose deafness began later in life (post lingual or adventitious deafness).

Altshuler (1971) concluded that early profound deafness leads to developmental retardation by depriving the affected person not only of a wide range of general knowledge and experience but also of opportunities to develop language at the appropriate time and to experience the emotionality which is communicated through verbal expression and is so essential to normal personality development.