



**Editor: Fumitaka Noda (Japan),**  
**Associate Editor: Mario Incayawar (Ecuador)**

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**Message from the chair;  
 WPA-Transcultural Psychiatry  
 Section**

**1. The WPA-TPS Committee; 2005-2008**

At the business meeting of the Section, held Tue Sep 13, during the XIII World Congress of Psychiatry in Cairo, 37 TPS members were present. Goffredo Bartocci, TPS chair and election monitor, reported that seventy ballots were received from TPS members for the election of the new Committee. There were fifteen nominees, of whom the following members were elected; Rachid Bennegadi ( France ), Sushrut Jadhav ( UK ), Mario Incayawar ( Ecuador ), Fumitaka Noda ( Japan ), Joan Obiols ( Andorra ), Mitchell Weiss ( Switzerland ), Ronald Wintrob ( USA ) and Xudong Zhao ( China ).

The new Committee also met Sep 13, prior to the business meeting. At that meeting, the Committee elected as officers for 2005-2008; chair: Ronald

Wintrob, co-chair: Fumitaka Noda, secretary: Joan Obiols.

WPA by-laws allow members to serve as Committee members for not more than nine years, and as Committee chair for a maximum of two consecutive three-year terms. Having served six years as TPS chair in 2005, Dr Bartocci was nominated and approved at the business meeting, as honorary advisor of TPS, joining past chairs of TPS in that role; Wen-Shing Tseng and Wolfgang Jilek.

**2. The WPA-TPS Election Procedure**

Concern was expressed at the business meeting about the nomination and election process, and the need to ensure that the process be seen by all members as open, transparent and fair; so that the concerns expressed could be resolved before the next election cycle in 2008.

The Committee will address this issue in 2006.

**3. WPA-TPS membership**

During the WPA International Congress in Athens in Mar 2005, a membership directory of WPA Scientific Sections, dated 2004, was distributed. Reviewing this directory shows that the TP Section is one of the largest of the sixty Sections listed, spanning 14 pages of the directory and including the names and addresses of 205 members. The only Section that has a larger number of members is the Section on Interdisciplinary Collaboration. Three other Sections take up 6-7 pages of member listings, but most Sections' membership lists do not exceed 3 pages.

**4. Communication with TPS members**

While the directory of WPA Scientific Sections gives members' names and addresses, it includes very few members' email addresses. The Committee plans to send all TPS members a card during the next year, requesting updated details, including their current email addresses, so that starting in 2006, most communication with TPS members, and most TPS business, can be conducted electronically, rather than by airmail.

## 5. Section website

It is the hope of the Committee that during the next year we can develop a WPA-TPS website, accessible to all members, and to others interested in developments in the field of cultural psychiatry. Since Sep 2005, Mario Incayawar has taken the lead in developing our website, and I am delighted to be able to inform you that he has succeeded in designing, and very recently launching, the website. The URL is; [www.wpa-tps.org](http://www.wpa-tps.org)

I urge you to visit our website at regular intervals, to learn about activities of WPA-TPS, as well as other cultural psychiatry organizations' activities.

## 6. TPS Newsletter

Consistent with the shift in 2006 to communicate with TPS members electronically, the TPS Newsletter will also be circulated to members electronically. We had hoped to make this change starting with the Jan 2006 issue of the Newsletter, and to continue with quarterly electronic editions of the Newsletter in Apr, Jul and Oct. However, we have decided to delay publishing the Jan 2006 issue until we could do so on the new WPA-TPS website. We now have the website operating, and plan to add the inaugural issue of the electronic TPS Newsletter to our website in Apr 2006.

It is a great pleasure for me to inform you that Fumitaka Noda and Mario Incayawar have generously accepted my invitations to them to serve as Editor, and as Associate Editor, of the Newsletter.

## 7. World Association of Cultural Psychiatry ( WACP )

WACP was established in 2005, with the objective of enhancing the international visibility of cultural psychiatry as a field of clinical service, education and research within psychiatry. It is a free-standing professional organization with a global perspective, intended to encourage mental health clinicians of all disciplines, as well as academics in the social sciences, to work together and exchange ideas that will enrich the field of cultural psychiatry.

To that end, WACP will convene the 1<sup>st</sup> World Congress of Cultural Psychiatry ( WCCP ), in Beijing, Sep 23-26 2006.

More detailed information about WACP is available on the WACP website; [www.waculturalpsychiatry.org](http://www.waculturalpsychiatry.org)

More detailed information about WCCP can be obtained at; [www.WACP2006Congress.org](http://www.WACP2006Congress.org)

## 8. Future WPA-TPS meetings

Planning for the 2006 WPA-TPS conference has been underway for a number of months. The conference will be jointly sponsored with the Society for the Study of Psychiatry and Culture ( SSPC ) and will be held in Vienna; 18-21 Apr 2006. Thomas Stompe is chair of the Vienna organizing committee.

More detailed information about the Vienna conference, including registration and scientific program is available at; [www.tcpwpavienna2006.com](http://www.tcpwpavienna2006.com)

## 9. Future cultural psychiatry meetings; 2006-2009

As the number and scope of conferences directly relating to cultural psychiatry has been increasing, the need for coordination of activities of WPA-TPS, WACP, SSPC and the TP divisions of national psychiatric associations is becoming more and more evident.

With this in mind, TPS members may want to take note of the following partial listing of such meetings in the years ahead;

### 2006

- Apr 18-21; WPA-TPS + SSPC conference; Vienna
- Jul 12-16; WPA International Congress; Istanbul
- Sep 23-26; 1st World Congress of Cultural Psychiatry; Beijing
- Oct 11-15; SSPC meeting; Washington, DC

### 2007

- Apr; WPA-TPS conference; Kamakura, Japan
- Sep; SSPC + WPA-TPS conference; Stockholm, Sweden
- Nov 28-Dec 2; WPA International Congress; Melbourne, Australia

### 2008

- Apr; WPA-TPS conference; Mexico ( in discussion )
- Sep 20-25; WPA; XIV World Congress of Psychiatry; Prague
- Sep or Oct; SSPC meeting ( in discussion )

2009

- Apr; WPA-TPS + WACP/regional conference; S. Africa ( in discussion )
- Sep; 2nd World Congress of Cultural Psychiatry; Italy ( in planning )

Ronald Wintrob MD  
WPA-TPS chair 2005-2008

### **Message from the WPA-TPS Newsletter Editor**

Dear Colleagues,

It is amazing to reflect that we are living in an era where we can communicate with anybody in the world by way of Internet or E-mail. In this regard, the roles of academic and professional Journals, Newsletters or Bulletins will probably be quite different in the years ahead from those of times past.

I feel very honored to be appointed as the Editor of the Newsletter of the World Psychiatric Association-Transcultural Psychiatric Section during this era of transition to electronic forms of communication. My former image of a newsletter editor is of a person sitting in a rocking chair, wielding an editor's red pencil and smoking a pipe. However, I am not at all that type of person. ( I am not even a smoker! ).

Although I am not fully confident that I can follow in the tradition that our prior TPS Newsletter editors, Drs Jilek and Bartocci have established, I will do my best to implement, on the ground they cultivated, a new style of Newsletter that will meet the demands of our times, as well as the interests of our members.

I have replaced the paper-based Newsletter with the new E-Newsletter. As you see now, you will be provided the Newsletters through our newly-launched WPA-TPS website's homepage on a regular basis, hopefully quarterly.

I am sincerely thankful to the Chair, Dr Wintrob, and Associate Editor, Dr Incayawar, who are always ready to give me any needed support, considering that English is not my primary language.

I also need help and input from you, my colleagues. With this collaboration, we can make the new E-

Newsletter more accessible and more appealing to its readers around the world who want to keep up with the progress of the rapidly expanding field of cultural psychiatry.

With warmest regards,



Fumitaka Noda MD, PhD  
Editor  
WPA-TPS Newsletter

### **Message from the WPA-TPS Newsletter Associate Editor**

It is a great pleasure for me to be part of the TP Section Newsletter editorship. When Ron proposed the idea of having an electronic version of the Newsletter, I immediately agreed and offered to help. During these times when resources are scarce and technology allows easy and on-demand access to information, it seems sensible for us to shift to the digital form of publication. I hope you will continue to find, in the on-line TP Section Newsletter, interesting information on the Section's activities and on developments within the expanding field of cultural psychiatry.

After two months of extremely gratifying collaborative effort with Ron, we have now launched our own TPS website. As the website editor, I hope it will be well received by the TP Section members, and will attract the attention of many "internauts" interested in transcultural psychiatry. I invite you to use our new website as your source of information on the Section's activities, and hope that you will contribute to it with contents, graphics and links. Your comments and contributions are very much appreciated.

Mario Incayawar MD, MSc

## Reflections on my six years as chair of the WPA-Transcultural Psychiatry Section

**Goffredo Bartocci MD,  
WPA-TPS Honorary Advisor**

Ron Wintrob, my successor and the current chair of the TP Section, has invited me to reflect on my experience as chair from 1999 to 2005, and to prepare an account of the highlights of those years. Be aware that Ron's invitation can be dangerous for your health: it will be difficult for me to calm the tide of memories engendered by my reflections.

Although it may sound un-diplomatic to say this, the most pleasurable years I spent in the TP Section occurred before I became chair. Since my first encounter with the Section in Budapest fifteen years ago, until the time of the World Congress of Psychiatry in Madrid in 1996, I felt as free as a swallow. Having the chance to meet experts in the discipline I am fond of, was like being at an oasis after travelling in the desert.

