

Introduction

The constitution of the World Health Organization (WHO) adopted in 1946 defines health as "a state of complete physical, mental and social well-being". Since then the organization has continued to stress the interrelatedness of physical and mental health (Who, 2003).

So we must admit that Mental illness is a condition characterized by a clinically significant disturbance of thought, mood, perception or memory. (Queensland Parliamentary Counsel, 2011)

Throughout history and across the world, people with mental disorders have been subjected to prejudice, rejection, fear and exclusion, not to mention abuse and exploitation. For centuries, mental disorders were considered mysterious

phenomena caused by supernatural forces, either evil or divine. **(Who, 2003).**

After many years of negligence mental health importance is highlighted in the International Covenant on Economic, Social and Cultural Rights, issued in 1966, which affirms "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." Regional human rights conventions such as the African Charter for Human and People's Rights, the European Convention on Human Rights and the American Convention on Human Rights, have affirmed this understanding **(International Covenant on Economic, Social and Cultural Rights, 1966).**

Mental health legislation is necessary for protecting the rights of people with mental

disorders, who are a vulnerable section of society. They face stigma, discrimination and marginalization in all societies, and this increases the likelihood that their human rights will be violated. Mental disorders can sometimes affect people's decision-making capacities and they may not always seek or accept treatment for their problems (Who, 2003).

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History of psychiatric illness

Ancient Egyptian contributions

In ancient Egypt, the philosophy of life and death centered 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. **(Okasha, 2001)**

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

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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 (**Okasha, 2001**).

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 (**Emery, 1971**).

One of the psychotherapeutic methods used in Ancient Egypt was "incubation" or "temple sleep". 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,

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2980–2900 BC. He was worshipped at Memphis and a temple was constructed in his honour on the island of Philae (**Sigerist, 1951**).

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 psycho religious 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 (**Baasher, 1975**).

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

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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 (Okasha A. and Okasha T., 2000).

Arabian contributions

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

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(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 (*Okasha, 2001*).

The Islamic concept of the insane that the sufferer is possessed by 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 (*Okasha, 1999*).

Moreover, Islam is not only concerned with human beings but also with the spiritual world at

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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 (*Okasha, 2001*).

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. (*Okasha, 1999*).

This is to be found in various attitudes towards certain mystic philosophies such as Sufism,

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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 to self-salvation (*Okasha, 2001*).

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 (*Okasha, 1999*).

Islam identified the unity of the body and the psyche. The psyche (elnafs) is mentioned 185 times in the Quran as a broad reference to human

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existence, meaning at different times body, behavior, affect, and/or conduct, i.e. a total psychosomatic unity (**Okasha, 2001**).

Although this explanation the mentally ill granted some degree of acceptance & the treatment they received from the public depended on the values of the era; in general, however, they continued to be excluded from society and treated harshly & the first mental hospitals in the world were built in the Levant and Egypt in the eighth century (**Okasha, 1993**).

Medical writings by El Razi and Avicenna, in the ninth and tenth century are considered to be among the first on mental illnesses, identifying "insanity" as a disease of the mind or the brain that affects its functions. Illnesses were classified and

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their treatment described according to that understanding (**Okasha, 1993**).

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 (**Okasha and Karam, 1998**).

It is the first clinical book presenting the complaints, signs, differential diagnosis and effective treatment of an illness. One hundred years later, Avicenna wrote *at (law in medicine)*, which was a monumental, educational and scientific book with better classification (**Okasha and Karam, 1998**).

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In the fourteenth century, the Qaloon Hospital in Cairo acquired special fame for its department for mental illness, which operated alongside its other medical departments, thereby serving as an early model for the inclusion of mental health care within the framework of public hospitals, six centuries before our present time (*Okasha, 2001*).

The hospital provided mental health care services to the poor, and the mentally ill were only isolated from the rest of the patients in exceptional cases.

The Egyptian historian Al Maqrizi mentions that the sultan himself supported the hospital and would see its mental patients during his visits. However, the following centuries witnessed a major

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deterioration in the care of the mentally ill (*Dols and Michael, 1984*).

Cairo hospitals lost their status, especially following the confiscation and appropriation by the state of the assets and endowments that had been allocated for the upkeep of these hospitals (*Dols and Michael, 1984*).

Then, during the British occupation of Egypt, two enormous mental institutions were built, modeled on Western hospitals: Al Abaseyya in 1883, and Al Khanka in 1912; both had a capacity of more than a thousand beds and were constructed on vast areas of land on what was then the periphery of the city (*Okasha, 1993*).

Western contribution

The middle Ages in Europe witnessed extreme

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cruelty in the treatment of the mentally ill; they were frequently tortured or even murdered, and some were burned alive to expel the demons that were believed to possess them. In the seventeenth century, mental illness came to be seen as the result of an organic impairment which was a new theory (Who, 2003).

However, did not lead to greater sympathy and tolerance, as patients were believed to be responsible for their illnesses and emotional disturbances. Thus, many mental patients were punished and cruelly exploited, especially the poorer ones, who were held in prisons, workhouses or isolation centers, under unhuman conditions (Who, 2003).

With the beginning of humanitarian trends in the middle of the eighteenth century, there was a