Culture and ethics of care for mental illness

Nouzha Guessous (Morocco)

Researcher and Consultant in Bioethics and Human Rights
Former chair of the UNESCO International Bioethics Committee (2005-2007)
nouzhaguessous@gmail.com
More than 450 million people suffer from mental disorders all over the world.

Mental health is an integral part of health; indeed, there is no health without mental health.

Mental health is more than the absence of mental disorders.

Mental health is determined by socio-economic, biological and environmental factors.
Growing burden of mental & behavioural problems in low-income countries

- Most studies show an association between the risk of mental disorders and indicators of poverty.
- Cultural context is a major factor in the course of psychiatric disorders.
- Family and community understanding of psychiatric disorders impact on their course.

→ Exploring the role of culture may improve understanding and strategies for psychosocial rehabilitation (WHO recommendation)
Role of culture in the social support and course of psychiatric disorders

- Different beliefs on the causes of mental illness from a culture to another
  E.g. supernatural or magic origin in traditional societies vs Western psychogenic families theory in the case of schizophrenia.

- More tolerance towards a family member in need of support in traditional societies: The whole family is usually expected to be involved in care for a relative with a psychiatric disorder, be it through a healer or a mental health professional.
Beside the existence and access to institutional public assistance

- Social support will depend on:
  - Family involvement and sense of solidarity and interdependence
  - The capacity of households to maintain the mentally ill (up to 90% in developing countries)
  - Much easier in extended families
Health and illness in Muslim cultures

- Health and illness are seen as God’s will (Mektoub i.e destiny)
  - Suffering can be viewed as a reward or a punishment.
  - Illness can even be perceived as an ordeal of purification leading to reward in the Hereafter

Consequences:
- It can help believers to deal with suffering
- It explains the use of traditional rituals of religious inspiration
- But, it may delay medical consultation
Prevalence of mental disorders in Morocco

  41% of mental disorder (5.6% of psychotic patients)

- A Moroccan NGO estimates (2003):
  1% of the global population (300,000 patients) suffering from schizophrenia

- Descriptive Community-based epidemiological study 2004-2005 (Kadri N. et al, 2010)
  - 40% had at least one current mental disorder (mainly severe depression and anxiety)
  - Urban, female, divorced and unemployed subjects
Too few beds and doctors to care for the mentally ill in Morocco

- For a general population of 35 Millions inhabitants:
  - 2,100 Hospital Psychiatric beds
    - 5 mental health centers for children and adolescents
    - 224 hospital beds in Casablanca for an estimated population of 100,000 mentally ill patients
  - Around 200 Psychiatrists MD

- Alternative healing rituals and practices
Collective Rituals for Therapeutic Purposes

Dances and trances on religious songs and prayers
The Sidi Frej Maristane of Fez City
Music therapy for mentally ill patients

- Built around 1286, Andalousian architecture
- Free care for mentally ill and handicapped travellers and pilgrims, supervision of a medical and nursing team
- Concerts of music were used for therapeutic purposes
- The Maristan turned into an asylum for the insane and in 1943 the building was on fire.

A restoration project is ongoing since 2005
2011: Art Therapy Unit in Casablanca for psychotic patients
Collective Rituals for “Therapeutic” and Social Purposes

Multiple Expertise
- Infertility
- Impotence
- Relationship difficulties
- Shyness,
- Bad luck,
- Chess
- etc....

Sidi Abderrahman Mausoleum - Casablanca
Bouya Omar: the "tamer of demons"

- Notorious Mausoleum (shrine) in South Morocco, built around the tomb of a “Saint” named Bouya Omar which, according to the legend, had the power to heal mentally ill patients.
- Hosting up to 2000 "pilgrims" including children, from all over the country and even abroad.
- Settled on the floor mostly chained, moving around the tomb seeking help from the “Saint.”
- A Testimony revealed that some patients viewed as "possessed by demons" stayed there for over 14 years!!!
Bouya Omar: The « Every Djinn » Theory

Forced residence, sacrifice of animals, donations, trance until the "holy" calls the patient in a dream, to settle into a sort of “court” between him and the “djinns”, leading ultimately to a kind of exorcism.

Issues of dignity, protection against harm, consent, access to adequate care.
Bioethics and Human Rights Universal Principles & Socioeconomic and cultural specificities

- Insufficient access to health care facilities promotes the use of traditional harmful practices
  → Governmental, health professional and social responsibility

- Art. 7 of the UNESCO UDBHR, 2005 → special requirements for taking care of patients who lack capacity to decide
  → Family and social hierarchy
  → Laws in modern societies
Taking advantage of traditional non harmful ritual healing practices

- May provide a cultural compatible holistic approach and close connections with family and community;
- May help to avoid the stigma (can be induced or enhanced by the medical labeling process);
- Better prognosis rates may be observed when considering a psychiatric disorder and its symptoms within ongoing social rituals.

→ The WHO has recognized the strengthening of integrating traditional healing into systems of care for psychiatric disorders.
Traditional healers can often relieve physical and mental suffering. Medical practitioners should build cooperation and work with them to find the best way to help people.

“Encourage the use of traditional treatment of the mentally ill when it is helpful and discourage it when it is harmful or dangerous.”

Mental health of Refugees - WHO; 1996
Conclusion: A Global Understanding of Mental Health

- Taking care and treating mentally ill patients need an understanding of the interaction between biological aspects of psychiatric disorders and contextual socio-cultural parameters including traditional beliefs and practices

→ Specific Research and Cooperation is needed