EMDR-based mental health services for the Arab spring

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Introduction

Norris *et al.* (2004) suggested that trauma is much more common in developing countries than in the developed world, where more of the resources to treat trauma are available. Trauma in developing countries is more challenging to treat and more difficult to study. Most trauma treatment and research resources are in Europe, which constitutes only 7% of the world population. It is a well-known fact that the psychological impact of trauma outweighs the physical impact by an estimated 4 : 1 ratio (Everly *et al.*, 2010). The psychological impact of natural and man-made disasters can be overwhelming for individuals, their families and communities.

Since the Arab spring, we have discovered the extent of oppression and torture that the fallen regimes practiced on their people and this oppression must have clearly created many psychiatric problems in the population (Filiu, 2011). It is important for the new democratic governments in the Arab world to deal with the aftermath of the previous totalitarian regimes including mental illness. This needs to be undertaken in a way that makes the psychiatric services community oriented, more acceptable to the local populations and more responsive to their needs (Ben-Tovim, 1987).

Psychiatric disorders are associated with very severe stigma in the Arab world (Sartorius and Schulze, 2005). This increased in the colonial period owing to the mental hospitals that were built and which replaced the small and less stigmatizing community-oriented Muslim medieval hospitals (Maristanes) that operated in keeping with the principles of Islamic Medicine (Keller, 2007). This stigma was also increased owing to Arab cinema, which portrayed these mental hospitals and their patients in a very demeaning way.

The emphasis in the new Arab psychiatric services should be on the treatment of the consequences of oppression. It should also incorporate traditional concepts of mental ill health and traditional treatments used (Pirajno, 1955). Mental health services need to be named and shaped to serve this function so that they will be acceptable for the population to use (Ben-Tovim, 1987). We suggest that mental health services centres are established under the name of 'Centres for the Care of Victims of Torture and Political Violence'. These services will work in parallel with and complement the already present psychiatric hospital services and will work gradually to replace them with less stigmatizing and more community-oriented services. The new services should have a strong trauma treatment element in addition to traditional elements such as general psychiatry, child psychiatry and substance abuse psychiatry (Hien *et al.*, 2004). We recommend that a centre is established in each major city and extended and expanded upon as demand increases for the service. Initially, the service should operate during office hours and then the need and feasibility of a community duty system in liaison with the psychiatric hospitals should be established at a later date.

The effects of torture and violence on mental health

'The guards hung me by my wrists from the ceiling for eight days. After a few days of hanging, being denied sleep, it felt like my brain stopped working. I was imagining things. My feet got swollen on the third day. I felt pain that I have never felt in my entire life. It was excruciating. I screamed that I needed to go to a hospital, but the guards just laughed at me' (Solvang *et al.*, 2012). This is how the report of the Human Rights watch began, describing the experiences of one of the victims of the Syrian despotic regime after he was arrested in Syria. The report stated that, since the start of the antiregime protest in March 2011, the regime arrested and tortured tens of thousands of Syrians in a large network of torture centres in Syria (27 of which were identified and described by the report).

Torture is defined as 'inflicting severe physical or psychological pain for the purpose of punishment,

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frightening, or compulsion and extraction of statements or information'. Victims of torture might suffer post traumatic stress disorder (PTSD), depression and other problems such as social withdrawal, problems with sleep and additional psychological and social effects on the family and the immediate society. The psychological consequences of torture can be much worse than the physical effects. These psychological consequences can, at times, make it impossible for the victim to recover from them. They might lead in the end, and as a result of the hopelessness and pain, to suicide if effective treatment and adequate support are not available (Gerrity *et al.*, 2001, p. 41).

The Arab spring has resulted in public uprising against the Arab regimes who for years have tortured and oppressed the population (Filiu, 2011, p. 64). The regimes reacted violently to the spring uprising involving the police (and the army in the case of Libya and Syria). Syria is witnessing military operations against civilians whose only crime is their cry for freedom. This took the shape of a regime full-scale war against the civilian population. The Arab regimes' repressions against the Arab uprising, particularly in Syria, have resulted, and will result, in many psychological consequences in the population and particularly in children, who will need considerable psychological and psychiatric care (Abdul-Hamid, 2012).

