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**Introduction for WPA-TPS Section;
In Memoriam**



Alexander Friedmann, MD

Dear Colleagues

It comes as a shock to realize that even in such a comparatively young field as the contemporary field of cultural psychiatry is, we must confront the illness and death of colleagues and friends who have been important contributors to our discipline.

Such has been the case recently. On March 30th, our good friend and colleague, Alexander Friedmann, died suddenly and unexpectedly, in Vienna.

Alex played a central part in the Vienna Organizing Committee for the highly successful WPA-TPS conference held in Vienna, at the Vienna University Medical School and Hospital, in April, 2006. He was also a key member of the Organizing Committee of the 1st International Conference on Transcultural Psychiatry in the German-speaking Countries, co-sponsored by WPA-TPS and held in Witten Germany, in September 2007.

Before his untimely death, Alex was very actively involved in the planning for the 2nd International Conference on Transcultural Psychiatry in the German-speaking Countries, to be held in Vienna in September 2008.

His enthusiasm, commitment, open-mindedness and good humor will be very much missed by all who knew him and worked with him.

Alex Friedmann was only 59 years old when he died. In addition to many, many friends and colleagues who mourn his loss, he leaves Kitty, twin sons, age 14, and a daughter, age 10.

In January, I worked with Alex on the editing of his bio-sketch, It is included in this memorial tribute to him.

Ron Wintrob
8 May 2008

A Tribute to Alex Friedmann

I had heard about Alex; that he was a lively, congenial man and a unique one too. I heard that he had been instrumental in helping the Jewish immigrants to Austria from the former Soviet Union adapt themselves to living in Vienna and other places in Austria.

I first met Alex at the WPA-TPS conference in Vienna, in Apr 2006.

It was the first TPS conference I had helped organize since becoming chair of the Section in Sep 2005. I was more than a little anxious about how the conference would go: would the facilities be adequate, would there be enough participants, would the atmosphere and ambience of the conference be what I had hoped for?

I needn't have been so concerned. All those details had been very well organized by Thomas Stompe and the Vienna organizing Committee...that included Alex.

Pauline and I like to attend as many presentations as we can at TPS conferences. Many of the presenters are our friends, and we like to hear them discuss their work. In Vienna, we were eager to hear Alex's presentation on the cultural integration of Jews from the former Soviet Union, especially those from its Asian regions, 'Sephardic' Jews whose cultural traditions were very different from those of the 'Ashkenzi' Jews; the group that both my parents had come from, during the centuries that their families had lived in Russia and Poland before they migrated to Canada in the early 20th century.

Alex's presentation was intensely moving for me and Pauline. I started to tell him that, after his presentation, when I introduced myself. But I couldn't express it, because I almost immediately became choked up with emotion; not something that usually happens to me in response to a colleague's presentation. I felt very awkward at becoming so overcome. Alex was warm, sympathetic and generous in his response.

We became close friends from the time of that interchange. We talked a lot during the conference. I learned more about Alex's contributions to helping rebuild the Vienna and Austrian Jewish communities, and the recognition he was accorded for those efforts by the governments of Vienna and of Austria. I also learned about his own family background, and

about his wife and children. He talked about how he had developed his commitments to the Jewish community's welfare; in Vienna, in Austria, in Israel, in the world.

We kept up our contacts by correspondence. We communicated about plans for the launching of a professional group of German-speaking psychiatrists and other mental health clinicians interested in cultural psychiatry. I was invited, and very honored to participate, at the 1st international conference of transcultural psychiatry in the German-speaking world, held in Witten, Germany, in Sep 2007. Alex played a major role in the conference organizing committee. We had a number of opportunities to spend time together in Witten.

We started making plans to spend time together again in Sep 2008; first at the WPA Congress in Prague, then at the 2nd international conference of transcultural psychiatry in the German-speaking world, to be held in Vienna. Alex would again be playing a major part in the Vienna conference organizing committee.

At the Prague Congress, Alex had agreed to give a presentation on his efforts to help rebuild the Jewish community in Vienna since the 1970s, including his visionary work with the Sephardic Jewish immigrants, at a symposium the Section was sponsoring on the impact of Jewish culture on psychiatry.

Such unique men as Alex come amongst us only rarely. He loved people, he loved what he did as a doctor and as a psychiatrist. He had commitments that were deeply felt for his background, for the Jewish community, for Vienna, for Austria. He loved his family. He loved his friends too. And they returned the affection.

He did things to help other people; his patients, their families, and he did things for students and colleagues who came under his influence. People liked working with Alex because of his warmth, commitment and professional wisdom.

For all that, , we thank Alex, and we count ourselves very fortunate to have been with him when he was amongst us.

We will miss him...but we will not forget what he has given to enrich our lives for having known him.

Ron Wintrob
Chair, WPA-Transcultural Psychiatry Section

Motivating Deeds after the Trauma For Alexander Friedmann cross-cultural psychiatry represented more than a scientific field

Klaus Commer

All of a sudden, it is too late to confer with Alexander Friedman. His unexpected death on March 30th has made another meeting I had intended to have with him impossible. . I had met him for an interview in Witten, Germany, in September, 2007, during the first international congress of transcultural psychiatry in the German-speaking countries.

Dr Friedmann was one of the organizers of that conference. At the time, I had said to myself, this conference is ending, but the theme of the conference is still in the early stages of development - there is therefore no need to hurry to complete the interview with Alex in Witten- we could meet again in Vienna.

The man who had opened my eyes to a new field of expertise had to leave the congress early to get a plane. His presence however, was noticeable right to the end.

