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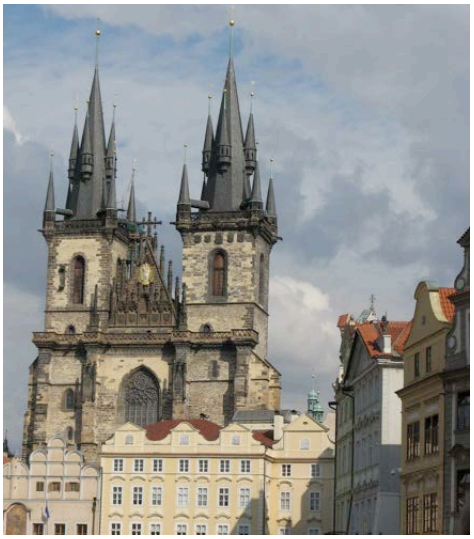


WPA-TPS Chair's Report on the XIV World Congress of Psychiatry

Prague, 19-25 Sep 2008

Elections for the WPA-TPS Committee for 2008-2011 were held in Spring, 2008. There were fourteen candidates for eight positions on the Committee. A three-person sub-committee of the TPS Committee was appointed to conduct and monitor the election process, comprised of Mitchell Weiss, chair, Joan Obiols and Rachid Bennegadi.

Forty members submitted ballots, comprising 61.5% of the TPS membership in 2008. There was a tie vote for the eighth position, which was resolved by increasing the TPS Committee for 2008-2011 to nine members. They are; Rachid Bennegadi (France), Kamaldeep Bhui (United Kingdom), John de Figueiredo (USA), Mario Incayawar (Ecuador), Fumitaka Noda (Japan), Hans Rohlof (Netherlands), Mitchell Weiss (Switzerland), Ronald Wintrob (USA) and Xudong Zhao (China). The executive committee for 2008-2011 is; Ronald Wintrob, chair, Fumitaka Noda, co-chair, Rachid Bennegadi, secretary and Hans Rohlof, treasurer.

The Committee of the Transcultural Psychiatry Section for 2008-2011 had its inaugural meeting Sep 19. Two of the three newly elected committee members were present, along with five of the six re-elected committee members. The Section chair, co-chair, secretary and treasurer were all able to be there for the meeting, as well as the TPS secretary-treasurer for 2005-2008.

At the Committee meeting, we reviewed the details of the recently conducted election process for the 2008-2011 Committee. We discussed the possibility of inaugurating five TPS Standing Committees; on International Conferences, Awards and Recognition, Membership and Recruitment, Communication and Publication, and on Finance and Dues Structure. There was agreement to go ahead with these plans.

We also discussed and agreed on revising the current dues structure, so that dues will be based on a three-year membership cycle that starts in Sep of the year that a World Congress of Psychiatry is held, as occurred this Sep. Accordingly, for people who apply for TPS membership between Sep 2008 and Sep 2009, the three-year membership will be reduced by 1/3. For those who apply for membership between Sep 2009 and Sep 2010, the three-year membership will be reduced by 2/3. People who apply for TPS membership after Sep 2010 will have their first year TPS membership fee waived, and will pay the three-year membership fee for Sep 2011-Sep 2014.

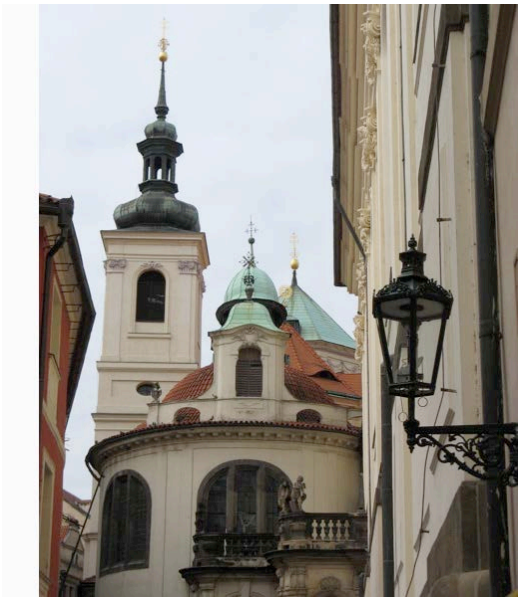
These changes in dues structure are expected to be incorporated in the 'Membership' section of the TPS website in Dec.

