Tackling mental illness: roles for old and new disciplines

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Among the Bedouin in the Negev region of Israel there are good grounds for attempting to develop cooperation between traditional healing and modern practice in the field of mental health, since the two approaches are potentially complementary.

There are currently about 80,000 Bedouin in the Negev region of Israel, 40% living in villages and 60% leading seminomadic existences. The social system is hierarchical and tribal, each tribe being headed by a sheik. Major decisions are made by forums of male elders representing the extended families that constitute each tribe.

Traditional healers are prominent in Bedouin society, among them the mental health healers described below.

**Traditional mental health healers**

The *khâtîb* or *hajjab* are male healers who produce amulets that are worn on the body to ward off evil spirits. This tradition is usually passed from father to son, provided the latter is perceived as having sufficient literacy skills and community acceptance. Ritual treatments are based on ancient practices: books that originated in Egypt and Morocco describe how to produce amulets, indicate the processes for placing them on patients, and reproduce the Koranic verses that are intoned during treatments.

The *dervîsh* treats mental illness using a variety of religious and cultural rituals. Women and men become *dervîshes* by virtue of having received *baraka*, or a blessing from God, which is endorsed by a recognized *dervîsh*. The *dervîsh*-in-training is taught and supervised by the established *dervîsh* who recognized the *baraka*. Diagnoses, terminology and treatments vary according to the tradition in which the *dervîsh* is trained.

Diagnosis commonly involves the laying on of hands or contact with an item of clothing or some other personal belonging; a trance occurs, during which the *dervîsh* detects the presence of the *jamin* (evil spirit) and identifies the etiology of the problem. In accordance with the symptoms present the *dervîsh* classifies the patient as having either a *markob* (demonic possession) or a *darbaat blaad* (an attack from evil spirits inhabiting the earth). The former may be indicated, for example, by hyperactivity, the latter by confusion, violence or unusually high levels of energy and strength.

The *tazeem*, a major treatment used by *dervîshes*, is a form of communication with the spirits in the spirits' own languages. This involves reading verses from the Koran, invoking the power of the *dervîsh* or the originator of his or her school of thought, and/or invoking the power of saints. If the spirits
refuse to leave, the dervish may resort to physically beating them out of the patient.

The moalj belkoran (Koranic healer), on the basis of religious principles derived from the Koran, also treats patients who have been attacked by evil spirits. All such healers are men and most have received some form of post-secondary education. In general there is not a familial lineage of healers in this category. Koranic healing has become widespread recently as the revival of Islam has proceeded throughout the Muslim world.

The moalj belkoran enters a patient’s life in a three-stage process.

- The entry of angels into the healer’s house, where diagnosis occurs, is facilitated by the creation of a suitable atmosphere.
- Diagnosis is based on a number of questions regarding the patient’s dreams, thought patterns and basic health.
- Treatment involves prayer and reading specific chapters from the Koran relating to the diagnosis.

The ability of the healers described above to deal with demonic possession (or psychosis in modern Western terminology) is based, at least in part, on gender: only men are considered as having the potential to withstand the assaults of Satan. Consequently, if a female dervish diagnoses demonic possession she immediately refers the patient to a male dervish for treatment.

This does not mean, however, that female healers are peripheral. In the case of the al-fataha, or fortune-teller, the role is ordinarily passed from mother to daughter. The principal aim of the al-fataha is to expose the patient’s secrets. This type of healer is usually consulted about psychosocial problems.

One of the al-fataha’s major diagnostic techniques is to read the dregs in a patient’s coffee cup. If, for example, the dregs take on the shape of a dog, this symbolizes a friend and the al-fataha may conclude that a friend is about to play a significant role in the patient’s life. The form of a deer represents impending good news, but bad news is thought to be imminent if the dregs take on the appearance of a snake. On the basis of such rituals the sources of recent distress may be uncovered.

**Traditional meets modern**

Although it is desirable to cultivate mutual understanding between modern practitioners and traditional healers, one has to be cautious in defining how this should take place and wary of making generalizations.

An individual who receives treatment from a traditional Bedouin healer may do so on a variety of levels. There is the need to address the precipitating problem, whether it is, for example, somatic, psychosocial, psychiatric or a combination of these elements.

Beyond this there are obvious resonances between the traditional healer and the person seeking help. Some are cultural, since the healing rituals incorporate familiar religious, community, regional or tribal customs. Some are interpersonal in the sense that the healer is either known in person or by reputation. Some healing rituals enjoy community sanction or are related to previous rituals which have been directly observed and provided evidence of a certain utility. Some may be viewed in the context of geopolitical and ethnic cleavages between a dominant Jewish population and a minority Muslim/Arab community in the Negev.

Bedouin healers have the same cultural background as those who seek their help and are therefore likely to be trusted. Contact
between a non-Bedouin modern practitioner and a Bedouin patient, however, inevitably draws both into the sphere of local or regional politics.

It is vital that dialogue between modern practitioners and traditional healers in this cultural context be undertaken with great sensitivity. Suspicion and hostility would probably arise, for example, if persons from another culture were to supervise a traditional healer’s activities.

The creation of greater opportunities for mutual referrals, on the other hand, might well be advantageous, giving opportunities for patients to receive care of enhanced quality and for practitioners to improve their skills.

Informal discussions between modern practitioners and traditional healers might also be of value, particularly if the modern practitioners have a Bedouin or similar cultural background.

It should be noted that comprehensive merging of the modern and traditional approaches is likely to be a long way off. Nevertheless, in the shorter term, mutual respect is a valid objective. Perhaps most importantly, both modern and traditional healers should recognize their own limitations. Thus modern practitioners may not be familiar with Bedouin cultural and religious beliefs, while traditional healers may be far more limited than their modern counterparts in dealing with psychotic illnesses.

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**Importance of personality in human functioning**

The need to investigate the epidemiology of personality disorders is justified for several reasons: firstly, as shown by the most recent epidemiological surveys, personality disorders are common and have been found in different countries and sociocultural settings; secondly, personality disorders can be very detrimental to the life of the affected individual and highly disruptive to societies, communities and families; and, thirdly, personality status is often a major variable in predicting the outcome of other psychiatric disorders and their response to treatment.

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