Now, in the middle of ongoing preparations for the second international congress of transcultural psychiatry in the German-speaking countries, to be held in Vienna in Sep 2008, and for which he was principally involved in the planning, he has left us forever.

His friends, family and colleagues are only now able to grasp the fact that he has not merely just temporarily left the room, but that he will not be coming back. Although telephone calls and emails do refer to the tragic event, his loss remains "un-graspable" to us. This sentiment will undoubtedly be reflected in many other obituaries and leave a lasting patina on our memories of him.

It is possible for a full life to be reduced to mere landmarks, if set forth in a table: A-levels at the Lycée Français of Vienna in 1967, award of doctorate in 1977 and the qualification of medical specialist in psychiatry in 1984, assistant professor and initiator of a social-psychiatric centre in 1990, instructor in psychiatry, lecturing tutor of the Special Outpatient Clinic for Cross-cultural Psychiatry

and Migration-related Psychological Disorders, and initiator of the ESRA association 1994, initiator of a vocational education centre combined with a training workshop in 1998. In 1995 and 2000, he was awarded the Decoration of Merit 1st Class of the Republic of Austria and the State of Vienna.

I am able to retrieve a sign of the living Alexander Friedmann in a reflection he wrote on 21 January 2008 for the website of the World Psychiatric Association (<http://www.wpa-tps.org/Friedmann-A.htm>). Here I can find answers to questions I was tragically denied the opportunity to ask myself.

Friedmann reports that his parents grew up as Austrian citizens in Czernowitz, the prospering capital of the Bucovina District. The local Jewish community was comprised of Orthodox Hassidic Jews, as well as of highly emancipated and assimilated Jews. In terms of religious tolerance, the Jews of Austria were accepted and treated on an equal footing with other Austrian citizens since 1882, and the Jews were loyal citizens of Austria-Hungary. The Empire collapsed with its capitulation at the end WWI. Alex's parents became Romanian citizens. They married in 1942 in Bucharest. Within a short period of time, they fell victim to persecution by the Romanian fascist regime. His mother, prosecuted as a communist and discriminated against as a Jew, was deported to a concentration camp. She was able to survive due to the help of her husband, who went into hiding and supplied forged documents for victims of Nazi persecution.

Their only child, Alexander, was born in Bucharest in 1948. Both parents had somehow survived the Holocaust. They now dreaded Stalinist Romania and fled to Palestine- a saga of its own- to join their Zionist relatives who had been living in Palestine for many years. The mother and the ailing child however, are not able to find peace and gain strength in the newly-founded State of Israel. Alex and his parents re-immigrated to Vienna in 1952. For Alexander, school represented a confluence of French, German and Austrian cultures.

At home he was simply a Jew, with a migration background, while at school he learned to speak six languages.

In Austria, as Friedmann recalled the post-WW2 years, the 1950s were no bed of roses for Jews. Anti-Semitism continued to flourish – Austria's self-surrender to Hitler's German Reich is denied to the extent of accepting the historical lie that Austria was the Nazis' first victim.

At age 16, Alexander was arrested as a participant in a rally opposing Neo-Nazis, in 1964: "It was incomprehensible to me, how it could be possible that young Austrians were in denial of the historical reality of WW2 and could maintain the conviction that the Holocaust had never taken place". In retrospect, Friedmann is convinced that the cornerstone for the decision for a course of study that would enable him to understand people and their psychological roots was embedded that very day. The final decisive influences upon his career choice are the tensions in the forefront of the Six-Day War, in 1967. The very same week, directly after having successfully concluded the entrance examination for medical studies at Vienna University, he departs for Israel. For the following 10 years he will devote his semester breaks to Israel, working as a farm hand, and at the end of this term, provide medical aid to Bedouin nomads by his ambulance service in the Negev desert. He then concentrates on his medical specialist training in Vienna, the emphasis of which is directed to the fields of social and cultural psychiatry.

Cross-cultural psychiatry is so closely tied in with his own life, his family's and his Jewish people's history and experiences, that he never just approaches this field of expertise on an academic discipline. As an assistant professor, he succeeds in establishing an outpatient clinic at the University Hospital, in which people originating from various countries and cultures can find help. According to Friedmann: "Today, many years later, I am convinced that people, even though they may acculturate and lose some of their culturally characteristic features, are very similar when seen from a psychological perspective. They react to and suffer from the same type of illness and the same distressful experiences of life, but they express their anguish using different languages, customs and bodily symptoms.

Friedman also perceives the Jewish Community of Vienna in the light of a changing history. The first Jew mentioned is a medieval era coin maker, who is murdered in the end. In the course of 9 centuries, there is constant change between tolerance and appreciation on one hand, and persecution and casting out on the other. Before the „Anschluss“ to Hitler's Reich, there were 200.000 Jews living in Austria, amongst them acclaimed authors such as Schnitzler and Zweig, physician-psychiatrists such as Freud and Adler, musicians such as Mahler and Schönberg. Whoever was still alive after 1945 and had come back to Austria, finds his former property

plundered and "Aryanized". Several thousand victims, who had survived the death camps, are now categorised as "displaced persons", are traumatised, ill, robbed of their roots as well as of their property, and depressed.

