

**Negative view of illness and psychotherapy in Algerian society
– a psycho-anthropological approach -**

النظرة السلبية للمرض والعلاج النفسي في المجتمع الجزائري – مقاربة سيكو- انثروبولوجية

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Abstract:

Despite the large number of psychiatric clinics in many parts of the country, seeking treatment remains taboo, except in some advanced cases. Unlike clinics for traditional medicine, folk medicine, and exorcism (Islamic healing), and even places of charlatanism, patients do not hesitate to visit these places when needed because they are common. However, patients refuse psychiatric treatment despite their dire need for it. This is evidence of a negative societal culture surrounding mental health treatment, unlike in Western countries where psychiatric clinics are widespread and individuals, whether sick or healthy, do not hesitate to visit them; in fact, seeking treatment is considered a civilized and culturally significant behavior. Therefore, the aim of this study is to address the factors that have contributed to the formation of negative societal attitudes towards psychiatric treatment, such as the social stigma attached to patients and the association of psychiatric treatment with certain misconceptions like madness, abnormality, and psychological complexes. What are the prevailing social concepts that have contributed to the formation of negative attitudes towards psychiatric treatment?

Keywords: negative view, illness, psychiatric treatment, society

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الملخص:

على الرغم من وجود أعداد هائلة من العيادات النفسية في الكثير من مناطق الوطن، إلا أن الإقبال عليها يبقى من الطابوهات، باستثناء بعض الحالات المرضية المتقدمة. على عكس عيادات الطب العضوي والطب الشعبي والرقية الشرعية؛ وحتى أماكن الشعوذة، فالمريض لا يخاف ولا يتردد في زيارة هذه الأماكن متى تطلب الأمر ذلك، لأن عامة الناس يزورونها. في حين يرفض المرضى العلاج النفسي رغم الحاجة الماسة إليه، وهذا دليل على تشكل ثقافة مجتمعية سلبية نحو العلاج النفسي، عكس الدول الغربية التي تنتشر بها العيادات النفسية في كل مكان، ولا يتردد الأفراد في زيارتها سواء كانوا مرضى أو أصحاء؛ بل يعد الذهاب إليها سلوكاً حضارياً وثقافياً. لذلك هدفنا من خلال هذه الدراسة التطرق إلى العوامل التي ساهمت في تشكل الاتجاهات السلبية لدى المجتمع نحو العلاج النفسي، على غرار الوصمة الاجتماعية التي تلاحق المرضى وكذلك ارتباط العلاج النفسي ببعض المفاهيم الخاطئة كالجنون واللاسواء والعقد النفسية.. فما هي المفاهيم الاجتماعية السائدة التي ساهمت في تشكل الاتجاهات السلبية نحو العلاج النفسي؟

الكلمات المفتاحية: النظرة السلبية، المرض، العلاج النفسي، المجتمع

Introduction and Problem Statement:

The concept of representation is multifaceted. The term "representation" originates in various fields of knowledge, notably philosophy. It is also found in anthropology, sociology, social psychology, psychology, aesthetics, art, politics, and even in abstract sciences such as mathematics. This term has been explored by Émile Durkheim, Sigmund Freud, Jean-Claude Abric, Jean Piaget, Edward Taylor, and many others. Thus, the construction of different representations stems from our perception of things within a specific temporal and spatial framework. It is therefore the product of our mental perceptions, which generate our sensory actions. We believe in these actions and base our judgments on them concerning the behavioral practices of individuals and groups. We judge one action as just and another as unjust, this as good and that as bad, this as beautiful and that

as ugly... We label some people as sociable and others as isolated or deviant... even if the action does not correspond to reality. Many behaviors are considered wrong and socially unacceptable within a specific time and place. They have become acceptable and desirable within the same society and environment. Representations arise from the intellectual foundations and structures that have taken root in the individual's mind and been transformed into social laws, beliefs, and convictions. Thus, before becoming action, a representation is an idea, and before being an idea, it is contemplation.

The representation of psychotherapy in collective memory is linked to tales and legends passed down through generations. From generation to generation, traditional healing methods have been recounted, such as visits to shrines to receive their blessings, consultations with sorcerers, exorcisms, cupping therapy, and herbal remedies. Numerous healing rituals exist. Regarding visits to shrines, for example, Sidi Abed Abdelkader emphasizes that "the saint, in popular culture, is a sacred figure. It is therefore not surprising that these popular communities turn to saints to find relief from the illnesses that afflict them or from which they suffer. It seems that this pact between the visitor and the saint has a psychological dimension, as it reduces anxiety and provides the individual with a form of tranquility and inner balance, thus highlighting the therapeutic function of the sacred." "This is confirmed by Nouredine Toualbi, who states that 'the sacred is preventative because, over time, it fulfills the conditions of all inner consciousness, a kind of appeasement that allows the ego to envision the future with optimism... The sacred is also therapeutic because its contribution to the treatment of certain illnesses is exceptional. The sacred is purifying, meaning that it dissipates all internal tensions. These tensions are not entirely pathological in origin; rather, they result from this common, difficult-to-articulate pattern of anxiety.' 'About him, whom we know through the coincidences of daily life.' This belief seems to resonate with the general public, as when a psychiatrist, for example, is unable to cure a patient of 'madness,' the patient and their family turn to a specialist in these illnesses—the 'wali' (spiritual guide), whatever his precise role, whose powers surpass all the evidence of modern