Eye movement desensitization and reprocessing and trauma intervention

Eye movement desensitization and reprocessing (EMDR) was developed by Francine Shapiro, who introduced it into the professional and clinical world after she carried out her seminal randomized-controlled study in 1989 (Shapiro, 1989). At that time, it was introduced as 'eye movement desensitisation'. In 1991, Shapiro added 'reprocessing' to the name of this therapy in order to emphasize the cognitive information processing elements that are now central to the therapy procedure. Eye movements are only one form of bilateral stimulation used and bilateral stimulation is itself only one component of a number of components making up the procedure.

Between 1997 and 2000, EMDR was recognized internationally in all PTSD guidelines as an effective treatment for this disorder. This followed EMDR being acknowledged as effective in the treatment of PTSD by independent reviewers for many organizations such as the American Psychological Association (Chambless *et al.*, 1998) and, more recently, by the National Institute for Health and Clinical Excellence in Britain (National Collaborating Centre for Mental Health, 2005).

Shapiro (2002) postulated, in her adaptive information processing model, that much of the psychopathology of PTSD and other psychiatric disorders are because of maladaptive encoding in memory or incomplete processing of the traumatic events or life events. This maladaptive encoding disturbs the ability of patients to integrate these trauma/life events in an adaptive manner.

The eight-phase process of EMDR therapy works eventually to help patients to resume normal information processing and integration. The treatment aims to target past traumatic events that cause the disorders, current triggers that maintain them and future challenges in a way that helps in the reduction of symptoms and distress that result from the traumatic memory. The process also, and through the therapy process, creates a positive perception of the self and assists with dealing with accompanying bodily disturbances. With its effectiveness, easy administration and brief training, compared with the other effective evidence-based trauma therapy – Trauma Focused Cognitive Behavioural Therapy-EMDR, has the potential to help to shape new mental health services in the Middle East following the Arab spring (Shipiro and Forrest, 2004; Abdul-Hamid, 2012).

Main components of the proposed new service

(1) General and trauma psychiatry: This should be the biggest component of the service and it should be composed of the following (for 100 000 population according to Royal College of Psychiatrist (2001):
   (a) Six psychiatrists, with at least half of them trained in trauma psychiatry, to deal with the adults and elderly who were exposed to trauma as a result of the political oppression of the previous regime and the trauma of the war waged against the people when they wanted liberation from the regime's oppression.
   (b) Twelve community psychiatric nurses who also should have training in trauma treatment and particularly psychological treatments including EMDR in addition to psychiatric nursing training in trauma treatment and particularly psychological treatments including EMDR.
   (c) Twelve social workers who, in addition to psychiatric social work training should also have training in trauma treatment and particularly psychological treatments including EMDR.
   (d) Three psychologists (trained in trauma therapy) who will help in the training of nurses and social workers in addition to undertaking specialist psychological assessments and treatment of patients.
   (e) Eight support workers.

(2) Child psychiatry: Children are the builders of the country's future and adequate resources need to be devoted to ensure their mental health within internal standards set by the Royal College of Psychiatrists (Richardson *et al.*, 2010). This should be undertaken within the Centres for the Victims of Torture and Political Oppression for Psychological Wellbeing. This part of the services should be composed of the following:
   (a) Three child psychiatrists (with all of them having training in trauma psychiatry).

(b) Four community psychiatric nurses who, in addition to psychiatric nursing training, should also have training in trauma treatment and particularly psychological treatments including cognitive behavioural therapy and EMDR.
(c) Four social workers who, in addition to psychiatric social work training, should also have training in trauma treatment and particularly in psychological treatments including cognitive behavioural therapy and EMDR.
(d) Two psychologists who will help in the training of nurses and social workers in addition to undertaking specialist psychological assessments and treatment of children.
(e) Four support workers.

(3) Substance abuse services: The psychiatric literature suggests a strong relationship between substance abuse of drugs and alcohol and political oppression and violence (Brown and Wolfe, 1994; Hien *et al.*, 2004). This is why this component of the service needs to be implemented as part of the 'Centres for the Victims of Torture and Political Oppression' and be gradually phased out as the need for it reduces with increased democracy and Islamic values in the community. On the basis of international experience (Advisory Group on Homelessness and Substance Misuse, 2005), this component should be composed of the following:
(a) One substance abuse psychiatrist.
(b) One substance use psychologist
(c) Two substance abuse psychiatric nurses.
(d) Two substance abuse social workers.
(e) Three support workers.