In 1970, 85% of all Jews living in Vienna were born outside of Austria. 92 % of all Jews born after 1945 had foreign-born parents, many of whom were refugees from the conflicts in Hungary in 1956, Poland in 1967, and Czechoslovakia in 1968; too exhausted to reach their primary destinations of Israel or USA. As of 1972, a new wave of immigrants follows, coming from the Asian Soviet Republics – Tajics, Uzbeks, Jews from the Caucasus. They do not speak German, their traditional occupations are not needed or wanted in Austria. Friedmann experiences how these mostly Sephardic people do not receive a warm welcome by many of the Austrian Ashkenazi Jews: "Initially, the Jewish Community had isolated and rejected these new immigrants". They imitated the xenophobic behaviour of the majority of the Austrian population. "However, several years later, there was a general surprise about the delinquency of a significant number of young immigrant Jews who belonged to this group of Asian immigrants and had declined into drug consumption and criminality". The Viennese Jewish community decided to help. Dr. Friedmann also encounters such troubled youth in his clinical practise. Most of them had neither money nor health insurance coverage. The young doctor founds a union of Jewish fellow doctors, whom he persuades to also work free of charge. "This initiative led to my integration into the social organizations of the Jewish Community, which, up to this point of time, I had only perceived as a representative and religious organisation". Obviously, being just as creative as helpful, the "mensch" Friedman is elected to leading roles within the Jewish community. He regards it as his task to primarily establish the position of the immigrant Sephardic Jews from Asia within the Viennese Jewish community and subsequently in Austrian society. In the Vienna Jewish Community, opportunities for them to learn German are developed, followed up by vocational integration, and the organisation of housing. Friedmann reports of "their having their first experiences of democracy", referring to cases in which the local authorities could also be convinced to concede democratic (voting) rights to the newcomers in the Jewish community.

1982 sees the beginning of the construction of a synagogue built according to Sephardic tradition. A school soon follows. Within his own periphery, Friedmann shortly later initiates the interdisciplinary outpatient clinic ESRA for immigrants and traumatised survivors of the Holocaust. "This clinic now treats 1400 patients annually", the founder sums up and reports of the vocational training school, which has already had a total of 2500 graduates within 9 years. Young people are now better prepared to meet the demands of school and to deal with social turbulence and unemployment. Friedmann's summary: "In the year 2007, the Jewish Community has grown to 7500 members. It currently operates three schools, the Vocational Training Centre, two sports clubs and four social facilities for the former Asian Soviet immigrants, who themselves have also established a school of the arts". Not without pride, he mentions his own distinctions awarded by the state and adds: "My own standard is based on the fact that there is practically no unemployment and no criminality amongst the members of our community and that psychological barriers (of intra-communal prejudice) have been brought under control". It is consequently no surprise that the assistant professor has also directed his attention to other conflict areas in the last few years. Asylum seekers from the former Yugoslavia, the former Soviet Union, the troubled and war-ravaged areas of the Middle East require specialists for psycho-traumatology. With the Association for Cross-cultural Psychiatry in German-speaking countries, Friedmann intended to advance the constructive debate regarding posttraumatic disorders on a trans-European basis. This now remains the task of those he has inspired and motivated.

9.559 Zeichen (mit Leerzeichen)

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Bio-sketches of TPS Members

Alexander Friedmann, M.D.

Since 1975 I have been part of the staff of Vienna's University Hospital and since 1990 I have been Assistant Professor of Psychiatry at the Medical University of Vienna and a staff psychiatrist there. I have been teaching transcultural psychiatry to medical students and trainees in psychiatry since 1994.

I am myself the product of several cultures: Like my parents, I am an Ashkenazi Jew, although, as a result of a liberal education, not very observant.

Family background and upbringing

My parents were born and grew up as Austrian citizens, living in Czernowitz, the prosperous capital city of Bukovina, the eastern region of the Austro-Hungarian empire, which was a German speaking city at the dawn of the 20th century. Czernowitz had a sizable Jewish population during the years that preceded WWI. The Jewish community of Czernowitz in those years was comprised in part of Hassidic orthodox Jews and in part of highly emancipated and assimilated Jews. Especially after the proclamation of the Decrees of Tolerance in 1781 and 1782, the Jews had become very loyal citizens of the Austro-Hungarian empire and dedicated to Emperor Franz Joseph I., who ruled from 1848 until his death in 1916.

After the capitulation of Austria in WWI, the Austro-Hungarian empire was dismantled, the republics of Czechoslovakia and Hungary were established, and large territories of the empire became part of other countries - Galicia of Poland, Croatia and Bosnia-Herzegovina of Yugoslavia, and Bukovina became part of Rumania. Thus, my parents became Rumanian citizens during their adolescent years. The prosperity of Czernowitz, renamed Çernauzi, declined under Rumanian rule. Many of its Jewish inhabitants decided to leave and settled in the Rumanian capital of Bucharest, where better economic possibilities were to be found. My parents met in Bucharest and were married there in 1942. My father, who

was a printer by profession, became the owner of one of the biggest printing companies in Bucharest.

Soon after their marriage, my parents became victims of the fascist takeover in Rumania. In 1942, my mother was deported with her family to a Rumanian concentration camp; officially charged with being communists, but unofficially because the Rumanian fascists were intensely antagonistic toward Jews. She survived, with the help of my father, who was hiding in the Bucharest underground, living in a cellar where he printed false documents for other victims of the persecution. Nevertheless, had my parents not left their home city of Czernowitz, they would probably have shared the fate of Czernowitz's Jewish population, which was deported to Siberia when the Soviets occupied the city in WWII, or they would have been exterminated by the Nazis.