My experience in TPS began during the Section Business Meeting in Madrid. I very well remember that Prof Rovera was seated just behind me. Since at that time I was teaching transcultural psychiatry in his Dept of Psychiatry at the University of Turin, his presence was important to me. When the TPS chair, Wolfgang Jilek, asked the audience for volunteers to host the next TPS conference, Rovera kicked me from behind and reminded me of our previous discussions about hosting such a conference in Italy. Those discussions had never reached a firm decision. Nevertheless, under the influence of his foot coming up behind me, I stood up and impulsively offered to host the conference somewhere in Italy the following year.

You know the rest of the story: I served as local organizer and co-chair of the TPS Symposium in Rome in 1997. It was a milestone for Italian cultural psychiatry and for me personally.

I imagine that some saint, influential with the TPS Committee, had the first hint that I might be a candidate for becoming chair of the Section during or after that Section Symposium I organized in Rome (at facilities offered by the Vatican).

I have not figured out yet whether it was the fact that quite a lot of TPS members gathered in Rome, making this Symposium a setting where we could fruitfully exchange ideas, or whether it was the fact

that the facilities the Vatican offered to me as the venue for this Symposium gave me the illusion of some kind of holy aura of a profound and civilized man.

(Editor's note: since that time, Goffredo's closest associates refer to him as the Red Cardinal.)

I think that I absorbed the prestige emanating from my mentor Prof Frighi, head of the Dept of Psychiatry at the Univ of Rome, who had interceded with the Vatican authorities to have the Symposium venue be the Assunzione headquarters. Fortunately, at that time Vatican policy favoured close contact and involvement with the scientific aspects of immigration, so that it was possible for us to use the Assunzione facilities for a very modest fee. As a matter of fact, after the Assunzione Congress, I received an offer to become Professor of Psychiatry at the Pontifical Lateran University (which I declined), indicating what a high profile the WPA-TPS had.

Once the positive echoes of the Symposium had faded, I continued to experience that Symposium as a wonderful memory and, most of all, the source of what became lasting friendships with many TPS members, above all Wolfgang Jilek, Ray Prince and Roland Littlewood. I have not included Ron Wintrob in this list, because he had by then already become one of my closest friends.

Over the next several years, each of them visited me more than once at my home in Torreorsina, as a result of which, I became so actively involved with the international aspects of transcultural psychiatry, that when I was elected as TPS Chair it seemed to me a way to continue our reunions; not only in Italy, but around the world, and with the addition of many more colleagues whose companionship I have greatly enjoyed.

All these colleagues-turned-friends have changed my life; not only pushing me to take an active role on the international stage, but by all of them becoming part of my identity!

I might end my anecdotal account here, since what I have said up to this point is really the substantive part of my involvement with the Section, but the fact that I had additional responsibilities as TPS Chair, has kept my brain working in order to serve people who offered their trust to me.

Accordingly, I was able to help organize several more TPS symposia; in Andorra, in Malta and in Quito, as well as a number of TPS scientific

sessions at other international conferences, including WPA regional and World Congresses, which kept me quite busy. My participation in the conference organized by WPA and WHO at the monastery of St. Catherine in Mount Sinai (Egypt) in 2003, titled: "Religion spirituality and mental health" has strongly impressed on me the magnitude of the influence of religion in international psychiatry.

As you know, I have been very persistent in pointing out the crucial influence, for good or for harm, of religious experiences on mental functioning. I am very grateful to all my TPS colleagues who have helped me keep this topic in active discussion among psychiatrists, by accepting my invitations to address various aspects of religion and spirituality in their presentations at these conferences.

In particular I am grateful to Prof Laurence Kirmayer for agreeing to publish a special issue of the Journal Transcultural Psychiatry in December 2005, completely dedicated to Religion and Psychiatry.

Moving beyond the theme of religion and psychiatry, it was clear since the very beginning of my appointment as chair of the Section, that transcultural psychiatry, as a discipline and as represented by the increasing number and diversity of backgrounds of new colleagues involved in this discipline, could no longer be compared with that breed of horses that are accustomed to walk very slowly because they are carrying the enormous weight of 'established truth' on their backs. We now recognize the existence of so many cultural differences among human beings that it is impossible to accept the past dominance of western nosography.

Cultural globalization, the ever-increasing flow of immigration, the clash of civilizations in the throes of rapid culture change; all these factors have led to the necessity to face new practical and epistemological issues. The new progeny of young colleagues is aware of the worldwide situation and now they are involved in a sort of "political" transcultural psychiatry that is moving past the previous canonical era devoted primarily to comparisons of psychopathologies.

I believe that these changes are going to lead to the formulation of a new way of conceptualizing transcultural psychiatry. I believe it is preferable that this new generation of transculturalists comes from

diverse geographical areas, thereby encouraging the blending of the art of psychiatry according to many existential backgrounds. It will be this generation that will be able to transform the ethnocentricity of the previous ways of healing people who consult psychiatrists, and in particular, enable physicians everywhere to avoid the dominance of the western biological approach to human suffering.

Cultural influences on all psychic representations (and on the functioning of neuronal networks, according to neuroscience) is now so well recognized, that we can say that cultural psychiatry is now embedded in the whole enterprise of psychiatry and in the practice of all psychiatrists.

I therefore wish the new TPS Committee maximum success in the task of making transcultural psychiatry the patrimony of all the psychiatrists.

## **Bio-sketches of TPS Committee members**

### **Ronald Wintrob MD (USA)**

**Chair, WPA- Transcultural Psychiatry Section, 2005-2008**



I suppose that my interest in cultural psychiatry evolved from my childhood experience, growing up in Toronto, Canada. It was clear to me, even as a child, that ethnic and religious prejudice was openly expressed and that I was a member of a prejudiced-against minority group, even though I didn't look, talk or behave in any way differently from the "English Protestant" majority.

When I started medical school at the Univ of Toronto in the mid-1950s, there was still a quota for Jewish students.

In my pre-medical years, I was fascinated by the account of the lives and beliefs of the Inuit in northern Canada, described by my anthropology professor who was doing research then on witch fright among the Inuviik Inuit.

I was also influenced by what my psychoanalyst uncle and pediatrician cousin told me about their fields. And I listened with amazement to what my photographer cousin told me about her years living in New York in the 1930s, where she became friendly with Paul Robeson, Duke Ellington and Cab Calloway and described what life was like in Harlem.

After medical school in Toronto and internship in New York, I spent a year in two villages in northern Laos, heading an international team of medical personnel.

Then, in 1961, I started my training in psychiatry at McGill University in Montreal.

A few years earlier, Erik Wittkower had started the Section of Transcultural Studies at McGill. Wittkower became my mentor, along with the anthropologist Norman Chance, who had worked extensively in the Arctic and had started the Center for the Anthropology of Development at McGill. I joined Chance's research group, studying the impact of rapid culture change on the Cree Indians of the James Bay region of the sub-Arctic.

After a fellowship year in Paris, I spent two years as the only psychiatrist in Liberia, where my wife and I ran the only psychiatric hospital and outpatient clinics in the country.

We returned to Montreal in 1966, where I had faculty appointments at McGill in both psychiatry and anthropology, and was also part of the Dept of Psychiatry at the francophone University of Montreal. And I undertook my own psychoanalysis; with a francophone psychologist/psychoanalyst.

During the 1960s there was increasing strain between anglophone and francophone communities in Montreal, to the extent that my wife and I decided to leave Montreal and go to the United States.

I accepted positions in the Anthropology Dept at the University of Connecticut, where Norman Chance had become Dept chair, and at the Dept of Psychiatry in the newly-established medical school. This was a period of great productivity for me in cultural psychiatry, and in the area of psychiatry and international relations; working closely with colleagues in anthropology, psychology, political science and psychiatry.

During my years at the University of Connecticut, from 1969 to 1982, I spent a sabbatical year at the new medical school in Christchurch, New Zealand, where I focused my research interest on culture change among the Maori.

The year my family and I spent in New Zealand was the start of a connection with the medical school in Christchurch, and with New Zealand more generally, that has continued ever since.

In 1982 I joined the faculty of the Dept of Psychiatry and Human Behavior at Brown

University in Providence, Rhode Island, where I have continued to be a faculty member ever since.

Together with Edward Foulks and John Spiegel, I was involved in the establishment of the Society for the Study of Psychiatry and Culture, which had the first of what is now over twenty-five annual meetings, in 1979.

In 1968 I was invited to participate in the unique learning experience of being a member of the Committee on International Relations of the Group for the Advancement of Psychiatry; a study group of eight nationally-recognized scholars in the field, that met for three days twice each year, to formulate reports on current issues relevant to psychiatry. I subsequently became chair of the Committee during a period that led to the publication of a monograph on "Psychological Aspects of the Middle East Conflict".

In 1983 I participated in the establishment of the Committee on Cultural Psychiatry of the Group for the Advancement of Psychiatry, that produced a monograph on suicide, race and ethnicity in the US population, another on alcohol use and alcoholism in those same US population groups, and in 2001, a casebook on "Cultural Assessment in Clinical Psychiatry".

In 2002 I became co-chair of the WPA-Transcultural Psychiatry Section, under the chairmanship of Goffredo Bartocci. In Sep 2005, I was elected as chair of the WPA-TP Section, during the World Congress of Psychiatry in Cairo.

