

MULTILINGUALISM VS. ARABISATION OF PSYCHIATRY IN THE ARAB COUNTRIES

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Objective: *There seems to be a split among psychiatrists in the Arab world regarding the Arabisation of psychiatric education, training, research, and practice. The author reviewed Medline literature in English and non-Medline literature in Arabic and English on the subject to explore the advantages and disadvantages of Arabisation of psychiatry, as well as to attempt to find common grounds for the two parties in debate and possible alternatives.*

Method: *Because of severe paucity of data on the subject in the MEDLINE-indexed literature, relevant web-based literature was searched through Google for non-indexed data in Arabic as well as English. The opinions of Arab psychiatrists were reviewed from the Arabpsynet's website.*

Results: *There is a visible paucity of data on this subject. Although there were compelling arguments for and against Arabisation, the bridging of the gap between pro- and anti- parties seems possible by adopting multilingualism in psychiatric education, training, research, and practice.*

Conclusions: *The advantages of multilingualism vs. Arabisation (monolingualism) include: a) preserving the cultural integrity of the region while joining the rest of the world at the same time, b) keeping the Arab psychiatrist well informed while saving money, time and effort on translation to and from Arabic, and c) avoiding the internally divisive sensitivities brought by Arabisation.*

Key Words: *Arabisation, Arabization, Multilingualism, Psychiatry, Arab.*

Introduction: Since the Clay Tablets of ancient Mesopotamia, language has been an insoluble part of the cultural identity. Since then (~ 3500 BCE), the geopolitical atmosphere of the world in general and the Middle East in particular has become much more complex. At the dawn of the 21st century and the beginning of the second millennium CE, even a small Arab country has complex ethnolinguistic and religious make up (e.g. Lebanon, Jordan, or Tunisia). The issue of Arabisation of psychiatry can not be separated from the bigger controversial concept of "Arabisation" and the sensitivities it touches upon.

Method: Paucity of Data: Under Multilingualism (including Bilingualism) AND Arabs, MEDLINE produced two irrelevant studies. When "Psychiatry, the result is zero. Arabisation in not in Medline's Medical Subject Headings (MeSH). Google was used for non-indexed content as well as the Arabpsynet's website for Arabic content. Under Arabs AND Multilingualism, Google begets 664 hits. Adding psychiatry narrows the search to 22 hits (as of October 24, 2004); none of them was pertinent to this subject. Arabisation and Psychiatry begets 39 hits with Google, with only 4 sites relevant to the subject matter.

Results: Arab Psychiatry: To Translate or not to Translate: Under the auspices of the World Health Organization's Eastern Mediterranean Regional Office (EMRO), the Arabisation of Health Sciences Network (AHSN) was established with the intention of implementing several regional activities such as training courses for translators, editors, and publishers and the production of educational materials in health subjects for medical and paramedical schools and promotion of the unified terminology of International Classification of Functioning (ICF), International Classification of Diseases (ICD), International Nomenclature of Diseases (IND) and the Unified Medical Dictionary (1).

In 1989, The Arab Center for Arabisation, Translation, Authorship and Publication (ACATAP) was established with the goal of "Arabizing subjects relating to the different specializations of higher education in the Arab countries,

enriching the Arab culture with highly refined works of intellectual production of foreign origin, by translating such works into Arabic, and sharing efforts in translating highly refined Arabic intellectual works in the fields of science, art and literature, into widely used foreign languages." (2)

Arab psychiatrists, educators, researchers and academicians different opinions regarding Arabisation; following are some opinions by Arab psychiatrists on the subject:

"The Arabic language is more than equipped to deal with the progress and new information in the field of psychiatry and psychology, it is the Arab psychiatrists, psychologists, researchers, academicians, and educators who suffer from "intellectual infertility," or "barrenness of thought" [not the Arabic language], thought and language are inseparable; thought is language and language is thought." (Mohammad R. Hasan).

