


Attacks on mental health care institutions seen as symbol of Westernization: Lessons from history of psychiatry?

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An editorial in the *Lancet* about the Syrian crisis observed,

A disturbing feature of modern conflicts and, indeed, the Arab uprisings, has been the flagrant disregard for the Geneva Conventions, including targeting of civilians, persecution of health workers, and attacks on hospitals, alongside the failure of the UN system to prevent these violations. (*The Lancet*, 2012)

In many conflict-ridden parts of the world, the violation of the Geneva Conventions continues and is not exclusive to Arab riots. However, the attack on health care institutions seen as a symbol of Westernization or their role in treating the enemy (who may be seen as not deserving) is perhaps a disconcerting novelty of recent Arab conflicts which seems to have spread recently from Afghanistan to the Mediterranean, first in Algeria, then in Syria with reports in Egypt.

Along with other health institutions, psychiatric institutions are targeted even today at the expense of staff and patients. One of the first to die in the riots of the 1990s in Algeria was the psychiatrist Moaffud Bucebci, killed by fundamentalists, almost in a symbolic way, while working in the university clinic in Algiers. In the humanitarian and public health catastrophe of the Syrian conflict today, we see that the main psychiatric hospital of Ibn Khaldun has been bombed and patients fled and abandoned many killed by snipers (Carta, Moro, & Bass, 2015). The Dar al-Ajaza psychiatric hospital of the Old City of Damascus has been attacked repeatedly, but until recently, it was continuing to offer assistance to patients thanks to the dedication of its staff (Syrian Society on Mental Health, 2013). Interestingly, the staff presented these findings anonymously at a recent international conference of the Mediterranean Society of Mental Health as they did not want to expose themselves, confirming the previous observations of Amnesty International that health centers and doctors had become a prime target of military attacks (Amnesty International Publications International Secretariat, London, 2012). A Syrian medical doctor commented, 'Being caught with medical supplies ... is worse than being caught with weapons', thus indicating that there are serious moral and ethical implications in medical interventions (*The Lancet*, 2012).

Various Islamic charity organizations are in the front line to support health of people affected by the war and those in refugee camps in Syria and elsewhere (*The Lancet*,

2013). The stigma towards the mentally ill also plays a role in the Arab communities at the same level or even less as elsewhere (Angermeyer et al., 2014). As known during an international intervention of cooperation (Carta et al., 2013) following a popular uprising in Tirana in Albania in the 1990s, patients told the staff that the Psychiatric Hospital, though abandoned, had not been subject to any violence. Thus, it would appear that the hostility towards the health care staff is not a result from popular sentiment, but a strategic goal of a violent minority.

It is possible that such hostility reflects a denial of the history of psychiatry. Seeing medicine and psychiatry as degenerations imported from Western culture is an absurd position which forgets not only the present contribution to medicine and psychiatry of the many Arabic philosophers and clinicians but also those of great Islamic traditions.

At the beginning of the middle Ages, the teaching and dissemination of knowledge about the culture or medicine of the classic Greek or Roman tradition were prohibited by law in the Edict of Emperor Justinian (529 AD) on religious grounds which decreed that all assets belonging to universities and academies should be confiscated (D'Ancona, 2005). In the Europe of the Middle Ages, mental illness was believed to be due to demonic influences rather than to health problems. The *Malleus Maleficarum*, a manual for the identification of witches by two Benedictine monks, is a text that describes symptoms that today could be interpreted as psychopathology (Tasca, Rapetti, Carta, & Fadda, 2012).

As a result of the Edict of Justinian, the teachers of the Academy of Athens fled from the Byzantine Empire to Persia, where they were welcomed (Tardieu, 1990). Thus, it is no coincidence that the renaissance of mental health care started from Persia with the figure of the physician and philosopher Ibn Sina known in the Western world as Avicenna. In *The Canon of Medicine*, Avicenna described melancholy as a depressive type of mood disorder. Furthermore, he identified among other conditions 'depression wandering', the seasonal depression with a dysphoric component, a truly complex and refined picture (Syed, 2002). His descriptions enrich the tradition of Hippocrates and Galen. He is also said to have studied and been influenced by the ancient Indian Ayurvedic medicine. His method, which associated changes in heart rate with strong emotions, anticipated psychophysiological tests by almost

a millennium (Syed, 2002). The golden age of Islamic medicine in Persia saw prominent figures: Ali ibn Sahl Rabban al-Tabari developed a kind of clinical psychology; Al-Kindi (Alkindus) used music therapy; Abu Zaid Ahmed ibn Sahl al-Balkhi matured concepts that are very close to what is now called cognitive therapy of mental disorders; Al-Farabi (Alpharabius) developed a variety of social psychology; Ali ibn Abbas al-Majusi (Haly Abbas) contributed to neuroanatomy and neurophysiology; Abu Rayhan al-Biruni described with accuracy the time of reaction.

The revival of medicine continued in the West: through the Islamic Courts in the Mediterranean between the 11th and 13th centuries. Interestingly, a Jewish physician, Moises Maimonides, became the personal physician to the vizier al-Qadi al-Fadil al-Baysāmī, Minister of Saladin (Salah al-Din). Maimonides treated depression as an illness and was convinced that emotions could affect (physical) health. Others at that time included Abu al-Qasim al-Zahrawi (Abulcasis), a pioneer in neurosurgery; Ibn al-Haytham (Alhazen), who developed a form of experimental psychology; and Ibn Zuhr (Avenzoar), an expert in neuropharmacology. Finally, Bū l-Walid Muhammad ibn Ahmad Rushd, known in the West as Averroes, developed an interesting and innovative theory of intellect.

While witches were being burned in Europe and depressive disorders in the Western world were considered a vice ('sloth') Islamic medicine led on the salvation of the tradition of medicine and psychiatry. The Arab medical tradition also saved many scientific texts that were translated into Arabic from the Greek and then retranslated into the Romance languages of Europe at the end of the Middle Ages when the original versions were being destroyed in the 'Dark Ages' of European obscurantism.

We believe that physicians and psychiatrists today need to recognize this great tradition and knowledge. We must counter the fact that a minority ignorant of the history does not take ownership of biased ideas. History teaches us that the progress of medicine including psychiatry is part of Islamic cultures. The progress of medicine and of mental health care owes a lot to Islamic cultures, the continuation of which is honored by medical schools and by psychiatry of today's Islamic world. Modern medicine needs to recognize this debt and honor all the doctors and psychiatrists who have fallen and continue to fall in the service of their profession and patients.

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