At the end of WWII and of the genocide of the Jews of occupied Europe, my family had survived the Holocaust. Since both of my parents' families had been Zionists during the pre-war years, most of their family members had emigrated to Palestine before WWII. I was born in Bucharest in 1948, the only child of my parents. As Rumania became a Stalinist country, my parents, unwilling to live under another dictatorship, determined to emigrate, even if they had to leave their belongings behind. Although emigration was not allowed in those days, they were able to take advantage of the incompetence of the bureaucracy; my father was able to get official approval to accompany my uncle to Austria for medical treatment, and my mother was given permission to visit her mother in the new state of Israel. My parents had applied for exit visas in different districts of Bucharest.

That is how I came to live from 1949 to 1952 in Israel; a country of WWII survivors hardly able to feed its population and subjected to frequent attacks from the armies of surrounding countries. My traumatized mother could not cope with that kind of

stress, and I was a fragile and underdeveloped child repeatedly getting sick. As a consequence, my parents decided to return to Europe and to make a life for themselves in Vienna, the city their families had considered as their capital until 1918. My parents enrolled me in the Lycée Français de Vienne, a school run by the French government, where I was educated in the French language and exposed as much to French cultural influences as I was to Austrian and German culture. At home, I was simply Jewish. My personal migration history and my school career ultimately enabled me to be able to speak six languages.

Even though my family was living in Austria, they always spoke of their intention to go back to Israel one day, but that never happened. However, Austria was not an easy place for Jews to live in the 1950s. The antisemitic tradition persisted, combined with the stubborn denial of the collaboration of a huge part of the Austrian population with the Nazis before and during WWII. There was also a great deal of popular support for the nationalistic narrative that Austria had been the first victim of Nazi German persecution and invasion. Support for this misreading of Austrian history created a climate of uneasiness and, for many, of fear among Jews living in Austria at that time.

My first direct confrontation with manifest antisemitism occurred in 1964: nineteen years after the liberation of Mauthausen, a Nazi extermination camp in Austria where 120,000 people had been murdered, more than 60,000 of them Jews. It was at a neo-Nazi rally in the center of Vienna. In response, antifascists staged a counter-demonstration. Between both groups, there were about 3000 people. Fighting broke out between opposing groups. Many participants of both sides were arrested, including me, a 16 year old boy at that time. During the afternoon I had to spend in a cell, together with others of both sides, intense political discussions occurred. I wondered how it was possible that young Austrians could deny the historical reality of WWII, convince

themselves that the Holocaust had never happened, and remain stubbornly loyal to Hitler's propaganda. I simply could not understand. I tried to understand that type of mass madness and its historical and cultural roots. Looking back, I believe it was my experience of that afternoon that shaped my decision to orient my later studies toward understanding humans and their psychological roots.

Medical school and training in psychiatry

I consider the events of 1967 to be the triggers of my professional life, as well as shaping my life as a Jew living in Austria: In that year, I finished secondary school and started to study medicine. During the week I took my final exams in medical school, the 'six-day war' started in Israel. All my cousins were soldiers in the Israeli army and involved in fierce fighting. My parents were very fearful, questioning the future of the Jewish people, and of the security of the small Jewish community in Vienna.

Those days made me think about the sense and the responsibilities of my own life as a human being and as a Jew. I decided to leave for Israel immediately after my last exam and arrived while the war was still going on. That summer, I was a volunteer agricultural worker on a kibbutz, where I met other volunteers from all over the world. From then on, I would spend my summer vacations during the next ten years as a volunteer at kibbutzim in Israel. In the summer of 1977, after my graduation as a medical doctor, I volunteered in an outpatient clinic in the Negev desert, designed to provide medical services to the region's Bedouin population. After that, I spent five weeks living with a nomadic Bedouin clan.

In the autumn of the same year, I started my training at the Department of Psychiatry of the Medical University in Vienna, where I completed my training six years later and was subsequently appointed Assistant Professor of Psychiatry there in 1990. During my training, I spent one year in

internal medicine, six months in neurology and one year in child neuropsychiatry. Throughout those years in training, I never lost my interest in psychological differences due to acculturative stress, so, quite logically, my orientation was always toward social and cultural psychiatry.

Ultimately I was given the assignment to inaugurate and develop an outpatient service for transcultural psychiatry within the Department of Psychiatry, which I have directed ever since then. During the fourteen years I have been director of the transcultural psychiatry clinic at the university hospital, I have been able to focus the clinic's efforts on treating people of foreign descent and different cultural groups. Today, many years later, I am convinced, that humans, although culturally different, are psychologically similar, reacting to and suffering from the same type of illnesses and stressful life events, but using different language and body signals to communicate their distress.

Involvement in the rebuilding of the Jewish community of Vienna

Throughout my adult life, I have spent part of my free time helping to rebuild the Jewish community of Vienna¹, that had been decimated by WWII. I have felt an abiding responsibility, as a child of survivors of the Holocaust, not to let the world's bigots succeed in their wish to eradicate the Jews of Europe.

In order to understand the context, it is helpful to review the history of the Jewish community of Austria. The first Jew in the territory of Austria was mentioned in the 11th century. He was the master of the court mint. It is known that he was murdered. In the following nine centuries, there were times when the Jews in Austria were tolerated and prospered, and other times when they were persecuted, driven out of the country or killed. Until the 19th century, Jews never enjoyed equal civil and religious rights.

It was the oldest son of the Austrian empress Maria Theresa, Emperor Joseph II, who promulgated the radically progressive "Edicts of Tolerance" in the late 18th century, giving non-Catholics; that is, Protestants, Eastern Orthodox Christians and Jews, judicial and civil quasi-equality. The result was an impressive expansion of the Austro-Hungarian empire's economy, industry, sciences, social welfare system and the arts and humanities, until the eve of WWI.