"The world cultural scene no longer accepts intellectual, cultural or linguistic closed-mindedness. It tends to dictate a reality of inter-culturalism, leaving to each culture the responsibility of preserving its identity and uniqueness. The Arab psychiatrists have a big responsibility in preserving the uniqueness of the Arab identity while respecting all other languages and avoiding xenophobia." (M. A. Nabulsi)

Why have we neglected Arabic so much? Why all the fighting and partisanship amongst ourselves, and with others? Why do most see progress and success only by vanquishing the opposing view? Why do we prefer monologue over dialogue? (Nabeel Ali)

Those who write psychology in Arabic or translate it to Arabic will only enrich the language, bring to it much needed discipline and precision. Over-emphasis on rhetoric and form instead of content traditionally slowed the progress of ideas. (Ali Zay'our)

For the Arab person, language and self are one. (Barakah)

The deterioration in the Arab national consciousness and deterioration of Arabic have created a vicious cycle. (Yahya Rakhaoui)

All opinions are from the Arab Psych Net forum on "Arabic language and psychological sciences [sic]." (3)

The above arguments can be refuted by examining the "either/or" erroneous logic: It is either the fault of the Arabic language or the fault of Arab scholars; or, put differently, either the Arabic language has failed the Arab academician/scholar or the scholar failed the language. This false logic does not take into consideration that the fault or deficiency may be elsewhere. If there is a deficiency, it is mainly a deficiency of the academic infrastructure, a deficiency of a whole system, including: limited financial resources for research, teaching, training, and mental health delivery (with concomitant high military spending), regional conflicts and wars: Iraq (1980-88, 1990-91, and 2003-present), Kuwait (1990), Lebanon (1975-91), Palestine (1948-present), Somalia and Sudan (ongoing), and embargos in the past 20 years imposed on Iraq and Libya until recently (4). Other factors include the brain and skill drain, low salaries, limited translation services to and from other languages, lack of incentives, poorly trained support staff, a culture of tardiness and cynicism (even among scholars), and non-indexed monolingual publications. There is also the technical problem that faces the academic literature in Arabic which remains rather difficult to search or to be indexed leaving the contents of psychiatric literature in Arabic outside the international mainstream.

Discussion: Bilingual/multilingual education and training in psychiatry will help in meeting the demands of a new era and what follows from integration, internationalization or globalization. Multilingualism among Arab psychiatrists is very likely to improve international communication with psychiatrists from the rest of the world.

The other refutation for the above argument is that we can avoid the all or non logic: All in Arabic or Nothing in Arabic. This does not have to be the case. The success of new technologies in integrating Arabic with other languages is already evident in the Arab Psy Net with the first issue of Arabpsynet Journal appearing in January 2004 in Tri-Lingual format (Arabic, French, and English) (5).

Instead of spending money, time, and effort on translating the most recent publications, the multilingual Arab psychiatrist will have the benefit of access to English academic work while talking to his patients and their families in their spoken or vernacular Arabic.

In addition to Arabic, adopting a second language for research, teaching and communication will minimize the variability and confusion in understanding and communicating with other scholars regarding the concepts that are by their nature vague and slippery. This will serve to preserve the cultural identity without sacrificing our thirst for knowledge.

"Arabisation" can also be understood in reverse, i.e. the Arab psychiatric community putting serious effort in joining the rest of the world psychiatrists in advancing the practice and science of psychiatry by publishing more in International journals indexed in Medline/Pub Med, or translating important contributions in Arabic to other languages.

Outside Mainstream: As of the date of this paper there is not a single Arabic publication in Psychiatry that is indexed in MEDLINE. It is well known that publications that are not indexed in Medline are not taken seriously and are very difficult to search for since the most used database for research in the medical field is Medline/Pub Med. Following is a list of journals and magazines published in the Arab world but not indexed in Medline:

Arabpsynet eJournal (Tunisia), published by Webpsynet Arab Company in Arabic, French, and English.

