

Egyptian contribution to the concept of mental health

A. Okasha¹

SUMMARY This paper provides an historical look at the Egyptian contribution to mental health from Pharaonic times through to the Islamic era and up to today. The current situation as regards mental health in Egypt is described.

Introduction

The earliest recorded sources of medicine emanate from the two great centres of culture, Egypt and Mesopotamia. The Egyptian records are of particular importance because of the information available from surviving papyri.

Pharaonic era

The main sources for studying medical knowledge in ancient Egypt are the surviving papyri, which first required transliteration into modern languages. In ancient Egypt, the philosophy of life and death centred upon the idea that these were part of a continuous cycle, hence the belief that life after death demanded elaborate funeral ceremonies and complex rituals in preparation for it. This belief emphasized the psychology of the dead and the nature of the hereafter. The individual was considered to be composed of three integral parts. The *khat* represented the body. The *ka* was the soul of the individual's double, represented and symbolized by uplifted arms, whose main function was to protect the body of the deceased. The *ba*, which was symbolized as a flying bird carrying the key of eternity,

was believed to leave the body after death and reside in heaven, periodically visiting the burial place of the mummified body.

The oldest of the papyri, the Kahun Papyrus, which dates back to about 1900 BC, mainly deals with gynaecological matters and refers to the subject of so-called hysteria, attributing it to displacement of the uterus.

Perhaps the first hospital system in the world was found relatively recently in the excavation at north Saqqara: a side gallery leading into a new wing consisting of a main passage with a vast maze of complicated lateral galleries branching off on either side [1]. These side galleries, averaging 3 metres high and 2.5 metres wide, were completely filled with thousands of sealed pottery jars similar to those found nearby in 1964, which contained wrapped mummified ibises. The jars, however, proved to contain the mummies of falcons, many of them most beautifully shrouded. These were probably destined for worship and for the treatment of sick people lying in separate rooms.

Suggestion played an important part in all forms of treatment [2]. One of the psychotherapeutic methods used in Ancient Egypt was "incubation" or "temple sleep".

¹Professor of Psychiatry and Director of WHO Collaborating Centre for Research and Training in Mental Health, Institute of Psychiatry, Ain Shams University, Cairo, Egypt, and President, World Psychiatric Association.

This was associated with Imhotep, the earliest known physician in history. Imhotep, which means, "he who comes in peace", was the physician vizier of the Pharaoh Zoser who built the Saqqara pyramid, 2980–2900 BC. He was worshipped at Memphis and a temple was constructed in his honour on the island of Philae. The temple was a popular centre for sleep treatment through herbs, claimed to be opium. The course of treatment depended greatly on the manifestations and contents of dreams, which were, of course, highly affected by the psychoreligious climate of the temple, or the confidence in the supernatural powers of the deity and on the suggestive procedures carried out by the divine healers [3]. When sleeping in the temple, the Egyptian could try and make contact with the gods by means of magic formulae and interrogate them. His principal aims were knowledge of his future, of the dangers that threatened him and of the evil spells that were following him. But he was also seeking a cure for his ailments. The principle of the healing dreams was attributed to Isis, although many other deities in Egypt also possessed the same powers [4].

Islamic era

The approach of Islam to mental illness can be traced most importantly to the Holy Quran. The most common word used to refer to the mad person, i.e. insane or psychotic, in the Quran is *majnoon*. The word is originally derived from the word *jinn* (the word *jinn* in Arabic has a common origin with words with different connotations and can refer to a shelter, screen, shield, paradise, embryo and madness). The Islamic concept of the insane that the sufferer is possessed by a *jinn* should not be confused with the concept of possession in the Middle Ages. In Islam, a *jinn* is not necessarily

a demon, i.e. an evil spirit. It is a supernatural spirit, lower than the angels, that can be either good or bad. It has the power to assume human and animal forms. Some *jinn* are believers, listen to the Quran and help humans. Moreover, Islam is not only concerned with human beings but also with the spiritual world at large. In the Quran the *jinn* and the human being are almost always mentioned together. This has altered the concept and management of the mentally ill; although a person may be perceived as being possessed, the possession may be by a good or a bad spirit. Consequently one cannot generalize punishment or condemn unconditionally [5].

Apart from the concept of the mentally ill person being possessed, Islam has another positive concept where such an individual is seen as the one who dares to be innovative, original or creative, or attempts to find alternatives to a static and stagnant mode of living. This is to be found in various attitudes towards certain mystic philosophies such as Sufism, where the expansion of self and consciousness has been taken as a rationale to label some Sufis as psychotic. The writings of various Sufis do indeed reveal the occurrence of psychotic symptoms and much mental suffering in their quest for self-salvation.

A third concept of mental illness is that there is disharmony or constriction of consciousness, which non-believers are susceptible to. This concept holds that there is a denaturing of our basic structure and disruption of our harmonious existence by egotism, detachment or alienation [5].

