Religion, morality and psychiatric stigma in Egypt *

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Religion and religious beliefs are inseparable from mental illness and its treatment in many societies, including Egypt, and religious beliefs therefore have important implications for psychiatric help-seeking in these societies. Studies have shown that among Muslims in particular, prayer is seen as having both a curative and protective influence on mental illnesses (Hatfield, et. Al, 1996). In Egypt, religious beliefs play an important role in definitions of health and illness as well as stigma production and management. For example, religious healers are commonly consulted prior to, in conjunction with, or after seeking psychiatric or medical care for mental health problems. Religious healing has a long history in the Arab/Muslim world, and, in societies where such studies have been conducted, may be viewed as complementary to, but not replaced by, modern medicine (for example, Al-Krenawi, et al, 2001; Al-Subaie & Ahlhamad, 2000; El-Islam, 2000). Related to this, views of the "healthy self" in Egypt are informed by religious notions of morality and spiritual strength, directly contradicting alternative explanations that may locate behavioral disorders in the mental or physical realm.

In Egypt as elsewhere, one of the most commonly cited reasons for the under-use of available psychiatric services by the lay-public is the notion of stigma. 'Stigma' is frequently blamed for the cultural incompatibility of western-based mental health programs in certain contexts, for the continued reliance on traditional healers and the failure of certain non-western countries (and immigrants from the same) to fall in step with the dominant psychiatric paradigm (Al-Krenawi, et al, 2000; James, et al., 2002; Raguram, et al., 1996). The concept of stigma, however, is too often poorly defined and may be uncritically employed as a catch-phrase in support of imported mental health promotion programs. This paper is based on the results of a large-scale qualitative study aimed at identifying and understanding the cultural meanings associated with the unique forms that psychiatric stigma takes in Egypt. The present focus is on treatment-related stigma as it impacts the acceptance of psychiatric services, in the context of religious/cultural beliefs that may locate many mental health problems in the spiritual and social, not medical realm. In this case, "stigma-management" techniques that assume a natural linear progression from "traditional" to "modern" and that rely on educational programs to accomplish this may be doomed to fall far short of their goals.

The data for the present study consisted of in-depth interviews with 209 lay persons, 106 psychiatric patients and their families, and 26 psychiatric nurses and social workers in order to determine local knowledge, beliefs and attitudes towards mental illness and mental illness treatment in Egypt, and the relationship of these to actual practices of treatment-seeking for mental health-related problems. The lay-person interviews were based upon clinical vignettes of hypothetical persons (either male or female) suffering from depression, psychosis, alcohol abuse, or a classic "possession" syndrome as it is culturally understood. Stigma was measured by judgments of social distance, i.e, whether or not the respondent would accept the person in question as a neighbor, friend, teacher, or as a spouse to a member of the family.

The results suggested that Egyptians have a very high tolerance for mental disorders, provided that they are able to interpret these disorders in a culturally-acceptable manner. Illnesses are generally viewed in terms of causal factors rather than disease processes, and appropriate treatments involve directly addressing these causes. For example, if someone exhibits extremely bizarre behavior due to a stressful marital situation, then the "problem" is the marriage and the "solution" is the resolution thereof. In this case, the bizarre behavior is expected to resolve when the problem is solved, and no stigma is attached to the behavior itself.

Psychiatric hospitals, as part of the medical establishment that treats "physical" disorders, are seen as treating only permanent, organic mental diseases. A behavior that would not be stigmatized were it seen as due to a "marital problem", is highly stigmatized when the cause is redefined as "organic disease process". Thus, the stigma associated with psychiatric hospitals is partly due to the nature of psychiatric theories of disorder that locate a given problem inside the individual (and due to biological causes), rather than in the realm of social interaction.

Negative views of typical psychiatric definitions of disturbed behavior and preferences for socially-contextualized causal explanations were relatively independent of educational and social background, meaning that psychiatric disorders (defined as such) and psychiatric hospitalization were stigmatized by people from all socio-economic classes. However, the results also indicated a certain willingness on the part of the respondents to accept that psychiatrists (but not psychiatric hospitals) can be useful in the treatment of mental disorders as long as they serve the purpose of solving "social and emotional" problems rather than "organic diseases".

The results of this study highlight the need to look beyond static categories of person toward a more nuanced understanding of cultural meanings in order to unravel the complexities of

psychiatric stigma in Egypt. The following discussion emphasizes findings from the qualitative data analysis that specifically address attitudes towards psychiatrists and psychiatric hospitals within the context of cultural beliefs about mental and behavioral disturbances that are often at odds with those of mainstream medicine.

