The difficult path of psychotherapy in developing countries

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Historical notes

 Psychotherapy always existed since the very first healers/sorcerers, for at least 300,000 years; most of it was spiritual and religious

 The word 'Psychotherapy' was first coined by Arrazi 10 centries ago (Al 'Ilaj Annafsani) in Bagdad

Maristans in Arab-Islamic civilization

 In all big cities: Bagdad, Damascus, Cairo, Kairuan, Granada, Cordoba, Marrakech, Fez,... 4 medical specialties

- Music was played weekly to the mental patients till 1944 in Maristan Sidi Frej in Fez
- 1409: first psychiatric asylum in Christian Europe (Valencia, Spain) inspired by Maristan of Fez

Western psychiatry

 Along with colonization; the only cultural question was asked by Kraepelin in 1904 in Java

 Asylum style, but also psychoanalysis (René Laforgue in Morocco); first psychiatric unit 1908

 First Moroccan psychiatrist in Morocco in 1968, many trained in France

Psychotherapy in Morocco

 Driss Moussaoui and Najat Bennis, 1979, interviewed all persons who might use psychotherapy; less than 10 psychiatrists for 18 million inhabitants

 Main question: how can we use a Western method in Moroccan culture?

Working with mental patients

 In the public sector: emergencies, psychotic patients, huge numbers

 In the private sector: mostly depression and anxiety disorders, one private clinic for the whole country

Psychotherapies

- Psychoanalysis: a few associations (main representative Jalil Bennani)
- Cognitive and behavioural psychotherapy: one association (Nadia Kadri)
- Systemic psychotherapy: one association (Amina Bergach)
- Individual psychotherapy: one association (Mohamed Agoub)

Traditional 'healing'

 70% of patients use it before, during or after modern care

 More expensive than modern care (Tazi, Moussaoui 1994)

Case of Bouya Omar in 2016

Identity of psychotherapists

Very strong decades ago, less now

 Psychotherapists among psychiatrists are also heavy prescribers of psychotropic medications

 Problem with administrative situation of psychologists; doesn't preclude them from working, mostly in the private sector

Culture or anthropology?

 Culture, including religion, is important for the expression of disorder/disease

 The foundation is and remains anthropological, fundamentally humane

Case of jinn/jnoon

Same as for gender

Future of psychotherapy in LAMIC

Necessarily good, developing as it happened in Western countries

More training than ever; scientific meetings taking place

 Numbers of psychotherapists increasing year after year; coach phenomenon

Concluding remarks

- The bio-psycho-social model is unavoidable
- No mental health worker is an island

- Bridges between various domains of psychiatry/psychology and practices
- How can we share this knowledge/experience with lay people?

Thank you

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