Together with Fumitaka Noda, the TPS co-chair, Joan Obiols, TPS Secretary, and the other members of the new TPS Committee, I will try to live up to the performance standards set by our predecessors on the TPS Committee.

There are a number of new ideas and initiatives for the Section that I outlined at the Business Meeting in Sep, and have since then been refining, for circulation to the TPS Committee. As these ideas progress toward Committee-approved initiatives and policy proposals, we will inform all TPS members.

On behalf of all the members of the TPS Committee, I encourage your comments and suggestions and I encourage you to actively participate in the activities of the Section in 2006 and beyond.

**Fumitaka Noda MD, PhD (Japan)**  
Co-chair, WPA- Transcultural Psychiatry Section,  
2005-2008



I was born and raised in Japan. When I got to university, I became a pre- med student at the University of Tokyo.

However, I changed my major to humanities, because I was attending university at the time of “student power” and I did not

like the idea of following a path leading to promised authority and stability. After graduating from the Department of English Literature, I worked as a professional copywriter and subsequently as a teacher at a ‘cram school’ for several years. Then I decided to go back to university and to study medicine, since I had by then become ready to accept a career in medicine not as a symbol of authority, but as that of humanist.

After graduating from medical school, and with the support and encouragement of Professor Tsung-Yi Lin, who was a former WHO executive, I decided to go to the University of British Columbia in Vancouver, Canada, in 1985, to undertake postgraduate training in psychiatry.

At that time, I was one of the very few Japanese-speaking psychiatrists in Canada. Consequently, I received a lot of referrals from across Canada. During the last year of my residency training, I initiated a “Japanese Clinic” in the Cross-cultural Psychiatric Program at Vancouver General Hospital. There, I met many mental health professionals from diverse ethnic backgrounds. I also provided treatment for many patients with diverse ethnic backgrounds. This experience opened my eyes to transcultural psychiatry.

I returned to Japan in 1989 and started working in a big psychiatric institution. At the same time, I continued my connection with Vancouver, returning several times a year to see Japanese patients at the Cross-cultural Psychiatric Program.

In Japan, at that time, I was one of very few English-speaking psychiatrists.

I started to see English-speaking patients who had Japanese medical insurance. I also became a psychiatric consultant for the International Refugee Assistance Center in Tokyo, where I saw a lot of Vietnamese refugees. I continued to work there for more than ten years. Since that time, I have been

one of the very few Japanese psychiatrists who are specialized in the mental health of refugees.

My major interests in psychiatry are cultural psychiatry and psychiatric rehabilitation. At the hospital where I was an attending psychiatrist, I was mainly involved in psychiatric rehabilitation. Japanese psychiatry is still largely hospital-based. However, I tried to reform the system of the hospital to become more community-based. I discharged a lot of long-stay patients and provided the support they needed from the hospital, so that they could continue to live with their families and participate in the life of their communities.

Outside the hospital, I focused my activity on cultural psychiatry.

In 1993, I established the Japanese Society of Transcultural Psychiatry (JSTP) with Japanese colleagues who were interested in transcultural psychiatry. Ever since, JSTP has been quite active in doing cultural research, holding academic meetings and helping ethnic minorities adapt to living in Japan.

As the Secretary of JSTP, I tried to establish collaborative links with international organizations in cultural psychiatry. In 2002, JSTP succeeded in holding, in Yokohama, a joint conference with the WPA Transcultural Psychiatry Section, just prior to the World Congress of Psychiatry in Japan. During the World Congress of Psychiatry in 2002, I was elected as Secretary of WPA-TPS.

In 1999, I became a professor of psychiatry at Taisho University in Tokyo.

I am now teaching students who will become psychiatric social workers.

I teach courses in Cultural Psychiatry and in Cross-cultural Social Work for these students.

From 2002 to 2005 I served as Secretary of WPA-TPS.

At the TPS meeting in Cairo in Sep this year, during the World Congress of Psychiatry, I have been elected as Co-chair of the Section for the 2005-2008 term of office.

In the newly-founded World Association of Cultural Psychiatry, I have been invited to serve on WACP’s founding board of directors, and will contribute to the organization of the 1<sup>st</sup> World Congress of Cultural Psychiatry that is being held in Beijing in Sep 2006.

In Japan, I currently serve as chair of the board of directors of JSTP and, in Canada, I am an adjunct professor in the Department of Psychiatry at the University of British Columbia.

**Joan Obiols-Llandrich MD, PhD (Andorra)**  
Secretary, WPA- Transcultural Psychiatry Section,  
2005-2008



I was born in 1951, in Barcelona, Catalonia, Spain; so my ethnic background is Catalan.

My father sent his six children to the Lycée Français; the French school of Barcelona, one of the few non-religious based

schools in the city at that time.

There, my first name, Joan –John in English- was translated into French as Jean. (The Lycée Français, in an effort to assimilate its students into French culture, assigned French first names to all of them.)

Considering that under Franco’s dictatorship, which I had to endure throughout my school years, and until 1975, Catalan was a forbidden language, even for first names, so my official name had to be registered as Juan, the Spanish version.

Accordingly, a single vocal change in my name was the cause of my first cultural shock; at a very early age and throughout my childhood and through much of my teenage years. This made me precociously acquainted with cultural struggle.

Joan/Jean/Juan grew up feeling that being a member of a minority group was not easy. First of all, my own language, Catalan, even if spoken by about ten million people, was not very useful outside the Catalan borders. Therefore, learning other languages was highly recommended. Second, as Catalan identity was diluted into a global Spanish identity in the eyes of foreign people, I realized that we Catalans had to work hard to make our voices heard on the international scene.

In keeping with the peaceful traditions of Catalonia, Catalans believe that this recognition should come not from bombing or terrorizing, but from art, culture, science, gastronomy or sport. (Travelling around the world, you soon realize that the most famous thing people identify as Catalan is the football/soccer team from Barcelona).

Besides these comments about Catalan ethnic awareness, I must say that as a child I was fascinated by books about travellers and explorers

and books of what was called “human races”. I dreamt about becoming an explorer in Africa and discovering unknown tribes.

So, it should come as no surprise that in my third year of medical school at Barcelona University, I decided to begin to study cultural anthropology at the same time as medical subjects. In 1974 I finished my medical studies and began my residency in psychiatry. In 1975, I completed my doctoral degree in cultural anthropology, so I was obviously committed to becoming a transcultural psychiatrist –although I didn’t really know at that time what that might involve.

In the summer of 1970, I had the opportunity to drive from Barcelona to Rawalpindi (Pakistan) and back, along with four other medical students. Driving across Europe, Turkey, Iran, Afghanistan and Pakistan was a great experience –though probably not a very safe one to repeat nowadays- and a good way to encounter people of very diverse cultures.

Later, during my training as a psychiatrist, I spent a year and a half in different centers in the United States, getting to know something about the diverse American society; quite an experience. In 1976, in San Francisco, at the Biological Psychiatry Association Congress (!), through some common friends, I happened to meet Wolfgang Jilek and Louise Jilek-Aall.

Until then, all my knowledge of cultural psychiatry had been acquired through books. I remember scrolling through the French “Encyclopédie Médico-Chirurgicale” and discovering articles on ethnopsychiatry by Wittkower and by Ellenberger that I was very excited by. But now, in 1976, in San Francisco, for the first time I met a couple of real, working transcultural psychiatrists! I was delighted, especially because Wolfgang and Louise offered their friendship to me and began to send me many of their publications. Since then, they have been a model for me and the natural way to introduce me into this impassioned world of transcultural psychiatry.

It was also through Dr Jilek that I would later become a member of the Transcultural Psychiatry Section.

Upon my return to Barcelona at the end of 1977, as an associate professor at the Psychiatry Department of the Medical School I took the initiative to begin teaching some seminars on this new discipline called transcultural psychiatry. It was probably the

first time this topic was taught at a Spanish university.

In the 1980s and '90s, I continued to include this subject matter in post-graduate courses. Since at that time there were really only a few colleagues in the Spanish psychiatric scene interested in cultural psychiatry, I jokingly defined ourselves as a sect. Fortunately, our numbers have been growing steadily since then and there is now a much wider interest in Spain in cultural aspects of psychiatry.

In the summer of 1992, I had the chance, beyond the travels I had made in many countries, to do real fieldwork, in collaboration with a team of anthropologists in Ecuador. Modified states of consciousness have been one of my topics of interest, and I had the opportunity to observe the use of hallucinogenic compounds among the Shuar people of the Upper Amazon region of Ecuador.

I continued my involvement in transcultural psychiatry as a staff psychiatrist and professor at the University Hospital of Barcelona, doing research on traditional healers, until 1998.

In 1998 I was appointed as Director of the Mental Health Services of the Principality of Andorra. This is a unique country, a very small one, with only 76,000 inhabitants, 200 kilometers north of Barcelona, in the midst of the Pyrenees mountains. For me, it was going back to my family roots, as my father and my grand- father were of Andorran origin. It was also a great opportunity to develop some culturally sensitive services, given my position, in a country where 70% of the population are immigrants.

In 2001, Goffredo Bartocci, Chairman of the TP Section at that time, and a good friend since I had met him in Rome some years before, asked me if I was willing to organize the annual conference of the Section in Andorra. I was willing and I did it, though I still don't know how. I'm very happy now about this decision, as I was able to host a magnificent group of transcultural psychiatrists, whose contributions signified a great scientific event for Andorra.