Along with the transition to the new three-year term of office of the TPS Committee members, there is a transition of responsibilities for the TPS website and newsletter. The new TPS Webmaster is Rachid Bennegadi. He has taken over this role from Mario Incayawar, who has done an outstanding job over the past three years in launching and continuously improving the design and content of our TPS website; www.wpa-tps.org

Simon Dein is the new editor of the TPS Newsletter and Robert Kohn is the associate editor. David Kinzie has agreed to be editor of the book review section and to contribute a new section on 'reading notes'.

TPS members are encouraged to communicate with Dr Dein if they would like to contribute material for the newsletter.

At the TPS Committee meeting, and again at the TPS Business Meeting Sep 24, these issues were reviewed. Thirty-seven people attended the Business Meeting, including seven Committee members, 17 other active members and 13 non-members.



In addition to the items already addressed, several international conferences on cultural psychiatry that are currently in planning were outlined at the Business Meeting. Dr Wintrob reviewed the contribution by TPS to the program of the WPA International Congress to be held in Florence, Italy, 1-4 Apr 2009, in which TPS has three symposia; two on 'Culture, Humor and Psychiatry', and one on 'Education and Training in Transcultural Psychiatry'. Dr Cornelis Laban described plans for the International Conference on Cultural Psychiatry to be held in the Netherlands, 13-16 June 2010. Dr John de Figueiredo spoke about plans for the International Conference on Cultural Psychiatry in India, to be held in Goa in Nov 2010. And Dr Rachid Bennegadi outlined plans for the 1st International Conference on Cultural Psychiatry in the French-speaking World, to be held in Paris, 16-19 Apr 2011.

The plans for TPS sponsored international conferences on cultural psychiatry over the period 2009-2011 are extensive. The full list of conferences sponsored and co-sponsored by TPS is:

In 2009:
1- WPA International Congress; Florence, Italy; 1-4 Apr.

2- 3rd International Conference on Cultural Psychiatry in the German-speaking World; Zurich; Switzerland; 11-13 Sep.

3- 2nd World Congress of Cultural Psychiatry; Orvieto, Italy; 26-29 Sep.

In 2010:
1- International Conference on Cultural Psychiatry; 26-28 Feb; Wellington, New Zealand.

2- International Conference on "Rekindling the Spirits"; 23-25 Apr; Santa Fe, NM, USA.

3- International Conference on Cultural Psychiatry; 13-16 Jun; The Netherlands.

4- International Conference on Cultural Psychiatry; 27-29 Sep; Durban, South Africa

5- 4th International Conference on Cultural Psychiatry in the German-speaking World; Sep; Dusseldorf, Germany.

6- International Conference on Cultural Psychiatry in India; Nov; Goa.

In 2011:
1- 1st International Conference on Cultural Psychiatry in the French-speaking World; 16-19 Apr; Paris

2- 1st International Conference on Cultural Psychiatry in the Spanish-speaking World; Jun; Barcelona

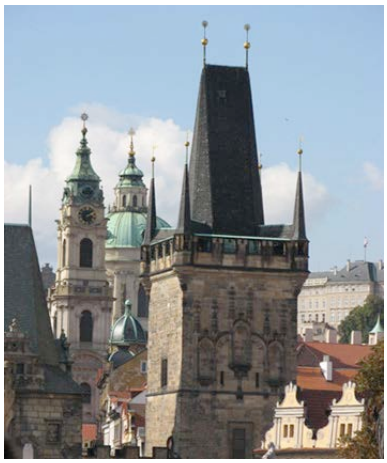
3- XV World Congress of Psychiatry; 18-22 Sep; Buenos Aires.

Once again, cultural psychiatry was well represented in the content of the scientific program of the XIV World Congress of Psychiatry in Prague.