medicine.” In a study conducted by Nour Eddine Toualbi, it appears that 42.2% of respondents consider the psychiatrist, as opposed to the "talib" (spiritual guide), to be a modern innovation and a charlatan whose interventions in mental illnesses are generally unsuccessful. They emphasize the therapeutic competence of the "talib," attributing it to the possession of vast knowledge and divine blessing, without which it remains impossible to identify the source of the illness (Abdelkader, 2016, pp. 8-9).

“Throughout human history, and particularly in anthropology and ethnology, it has become evident that the existence of people, both ancient and modern, was linked to beliefs, whether logical or superstitious. As such, general beliefs constituted the fundamental pillar of civilizations, guiding thought and serving as the sole source of inspiration for religion and the creation of duty” (Qwaider, 2010/2011, p. 163). Before the advent of modern psychology, with its explanatory theories of psychological disorders and the therapeutic methods it offers, humankind, since antiquity, strove to explain these disorders according to its level of thought, the nature of its beliefs, and the scope of its imagination and perceptions. People sought to structure the therapeutic methods and approaches they deemed appropriate for treating and mitigating the severity of these disorders. Regarding the explanation of psychological disorders, it seems that he focused more on the influence of external factors on the individual than on that of internal factors, which is nevertheless favored by modern and contemporary psychology. Among these explanations that emphasize external factors, we can cite divine curse, the influence of magic, djinns, and occult forces (Sami, 2017, pp. 31-50).

Illness and treatment are thus linked to the concept of health in general, whether physical or mental. This link has made it a subject of study for many disciplines, notably sociology, anthropology, and psychology. “Cultural anthropology has focused on analyzing the components of the cultural systems of human societies and their perception of illness and treatment. It has become necessary to uncover the cultural elements that guide individual behaviors, both in matters of health and illness. Consequently, the perception of illness and the choice of appropriate treatment are no longer the exclusive domain of healthcare professionals; they now encompass all aspects of the

patient's life. Illness is not a simple mechanical process; it is also a social, cultural, and religious process, in addition to its biological influence” (Soufiane Driss, 2018, p. 228). Many misconceptions, rooted in superstition and a lack of understanding of the nature of mental illness and psychotherapy, have led individuals in Arab societies to avoid consulting a doctor or therapist. This results in a deterioration of their mental health, allowing the illness to take hold and become difficult to treat. Their first instinct is often to turn to charlatans and dubious practitioners who claim to cure mental illnesses, going from one doctor to another in a vain attempt to find a cure. Yet, consulting a psychiatrist early on can help manage the illness and spare them great suffering. One of the most widespread misconceptions is the association between mental illness and madness. Many believe that all patients in psychiatric clinics are mentally ill, that psychiatric medications are ineffective and cause madness, that these medications are a form of drug and lead to addiction, and that mental illnesses are incurable. These beliefs breed hesitancy and shame at the idea of seeing a psychiatrist, and can even prevent anyone from seeking help, despite a desperate need. Yet, it's easy to consult a quack or a delusional practitioner without hesitation. Because of these ideas and practices, people delay psychiatric consultation until the illness worsens and treatment becomes protracted. It's important to remember that mental disorders encompass a wide range of conditions, from mild disorders that can be treated with psychological support and reassurance, to severe schizophrenia, which requires medication. Anxiety, depression, obsessive-compulsive disorder, phobias, hysteria, sleep disorders, childhood disorders, and other mental illnesses are treatable. A small percentage of mental illnesses are incurable but can be managed with medication. The situation is similar for non-mental illnesses. Many of these conditions are chronic, such as diabetes, hypertension, and heart disease, and patients must take medication for life. (April 17, 2016 <https://www.masress.com/albedaya/13874>).

