Coker at the American University in Cairo. She gives a fascinating example of the dissonance between our Western-influenced understanding of psychopathology and a cultural tradition that has different means of expression, not easily translatable into the former framework. She points out how it is necessary to translate local meanings of mental illness in order to fit Western-influenced international concepts of psychopathology. This process not only adds to the difficulty of assessment and treatment, but also has implications for the 'back-translation' of those international concepts into the language of the local culture.

Discursive practice and the negotiation of psychiatric pathology in Egypt

Elizabeth M. Coker

Assistant Professor, Department of Sociology, Anthropology, Psychology and Egyptology, The American University in Cairo, 113 Sharia Kasr el Aini, PO Box 2511, 11511 Cairo, Egypt, email emcoker@aucegypt.edu

Modern biomedical psychiatry is the product not only of scientific enterprise but also of the progressive secularisation and medicalisation of moral life in the West (Jimenez, 1987). Psychiatry is an evolving cultural product. Its diagnostic categories represent pathologies rooted in Western notions of self, identity, normality and abnormality (Gaines, 1991). Psychiatric practice in Egypt, on the other hand, is the product of two different and often incompatible world views, namely Western psychiatry and Egyptian concepts of self, identity, normality and abnormality. The task of the psychiatrist in Egypt is to negotiate symptoms and diagnoses in a way that is sensitive to the demands of these two competing cultural streams. Analysis of this process provides a unique view of the ways in which culture can have an impact on professional psychiatry in any society or ethnic context.

In Egypt, as in the West, uncovering the implicit justifications for the more obvious manifestations of psychiatric practice requires a 'cultural excavation' of sorts (Kleinman, 1980; Gaines, 1992). Medicine gains its legitimacy through not only the control of knowledge but also the creation of systems of meaning. This manipulation of meaning is carried out, in part, through one of the most important tools of psychiatric work, namely the patient chart (Hunter, 1991; Barrett, 1996). Rob Barrett (1996) described the way in which the category of schizophrenia is constructed through professional discourse and writing, and what the latter reveals about Western concepts of self and abnormality.

Likewise, in the Egyptian case it is in the construction of the patient/diagnosis through the written word that the contested nature of psychiatric hegemony is most evident. The patient charts referred to in the present paper comprise actual records of the manipulation of local meanings of mental illness in order to fit institutionalised biomedical knowledge. Through these charts, the complexities of cultural self-processes are reduced to universal pathological phenomena, recognisable by like-minded professionals everywhere. (For a complete description of the methodology used to extract the data see Coker (2003).)

Egyptian patient charts demonstrate that the creation of the psychiatric patient in Egypt and the subsequent delineation of a causative disease represent a radical upheaval of traditional notions of personhood. Egyptian psychiatry cannot create its object in isolation from the cultural meanings encoded in the original illness presentation. In the West, the context and underlying meanings of diagnostic labels are implicit, but in Egypt they must be created anew and made explicit through professional discursive practices.

Social context and narrative

A prime example of this process is the way in which the social context is manipulated and presented in patient charts. While typical Western records give brief, third-person descriptions of social stressors that might have an impact on the disease, the Egyptian charts analysed possess a unique style that gives primacy to social context, through frequently elaborate first-person narratives, normally from the perspective of a family member of the patient. In this regard, the narrative voice of Egyptian psychiatry is discursively distanced from the official psychiatric voice prevalent in the West (Coker, 2003). This format is unique because it implies that the social environment is a direct, inherent part of the problem rather than a mere influence on it, as exemplified in the well-known bio-psychosocial model (Engel, 1980). In Egypt, social relationships do not act *on* the sick individual – they exert their influence *through* that individual, who, in turn, influences social relationships. In the Egyptian context, the fragmented self that is central to traditional Western conceptions of schizophrenia, as exemplified in the work of early theorists such as Kraepelin (1919) and Bleuler (1908/1987), becomes the 'disrupted social self'.

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These narratives describe fragmentation and disunity at the level not of the individual but of the entire social environment, starting with the family. The failure of the person as a social being is emphasised. The following excerpt is from the file of a 48-year-old man with no prior psychiatric history, diagnosed with affective psychosis. The problem was presented in the chart as a verbatim quote from his brother:

> A week ago he went back to his hometown and met some of his relatives. They got into a serious discussion, which he saw as an insult to him. He always thinks that people are teasing and provoking him. He feels very upset, always tense, easily provoked by the least of things. He believes that he has been cursed by magic and that his relatives served him poisoned tea. Yesterday he woke up in the middle of the night, woke everyone up with him and then went to his brother. He says, 'I hear the Koran in my ears'. When he saw his brother he burst into tears saying: 'People want to come between us'.

This excerpt provides an example of the social contextualisation of the patient-self. While the initial discussion with relatives of the patient is not specified as a cause in the typical sense, it provides a point of departure from which the subsequent disruptive behaviour can be accounted for. While it may be normal for relatives to discuss any matter, the patient's response to and misinterpretation of the event were unusual. However, this misinterpretation is meaningless from a psychiatric viewpoint. One could characterise it as suspicious, but that would place a highly individual emphasis on an event that clearly happened intersubjectively. In other words, the classic meaning of the word 'suspicious' would be inadequate to account for the complex meaning of the actual event. The fragmentation of psychosis is most often portrayed as a social disruption. This particular narrative format localises the illness in a self that extends beyond the boundaries of the individual and, at the same time, privileges local understandings of illness, represented by the primacy reserved in the chart for the voice of the family member.

A study in contradictions

The Egyptian medical chart is, among other things, a study in contradictions. On the one hand, it represents a continuing evolution towards a specific disease perspective originating in the West. On other hand, it presents a subtle alternative to the total redefinition of the person in terms of disease. It represents a remarkable juxtaposition of two competing cultural notions of person and disease, namely the Western view of disease as an invading enemy and the ill person as a fragmented personification of that enemy (Barrett, 1996), and the Egyptian view that the illness resides within not the person but the social sphere (Early, 1985; Morsy, 1993). The chart entries often recall traditional illness themes outlined in various ethnographies and cultural studies, but with a twist: these themes are now used by medical doctors to portray psychiatric illness.

The whole patient

In Egypt, diseases are named and are represented in terms of disembodied symptoms, as in the West. However, the understanding of and distinction between Egyptian and Western practices come from the chart narrative texts. It is here that the true notion of the patient in the Egyptian context becomes evident. The patient is not the focal point of different and often contradictory external and internal forces, as is often the case in Western medical charts. Rather, the patient is viewed as an agent in a pathological process that does not result in a fragmented person but in fragmented relationships, social structure and society. As such, Egyptian patient charts represent the whole patient as constructed by the physician and consisting of diagnosis and symptoms together with relationships, history and cultural roles.

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