Almost every page of the program includes one, and sometimes several symposia on a cultural psychiatry topic, or one closely related to cultural psychiatry. This includes 4 'plenary lectures', 2 'special symposia', 9 'Section-sponsored symposia', 6 'regular symposia' and 5 'workshops'. The 'Section-sponsored symposia' included; 'immigration and acculturative stress in an era of fear of terrorism', 'the influence of Jewish culture on psychiatry', 'inter-racial and inter-ethnic marriage', 'best practice in transcultural psychiatry in Europe', 'from western mainstream to culturally diversified psychiatry' and 'teaching culturally competent psychotherapy'. The 'special symposia' included one on 'quality of life and mental health; beyond differences in culture and religion'. 'Regular symposia' included themes of 'mental health and HIV in vulnerable women across cultures', 'culture, context and psychiatric diagnosis', 'mental illness in traditional societies', 'follow-up studies of migrant and refugee populations', and 'healing practices and worldviews among indigenous people'.

The symposia and workshops with themes related to cultural psychiatry were well attended and included some lively discussion and audience participation. There seems little doubt that cultural psychiatry continues to attract strong interest among our colleagues in psychiatry, psychology and the social scientists, and is having a strong impact on other specialties in medicine and on other health-related disciplines.

There were many 'early career' psychiatrists and other clinicians in the audience of the cultural psychiatry-themed symposia and especially so in several of the cultural psychiatry-themed workshops.



I hope to meet and to have a chance to talk with many of you at some of the TPS sponsored international conferences on cultural psychiatry during the next three years. I invite you to contribute to their success by being part of the scientific program, and presenting your work in cultural psychiatry.

Ronald Wintrob MD
Chair WPA-Transcultural

SYMPOSIUM ON IMMIGRATION AND ACCULTURATIVE STRESS IN AN ERA OF FEAR OF TERRORISM

This two-part symposium, comprising 10 presentations, addresses the changes in public sentiment and government policy concerning the in-flow of migrants to countries in North America and Europe during this decade. The complex issues related to immigration are described and analyzed by presenters who have been actively engaged in these issues in several countries in North America and Europe. Their presentations address changes in acculturative stress and emotional distress among immigrants engendered by post-9/11 fears of terrorism.

LEARNING TO BREATHE FREE; IMMIGRATION TO THE USA SINCE 9/11

Ronald Wintrob

Legal immigration to the USA has been increasing steadily in each decade since the 1970s. There has been strong public support for an immigration policy that welcomes legal immigrants, as well as refugees from war-torn regions of the world. That 'open-door' policy has been challenged, but not reversed, since the terrorist attacks of 9/11/2001.

Between 2000 and 2005 the number, of legal immigrants to the USA has risen from 9.8% to 12.4% of the total US population. However, the number of refugees and asylum seekers has been declining since 2000.

The US Congress has deadlocked on efforts to revise immigration policy since 9/11. Public sentiment has clearly favoured secure borders and responded to fears of terrorism. Immigrants living legally in the USA have experienced mounting anxiety about discrimination and fear of being mistaken for illegal immigrants and deported.

These fears and experiences of discrimination since 9/11 have undermined the sense of security of large numbers of immigrants, and increased the incidence of psychiatric distress symptoms among them.

This presentation reviews data about these issues and discusses their implications for immigration policy and for the provision of mental health services for immigrants and refugees in the USA.

THE ERA OF TERRORISM: ETHICAL DILEMMAS AND EDUCATIONAL NEEDS

Marianne Kastrup

With the strong focus on terrorism in recent years there is an increasing concern that fundamental human rights may be violated in the interest to combat acts of terrorism. It is in particular in situations of interrogations that persons may be exposed to various kinds of interrogation techniques that go against international conventions.

According to Article 10 of the UN Convention of 1984 against torture and other cruel, inhumane or degrading treatment or punishment, states having signed the Convention shall ensure that education and information regarding the prohibition of torture are included in the training of e.g. medical personnel who may be involved in the custody, or treatment, of individuals deprived of their liberty. Unfortunately, few countries enforce this, implying that few psychiatrists receive any such education and thus have little knowledge on the issue of organised violence in relation to terrorism.

Knowledge about the mental health consequences of state-perpetrated violence, including torture, is of clear clinical relevance for psychiatrists worldwide as a significant proportion of

e.g. refugees and migrants have experiences of war, strife, persecution and torture and a large proportion of the world's population lives in countries that condone torture.

The paper will outline the psychiatric symptomatology following exposure to state-perpetrated violence and torture, preventive considerations as well as ethical dilemmas and educational needs for the psychiatric profession.