I also feel happy after these years of travelling around, getting to know so many colleagues; many of whom I greatly admire, and participating in the friendly atmosphere that has been a characteristic of transcultural meetings.

I have been a member of the (executive) Committee of the Transcultural Section since 2002. As the

recently elected Secretary of the Transcultural Psychiatry Section of the WPA, I feel highly honoured and willing to pledge the best of my efforts to contribute to the strengthening of the Section and to the growth of our discipline.

### **Rachid Bennegadi MD (France)**

**TP Section Committee member, 2005-2008**



I suppose that my interest in cultural psychiatry evolved from my childhood experience, growing up in Oran, Algeria. I was a member of a prejudiced-against minority group, even though I didn't look, talk or behave in any way differently

from the 'French republican' majority.

It was not clear to me, especially as a child, that I had to absorb at a young age the paradox of being a French citizen, as explained by my French teachers, and simultaneously having to understand the terrible repression against people of my Arab ethnic group who were carrying on the fight against French colonialism in Algeria, Morocco and Tunisia during my youth. I had to face the paradoxical fact that while I was good at school and was therefore presented as a successful example of the world-wide influence of the French educational system and French culture, I also was making a self-identification with the heroes of the Algerian independence movement who were fighting against France.

My father would try to help my siblings and I comprehend this apparent paradox of allegiances by explaining that we Algerians had nothing against French civilization, but we would never accept it under pressure and intimidation.

It took me years of both humiliation and gratification to resolve this dilemma of identifications.

Eventually, I was able to defend both the poetry of Victor Hugo and the extraordinary stories of the golden age of Islam; both transmitted by my father, who I came to realize had decided to leave to me and to each of my siblings, the opportunity to evolve our own self-image as being both Arab Algerians and French.

My first real cultural shock was when I discovered in 1962, when Algeria became an independent country, separate from France, that all my college friends were gone; forced by the intense turmoil of those years leading to independence, to identify

themselves definitively as French citizens and return to mainland France, 'the metropole', despite their families having lived for several generations as French Algerians. That is when I suddenly realized that I too would one day have to make a similar choice of having to identify myself as either Algerian or French; and could no longer be viewed by others, or view myself as what would now be called a 'bi-cultural' person.

I was 14 years old when Algeria declared its independence from France.

A few years later, in the early 1970s, I became a student in the Faculty of Medicine of Oran University, where I participated actively in the organization of campus life. I worked hard to prepare for my medical career, because I had a strange feeling that I would specialize in cardiology, and that I would do so in France.

Another event had a major impact on my life, and is possibly the main reason I have become so interested in cultural psychiatry. While preparing to move to France after I had completed my medical degree in Oran, I was ordered to start my military service, and to do so in the Algerian Sahara; to work with the Bedouin population of that region. I was responsible for running a regional hospital operating under the very difficult socio-political conditions that prevailed at that time, during my two-year assignment.

I soon discovered that I had to take on responsibilities and make decisions I had not been prepared for, and I also had to cope with different conceptions of health and illness among people in the same country I grew up in and who presumably shared the same cultural background and values I grew up with. I realized every day how large the conceptual gap between me and my Bedouin patients was, when I had to explain to them the causes of infectious diseases, as well as psychiatric problems. In order to try to convince them to accept modern medicine's treatment methods, I had to learn how to negotiate an acceptable treatment plan; integrating my scientific knowledge and skills with traditional beliefs in illness causation and treatment regimens. I learned how to integrate the biomedical value system I learned in medical school with traditional Bedouin magical beliefs, without losing my mind, or my status as a doctor trying to do my best for the sake of my patients' well-being.

I am confident that I did help a lot in terms of treatment of illnesses that would otherwise have gone undiagnosed and untreated. At the same time,

I am equally sure that I have learned more from my Bedouin patients and the Bedouin community I encountered during those two years of my military service, than I could have learned anywhere else, about death and about courage in the face of loss, misfortune and grief.

I used to say that I became a real doctor through that experience.

Strangely enough, my decision to migrate to France and to establish my career there became stronger and stronger. My first shock after I moved to France, in 1976, was the realization that since Algeria had become an independent country, my education in the French system, including my medical degree, were no longer considered equivalent and equal in validity to degrees from French educational institutions.

I soon realized that I would have to scale many legal and cultural hurdles in order to be allowed to practice medicine in France. I had started specialty training in cardiology and had completed two years in cardiology, but I had also planned to switch to psychiatry.

I started my psychiatry training in Paris, at Necker Hospital, under the supervision of Prof Yves Pelicier. During my residency in psychiatry, I simultaneously undertook graduate studies and obtained a degree in anthropology at l'Ecole des Hautes Etudes en Sciences Sociales de Paris. My supervisor in anthropology was Prof François Raveau.

During those years, I had the chance to meet Prof George DeVos, an anthropologist from Univ California/Berkeley, who encouraged me to apply for a Fulbright Foundation grant to study 'culture and personality' at the Institute of Personality Assessment and Research (IPAR) at UC Berkeley.

That was a major learning and growth experience for me. Once again I had to cope with a very different educational system and different values than I had grown up with in French Algeria and in France. That experience, and my need to cope with the conceptual changes inherent in adapting to living and studying in California, changed my way of thinking, just as anthropology had opened my mind and my sphere of interest to ethics, philosophy and cybernetics.

Back in France after four months in California, I took an active part in introducing clinical medical anthropology in French cultural studies, which seemed to me at that time, to be very ethnocentrically biased.

I don't know just which aspects of my life experience up to that time gave me this feeling, but I did understand that changing culturally engendered thought patterns would require a sustained effort over many years, and I decided to commit myself to that endeavor.

Before I started working with the refugee and immigrant population served by the Minkowska Center in Paris, I was a staff psychiatrist at 'Migrations Santé', where I met Richard Rechtman; another psychiatrist-anthropologist with interests similar to my own. Not surprisingly, we became close friends as well as colleagues. I became the director of Migrations Santé, now a national institution funded by the French government.

For many years now I have focused my professional life on the field of cultural psychiatry, sharing with respected colleagues and friends the burden of convincing researchers and government policymakers to take into account the differing cultural conceptions of mental health and mental illness when treating migrants and refugees, in order to avoid stigmatization and enhance community support.

In furtherance of these efforts, I have been an active member of the TP Section of the WPA, as well as a participant in SSPC meetings. I have helped organize several international congresses on the mental health of migrants and refugees.

During 2005 I was very pleased to have been elected as a member of the (executive) Committee of WPA-TPS, and to have been an active participant in the launching of the World Association of Cultural Psychiatry.

I have continued to maintain a private practice in Paris, where I specialize in treating patients in any of three languages; French, Arabic and English.

**Mario Incayawar MD, MSc (Ecuador)**  
TP Section Committee member, 2005-2008



It was rainy and cold in the valleys of the Andes. A tough hacienda mestizo (Latino) overseer on horseback was whip-lashing Rosa Cachimuel, forcing her to accept a hundred-pound sack of corn, for which she would be forced into debt to the landowner. Forcing their Quichua laborers into debt allowed the mestizo landowners of Ecuador to

subdue their Quichua workers and their families into life-long serfdom.

My mother has told me how my father's grandmother, with a fierce combination of fear and pride, managed to hold on to the overseer's whip and to throw the sack of corn back at him, saying; "Take your corn and bring it back to your master. Tell him that I will never give my children away to be your servants." She only had one functional arm; she had lost her right arm to an untreated infection.

The courage of my father's grandmother has always been an inspiration to me.

My parents' family history has been characterized by their continuous struggle for freedom and their efforts to build a decent life for themselves and their children. Like the stories of 'First Nations' families elsewhere in the Americas, our family history was one of dispossession, abuse, and intense discrimination by the mestizo ruling class in Ecuador.

My earliest memories of my mother and father are of their hard work, love and support of their family, and of their trying to protect us from the constant bigotry, cruelty and hostility of the dominant mestizos in our town of Otavalo, in the Ecuadorian Andes.

For my parents, education was of paramount importance. My father and mother were among the first few Quichuas in their region who went to school. My father was one of the best students in the high school he was able to attend in Quito, the capital of Ecuador. However, he was eventually forced to quit, in his fifth year, because of unbearable humiliation, verbal abuse and beatings inflicted on him daily by his mestizo classmates.

Despite being subject to intense and constant discrimination and intimidation, my parents succeeded remarkably in life and in their innovative family business. They became the first Quichuas to own a house in Otavalo, a mestizo town. They were the first to own a mid-size family business, and to have mestizo employees, to buy a car, and to be able to send their children to college in Quito.

In this environment, and aware of their struggles and accomplishments despite obstacles put in their way by the dominant mestizo society, I felt compelled to succeed in school.

My parents encouraged and supported me to enroll in medical school. I was the first Quichua student in the School of Medicine at the *Universidad Central del Ecuador* in Quito. When I was in the fifth year (of seven) of my medical studies, I enrolled in the philosophy program at the *Universidad Católica del Ecuador*. By the end of my seventh and final year of medical school, I was quite reluctant to settle down and open a private practice in our hometown of Otavalo, as my father was encouraging me to do.

After becoming a medical doctor at the age of twenty-four, I felt a strong need and drive to learn more by going further afield. I spent four years working with the Quichua communities in the Andes. My work was in part clinical, in part political, and in part epidemiological. It was an enriching period of my life. I got to know many fascinating Quichua people: community leaders, peasants, artisans, herders, patients, traditional healers, and foreign volunteer workers.

