Arrays of Egyptian and Tunisian Everyday Worlds

An update on the project

In 2016—How it felt to live in the Arab World five years after the “Arab Spring”

edited by

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Psychiatrists

“Hi, welcome to Shezlong. We are the support team; how can we help you?” The question pops up directly when you enter the website Shezlong.com. On the other side of the screen, professional psychiatrists are ready to help those who seek help online to handle their mental illness. Only one year after the launch of the online psychiatry platform, 14,000 people all across the Arab world get treatment in sessions conducted via chat or video calls. Half of these clients are from Egypt.

Millions of Egyptians—an estimated sixth of the whole population of over 90 million—suffer from mental disorder without searching or receiving treatment for their psychological problems, neither from the 6,000 psychiatrists that are there in the country there (1 per 15,000!), nor through digital platforms. The huge discrepancy between psychological suffering and actual treatment is often explained by the societal taboos regarding mental health disorders. The founder of Shezlong tells journalists that he believes the guaranteed anonymity and decreased risk of being socially stigmatized are key to the success of his website.

But it is not only online that psychiatrists appear, they also play a role in various forms of popular culture. In the literature scene, several psychological self-help books gain popularity. A little stand at the Cairo International Book Fair of February is dedicated to the General Secretariat of Mental Health, a governmental organ that has recently launched a campaign to raise awareness about mental diseases. On the book fair, psychiatrists distribute pamphlets to passers-by who dare to stop by their stand. On a more grass-root level, a psychiatrist and professor from al-Minyā’s Faculty of Medicine gains popularity among Egyptians. Through the regular postings on his Facebook page and in his bestselling self-help books written in colloquial Egyptian, Muhammad Tāḥā encourages his readers to analyze their relationships with other people. Only then will they be able to see what role they play in these relationships themselves, and only then will they discover their true and false selves. His book il-Khurūg ‘an il-naṣṣ (“Out of the Box”) becomes one of the bestselling “social books” of the year, and he also attracts large numbers of people to the dozens of lectures he gives in the country’s biggest cities. The book signing sessions after each of these lectures are thoroughly documented with pictures on the Facebook pages of these events, revealing a majority of female attendees.

One topic often repeated by the popular psychiatrist is the view that oppression of a child’s psychological needs will, in a later stage of life, inevitably affect the grown-up person’s mental health in a negative way. A worst-case scenario in which the mentally ill person commits crimes is portrayed in several Ramadan series. In one of them, Suqūṭ Ḥurr (“Free Fall”), several of the main characters’ psychological suffocation is caused by neglecting themselves or others. The characters’ sessions with the psychiatrist shed light on the internal conflicts within the series’ storylines and enable both internal and personal conflicts to develop.
positive development of characters is often in line with the psychiatrist’s advice. The character Sihām, a woman in her late fifties, approaches her daughter Malak’s psychiatrist in order to understand why Malak killed her own sister and husband. Sihām’s problems with Malak and other family members have become apparent for the spectators, since this scene is in the ninth episode of the 30-episode series. She is skeptical and suspicious towards the psychiatrist and only visits him to learn what her daughter has told him, but not her. The psychiatrist tells her that he is not allowed to reveal any of Malak’s secrets, but he assures her that he had not been informed about Malak’s plans to kill her husband. He invites Sihām to come back if she wants someone to talk to. Later in the series, Sihām regularly goes to see the psychiatrist, complaining about how difficult it was to raise two children on her own. Using thought experiments, the psychiatrist challenges her perception of a society that puts her in a box and defines how she should behave towards her children, namely like a tough father. He tells her that it was she herself who chose to fit into this miserable box that she thought society put her in: first as a strict and lone, then a strict and widowed mother. He claims that she has been tough on herself and her daughters in vain and rhetorically asks Sihām if Malak’s illness could be the result of being neglected in her childhood. Sihām’s self-diagnosis is that her anxiety prevented her from feeling anything at all, and from feeling like a woman in particular. She tells the psychiatrist that when a woman does not feel safe anymore, she stops feeling like a woman. She furthermore asserts that society would have condemned her if she spent her time, as a widowed mother, to look for a new man. The psychiatrist, while acknowledging that Sihām’s choice of not looking for a new man is well-respected in society, claims that the widowed women who choose to remarry could raise their children in a likewise proper manner as the ones who remain alone.

Although societal constraints are acknowledged in Suqīṭ Ḥurr, it is up to the individual to choose whether to obey them or not. The personal does not become political as the struggle against societal structures is reduced to a fight with oneself, maybe with the guidance of a psychiatrist. If Sihām chose to take the easy way and adapt to what she thought was her role in society, it was all her fault. By the use of the psychiatrist as a moral compass in this particular Ramadan series, not turning crazy is seen as each and every individual’s own responsibility.

However, the portrayal of the psychiatrist is not always positive. In Suqīṭ Ḥurr, as in Fawq Mustawā al-Shubuhāt ("Above Reproach"), another series in 2016 that uses the psychiatrist and a mentally disturbed person as points of departure, psychiatrists are repeatedly violating the duty of confidentiality as they are discussing their clients with friends and family or even believed to record the sessions. Whether this lack of work ethics is a portrayal of reality or believed reality, the audience might in the end feel more tempted to checking out the more anonymous online alternative to the psychiatrist’s chair.

Related entries
Arrays; ‘Āmmiyya; Dérja; Dual identities; Self-help.
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