Man and Evolution (Egypt), published by Evolutive Psychiatric Association, in Arabic.

Mental Peace Journal of WIAMH (KSA), by World Islamic Association for Mental Health, in Arabic.

Journal on Arab Children (Kuwait), by Kuwait Association for Arab Childhood Evolution, in Arabic.

Psychology (Egypt), by Egyptian General Company for Books, in Arabic.

Interdisciplinary Psychology (Lebanon), by Psychosomatics Studies Center, in Arabic.

News Letter of the AFNGO for Drug Abuse Prevention (Egypt), by The Arab Federation of NGO for Drug Abuse Prevention, in Arabic.

Bulletin of Egyptian Psychiatric Association, by The Egyptian Psychiatric Association, in Arabic.

The Egyptian Journal of Psychological Studies, by the Egyptian Society For Psychological Studies, in Arabic.

Psychological Quarterly (Egypt), by The Egyptian Psychologists Association, in Arabic.

Assihha Al Akliya (Mental Health) (Yemen), by the Yemen Association For Mental Health, in Arabic.

Mental Health (Yemen), by Psychology Yemeni Association, in Arabic.

Addiction Bulletin (Egypt), by Evolutive Psychiatric Association, in Arabic.

Tunisian Journal of Psychiatry (Tunisia), by the Tunisian Society of Psychiatry, in French.

Tunisian Annals of Psychiatry (Tunisia), by the Tunisian Society of Psychiatry, in French.

Current Psychiatry (Egypt), Official Journal of the Institute of Psychiatry - Cairo, in English.

The Arab Journal of Psychiatry (Jordan), by the Arab Federation of Psychiatrists, in English with Arabic Abstracts and vice versa.

The Egyptian Journal of Psychiatry, by the Egyptian Psychiatric Association, in English.

The Egyptian Journal of Mental Health, by the Egyptian Association of Mental Health, in Arabic/English.

The Arab psychologist (Egypt), by the Arab Federation of Psychologists, in English.

WIAMH Newsletter (Egypt), by the World Islamic Association for Mental Health, in English.

Another important obstacle to communication in Arabic (especially with patients) is the split between the one written or "literary" [also called Classical] Arabic and the everyday colloquial Arabic usually used in conversation which varies widely from one part of the Arab world to another (Mansfield, 1992). An Iraqi psychiatrist may find a Moroccan patient's Arabic unintelligible.

There seems to be a split regarding Arabisation of psychiatry among psychiatrists in the Arab world with pro- and anti-Arabisation sentiments. Whereas for an Arab mathematician, for example, the question of language may be irrelevant, for an Arab psychiatrist the issue is very relevant. Compared to the Behavioral Sciences, Mathematics is mathematics; there is no English mathematics, Arabic mathematics, Japanese mathematics, and the like. In a way, mathematics is language in itself, or rather a sublanguage. Psychiatry may be the medical specialty most dependent on language and culture in clinical practice as well as education and research.

Although the doctor patient relationship is important in all medical specialties, in psychiatry it is the cornerstone of accurate diagnosis and the delivery of services, especially psychotherapy. The patients' ability to make their thoughts and feelings intelligible

to psychiatrists is beyond the abilities of the most competent interpreters. To grasp the complicated phenomena of thought disorder, delusional thoughts as opposed to cultural beliefs, subtle feelings, mood states, and private thoughts, the psychiatrist does not only have to speak standard Arabic but he or she has to be familiar with the colloquial dialect. In the mental health field, there is a lot to be lost in translation or interpretation. A possible solution to the problem of translation on an academic as well as a cultural level may be bilingualism or multi-lingualism. Multilingualism may serve to appease the opponents of globalizations and assimilation as well as the proponents of the "global village." Arab psychiatrists are in a good position to bridge the gap between the state of the art scholarly work (mostly originating in North America or Europe, or published there) and the local Arab scene which is influenced by socio-cultural factors including religion, customs, values, morals, codes of conduct, tradition, superstition and, of course, politics.