The Jewish population of Austria reached almost 200.000 before WWII. Most of the Jews of Austria lived in Vienna, although there were some in the Austrian provinces and in smaller cities. Most of them were highly integrated, and some had become very prominent citizens, such as the novelists Arthur Schnitzler and Stefan Zweig, the physicians Sigmund Freud and Alfred Adler, the musicians Bruno Walter, Gustav Mahler and Arnold Schoenberg, and theater and cinema figures such as Peter Lorre and Billy Wilder. Others were well-known political figures of their time. Several were Nobel prize winners. Nonetheless, all of them were forced to leave the country and those who did not do so in time were murdered by the Nazis.

When the nightmare years of WWII ended and the Republic of Austria was re-established in 1945, there was practically nothing left of the Austrian Jewish community. Some Austrian Jews came back to find the community looted, their material possessions plundered, their houses and apartments "aryanized" and the Austrian government unwilling to consider providing restitution or compensation for their losses. The Jewish community was reduced to 10.000 people, of whom only a few thousand had lived in Vienna pre-1938. Thousands were "DPs" (displaced persons), survivors of the Nazi death camps. It was a traumatized population, sick, rootless and depressed. In the post-WWII years, most Jews living in Vienna were refugees and DP's from Poland, Rumania, Hungary and Czechoslovakia. By 1970, 85% of the Jews

living in Vienna had been born outside Austria, and 92% of the Jews born after WWII had non-Austrian parents. In the 1970s, the Jewish community included a large number of older people and a small number of children. For fifty years after WWII the Jewish community of Vienna experienced declining numbers. After 1945, there was little to attract Jews to live in Austria. The Jewish community consisted largely of refugees from rebellious communist countries (from Hungary after 1956, from Poland after 1967, from Czechoslovakia after 1968); refugees too exhausted to cope with continuing their migration to Israel, USA or other countries that had agreed to accept them.

Beginning in 1972, a new wave of transient and permanent migrants came to Austria; Jews from USSR, most of them in transit to Israel and some to the United States. From this inflow of 250.000 people, 3000 chose to stay in Austria. Most of them came from Tajikistan, Uzbekistan, the Caucasus region (Chechnya, Dagestan, Azerbaijan and Georgia). They were very culturally foreign to Austria: they did not speak German, they looked Asian, their occupational skills were not transferable to Austria, they were Sephardic rather than Ashkenazi Jews with very different religious rituals and customs, their families were patriarchal and authoritarian, they were poor and sick. On the other hand they had a lot of children.

At first, the Jewish community isolated and rejected these new immigrants, imitating the xenophobic behavior of the majority of the Austrian population. But a few years later, stunned by the arrest of a substantial number of youngsters belonging to this immigrant group who had slipped into drug use and criminality, the established Jewish community of Vienna decided it had to do something to help.

The problem had already come to my attention, since some of the immigrants were brought to the University Hospital where I was on duty. Most of these immigrants were poor and had no health insurance. To cope

with that problem, I inaugurated a Union of Jewish Physicians that not only brought together a number of Jewish doctors, but got them to agree to treat these people 'gratis'. With that initiative, I became involved in the social welfare of the Jewish community, which I had until then considered as only a representative and religious organization.

Two years later, in 1983, I was elected to the governing council of the Jewish community and in 1989 became director of its social welfare division. I was convinced that it was my obligation to help the immigrants to integrate; first in the Jewish community, then in Austrian society, and that should be done by giving them respect and recognition. To accomplish this objective of the new immigrants' cultural integration in Austria, the Jewish community needed to initiate programs for their education, job training and housing. My friends and I were able to convince the leadership of our community that there was no alternative, and that we, the Jewish community, would ultimately benefit from the successful adaptation of these young people in Austrian society. It was necessary for us to get the approval of the leadership of the Jewish community, since a major financial commitment was needed to develop the services to be offered to the new immigrants. In the beginning, we concentrated on offering free German language courses and on giving financial aid to those who had not yet found adequate jobs. In 1980, we were able to change the community bylaws, offering voting rights to the new immigrants and helping them to develop their own communal organizations. By doing so, we gave them practical training in democratic governance, something they had not known in the pre-migration countries where they had grown up.

In 1982, we started construction of a synagogue built in the Sefardic tradition. At the same time, our community by then had enough children to inaugurate a Jewish school. Soon afterwards, I created a multi-professional outpatient clinic (ESRA2)) for immigrants from the former Soviet Union and for traumatized survivors of the

Holocaust. That clinic now has 1400 patient visits/year. In addition to the Jewish school, we now have a vocational school (JBBZ3)) for youngsters at risk of school dropout, social turmoil, unemployment, substance use problems and delinquent behavior. That school has had 2500 graduates in the 9 years it has been in operation. By 2007, the Jewish community of Vienna has grown to 7500 members. The community now operates three schools, the vocational training center JBBZ, two sports clubs and four social clubs for the former immigrants, as well as an arts school run by them.

In recognition of these accomplishments, the Republic of Austria and the City of Vienna have honored me in 1995 and 2000 by awarding me Golden Crosses of Merit. But my own measure of success is the fact that there is practically no unemployment and no criminality among the members of our community and that psychological disability has been brought under control.

In the last few years, we have witnessed the first marriages between children of our original Ashkenazi Jews and children of immigrants from the former USSR. These ex-Soviet Jews now hold 6 of the 24-person governing council positions in the Jewish community. In 2005, the mayor of the city of Vienna hosted a celebration for the thirtieth anniversary of the establishment of the ex-Soviet Jewish community of Vienna, at the City Hall; an event nobody could have imagined 30 years earlier.