Islam also identified the unity of the body and the psyche. The psyche (*elnafis*) is mentioned 185 times in the Quran as a broad reference to human existence, meaning at different times body, behaviour, affect, and/or conduct, i.e. a total psychosomatic unity.

The teaching of the great clinician Rhazes had a profound influence on Arab as well as European medicine. The two most important books of Rhazes are *El-mansuri* and *Al-hawi*. The first includes the definition and nature of temperaments and a comprehensive guide to physiognomy. *Al-hawi* is the greatest medical encyclopedia produced by a Muslim physician. It is the first clinical book presenting the complaints, signs, differential diagnosis and effective treatment of an illness. One hundred years later, Avicenna wrote *Al qanun fi al-tibb*, which was a monumental, educational and scientific book with better classification [5].

The first Islamic mental hospital appears to have been established in the early ninth century in Baghdad and to have been modelled on the Eastern Christian institutions, which seem to have been mainly monastic infirmaries. Among the hospitals that appeared throughout the Islamic world, perhaps the most famous one was the 14th century Kalaoon Hospital established in Cairo by the Sultan al-Mansour Kalaoon in 683 AH/1284 AD [6]. It had sections for surgery, ophthalmology, and medical and mental illnesses. Contributions by the wealthy of Cairo allowed a high standard of medical care and provided for patients during convalescence until they were gainfully occupied. Two features were striking: the care of mental patients in a general hospital and the involvement of the community in the welfare of the patients; these foreshadowed modern trends by many centuries [3].

Contemporary era

Egypt has had a mental health act since 1944, probably the first in all Arab and African countries. Yet, most of the existing laws dealing with mental health are old and

were written prior to the new beliefs and concepts of community psychiatry and integration of mental health into the general health system [7].

Egypt is divided into 24 governorates, 19 with psychiatric clinics and outpatient units and 5 with no psychiatric services. With a population of about 67 million, Egypt has about 1000 psychiatrists (one psychiatrist for approximately 67 000 citizens), 1355 psychiatric nurses and 211 clinical psychologists, with hundreds of general psychologists working in fields unrelated to the mental health services. There are many social workers practising in all psychiatric facilities, but unfortunately they generally have only minimal graduate training in psychiatric social work. The country has about 9700 psychiatric hospital beds (one bed for every 7000 citizens, i.e. 15 beds per 100 000 population). The number of psychiatric beds in Egypt constitutes less than 10% of the total hospital beds. Until relatively recently, the two largest mental hospitals in Egypt faced great difficulties regarding care, finances, treatment, and rehabilitation while accommodating about 5000 patients. In 1967, a third psychiatric hospital was established in Alexandria, in 1979 another was founded in Helwan and in 1990 yet another near Cairo airport. Recently three new hospitals, with 300 beds each, were built on the premises of the Abbasseya and Khanka hospitals with a view to providing adequate mental health services of the highest quality. Furthermore, there are 18 medical schools in Egypt and each has a psychiatric unit with inpatient and outpatient psychiatric services.

The National Mental Health Programmes for 1991–96 and 1997–2003 focus on decentralization of mental health care and community care in different governorates, the inclusion of mental health in

primary health care, the upgrading of family doctors to deal with the main bulk of mental disorders and awareness-raising among the public regarding recognition of mental disorders and methods of referral. The new policy of deinstitutionalization and provision of community care may reduce the number of psychiatric inpatients but will not solve the problem. After-care services in Egypt are still limited because of the poor understanding of most people of the need for follow-up care after initial improvement.

Egyptian psychiatrists have contributed to the global developments of the profession. Egyptian field research contributed to the review of ICD-9 criteria of mental and behavioural disorders and hence the production of ICD-10. Also, in accordance with recommendations of the Ethics Committee of the World Psychiatric Association, the Egyptian Psychiatric Association has established an ethical committee that supervises professional practice and research.

References

1. Emery NB. Preliminary reports on the excavations at north Saqqara 1960–1970. *Journal of Egyptian archeology*, 1971, 57:3–12.
2. Sigerist HE. *A history of medicine*, Vol. 1 (*Primitive and archaic medicine*). New York, Oxford University Press, 1951.
3. Baasher T. The Arab countries. In: Howels TG, ed. *World history of psychiatry*. London, Churchill Livingstone, 1975:163–74.
4. Okasha A, Okasha T. Notes on mental disorders in Pharaonic Egypt. *History of psychiatry*, 2000, xi:413–24.
5. Okasha A. Mental health in the Middle East: an Egyptian perspective. *Clinical psychology review*, 1999, 198:917–33.
6. Dois MW. In: Immisch DE, ed. *Majnun: the madman in medieval Islamic society*. Oxford, Clarendon Press, 1992:112–73.
7. Okasha A, Karam E. Mental health services and research in the Arab World. *Acta psychiatrica scandinavica*, 1998, 98:406–13.