It was also a hectic period in my life. At age twenty-five, I was nominated to become a member of the national legislature, the National Congress of Ecuador, which I refused.

In 1984, my wife and I founded the first Quichua health institution, *Jambihuasi*, a small organization that promoted culturally sensitive health care services for the remote Quichua villages of the Andes. The services we offered were a collaborative effort between *Yachactaitas* (Quichua healers) and medical personnel (including a physician, a dentist and health educators). Quichua people, in addition to foreign volunteers and mestizos, comprised the staff of *Jambihuasi*.

The project was well accepted and much appreciated by the local communities. Twenty-one years later, *Jambihuasi* has received the support of the United Nations, has been featured by many national and international media, including ABC News, has been the subject of several peer reviewed papers in academic journals of public health, and has established collaborative relationships with American and European universities.

During this period, I met Lise, who became my wife, and we had our only daughter, Sioui.

In 1986, Lise and I decided to further extend our education and world view, by moving to Montreal, Canada to pursue our graduate studies, and to ensure a quality education and healthier social

environment for our daughter, Sioui, than was possible at that time in Ecuador.

I was very fortunate to have Dr. Raymond Prince as my advisor for completing a Master's degree in Psychiatry at McGill University. At the same time, I enrolled in a graduate diploma course in Community Medicine at the *Université de Montréal*.

I was fully immersed in learning both the French and English languages, and learning about the English-Canadian and Québec cultures. Those formative years were spent mainly in a French milieu. My wife, a Montreal-born Quebecoise, facilitated my integration in Québec society. Sioui, who was starting to say some words in Quichua, quickly became a French-speaking child. French became the language of our home.

Later, I started a Ph.D. program at the *Université de Montréal* in psychiatric biomedical sciences, with a focus on pain and ethnicity.

While doing fieldwork in Ecuador for my Master's and PhD research, in 1990 Lise and I founded *Runajambi*; the Institute for the Study of Quichua Culture and Health. It was the first Quichua health institution in Ecuador devoted to the study of the physical and mental health of the First Nations of the Andes.

During the final years of my graduate training in Montreal, my wife and I developed a consulting firm in transcultural medicine. We also contributed extensively to, and created a section on transcultural medicine, in *L'Omnipraticien*, a medical magazine targeting French-speaking general practitioners (family physicians) in Québec.

In 1994, I had the exceptional opportunity to visit and work with Dr Keh-Ming Lin, Professor of Psychiatry at UCLA, and director of the NIMH Research Center on the Psychobiology of Ethnicity. He introduced me to the American academic culture. His generosity and academic excellence inspired me deeply.

In 1998, I was offered a unique academic position; the "Henry R. Luce Professorship in Brain, Mind, and Medicine: Cross-Cultural Perspectives" at The Claremont Colleges, in Claremont, California. I spent six wonderful years of academic work there. Again, my family was immersed in a different culture and struggling to become proficient, now in English, our fourth language. Sioui, my daughter, did the best. In just 3 months, she was speaking

English quite fluently! What a difference from her more linguistically fossilized parents.

The journey of my family across countries, languages and cultures, naturally led me to consider the role of social and cultural factors in health and disease. I always thought dispossession, oppression, and racism explained, in considerable part, the mental health problems of the First Nations of the Americas.

With this background, I found it extremely appealing to participate in the scholarly activities of the Transcultural Psychiatry Section of WPA. I approached the Section in 2001, and I soon felt like I was among friends who supported my ideas and encouraged my work. Their friendship, scholarship, and generous spirit have captivated me, and have helped me cope with the loneliness of several moves to unfamiliar environments during my adult years.

Now, I find myself working in collaboration with colleagues from around the world. A few months ago, I was invited to become a member of the WCPRR Editorial Board and WACP Regional Advisor for Ecuador, which I accepted enthusiastically. During the World Congress of Psychiatry in Cairo, in Sep 2005, I learned of my election to the Executive Committee of the Transcultural Psychiatry Section of the World Psychiatric Association, which I am happy to participate in and contribute to in whatever ways possible. Since then, I have worked to develop and launch the TP Section website, and have become associate editor of our new TPS Newsletter.

### **Sushrut Jadhav MD, PhD (UK)**

**TP Section Committee member, 2005-2008**



I work as Senior Lecturer in Cross-cultural Psychiatry, University College London, and Consultant Psychiatrist, Mornington Psychiatric Intensive Care Unit, St Pancras Hospital, London. I am also

Founding Editor of the journal Anthropology and Medicine.

I was educated in India, where I graduated in medicine from Mumbai Univ, and completed my MD training in psychiatry at the National Institute of Mental Health and Neurosciences, Bangalore. I then trained in the UK, at University College London, where I completed my doctoral research in

cultural psychiatry. I am now working to bring academic theory back to the routine clinic setting, both in the UK and in India.

My career in cultural psychiatry has been shaped by a number of factors. These include my personal family origins from a Dalit untouchable caste that sensitized me to stigma and allowed me to define the 'centre' from a 'marginal' position. I attended English convent schools in six culturally contrasting cities of India, during which I was taught Shakespeare, Bible, and good discipline. Stimulating and generous mentorship, both in India and abroad (Professors Somnath Chatterji, Mohan Isaac, R Raguram, Roland Littlewood and Mitchell Weiss) shaped my subsequent career identity.

My research work on cultural experience of depression amongst white Britons in London critically examined and aimed to enhance theoretical underpinning of cultural psychiatry. Findings from my research are demonstrating the usefulness of new methods and their broad implications; not just for minorities, but also for a clearer understanding of illness-related experience, meaning and behavior of majority culture patients.

My research accomplishments include;

- a) Doctoral thesis on white Britons suffering from depression, that demonstrates a new application of cultural psychiatry – the Explanatory Model Interview Catalogue,
- b) Wellcome Fellowship to examine oral history and social analysis of the homeless,
- c) Cross-national study of the stigma of mental illness across fifteen countries,
- d) Examination of cultural barriers between British Asian doctors and white British patients,
- e) Mental health aspects of Caste-ism and discrimination of minority groups in India,
- f) Sensitizing British mental health professionals to Islam, and
- g) Development of the Cultural Formulation approach in acute in-patient psychiatry as a new tool for engaging with acutely ill patients.

Two innovative research proposals where I am Principal Investigator (Historiography of post-independence Indian psychiatrists, and Efficacy of running a patient/family-sponsored clinical service in New Delhi), are currently under development.

My substantive teaching activities at UCL include the launching and development of a Masters program in psychiatric research methods, directing and teaching a MRCPsych course for north London

psychiatry trainees, developing customised cultural psychiatry teaching modules for visiting overseas fellows from World Health Organization and interns from New York University, facilitating UCL medical student electives in South Asia, developing distance learning packages (on race and ethnicity) for family therapists, organizing workshops in Britain and overseas (India, Canada and Switzerland) for updates in cultural psychiatry and qualitative methods, and teaching affiliations abroad (Visiting Lecturer, National Institute of Advanced Studies, Bangalore; Visiting Professor, McGill Univ and Univ of Toronto, and Co-Director (with R Littlewood and S Dein) of a Masters course on 'Culture and Health', at University College London.

I have recently initiated redevelopment of a Master's clinical training program in Inter-cultural psychotherapy at the Tavistock Clinic. If successful, this course is expected to further enhance the profile of the UCL Master's course in Culture and Health.

I am currently supervising research on;

- 1) Community psychiatry in rural north India,
- 2) Stigma and Mental Illness in Indian versus British prisons,
- 3) Psychological rehabilitation of Child Soldiers in Northern Liberia, and
- 4) Deployment of the Cultural Formulation approach in Acute Psychiatry Clinical Units.

I have served as consultant for research and policy concerning mental health of minorities in Britain and abroad. My clinical work illustrates innovations based on an appreciation of history, social analysis and experience with the homeless mentally ill in London. As a marginal sub-cultural group, this research with the homeless is in keeping with my academic interests and expertise with disenfranchised cultures. Likewise, I plan to study the experience and contribution of hospital porters and domestic cleaners in mental health settings.

My dual training as a psychiatrist, both in India and Britain, together with fluency in five South Asian languages and extensive research links in India and Canada, have further enhanced clinical competency and research expertise in the field.

This expertise has led to a number of international collaborative projects and recognition by professional societies (e.g. World Psychiatric Association, Royal Anthropological Institute Presidential Committee). My academic links and editorial experience have enabled me to develop an

international journal, *Anthropology and Medicine* (the only European publication in the field), of which I became Founding Editor in 1997, assisted by an editorial board comprising senior scholars in the field, with a circulation across 40 countries.

My expertise within the field of cultural psychiatry is actively solicited by professional journals and research funding bodies. I serve on the editorial boards of *Transcultural Psychiatry*, *Culture, Medicine & Psychiatry*, *Social Science & Medicine*, and *L'Evolution Psychiatrique*.

My academic work has been cited by science media (e.g. *Scientific American*, *Radio 4 BBC*) and acknowledged by the humanities (e.g. *Cheltenham Literary Festival, UK*). I also serve as examiner to Masters and Diploma programs in the UK (including two UCL MSc programs) and supervise PhD students.