Current professional activities

During the last ten years, having almost daily clinical experience with asylum seekers from the former Yugoslavia, the former Soviet Union (mainly: Chechnya, Armenia and Georgia) and from countries like Iran, Iraq and Syria, I have specialized in psychotraumatology (PTSD). Together with friends and colleagues, I participated in the founding of the "Austrian Society for general and special Psychotraumatology" (ÖGASP). I am currently the director of its scientific committee.

In 2006 and 2007, I participated in organizing congresses of the societies for transcultural psychiatry in the German speaking countries 4 and will do so again in September 2008. Our goal is to create a trans-European society to promote research in the field, to develop training of future medical doctors in cultural diversity and to have some influence on policy of the European countries in dealing with migrants.



Solmaz Golsabahi MD

I had my first encounters with cross-cultural medicine as a medical student in 1998, when I was involved in the sector of cross-cultural psychiatry. I subsequently received my medical degree at the University of Vienna, in 2003. The topic of my doctoral thesis was: the hospital regarded as an inter-cultural meeting point-cross-cultural communication in the doctor patient-relationship.

Family background and childhood experience:

I am the product of several cultures. I spent some of my childhood years in Iran, in the United Arab Emirates and in Austria. My parents and relatives originated from Rasht, Iran, which is located on the Caspian Sea. They themselves were, in part, descendants of immigrants from Baku, Azerbaijan and belonged to the Farsi (Persian) speaking community. Religious diversity and religious tolerance characterized the region of their upbringing, and mine too.

As the conditions fundamentally changed in Iran following the nationalist revolution in 1987, my parents tried to establish a secondary residence in Dubai in order to have a safe haven for their children; (my sister and me).

In 1989-90, the Iraqi invasion of Kuwait once again led to significant turmoil and political changes in the Middle East. Being open-minded and liberal, my parents decided to leave the Middle East permanently.

Their initial destination was actually Sydney, Australia. Going to Austria was intended to be an intermediate stopover, but after staying there for six months, they made the decision to settle in Vienna. The family obtained Austrian citizenship after living in Vienna for 10 years.

Education and Training;

I concluded my A-Levels in 1996 and immediately started to study medicine at Vienna University. Throughout my childhood and career, I have always shown a keen interest in people; in their motives and how they functioned. I tried to blend as far as possible into their cultures and way of life, and generally to gain an insight into their language and their way of thinking. I tried to acquire a deeper understanding of the historical and cultural context.

I gradually became more aware of my own multi-cultural and multilingual background, which was distinguished by a tolerant Sufi religious ideology dominant throughout my family. It was not unusual for the family to accept friends' invitations to celebrate Hanuka, Christmas or Norroz, the Iranian celebration of the first day of spring.

As my mother had always said: "God is as close to you as your arteries and God is deep within you. Religions represent a path to our inner self and they all follow the same direction, even though they may take different approaches."

During my studies in Vienna, I increasingly realized that the various misunderstandings between colleagues and between doctors and their patients, were not based primarily on language barriers, but were mainly due to cultural barriers. This confirmed my grandfather's opinion: he had always taught me that ignorance of culture is often the root cause of irrational and unfounded reactions and even fanaticism.

In 1998, I met my tutor and academic mentor, Alexander Friedmann. I was particularly impressed and intrigued by his renowned 'Wednesday afternoon seminar in transcultural psychiatry' at the Vienna University Hospital. This initial interest was soon followed by lengthy discussions and an ongoing intellectual

exchange. Friedmann's consistent commitment to promoting the improvement in the understanding of and the knowledge of different cultures, in particular within the medical staff, left a lasting impression on me as an emerging clinician. During this time I realized the current relevance and importance of transcultural medicine and psychiatry.

My training in general psychiatry has led me to further training in neurology and in psychoanalytic psychotherapy, along with consolidating my commitment to transcultural psychiatry as a career choice.

Current activities:

Together with a multi-professional team, I am currently establishing a transcultural basic emergency kit (a library of basic resources of transcultural medicine for trainees in all health and mental health disciplines), including exemplary cases and video presentations for hospitals. In addition, I have assumed a leading role in organizing the first international congress for transcultural psychiatry, psychotherapy and psychosomatics in the German-speaking countries, the first congress of which was held in Witten, Germany, in Sep 2007. More than 200 people participated in the congress; to everyone's surprise and satisfaction. The second such congress will be held in Vienna, in Sep 2008, and it is expected that a similar conference will be held yearly after that.

Since 2006, together with a group of influential German, Austrian and Swiss colleagues who are active in the field of transcultural psychiatry, I have been working on founding an association for transcultural psychiatry, psychotherapy and psychosomatics in the German-speaking countries. The objective is to found a trans-European association dedicated to enhancing the breadth and depth of research and stimulating the vocational and advanced training of the medical and other clinical staff in inter-cultural communication in all clinical settings, and subsequently to gain more influence in the socio-political issues related to migration and acculturation.