The technological advances in telecommunication and multimedia via the internet have changed and will continue to change the cultural landscape of the world. The cross pollination among the different parts of the world will no doubt touch every aspect of our lives; the field of mental health is no exception. The relatively easy access to information on the internet has influenced the practice of psychiatry and medicine in general. The education of psychiatrists, psychologists as well as patients has changed and will continue to change with the widespread use of the internet.

Language is deeply woven into the way we think, interact, feel, and into our psychological make-up and political relations. (Tannenbaum, 2003) Although this may change during this century, it is unlikely to happen in the first part of it. This deep link between language and the psyche may be the strongest argument for Arabisation (following National pride). Another argument for Arabisation is that without it, we are running the risk of imposing practices appropriate somewhere else in the world but not our part of it and providing unacceptable mental health services to a particular local community, under the guise of "standardization."

Although one may argue that Arabisation will improve the psychiatrists' ability to explain some concepts adequately in Arabic to patients and their families, a multilingual professional may switch back and forth between two or more languages with greater flexibility to communicate with a monolingual patient as well as the rest of the academic world.

Compared to the other medical specialties psychiatry may have more pronounced disagreements among psychiatrists speaking the same language regarding the "meaning" of psychiatric terms. The slippery terms in our field makes it difficult to arrive at a consensus even without the burden of translation. The lack of precision in the technical terms or "psychiatric jargon" is often a significant obstacle in any language. If you add to that the burden of translation, you are likely to compound the imprecision and miscommunication. One can argue that psychiatry as a practice, as a science, and as an art has its own language, a sublanguage with its own semantics.

The problem with psychiatric sublanguage is not just at the level definitions found in glossaries, but at the level of conceptual understanding. It is the concept itself-symbolized by words and phrases-that is misunderstood or understood differently by different psychiatrists. The more complex the concepts are the more translation creates further miscommunication or even lack of understanding (e.g. consciousness, ego, dissociation, and so on). Divisive issues: Historical, Geographical, Ethnolinguistic, and Political

Dimension One person's national pride or "patriotism" may be

another person's shame and humiliation. That's why "Arabisation" is a term that brings up a lot of sensitivities and heightened passions due to the complex makeup of the people(s) who inhabit the geographical area know as the Arab world (22 countries in all). The sensitivity originates from the insoluble link between and language and cultural identity. Although the term is used here specifically to refer to using the Arabic language as a medium for teaching, research, and publication in psychiatry, as well as delivery of mental health services, it, still, can not be divorced from its historical, geographical, ethnolinguistic, or political context.

The broader sense of the term "Arabisation" does not only refer to the effort to translate and adapt foreign terminology and knowledge, it also refers to a language policy, an education policy, and a political agenda of some Arab regimes' efforts to force ethnolinguistic minorities in the geographical Arab countries to assimilate.

The divisiveness of "Arabisation" from a historical and geographical point of view is due to its overtones of Arab imperialism and colonization by the Semitic tribes migrating out of the Arabian Peninsula to areas that historically were not Arab and populations who still exist today who are not ethnolinguistically Arab, such as Africans, Assyrians, Berbers (Amazigh), Copts, Kurds, Maronites, Nubians, and Turkmen.

Independent of the above there are ethno-linguistic minorities who immigrated to the Arab world and want to preserve their tradition and cultural identity such as Armenians and Chechens. The political dimension is insoluble from the above dimensions plus aspirations of ethnolinguistic minorities for more freedom, autonomy, and even sovereignty.

Bilingualism and/or Multilingualism may resolve the apparent conflict between the pro- and anti-Arabisation of Psychiatry camps: Firstly, by preserving the cultural integrity of the region while joining the rest of the world at the same time.

Secondly, by keeping the Arab psychiatrist well informed while saving money, time and effort on translation to Arabic. Thirdly, by avoiding the internally divisive sensitivities.

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