A more detailed description of my current professional activities is available on the following web sites:

Academic: <http://www.ucl.ac.uk/medicine/behavioural-social/principal-investigators/sj.html>

Journal:

<http://www.tandf.co.uk/journals/carfax/13648470.html>

### **Mitchell Weiss MD, PhD (Switzerland)**

**TP Section Committee member, 2005-2008**



My path into medicine and cultural psychiatry may perhaps be described best as *unlikely*. I was an undergraduate at the University of Pennsylvania, during an era when 'a liberal arts education' was still regarded as a good idea, and as I reached my senior year, a well-marked career path seemed out of reach. Pushed by my family toward a career in medicine, I knew that I wanted something different from working as the kind of doctor I knew from my middle-class upbringing. It seemed more technical than scientific, and more a path of least resistance than a real career choice.

Dropping out of organic chemistry would, I thought, put an end to any further consideration of medical school. During my undergraduate years from 1965 to 1969, I studied physics and planned to become a scientist. I also became very interested in music, particularly jazz, folk music, and Indian music, and I worked in radio at the University

station, which served the Philadelphia area. There I organized the jazz programming, which became popular, and worked as a disk jockey; playing records and interviewing musicians who came to perform in the city.

Motivated by the mix of styles and cultures of these music interests, the city, and the university, I had become acquainted with the South Asia Studies Center at University of Pennsylvania, which was the first of its kind in the country. I took as many courses as I could in the culture and history of India and the region. I also studied Indian music and the sitar and established a radio programme of Indian music. When I completed my undergraduate training, I had second thoughts about graduate school in physics and decided against it. I continued working in radio, first in Philadelphia and then in New York, before returning to the University of Pennsylvania as a graduate student in South Asia Studies.

Penn was an exciting place to study South Asia. The program brought together a mix of specialists in fields of philology, anthropology, literature, art, music, politics, economics and more. After taking basic courses in modern and classical languages (Hindi and Sanskrit), and with initial exposure to classical traditions of Indian medicine through a visiting professor at Penn, A. L. Basham, my interests and thesis topic shifted to questions of health, psychology, and psychiatry. I chose a dissertation topic that brought together my previously suppressed interests in medicine, along with science and culture, in a study of concepts of serious mental disorder (*unm da*), as formulated in the traditional medical system of India, Ayurveda.

In addition to the philological and cultural aspects of my thesis work, which were supervised by Ludo Rocher and involved translating relevant chapters of the texts, I was also guided by Edward Foulks, a psychiatrist and anthropologist, who was actively contributing to the emerging field of cultural psychiatry. Combining the interests of academics and the relevance of clinical practice, Foulks' work made it clear that medical studies could be far more interesting and fulfilling than I had previously imagined. His enthusiasm for the topic suggested fascinating possibilities that I wanted to pursue. Perhaps, I thought, if it was possible for me to follow his example, this would focus my liberal arts experience on a career path that I wanted to follow. I then took the required premedical courses while completing my PhD at Penn, so that I could go to medical school, train in psychiatry, and develop a

career that integrated my interests in South Asian culture, medicine, and psychiatry.

After medical training and field experience in India, where I established contacts with clinicians and scholars working in the traditional medical system of Ayurveda, and with colleagues in psychiatry departments of medical centers, I started residency training in psychiatry at the Cambridge Hospital (Harvard University) in 1981. Arthur Kleinman, already a leader in the field at that time, was just returning to Harvard, and I was fortunate to be able to study with him as a teacher and mentor, who encouraged me and helped me further shape and advance my career plans. With a focus on cultural psychiatry Kleinman brought to the Cambridge program, the medical anthropology training program that he was developing in the University, and links to the School of Public Health, this was a very stimulating place to be for anyone interested in cultural psychiatry.

An NIMH career development award in 1987 enabled me to study medical anthropology and public health, and to arrange extended periods of field research in India. During that time, I developed collaborative research links that have continued over several decades. My clinical base remained at the Cambridge Hospital, and I also worked on an inpatient ward at the Metropolitan State Hospital. My academic base was the Department of Social Medicine at Harvard Medical School, where the guidance of Leon Eisenberg was an important influence. I benefited from the medical anthropology program in that department, that Byron and Mary Jo Good had developed with Arthur Kleinman.

My extended periods in India, arranged during and after my psychiatry residency, were especially important in shaping current interests in cultural epidemiology as an approach to cultural research in psychiatry and other health studies. My collaborations there were in diverse hospital and community settings throughout the country, in and near Mumbai, Bangalore, Varanasi, Ranchi, Kolkata, and Pune. Experience with many colleagues from these sites helped both to apply and rethink Arthur Kleinman's formulation of the 'explanatory model', which had been an important influence on clinical and research models when I was training.

In 1992, I joined the Culture, Community, and Health Studies Program, headed by Morley Beiser, at the University of Toronto. I had met him while

serving on the advisory group to the DSM-IV Task Force for culture and diagnosis, which produced the cultural formulation. In addition to my work with the diverse community of Toronto, my international research began to extend to interests beyond clinical psychiatry. These included cultural features and the emotional impact of selected tropical diseases, with new collaborations in several African countries and new activities in India. These collaborations through the WHO Special Programme for Research and Training in Tropical Diseases also brought me into contact with colleagues involved more exclusively in questions of international health. In much of this work, stigma and gender remain cross-cutting topics of interest.

It is from research in cultural psychiatry that the concepts and methods of cultural epidemiology have emerged, and cultural psychiatry remains a major interest. Interdisciplinary linkages between psychiatry and tropical infectious diseases, and between clinical and population-based interests have developed from that, as the focus of my current research and teaching.

Since joining the Swiss Tropical Institute in Basel, in 1995, where I head the Department of Public Health and Epidemiology, my research in cultural psychiatry continues to examine questions of clinical and community mental health through collaborations in India. These include a rural mental health program in the Sundarban region of West Bengal, working with Prof A. N. Chowdhury, and an urban community mental health programme in Mumbai, working with Prof S. R. Parkar.

The social and cultural contexts of suicidal behavior are important themes in these Indian studies, complemented by comparable studies in Europe, including an ongoing study of the cultural epidemiology of suicidal behavior in Basel. This work is concerned with suicide prevention and with identifying local patterns of distress that define priorities for mental health from local community perspectives, which complement professional concepts of DSM and ICD disorders. The concepts and methods of cultural epidemiology that we have developed to advance these studies, and training materials that my research group and collaborators are also developing, aim to advance research and research capacity in cultural psychiatry. This work also indicates how experience with cultural psychiatry contributes to cultural studies of other aspects of clinical and public health research.

### **Xudong Zhao MD, PhD (China)**

TP Section Committee member, 2005-2008



I was born in 1962 in Guiyang, a southwestern city in China, and grew up in Yunnan Province, where 25 minority nationalities live together with the Han Chinese majority population. My pathway toward becoming a psychiatrist has been full of unexpected turns and twists in a rapidly and radically changing society; but growing up in the ethnically diverse place I did might be the first pre-determining factor for my career as a psychiatrist who is interested in cultural issues.

I started as a medical student at Kunming Medical College in 1978, when I was 16, having passed the first national examination for universities after the end of the “Cultural Revolution”. At that time, most young people wanted to study the “hard sciences”. But the medical curriculum in the first two years was boring for me. The only exceptions were courses in English and the 2-hour introduction to medical psychology, taught by a philosophy teacher. I immediately became intrigued with the idea that I should become a “psychological doctor”. However, I found out, to my disappointment, that it was impossible to find literature in this field and that there was no such specialty at all in China, unless I became a physician specializing in psychiatry; an occupation that seemed frightening to most medical students at that time. Some of my classmates laughed at me because of my ‘crazy’ idea of wanting a career in psychiatry.

Fortunately for me, and my aspirations of becoming a psychiatrist, I met my first mentor, Prof Wenpeng Wan, the pioneer of cultural psychiatry in China. I answered his question about my motivation to become a psychiatrist by saying: “I’d like to learn about why the people struggle against each other and why they are so unhappy. I’d like to do something to make them happier.” Then he told me, to my surprise, that my major task should be to learn English, because we Chinese needed to use conceptual frameworks developed in other countries to observe and study ourselves. In 1983, when I was 21, I started my psychiatry training; as a resident in the Department of Neuropsychiatry at the 1<sup>st</sup> Affiliated Hospital of Kunming Medical College.

In 1985, I was enrolled as a post-graduate student for a master’s degree at the West China University in Chengdu, Sichuan Province. There, my second

mentor, Prof Motao encouraged me, as the first post-graduate student to study cross-cultural psychiatry, in light of my upbringing in multiethnic Yunnan Province. I completed my first research project on life stress and its impact on the mental health status of the Yi-nationality in Liangshan District, Sichuan Province. It was one of the first surveys dealing with the mental health problems of Chinese ethnic groups in the context of socio-cultural changes in China. Such social changes had been exclusively defined as positive progress for the minority nationalities before. In my thesis, the adaptation problems and drinking behavior of the Yi people in newly formed urban centers were discussed as key issues.

My first face-to-face transcultural encounter with foreign colleagues took place in 1988 in Kunming, when two German professors, Helm Stierlin and Fritz Simon, introduced systemic family therapy to China for the first time, at a symposium. I was fascinated by their description of this approach. Although all the participants were confused by the innovative ideas and techniques at the beginning of the symposium, I was pleased to notice that this kind of Western psychotherapy was clearly applicable to Chinese cultures. For example, I automatically associated systemic thinking embodied in family therapy with Taoism and Zen Buddhism.

But again, language became a barrier to pursuing my intense interest in the German school of psychotherapy. After the symposium, I began to learn German as my second foreign language. Learning foreign languages has been an essential part of my growth process and my professional career. It still is.