Psychiatrists were often mentioned by the lay respondents as a first resort for treatment. The responses indicated that Egyptians have a good deal of respect for the expertise of doctors in general and their ability to treat illnesses of all types. However, the responses indicated an equally strong tendency to place limits on the abilities of doctors, and particularly psychiatrists, to solve certain problems. In fact, several people spoke as if seeing the psychiatrist was a mere formality before moving on to the "real" treatment. The following excerpt is from a man who was presented with the vignette portraying psychosis. He made the following commentary on the efficacy of doctors, only to be negated at the end in favor of religious treatment:

"If she (person in vignette) went to a psychiatrist he would analyze her and tell her her problem. She needs a psychiatrist or a Qur'anic healer. The Prophet said 'take from the Qur'an what you want for what you want.' And she should go to the psychiatrist". (Interviewer: How are the two related?) "She would go first to the psychiatrist and she would not get treated so she would go to Qur'anic healing"

The above excerpt indicates (among other things) that because of the respect shown to doctors, people would often agree that the person might see a doctor, along with other types of treatment, because after all, it couldn't hurt. However, most of the time 'psychological' problems were viewed as either social or spiritual in nature, thus rendering a psychiatrist unnecessary. Psychiatrists, like all medical doctors, were seen as necessary mainly for organic/biological problems, which were only believed to be related to psychological disturbances in certain cases. For example, a middle-aged man said, when asked what could help the man in the depressed vignette:

"It [the illness in question] begins with a serious breakdown followed by a psychological disturbance and a mental disorder. If not treated medically in two weeks time, this man will get epileptic and be insane or paralyzed. (Interviewer: do you think he should seek a religious sheikh for treatment?) "No because his problem now is biological and not spiritual. The only recovery for this man is through medical treatment and nothing else. Spiritual illness can only be treated by means of refining the spirit and by regular use of the Qur'an and the religious rituals. As for the psychological illness it is a biological disease that could only be treated by medical doctors".

This man was able to suggest a doctor after recasting the problem at hand as a "biological" illness, as opposed to a spiritual one. As mentioned, psychological disturbances are often seen as more akin to spiritual than biological illness, hence no need for a physician. However, in this case the man has defined psychological illnesses as biological in nature, probably through the association with "*sara3*", or epilepsy, itself a disorder with ambiguous physical/spiritual roots. As one man eloquently put it: "He (the doctor) is responsible for the body, and on the other hand the Holy people are responsible for the soul".

Simultaneous or hierarchical treatment resort has been often noted by psychiatrists and social scientists, and indeed the vignette responses indicated this as well. It was common to mention both sheikhs and psychiatrists as paths of first resort, and the general idea was that if one didn't work, the other would. In the following excerpt, this theme is demonstrated, as well as the ongoing idea that doctors might be consulted "just in case" even if it is not believed that they will be of any help:

(Interviewer: Should this man seek treatment? And whom should he seek?) "Of course he should seek treatment and if didn't ask for that with his own tongue then his family must treat him or take him to a psychiatrist if he were not possessed by the Jinn, but I am sure that he is possessed by the Jinn".

It is very important to keep in mind that religious healers are much more likely than psychiatrists to see a person early on in the illness process (particularly in the rural areas). Medical or primary care doctors might see the patient first if the presenting symptoms are primarily somatic, however, the evidence here indicates that religious healers are routinely sought, often in great numbers, in the early stages of disorders that eventually lead to psychiatric hospitalization. Many patients and their families reported having been referred to a psychiatrist by a religious healer after he had "ruled out" a spiritual influence. As this suggests, confirmation that an illness is medical in nature and not spiritual does not seem to impact belief in the possibility of spiritual illnesses in the slightest, it merely confirms one of several possible cultural explanations for behavioral disorders. Therefore, it is unrealistic to presume that as psychiatric treatment gains acceptance in the society that there will be a corresponding decrease in resort to spiritual healers, as the two systems coexist side by side in Egypt, as they do in many societies.

However, the acceptance of religion and medicine as non-competitive healing resources is not shared by medical personnel, and this has the potential to seriously impact patient/physician communication and patient satisfaction. Over and over again, patients and families claimed that they were afraid to discuss their resort to religious healers or their spiritual beliefs with their doctors or nurses, saying that the doctors "would laugh at them" or "know nothing about possession". This can create a communication breakdown that could impact satisfaction with treatment, and therefore compliance and adherence, as well as prevent the patient from fully incorporating the idea of psychiatric treatment into his/her belief system.

From the responses collected here, it would appear that people are well aware of the role of psychiatrists in treating mental disorders that are defined as such (i.e., as biological rather than spiritual). However, mental illnesses defined as requiring the services of a psychiatrist, or worse, a psychiatric hospital were by definition no longer social or spiritual in nature, and therefore much more likely to be stigmatized. The word "magnuun" or crazy, was used by the respondents only when discussing a person who might require a psychiatric hospital rather than a religious or social cure. Give this, it becomes easier to interpret the way in which psychiatric hospitalization is often associated with "giving up" on the part of the patients' families, and why, once the decision is made to hospitalize, families often more or less abandon their family member to his/her fate. Clearly, psychiatric hospitals are not seen as places of cure, but rather as homes for the hopeless.