To improve the physical and mental health of individuals within Arab society, it is essential that they rid themselves of these misconceptions and

base their beliefs on sound scientific principles, not on myths and rumors. These misconceptions have fostered negative attitudes toward mental illness within families when one of their members suffers from it. Comparing parents' reactions to physical and mental illness reveals that, in the former case, they immediately call a doctor, meticulously follow their instructions, fully trust them, accept the diagnosis, and the illness becomes an opportunity for friendly visits, marked by empathy and a desire to support the patient until their complete recovery. In contrast, when faced with mental illness, families often hesitate before seeking medical help, try to avoid following instructions, prefer to consult several doctors, question the diagnosis, harbor latent hostility toward the therapist, attempt to conceal the illness even from their loved ones, and seek to discontinue treatment as quickly as possible. They also harbor hostile feelings toward the patient and criticize them harshly. Why do people perceive psychological treatment negatively? Cultural representations that have contributed to a negative image of psychotherapy include the following:

1- The association of mental illness with madness: this is a metaphysical and invisible realm. Many believe that patients in psychiatric clinics or hospitals are a group of unhappy people, deprived of reason by God, which explains their strange appearance and even stranger behavior. This engenders hesitation and shame at the idea of consulting a psychiatrist, or even a categorical refusal to seek treatment, despite the urgency. This phenomenon is common among neurotic patients, who are afraid to go to the psychiatrist alone and to bring their loved ones. Thus, one sees patients sitting with their faces hidden by newspapers or with their backs to others in the waiting room. Others postpone their appointments until as many patients as possible have left. Some may even be found desperately trying to communicate with their doctor by telephone or internet. The stubbornness of some families in avoiding psychiatric institutions is such that they prefer to confine their schizophrenic children to their rooms, without considering treatment, for fear of shame. A family's refusal to acknowledge one of their children's schizophrenia is a harmful consequence of this misconception. Often, people delay seeking help until the illness has progressed significantly, which complicates treatment and prolongs therapy. Isolating psychiatric patients in

specialized hospitals risks reinforcing this misconception and other negative prejudices against psychiatry. (Mental Illness and Madness, Arab British Academy, April 12, 2020 <https://abahe.uk/psychology-arabic/96725>)

2- The stigma that weighs on the individual in society: Goffman (1963) defines it as "a description that shames and profoundly distorts the image of a person." It is the negative feeling that clings to the individual and hinders a full and complete social life. Flores and Selter (2008) state that "stigma is a Greek word meaning mark, derived from the verb *stizein*, which means to tattoo, prick, or pierce. They argue that stigmatization is generally a mark of shame, leading to discrimination against the stigmatized person" (Awda Al-Haw, 2015, p. 28). Thus, stigmatization is a negative representation of individuals resulting from mental perceptions associated with them due to cultural components linked to a culture of disapproval and condemnation of any behavior deemed deviant or abnormal. Consequently, psychological stigmatization engenders in the individual a feeling of inferiority, contempt, and pity, limiting their social interactions and leading to feelings of rejection and isolation. Consequently, individuals suffering from psychological distress develop a fear of consulting a psychologist or psychiatrist, for fear of losing their social standing. Conversely, they may readily frequent charlatans, exorcism practices, and shrines, as these practices are considered acceptable within society and do not damage their reputation.

3- The Image of Medicine and Psychotherapy in Society: The image of psychiatry in general, and psychotherapy in particular, is linked to the therapeutic practices of medieval Europe. In the Middle Ages, the treatment of the mentally ill was provided by clergymen, which fostered widespread superstition and extreme beliefs in the supernatural, such as magic and demonic possession. The mentally ill were often confined to austere and isolated places, as they were believed to be possessed by evil spirits. Others suffered the worst forms of treatment, such as being chained to walls for decades. These practices were transmitted to our Arab culture through opposition to these therapeutic rituals, which led to negative perceptions of

mental illness and its treatment. Here are some misconceptions about psychiatry:

- Psychiatric medications are nothing more than narcotics and therefore lead to addiction.
- Some patients do not recover despite taking medication because they perceive it as mere painkillers or sedatives.
- Some people believe that medication, being tangible and physical, cannot treat psychological suffering, which is intangible. Some people believe that mental illnesses are incurable. Others believe that psychotherapy is simply talk. Many believe that electroconvulsive therapy (ECT) damages the brain or leads to addiction. Some believe that depression and mental illness do not affect children. Some believe that mental illnesses do not affect devout believers. They believe that psychological symptoms are a natural reaction to life's challenges and that it is pointless to treat them without addressing the underlying problems. Some believe that obsessive-compulsive disorder (OCD) is solely of demonic origin and has no connection to psychiatry. Some believe that psychiatrists do not believe in the role of the Quran in treatment and deny the influence of jinn, magic, and the evil eye. "The psychiatrist will lead you into a vicious cycle, so beware of him" (Correction of Misconceptions about Mental Illness and its Treatment, April 17, 2016, <https://www.masress.com/albedaya/13874>).

Conclusion:

One of the main reasons for the underdevelopment of Algerian psychology and its inability to adapt to the demands of social reality lies in the negative social perception of the psychologist's role in the construction and development of the individual, as well as the negative view of those who consult a psychologist for advice or psychological treatment. These individuals are often labeled as crazy or mentally deficient, or at best, abnormal. Unlike physical (organic) illnesses, which elicit visits and material and moral support, psychological disorders and problems are shrouded in a certain secrecy, even a form of concealment, even from close relatives.

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