For this purpose, as a further step in achieving the objectives noted above, I have helped establish a website on transcultural medicine and psychiatry, the editorial staff of which is consistently growing. The website is intended to serve as a reference guide for medical staff as well as concerned people in regard to migration-related issues. There are now three such

websites in the German-speaking countries. They are listed below.

www.transkulturellepsychiatrie.de

www.transkulturellepsychiatrie.at

www.transkulturellepsychiatrie.ch



Soma Ganesan MD

To talk about myself, I need to talk a little first about my background. My father was from South India and was transferred to Vietnam on a diplomatic and business mission by the Indian High Commission. My mother was born in South Vietnam and of Chinese descent. So, my family environment was a traditional Asian one, but was also a mix of Hindu and Buddhist traditions. I was born in 1950, in Saigon, Vietnam and grew up during the tumultuous period of the Vietnam civil war. After high school I did my compulsory military training and then entered Saigon University where I studied medicine. I completed my training in 1975 in pediatrics and began working at Saigon Children's Hospital. The notion that I would become a psychiatrist, let alone be interested in cross-cultural psychiatry was the furthest thing from my mind at that time. All that changed with South Vietnam coming under the rule of the Communist North. I was sent to a "Re-education Camp" for six months. The euphemistic name belies the fact that they were essentially prison camps. After my release I left Vietnam in 1976, I went to Singapore where I lived in a refugee camp for six months. I suppose it was during this time that my interest in cross-cultural and refugee issues was planted.

As I mentioned earlier, my father had been a diplomat with the Indian High Commission in Vietnam, and so I was able to move to India. I eventually settled in Madras and completed a

fellowship in Cardiology. I later worked at Perambur Hospital for about three years until 1979. As fate would have it, I moved to France afterwards and did a fellowship in Emergency Medicine at Louis Mourier Hospital in Paris. It was there that I applied to go to Canada.

By 1981 I found myself in Vancouver, British Columbia, Canada, where for the third time, I recertified as a physician. While I waited to take the equivalent qualifying exam to return to medical practice, I worked at various jobs completely unrelated to medicine. I worked as a forklift driver, a restaurant manager and even a lay Buddhist monk! My time in Canada was a major period of learning for me. Like so many times before, I had to adapt to a new culture, language and education system, but this time cross-cultural, refugee, and immigration issues were at the forefront of my mind. How could they not be, as I had lived in three countries in the span of six years? This was a key turning-point in my career as I decided to do a psychiatry residency.

It was during this time that my real cross-cultural work began. As a Vietnamese refugee myself, I began to research the settlement and adaptation issues of Vietnamese refugees. I was able to get the first federal funding to set up a settlement services programme to assist Vietnamese refugees, between 1984 and 1985.

It became apparent to me that although Canada was a multicultural society, there were (at that time) very few culturally relevant mental health services in Vancouver. I became a member of the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, set up in 1988 by the Ministry of Health and Ministry of Immigration. This brought immigrant and refugee issues to the forefront. With such momentum we were able to found VAST – the Vancouver Association for the Survivors of Torture and create the first cross-cultural outpatient psychiatric clinic in Canada. We now have seven psychiatrists, providing services in 19 different languages, with over 4,000 visits to the clinic each year. We recently completed the translation of a multilingual website (Chinese, Vietnamese, Spanish, Farsi, Punjabi, Korean, French, Urdu, and Russian) in conjunction with the British Columbia Ministry of Health to provide information and educate immigrants about mental health – www.heretohelp.bc.ca.

On the clinical side, I have actively participated in the development of training curriculum for psychiatry residents in cross-cultural mental health, as well as psychiatry and spirituality.

We have also successfully organized an annual Cross-cultural Conference. Now in its 12th year, it brings together clinicians, educators, social workers, journalists, and consumers, to discuss and promote relevant topics in the field of cross-cultural mental health. I was deeply honored at last year's conference to have the annual award presented at this conference to be renamed the "Soma Ganesan Spirit of Hope" award.

My current positions include Medical Director, Psychiatry, Vancouver General Hospital and University of British Columbia Hospital; Medical Director for Adult Mental Health Services, Vancouver Community, and Vancouver Coastal Health; Physician Leader for Riverview Hospital: Full Clinical Professor for the Department of Psychiatry (since 1997), University of British Columbia, and Director of the Division of Cross Cultural Psychiatry; Commissioner for the Forensic Psychiatric Services Commission. Through all these positions I have been an advocate for mental health services for immigrants, refugees and people of all cultures; trying to convince researchers, government officials, policy makers and others of the importance of cross-cultural psychiatry.

My own research focuses on immigrant mental health, cross-cultural psychiatry, and spirituality. It is my hope to be a contributor to WPA's Transcultural Psychiatry Section and to aid in the growth of the World Association of Cultural Psychiatry.



Henrik Wahlberg MD

I'm grateful for choosing psychiatry for specialization. It was 'the road less traveled', but

one that “made all the difference”; a road that has led on, for me, to discovering and working in the field of cultural psychiatry.

The French expression “*Liberté, égalité, fraternité*” was the Magna Carta of my childhood. I grew up with a passion for human rights and for global solidarity against oppression. Later I realized the importance of mind, emotions and human relations. I devoted myself to the psychological dimension of the French national commitment to “*Liberté, égalité, fraternité*” as applied to mental health and the treatment of people with mental illnesses.

I studied medicine at the University of Helsinki and received my training as a psychiatrist in Finland and Sweden. I have worked in different locations in Finland, Sweden and Norway as a clinical psychiatrist and I have had long-term experience in the development and administration of mental health services in Scandinavia.

As a consultant and project manager for the World Health Organization in the Balkans and the Middle-East, at different periods between 1999 and 2004, working on WHO emergency teams and on national mental health programs, I encountered deficient and obsolete mental health services in urgent need of improvement. Frequently the services and the facilities violated basic human rights. *I have a dream that every country will soon provide good mental health services!* Global organizations such as the WHO and the WPA can play an important role in the development of neglected mental health services, and can also spur cooperation between countries and mental health professionals.