(4) Spiritual services: Even in the less religious west, the importance of traditional and spiritual healing is being recognized (Dein and Sembhi, 2001; Johnsdotter *et al.*, 2011). A study in Pakistan showed that the majority of Pakistanis with mental health services are in contact with traditional healers rather than psychiatric services (Saeed *et al.*, 2000). Qur'an treatment is a recognized Islamic practice for the treatment of psychiatric disorders, especially when there is a strong spiritual element. We suggest that this form of treatment, which used to be practiced in the old Islamic Maristanes, be reimplemented to help psychological problems that associates with spiritual problems. This part of the service will also help link the Centres for the Victims of Torture and Political Oppression with traditional healers who currently deal with most psychiatric problems in Muslim societies. The service should be composed of:
(a) One Muslim clerk (Imam).
(b) Two Qur'anic readers (with good Qur'an reading knowledge and good voice quality).
(c) Two traditional healers from the local community who will work on a part-time basis to link the service with traditional healers.

(5) Pharmacy service: To manage the buying, keeping and dispensing of medication for the treatment of psychiatric disorders. This services should be composed of the following personnel:
(a) One chief pharmacist.
(b) Two pharmacists
(c) Two assistant pharmacists.

Discussion

Following the oppression and neglect of society's mental health by the despotic regimes in the Arab world, newly established governments should establish the improvement of the mental health of the population as one of their main aims. The proposal of the establishment of Centres for the Care of Victims of Torture and Political Violence for Mental Health should be a specific objective of the new democratic governments that resulted from people's revolution during the Arab spring. These centres could become a corner stone for the post-Arab spring mental health services.

Protecting populations from mental health problems and treating their physical, psychological and social consequences is a noble aim that should be addressed during and after the revolution. Trauma-based services will not only meet the needs of the community that for long has been traumatized by the oppression and aggressive practices of the despotic regimes but will also help mental health services with newly established themes and objectives to reverse the trend of stigma associated traditionally with the old mental health services.

EMDR is the most effective and easily acquired evidence-based technique for the proposed trauma-based mental health services. With a track record of at least 15 randomized clinical trials that have shown its effectiveness in the treatment of trauma, as effective as cognitive behaviour therapy in the short term and with a more lasting effect in the long term (Jarero and Uribe, 2012), EMDR is one of most accessible models of psychotherapy in the developing world in general and more specifically in the post-Arab spring Middle East.

Mental disorders are closely associated in Muslim society with spirituality and religions. Those with psychiatric disorders are more likely to consult faith healers rather than a psychiatrist or a psychologist (Saeed *et al.*, 2000; Johnsdotter *et al.*, 2011). This fact makes it necessary for mental health services to incorporate traditional methods of healing and to integrate traditional healers into the newly established mental health services.

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Conflicts of interest

There are no conflicts of interest.

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الخلاصة

منذ الربيع العربي، اكتشف العالم حدّود الاضطهاد و التعذيب الذي مارسته الأنظمة القمعية ضد الشعوب و قد خلق هذا الاضطهاد بالضرورة الكثير من المشاكل النفسيّة لدى المواطنين.

إنه لمن المهمّ للحكومات الديمقراطيّة الجديدة في العالم العربيّ أن تتعامل مع آثار الأنظمة الاستبداديّة السابقة بما في ذلك المرض النفسي و هذا يحتاج لأن تكون الخدمات النفسيّة موجّهة للمجتمع ومقبولة من قبله ومتجاوبة مع حاجاته. و يجب التوكيد في الخدمات النفسيّة الجديدة على أن تتم معالجة نتائج الاضطهاد من خلال طب نفس الرضح. إن تأسيس " مراكز ضحايا التعذيب والعنف السياسي للصحة النفسية " سيكون أساس للخدمات الطبية النفسية الجديدة بدون مشاكل الوصمة. كما يجب أن يدمج في هذه المراكز المفهوم الروحي التقليديّ للصحّة النفسية و المعالجات التقليديّة مثل العلاج بالقرآن. المراكز يجب أن تسمى و تشكل بطاقم فعال لتقدّيم هذه الوظيفة وبطريقة مقبولة للسكّان.