From 1990 to 1993, I studied family therapy as a doctoral candidate of Prof Stierlin at Heidelberg University. I was also the first Chinese psychiatrist from 'mainland' China to be sent to Europe to study psychotherapy. The time I spent in Heidelberg has taught me a great deal. I experienced bitter "cultural shock" there and strived for better adaptation to a totally strange culture through my own efforts, although my German colleagues and my sponsor, the Hamburg Foundation for the Promotion of Culture and Sciences, treated me very well. I learned from my own acculturative stress experiences, that culture is something substantial and irreplaceable.

Due to my preference to study cultural issues, I chose to write my dissertation on "Introduction of

systemic family therapy into China as a cultural project" ( in German ). My thesis was awarded the distinction "magna cum laude" by the examination committee in 1993, and published as a book, in Berlin, in 2002. In this dissertation, I compared German and Chinese families and tried to describe Chinese families within the framework of family dynamics. I concluded that there were many similarities between families in Germany and China, and that systemic family therapy could be applied in the Chinese clinical setting, even though there was need to modify it and develop it in practical ways. Since my return to China in 1993, I've been trying to practice systemic family therapy and German psychosomatics in a general hospital setting. It seems that they work very well for Chinese patients.

I've been working actively in cross-cultural training programs since the 1990s. Some German and Chinese colleagues organized the German-Chinese Academy for Psychotherapy in 1996, and I am the coordinator and chairman on the Chinese side. Through our efforts, psychotherapies, including psychodynamic psychotherapy, behavior therapy, family therapy and hypnotherapy, have taken root substantially and been recognized in China. It has become obvious that cultural awareness is really very important for the success of such transcultural projects.

In addition to my clinical practice and administrative responsibilities as president of a large general hospital in Yunnan, I still maintain my interest in the relationship between socio-cultural change and mental health. I have continued the longitudinal survey of one of the smallest ethnic group in China, the Jinuo nationality in Yunnan Province, which was initiated in 1979 by my mentor and teacher, Prof Wenpeng Wan.

My family moved from the more remote province of Yunnan to the booming metropolis of Shanghai in 2004, where people from many countries and provinces are confronted with coping with the rapid changes and challenges of urban competitiveness and the pressures of globalization. From the perspective of transcultural psychiatry, there are also many factors impacting on mental health status due to these radical changes. The "side-effects" of China's booming economy have been reflected in the daily clinical encounters between professionals and their clients. Precisely because of the urgent need for a multi-cultural health care center, I was assigned to be the head of a task force for constructing the "Sino-German Friendship

Hospital” which will be an affiliated hospital of Tongji University.

Frankly, I’m ambivalent concerning my conflicting roles as a psychiatrist and as an administrator. I’ve been trying to integrate them, since it’s very rare for Chinese psychiatrists to be leaders of medical institutions and organizations. I will continue to supervise my colleagues and doctoral candidates doing cross-cultural research, while I also continue to apply my transcultural expertise to managing this extensive joint-venture project. I consider it as an opportunity to spread transcultural consciousness in medicine and management in China.

Dear colleagues, I welcome you to visit us in Shanghai!

**Goffredo Bartocci MD (Italy)**  
TP Section Honorary Advisor  
Chair, 1999-2005



During the past six years I had the honor to serve WPA Transcultural Psychiatry Section as its chair. This experience was both very enjoyable and very productive for me. I hope it was equally so for the Section members.

Now I find myself in the newly appointed position of TPS Honorary Advisor, joining my friends Profs Wen-Shing Tseng, Wolfgang Jilek and Raymond Prince.

A young TPS member recently greeted me -and teased me- observing that my hair is just white enough to fit the criteria for an Honorary Advisor. His comments brought to my mind the pleasant feeling of having reached that time of life when it is appropriate to continue my efforts to promote transcultural psychiatry from the relaxing position of the couch in my study, as I gaze across the orchards and vineyards in the valley below.

That very image came to mind at the XIII World Congress of Psychiatry in Cairo, in September. Following the TPS Business Meeting, I had the pleasure of having dinner with some close friends (all of them are Section members) at a marvellous terrace restaurant overlooking the Nile river. It often happens that the best inner realizations occur after a day of hard work, when you are among good friends and -why not- enjoying a meal together. While gazing at the Nile’s gentle current that carries a natural synthesis of both African and

Mediterranean cultures, I realized that this view reminded me that exactly 30 years earlier, I had sat alone, at a table in a nearby Cairo tavern, eating sandwiches in complete solitude.

I was on my way back to Italy from my first field research, with Bantu people in South Africa. I had arranged a stopover to visit Cairo, and to reflect on my experience in Africa and what my future might be like, before I immersed myself again in the academic life of the Dept of Psychiatry at the University of Rome ( see my detailed bio-sketch in WACP website: [www.waculturalpsy.org](http://www.waculturalpsy.org)).

In the tavern, I was aware of a sort of dichotomy: no doubts about my passion to continue my work in transcultural psychiatry, but...where would it take me? At that time I was probably one of the few Italian physicians who had decided to be fully involved in this new discipline.

Now, in 2005, on the beautiful restaurant terrace overlooking the Nile, I was brought back from my reveries to confront a sort of “nearly-new-life-experience”. I emerged from my withdrawal to focus on the lively dinner-table discussion of my friends, in order to work through my emotions about my long-past visit to Cairo, but also, and most importantly, to try to get some hint of the future.

The future, in this case, is characterized by the greatly increased worldwide recognition in recent times of the relevance of transcultural psychiatry. Scholars of transcultural psychiatry are increasing in number and in disciplinary perspectives: from comparison of different illness presentations to the validation of different medical epistemologies.

WPA’s Transcultural Psychiatry Section has been in the forefront of promoting a flexible and anti-dogmatic approach to the diagnosis and healing of mental disturbances. Starting from the founding WPA-TPS in 1971, the Section has given to psychiatry as a whole a strong impulse, acting both as an incubator of scientific advances and as a meeting point for students of transcultural psychiatry around the world who had felt isolated, and had difficulty finding an environment that supported their work and encouraged the exchange of ideas with like-minded colleagues.

The first jointly-sponsored meeting of the Society for the Study of Psychiatry and Culture and WPA-TPS, held in Providence (USA) in Oct 2004, has warmed the psychological climate and has led to the cooperative planning of organizational initiatives among SSPC, WPA-TPS and the new established

WACP; and in so doing, has demonstrated the willingness of the world's scholars in TP to maintain a common epistemological focus, independent of the national psychiatric associations each of us is involved with.

While flying over the placid waters of the Nile on my way back to Rome to encounter the culture-harassed waters of the Tiber that lap at the edges of St Peter's Square, the Mithra grottos, the tomb of Caesar and the Capitoline Hill, I had the strong feeling that we, as cultural psychiatrists, once again are about to become engaged with, interpret and try to solve, a wide range of issues that confront people everywhere with the turbulence of rapid historical and cultural change.

### **Report on the TP Content; XIII World Congress of Psychiatry, Cairo, 10-15 Sep 2005**

Three years ago, during the XII World Congress of Psychiatry in Yokohama, Goffredo Bartocci told me that there were more symposia and papers presented on the theme of, or related to cultural psychiatry, than any other theme at the Congress. I thought at the time, that he was either joking or exaggerating; but it turned out that he wasn't. I could hardly believe that cultural psychiatry had become such a visible and influential component in the life of WPA; and for that accomplishment, Goffredo's leadership of WPA-TPS since 1999 deserves a great deal of the credit.

With that accomplishment in mind, and recognizing that Goffredo's term as chair extended through this year and the XIII World Congress of Psychiatry in Cairo, it is a tribute to his on-going leadership, to report that cultural psychiatry continues to be prominently represented in the scientific program of WPA congresses.

What follows is a review of the cultural psychiatry content of the scientific program of the XIII World Congress of Psychiatry.

There were 16 'special symposia' listed in the program, three of which included culture in their title and in their content. Several others covered themes directly related to cultural psychiatry. There were sixteen, of a total of 105 'section symposia' devoted to cultural psychiatry topics. Ten of those 'section symposia' were organized by TPS members, and included papers presented by many more TPS members.

There were 129 'regular symposia': no less than 35 related to cultural psychiatry. And numerous 'workshops', individual 'oral communications' and 'poster sessions' also covered cultural psychiatry topics.

Looking through the titles of the papers presented in all the symposia I have referred to, it became evident that many of those symposia included presentations directly focusing on themes of cultural psychiatry. As I went through the program checking off such presentations, I was amazed at how frequently I encountered them. I came away from my detailed review of the scientific program convinced that our field is very well represented indeed in the scientific content of WPA congresses.