Currently, I work at the Transcultural Center in Stockholm, where I’m involved with the postgraduate training of the health care staff. I am also the coordinator of the Nordic Network for Cultural Psychology and Psychiatry (CPPN). I continue to be a devoted advocate of better services and conditions for mentally ill people – in cooperation with consumers, family organizations and NGOs. I’m a member of the Finnish, Swedish and American Psychiatric Associations.

Transcultural psychiatry can build bridges between people and cultures and improve the prerequisites for health care: good communication, empathy, mutual understanding and respect. Transcultural psychiatry is, in my

opinion, too much focused on immigrants and on their problems in the health services, and pays too little attention to the reciprocity and the new traditions and opportunities for health care that immigrants bring with them to their new homelands.

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Report on the WPA-TPS co-sponsored GLADET conference Guadalajara, Mexico 17-20 Apr 2008

Ronald Wintrob MD

GLADET, the Latin American Group for Transcultural Studies, was founded about fifty years ago, but only continued to be active as an organization for a few years. During the past two years, GLADET was revived, with the coordination of scholars from all over Latin America. The conference in Guadalajara was the auspicious occasion for the re-launching of GLADET, under the leadership of Sergio Villasenor Bayardo, Professor of Psychiatry at the University of Guadalajara, who also served as the Executive Chairman of the Guadalajara conference.

The conference was co-sponsored by WPA-TPS and WACP, so Ron Wintrob (Chair, WPA-TPS) and Wen-Shing Tseng (President, WACP) served as conference co-chairmen.



Guadalajara is the capital of the western Mexican state of Jalisco. It is Mexico’s second largest city, with a rapidly growing population, now nearing ten million. Its colonial center has been well preserved, including many

distinguished buildings from the 17th century onward, as illustrated by the photos accompanying this report. One of those architectural heritage buildings is the Instituto Cultural Cabanas, an enormous and very imposing early 19th century structure, in the courtyard of which a reception, dinner, and performance of the celebrated Ballet Folklorico of the University of Guadalajara was offered for conference participants on the first evening of the conference, under a sky lit by the full moon. The performers included a large number of Mariachi musicians and dancers, who put on a rousing and altogether spectacular performance. The songs and dances wonderfully represented the pride of the people of Jalisco in their country and its folk traditions. The performance left the performers breathless...and the audience enthralled and exhilarated.

The conference attracted participants from all over Latin America, and from all over the world; from countries as far away as Japan, Sweden, Spain, France and Britain, to those bordering Mexico on the north and south.

The conference venue was the Crowne Plaza resort hotel complex, which was very well equipped to provide an atmosphere appropriate for both the scientific program and the comfort of all conference participants.



The theme of the scientific program was; “Psychiatry, Nature and Culture; from singular to universal”. Within this overall theme, the conference consisted of twenty symposia, comprising nearly eighty individual presentations, as well thirteen plenary presentations. Simultaneous translation was provided for all plenary presentations.

The first of the plenary presentations was given by Sergio Villasenor, who reviewed the history of GLADET and then gave a detailed overview of the trends and developments in cultural psychiatry throughout the countries of Latin America during the past twenty years..

In other plenary presentations, Ron Wintrob addressed cultural case formulation for clinicians in psychiatry and medicine, and Renato Alarcon spoke about the vicissitudes of contemporary cultural psychiatry, including the perspectives of both Cervantes’ Don Quixote and Shakespeare’s Hamlet. Carlos Rojas Malpica took on the highly symbolic subject of “air and asphyxia”. Wen-Shing Tseng focused on ‘susto’ and ‘ataques de nervios’ as culture-related syndromes.

Jean Garrabe de Lara’s topic was the psychiatry of the person, from a historical perspective. In other fascinating and wide-ranging plenary presentations, Martha Ontiveros took up the theme of ‘how women fall in love’ and Enrique Chavez described ‘serial killers in real life and in the movies’. Several presentations reviewed and analyzed the mutual cultural influences of Mexico, Japan and France over the past four centuries.

The themes of the twenty symposia covered a great breadth of topics. Among them were the following: clinical languages in psychopathology; psychopathological aspects of migration; traditional Mexican medicine; disasters and culture; depression, adolescence and culture; chronic diseases, culture and psychiatry; mental health and cultural aspects of natural disasters; psychotherapy and culture; toward de-stigmatization of psychiatric illness; somatization and culture around the world; cultural aspects of mood disorders; culture and mental health politics; clinical and cultural aspects of Latin American psychiatry.

While the three conference days were fully filled with an extraordinarily broad selection of scientific presentations, the evenings were designed by the conference Organizing Committee to exemplify the cultural and gastronomic highlights of Guadalajara and Jalisco. In addition to the inaugural dinner and performance at the Instituto Cultural Cabanas, other receptions and dinners were offered at the Jalisco state government buildings and at the Puerto de Hierro Club.

The final conference event was a train visit to one of the estates famous in the region for its beautiful location...and for the unique quality of its tequila production. Jalisco is the home of high quality Mexican tequila. As this brief description suggests, the Guadalajara conference was a very memorable

event; one that all participants will feel fulfilled their hopes and expectations when they set out for Guadalajara.

We are very grateful to Sergio Villasenor and all the members of the Guadalajara Organizing Committee for their numerous contributions to the success of the conference.

Planning is already underway to convene the 2nd GLADET conference in 2010; once again with the co-sponsorship of WPA-TPS.