A LIGHT AT THE END OF THE TUNNEL; IMMIGRATION TO GERMANY BEFORE AND AFTER 9/11

Wielant Machleidt

Germany, geographically located in "the heart of Europe", has been a host country for immigrants for centuries. The German constitution after World War II guaranteed immigration and asylum for everybody, especially for war refugees and those who suffered from political persecution and racism.

However, the increasing flow of immigrants from south-eastern Europe (Turkey and the Balkans) in the 1970s and 1980s generated increasing resistance to further immigration and led to discrimination against those foreigners. The attitude of hospitality toward migrants switched to hostility by the 1990s.

As a consequence, the German government revised its constitution and immigration laws to restrict immigration. When the terrorist attacks on the WTC towers took place on 9/11/2001, German immigration laws were already the most restricted the country has had in its recent history.

Germany had not been a major focus of terrorist activities in recent years. But because it was a country in which terrorist attacks were planned, laws were passed allowing for increased surveillance of immigrants, and even of German citizens.

IMMIGRATION AND ACCULTURATION IN THE NETHERLANDS, IN THE LIGHT OF TERRORISM

Hans Rohlof

The Netherlands is not an official immigration country: immigration is not encouraged and there is no official quota for immigration. Nevertheless, there are two groups that have immigrated to the country during the 1990s: families of former migrant workers from Turkey and Morocco, and refugees from Eastern Europe, Africa and Asia. The numbers of immigrating individuals increased because of possibilities of family reunion, because of the wars in Bosnia and other places, and because of growing possibilities to travel.

After the acts of terrorism in recent years, political right wing parties started a public debate focused on immigration as a danger for Western democracies. This debate has become increasingly extreme and has had a direct effect on immigration policy and numbers: policy became stricter, numbers decreased.

After the murder on Theo van Gogh in 2004 we performed a study on the effects of this highly publicized event on patients in mental health care. The public paranoia and mistrust in different population groups was clear. A new target of mental health care is to help migrant patients adapt themselves to a multicultural society where there is a growing animosity between population groups. Clinical implications of this attitude will be discussed.

As a consequence, the annual number of immigrants did not increase since 1998, and for the first time since 1950, diminished significantly during the years 2004 and 2005. Nevertheless, Germany continues to have one of the highest percentages of citizens who are foreign-born (20%) among European countries.

Currently, there is an increasing

acceptance of immigrants once again and a new policy to help in their integration has been introduced by the German government.

THE IMPACT OF THE WAR ON RECENTLY ARRIVED IRAQI REFUGEES TO SWEDEN-CLINICAL OBSERVATIONS

Riyadh Al-Baldawi

The war in Iraq, which started 2003, is still ongoing. Initially, the war provided the Iraqi people with the possibility to put an end to a dictator regime, which used terror against its own people. However, the war also brought with it several disasters. Internal conflicts between different militant groups and alliance troops have caused an environment characterized by socioeconomic chaos. Bomb explosions have become a part of the daily life of the Iraqi people. Civilians are afraid to go to work or even to send their children to the schools due to the risk of kidnapping. In addition, the electricity and water supply are currently very limited in several parts of the country. We can all observe and follow these dramatic conditions every day through the news.

More than 4 million Iraqi people are forced to leave their homes and seek protections in other places. More than 2 million of them have fled the country to neighbour countries such as Jordan, Syria, Iran and Turkey. A small part of the refugees are provided with the possibility to seek asylum in different parts of Europe and other countries around the world. More than 60,000 Iraqi refugees have fled to Sweden since 2003. Approximately 45,000 of these have been provided with accommodations while the remaining refugees are still waiting. The large number of Iraqi refugees entering Sweden has put the country and its health, social care services and school system in front of a large number of challenges.

This presentation will discuss the problems we experience when working with newly arrived Iraqi refugees that are admitted to our centre for treatment and psychological support. Long-term exposure of stress, fear and accumulated traumatic situations influence the newly arrived refugees' psychosocial life and make it difficult for them to commence an active life in the new country.