In order to give you a better 'feel' for the cultural psychiatry content of the program, I will list the titles of some of the 'section symposia';

- International perspectives in philosophy and psychiatry; diverse cultures, distinct philosophies and a shared vision for mental health
- Measurement and interpretation of co-morbidity across cultures and settings
- Assessment, culture and psychopathology
- Cross-cultural expressions of depression and anxiety among women in eastern and central Europe
- Psychopathology in migrants in the Netherlands
- Phenomenology of depression and anxiety in women; cross-cultural diversity
- Migration and acculturation; current perspectives
- Asian mental health care and policy
- Women's mental health in the Muslim world
- The influence of monotheistic religions (Islam, Christianity, Judaism) on psychiatry
- Explanatory models of mental illness in different cultures
- Relevance of ancient civilization concepts of mental illness to the new models
- Career development in cultural psychiatry

And below are the titles of some of the 'regular symposia';

- Depression in Africa and the African diaspora
- Cross-cultural comparison of the course and treatment of schizophrenia
- Current community mental health services in Japan, Taiwan, Korea and Canada
- Establishing links within Asian countries for improving mental health
- What explains the increased risk for schizophrenia among migrants
- Pathways to psychiatric care in eastern and central Europe and in Japan; similarities and differences

- Transcultural psychiatry and refugee psychiatry in two contexts; Sweden and Uganda
  - Partnerships in mental health care in sub-Saharan Africa
  - Cultural factors in the management and treatment of mental disorders in Europe
  - Psychotherapy east and west
  - Culture-bound syndromes; clinical considerations
  - Spirituality, religion and mental health; an international perspective
  - Latin American women and mental health; problems and challenges
  - Recent developments in culturally appropriate mental health care among Muslims
  - Health beliefs; socio-cultural and clinical aspects relating to Pacific mental health consumers in New Zealand
  - Perspectives on schizophrenia genetics across cultures
  - Global migration and mental health problems; a new challenge for psychiatry
- Manifestations of mental illness in a traditional society; India
  - Cultural and ethnic differences in diagnosing and treating ADHD
  - Culture and the doctor-patient relationship
  - Epistemological and hermeneutic challenges in transcultural psychiatry

In doing so, we have also succeeded in raising the visibility and relevance of cultural psychiatry within psychiatry as a discipline. One might even say that there is now a certain 'panache' in including cultural factors in the discussion of a very wide range of current issues in psychiatry.

Accordingly, I am confident that we are in an age of extraordinary vigor and accomplishment in the field of cultural psychiatry. And I expect that vigor and accomplishment to be very much in evidence during the WPA-TPS conferences being planned over the next three years in Austria, Japan, Sweden and Mexico, leading up to the XIV World Congress of Psychiatry that will convene in Prague, 20-25 Sep 2008.

Ronald Wintrob MD  
chair, WPA-TPS

As this partial listing demonstrates, we have been very successful during the Yokohama and Cairo World Congresses of Psychiatry in making cultural psychiatry a prominent part of the content of the scientific program.





## TP Section Symposium Quito 2005

### Psychiatrists and Healers: Unwitting Partners

A CHALLENGE FOR TRANSCULTURAL PSYCHIATRY IN TIMES OF GLOBALIZATION

RUNAJAMBI - INSTITUTE FOR THE STUDY OF QUICHUA CULTURE AND HEALTH

The 2005 Transcultural Psychiatry Section symposium held May 18-21 in Quito, Ecuador, was an outstanding success. It was hosted by Runajambi; the Institute for the Study of Quichua Culture and Health, the first health research

institution in South America of the indigenous peoples of the Andes. The purpose of the meeting was twofold: first, to encourage scholarly discussions about the unanticipated partnership of psychiatrists and traditional healers in countries around the world; and second, to facilitate a congenial encounter of transcultural psychiatrists with *yachactaitas* (Quichua-Inca healers) of the Andes, that could be a good learning experience for all involved.

Recently the World Health Organization reported that 75-85 percent of the world's population relies on local healers when in need of medical care. The participants at the Quito meeting consistently highlighted the useful role of traditional healers in alleviating the suffering of patients in diverse clinical and socio-cultural settings. At the same time, participants clearly noted the limitations of Western psychiatry in solving the mental health problems of poor nations and non-Western populations around the world, as well as lack of access to mental health service centers in many developing countries.

The scientific program of the Quito conference covered five overarching themes:

- knowledge and clinical skills of traditional healers (Asia, America, Europe, Africa, Australasia)
- exploring shared approaches to diagnosis by psychiatrists and traditional healers
- challenges of involving traditional healers in national mental health programs
- Western folk healers, spiritual healers, and the 'alternative medicine' movement



- issues of safety and efficacy of traditional healers' interventions

Presentations at the conference were given by sixteen participants from Africa, the Americas, Europe, and Australasia. Three additional presentations were accepted from colleagues in Russia who were, unfortunately, unable to come to Quito.

The conference in Quito started with welcoming comments by Dr. Mario Incayawar, Director of Runajambi, the host institution, and an opening address by Dr. Ron Wintrob, co-chair of the TP Section. This was followed by a "cleansing ceremony" performed by José Manuel Córdoba, a renowned Quichua healer; and the co-founder of Runajambi.

Dan Mkize, Professor of Psychiatry at the University of KwaZulu-Natal, Durban, South Africa, discussed the University of KwaZulu-Natal's approach to bringing together traditional and Western healing practices, while respecting the integrity of both systems and their practitioners. Prof Mkize described the formulation of a ground-breaking University of KwaZulu-Natal formal document of collaboration that guaranteed the intellectual property rights of all participants Today, both the African Health Care System (AHCS) and the Western Health Care System (WHCS) exist side by side and are utilized by the region's population, in accordance with their individual wishes and needs.



Dr. Leslie Snider is an expert on the psychological impact of war, at the Department of International Health and Development, Tulane University School of Public Health and Tropical Medicine. Her presentation on the role of traditional healers in a number of African countries severely impacted by war was intensely moving. She explained how indigenous healers are able to play an important role in trauma victims' recovery, utilizing approaches that respect cultural values, beliefs and particular meanings of those who have survived the horrific experiences of war. They have effectively assisted in burial rituals, cleansing ceremonies for rape victims and enabling former 'child soldiers' re-entry into the communities they grew up in.

Involvement of indigenous healers has also proved useful in the treatment of persons with addictions. Dr. Jeffrey A. Henderson, President & CEO of the Black Hills Center for American Indian Health in Rapid City, South Dakota, presented his findings on the use of traditional healers in American Indian and Alaska Native communities. The overall prevalence of traditional healer use was 4.9%. English as a second language, education beyond 12th grade, participation in native social occasions, chronic disease count, and disability bed-days were positively related to traditional healer use.

Professor Mario Incayawar, Director of Runajambi, presented his research findings on the psychiatric diagnostic skills of *yachactaita* (Quichua healers) practicing in indigenous Quichua communities in the Andes. The clinical evaluation (physical and psychiatric), including the administration of Zung's depression scale, indicated that among 50 patients labeled by healers with *llaqui*, all were suffering from mental disorders as well as physical diseases, including depression, anxiety and somatoform disorders. Dr Incayawar's data indicated that *yachactaitas* could be competent diagnosticians, skillful in identifying psychiatric cases in the community.



In this meeting we had, for the first time, a student - attended poster presentation. Sioui Maldonado Bouchard, a third-year student in the Department of Psychology at McGill University, Montreal, Canada, discussed her research on traditional healers' knowledge base, intellectual property, and the need for a culturally adapted patent system to protect traditional healers' intellectual property rights.

The other presentations, not summarized here, were original and compelling. A full list of presenters and abstracts can be found at the conference web page: [www.runajambi.net/TPS-Meeting2005/index.html](http://www.runajambi.net/TPS-Meeting2005/index.html)

In addition to the scientific program, the organizing committee arranged a much-appreciated tour of the

historic San Lázaro psychiatric hospital in the colonial center of Quito, led by a senior staff psychiatrist, as well as a visit to the nearby Museum of Medicine, with its unique exhibits of indigenous and Western medical items.

A quite unique activity complemented the program in Quito. It was the visit to Ilumán, an Andean village of *yachactaitas* (Quichua healers). The healing ceremony the visitors witnessed that day was fascinating. And the visit of our group of international psychiatrists to Ilumán was probably the first mutually respectful encounter of psychiatrists and Quichua healers that has occurred in the Andes.

The closing ceremonies of this conference included a Zapara healing ritual conducted by José Joaquín Ushua, a Zapara healer from the Amazonian region of Ecuador. Closing comments were offered by Profs Joan Obiols-Llandrich and Vijoy K. Varma; present and former members of the TP Section's executive committee; including a heartfelt tribute to the organizing committee, and in particular Mario Incayawar, Lise Bouchard, their daughter Sioui, Mario's sister Gina and his mother, All of them made the participants feel welcome and wonderfully embodied the warmth and generosity of Quicha people and Quicha culture.

The organization of the conference was outstanding. And it was certainly clear from the comments of the people who attended that; "the ambience was warm, friendly and enjoyable; a great atmosphere for the scientific components of the conference," as Ron Wintrob remarked.

Greetings, and our very best wishes for the coming TP Section meeting in Vienna in April, from the Runajambi organizing team: Luz Maria Ruiz, José Manuel Córdova, Gina Maldonado, Lise Bouchard, Sioui Maldonado Bouchard, Mario Incayawar, Samia Maldonado, José Joaquín Ushua.



From left to right, first row: Dr. Patricia Nez, Dr. Lise Bouchard, Miss Gina Maldonado, Mrs. Luz Maria Ruiz, Miss Sioui Maldonado Bouchard, Dr. Mario Incayawar, Dr. Leslie Snider, Dr. Micol Ascoli, Dr. Leticia Daniels, Dr. Vijoy Varma, and Mr. Jose Joaquin Ushua (Zapara healer). Second row: Dr. Kathreen Gimbriere, Dr. Paul Boutin, Dr. Joan Obiols-Llandrich, Dr. Ron Wintrob, Dr. Jeffrey Henderson, Dr. David Bettany, Dr. Hung-Tat Lo, and Dr. Lorin Gardiner.