This needs to be interpreted in terms of the notions of health and illness revealed in the various responses. A healthy, normal person has a family that supports him/her and

is morally and personally strong. Ideally, the concept of the healthy person is also highly religious – he or she prays and fasts and follows the tenets of his or her religion. Behavioral, social and moral disruptions are seen as failures in the social/moral realm, not in the physical realm. Physical illnesses either get better or a person dies, but if one is physically ill he can still be a father, brother, good Muslim, etc. Not so if one is psychiatrically ill. If this is the case he is literally destroyed as person, he/she cannot pray, and cannot be a father or a brother or a mother. As long as the illness is simply a problem, then this is understandable and the cure is simple: strengthen the social, moral and religious fabric. However, if this can't be done, then the person no longer has a place, he is abnormal and cannot function as "person" among people in society.

On the other hand, there is hope for this from the responses. There is evidence from the present study that people are beginning to be more aware of the role that psychiatrists can play in solving "ordinary" problems rather than just the highly stigmatized biologically-based mental illnesses. In other words, perhaps through the influence of the media, many people said that psychiatrists could help people through talk, and those that had this view tended to express more positive feelings towards them than did those who saw the role of psychiatrists as prescribing medications only.

However, the average Egyptian will not likely embrace a treatment that involves redefining moral and social problems into "organic problems" (a shift which is definitive of the psychiatric patient experience, clearly), nor are they likely to accept a treatment that involves lengthy hospitalization away from the family. Again, this is the definition of a psychiatric patient and a fate that all want to avoid. Unlike the West, with its traditions of retreats and sleep cures and high-class asylums and such, Egyptian culture is simply not conducive to this form of treatment, which is, furthermore, directly imported from the West.

- **Creating more culturally acceptable mental health care**

It would be a mistake to assume that simple public education in the biomedical paradigm of mental health would serve to reduce the stigma associated with psychiatric treatment. There are several related reasons for this. First of all, there is no evidence that acceptance of a "biomedical" explanation of mental illness is the basis of reduced stigma in any society (Fryer & Cohen, 1988; Read & Law, 1999). In fact, attempts to equate mental illness with physical illness have sometimes backfired in western societies, and resulted in an increase, not a decrease in stigma. Mental illnesses are not experientially or morally equivalent to physical illnesses in most, if not all cultures, and an unexamined reduction of one to the other will not change this. On the other hand, social and spiritual explanations for mental illnesses, such as those overwhelming found in the present study, have been found to serve a decidedly protective function against stigma (Hill & Fraser, 1995; Read & Law, 1999). Secondly, educating people about the biological bases of mental illnesses and the resultant need for chemical treatments by a trained professional is unlikely to be convincing in a population where such concepts are so very different from everyday conceptions of mental disturbances as being behavioral, social, and moral in nature.

The danger of assuming that a biomedical explanation will serve to reduce stigma against mental illness in Egypt is further underlined by our findings regarding the causal explanations of disorders seen as being appropriate for "psychiatric hospitalization", a highly stigmatized treatment. Psychiatric hospitalization was significantly associated with illnesses perceived to involve permanent, unalterable states of "craziness" and the like, in other words, to be for illnesses that are biological in nature. On the other hand, as long as the illness was categorized as an ordinary social or emotional problem, then there was no stigma and a hospital was not required. These findings can be interpreted as reflecting the notion that biological disorders are inherently incurable and thus highly stigmatized treatable only through social isolation, itself a highly stigmatized state.

In Egypt, one is part and parcel of the social environment until such time as that contract is breached through extreme antisocial behavior. Because of this, there are strong protective factors against psychiatric stigma, notably in the existence of normalizing discourses and moral and religious imperatives to help the sick and infirm. These stigma-alleviating tactics serve to contextualize the illness in a framework that maintains the sufferer within the realm of meaningful social interaction. From within that realm, the psychic is secondary to the social, and stigma aimed solely at an individual apart from his or her social environment does not make good sense. Behavioral, social and moral disruptions are seen as failures in the social/moral/religious realm, not in the physical or psychic realm. As long as the problem can be understood in terms of its social and moral implications, then it is understandable and the cure is simple: strengthen the social, moral and religious fabric.

It should not be assumed from the results of the present study that traditional/religious beliefs will necessarily lead Egyptians to prefer religious healers over psychiatrists in all cases. While it is true that religious healing carried little or no stigma regardless of the nature of the disorder, consulting a religious healer per se was actually mentioned less often than a psychiatrist. What was common was to situate the illness in the spiritual realm and suggest religious practice as a way of strengthening the spirit in order to resist the illness, and to place psychiatrists outside of the realm of ordinary social and religious treatments. What can be concluded is that social and religious explanations for mental illnesses are consistent, durable, and unlikely to be "educated out" of the population by the current modernizing agenda. It is important that psychiatry adapt itself to cultural beliefs and norms of treatment that are stigma-protective, rather than expect society at large to adjust to cultural beliefs and norms of treatment imported from elsewhere.

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