IMPACT OF THE GLOBAL CLIMATE OF FEAR ON THE MENTAL HEALTH OF NEWCOMERS TO CANADA

Laurence Kirmayer

This presentation explores the impact of the current climate of fear about terrorism on the mental health of immigrants, refugees and visible minorities in Canada. Canada has been a nation of immigrants from its inception with about 18% of the current population born outside the country. Although migration policies have always been discriminatory, the post 9/11 climate of fear has fostered a new level of suspicion with increases in racism, discrimination and exclusion. In Quebec, a political debate on 'reasonable accommodation' focused on the extent to which the dominant society should adapt to the values and practices of newcomers. This debate singled out specific religious and cultural groups (Muslims, Jews and visible minorities) and allowed xenophobic and racist elements of society to voice their fears and hostility toward whole segments of society. The heightened concern with security has had negative effects on the health and wellbeing of both children and adults among minority groups and newcomers as documented in surveys and clinical work.

In addition to this impact on vulnerable groups, mistrust of the 'Other' damages the fabric of civil society with potentially negative effects for everyone. The dynamics of this mistrust will be

illustrated with cases drawn from our cultural consultation service. The Canadian ideal of multiculturalism requires renewed commitment to counteract the stereotyping and exclusion that have resulted from the political manipulation of fear.

PSYCHOLOGICAL CONSEQUENCES OF THE FEAR OF TERRORIST ATTACKS

Joseba Achotegui

The terrorist attacks on the trains in Madrid on 11th March 2004, with 194 deaths and over 1000 people injured, led to great social turmoil in Spain, but public manifestations of that distress did not occur. There was not one anti-immigrant demonstration or act of revenge. For the Muslim immigrants, however, it meant the breaking of a link, the start of a situation in which they have become permanently subject to suspicion, despite the fact that one third of the victims were immigrants and many were Muslims.

Faced with this situation, our immigrant mental health care department, SAPPIR, has noted a significant increase in paranoid-type problems.

I shall present the case of a young immigrant of Kurdish origin who, as a result of the terrorist attacks on 11th March 2004, started to have delusions of being followed. Mustafa is 29 years old, a teacher of Arabic and studies philosophy. He is married to a Spanish woman and speaks Spanish and Catalan fluently. Mustafá thinks that the greengrocer, the baker the mechanic and other shopkeepers are all police informers who are spying on him. When he travels by car, he is convinced that other vehicles follow him and cause him to make dangerous manoeuvres. He maintains his normal activity, but says that he is suffering great “moral harm” through being followed.

The relationship between his personal story, migratory stress, symptomatology and health care are analysed.

ISLAMOPHOBIA AND THE MENTAL HEALTH OF MUSLIM MIGRANTS IN THE UK POST 9/11

Simon Dein

There has been an escalation of anti-Muslim sentiment in the UK following 9/11 largely fuelled by the public perception of Islam as fanatical, and fundamentalist. "Islamophobia" is a term deployed to refer to forms of prejudice, exclusion and violence toward Muslims that have risen to new levels over the past 20 years. Islamophobia contributes towards health disparities among Muslim minorities in terms of both physical and mental health.
Two processes mediate disparities: intersectionality and differential racialisation. "Intersectionality" refers to cases in which individuals or groups experience prejudice toward multiple attributes of their identity. Muslims in the UK and the US are differentiated by race, ethnicity, national origin, social class and immigration status, any of which can result in being the target of social bias. "Differential racialisation" means that each minority or targeted group becomes defined in relation to a given majority group, often in terms of being "more" or "less" similar. These issues are discussed in relation to new immigrants in the UK.

Religious discrimination has significant effects on mental health. Discrimination at work and "chronic daily hassles", including insults and assaults, can increase the risk of common mental disorders such as anxiety and depression. It can also influence access to and the use of health services.

The presentation ends by discussing how these cultural issues can be overcome in health-care related settings, particularly focusing upon the importance and limitations of cultural competency training.

IMMIGRATION IN FRANCE: MYTHS AND REALITY

Rachid Bennegadi

In Europe, the long-term objective of the European Commission is to integrate all the elements of border management to be managed by a Europe-wide integrated service. As part of this strategy, it is intended to develop joint training and reciprocal personnel exchanges within the Schengen area. Europol will have an increasingly important role in addressing criminal activities in the Schengen area, and moves to secure common standards in the use of technology and document security can be expected. What could be the link between this strategy and reinforced laws concerning immigration? A review of the media coverage of this topic will be presented and discussed relevant to immigration policy in France from 1950 through 2007.

CULTURE, POLITICS, AND SOCIAL CHANGE AFFECTING MIGRANT MENTAL HEALTH IN SWITZERLAND

Mitchell G. Weiss

The politics of immigration rage with renewed vigour throughout the world. In Switzerland, such questions have long been topical in a setting characterised by resistance to social change and policies that may deny Swiss-born children of immigrants' full social acceptance as citizens. In a recent political election, a campaign poster depicting 3 white sheep kicking out a black sheep sparked a national controversy, protest, and confrontation that became a focus of international attention. The campaign also linked criminality to foreigners living in Switzerland.

With a total population of 7.57 million in 2005, 1.66 million (21.9%) were classified as foreign residents, and the annual immigration was 99,091. The largest number of foreign residents was from Italy (303,455) and other European countries (1,412,987 from all of Europe). As the leading non-European country of origin, Turkey constituted the fifth most common nationality of foreign residents (78,711). In addition to immigrants who provide labour, services, and technical expertise, foreign residents now also include asylum seekers from conflicted areas (e.g., 46,773 from Bosnia and Herzegovina).

This changing character of migration has renewed questions that were resolving from previous waves from neighbouring countries. Migration and mental health policy has been concerned with utilization of psychiatric services and questions of adjustment to an ambivalent reception that grows more hostile in an expedient political climate. This paper considers priorities for mental health policy, services, and research with reference to current needs and changing perceptions of migrants over the past several decades.

SYMPOSIUM ON INTER-RACIAL AND INTER-ETHNIC MARRIAGE

TOWARD MULTICULTURALISM: INTER-RACIAL AND INTER-ETHNIC MARRIAGE IN THE USA

Ronald Wintrob

For people who value cultural diversity, it is distressing to be made aware that racial prejudice continues to be manifest in everyday life in the USA, despite the impressive progress toward its elimination, and despite the progress in civil rights legislation over the past 40 years, since the assassination of Martin Luther King Jr.

It still comes as something of a shock to realize that until the 1960s, most southern US states had laws against inter-racial marriage. The landmark court decision overturning such laws was in 1967; in Virginia. But it took until

2001 for the last southern state, Alabama, to remove from its constitution the ban on inter-racial marriage.

The number of inter-racial marriages in the USA has increased from less than 50,000 in 1967, to more than 500,00 now; representing more than 8% of all US married couples. The numbers would be very much higher for inter-ethnic marriages.

This presentation reviews some of the statistical data and demographic trends about inter-racial marriage in the USA over the past 40 years. Influences on de-stigmatization of inter-racial marriage are considered and some of the psychological, social, educational and political implications of inter-racial marriage are discussed.

INTER-CULTURAL OR INTER-RACIAL RELATIONSHIPS: BEGINNING TO UNDERSTAND THE JOYS AND CHALLENGES FOR FAMILIES, SOCIETY AND MENTAL HEALTH CARE

Kamaldeep Bhui

The multicultural discourse is now prominent and being revisited in most countries but mainly in terms of preserving national identities in the context of increasing in-migration. Analyses are often couched in terms of acculturation, or migration, or race relations as if racial groups are cogent, natural and distinct entities. Although in the US and UK significant consideration is given to race, less thought is given to the emotional and mental health impacts of inter-racial friendships, sexual relationships, and marriages on the couple, children, the family or the outside world. Mixed race partnerships may have unique impacts on mixed race young people who have to negotiate cultural and racial identities. This paper considers demographic and health data, and explores the psychological origins of powerful prejudices against inter-racial relationships.

PSYCHIATRIC PROBLEMS IN DESCENDANTS OF DIFFERENT ETHNIC BACKGROUNDS

Marianne Kastrup

A nationwide study was carried out comprising 50,877 persons, who in 2003 were registered in the Danish Psychiatric Register or the National Patient Register with a psychiatric ICD-10diagnosis.

Of the population 4.0 % descendants with one Danish born parent and one migrant parent; 0.7 % descendants with both parents born outside Denmark; 87.1% were ethnic Danes; 7.8 % migrants, and 0.3% foreign adoptees.

The five groups had significant differences in diagnostic distribution and utilization of psychiatric care.

Among the descendants of mixed background we saw particularly in young women a significantly higher contact rate for nervous disorders, personality disorders, and self-mutilating behaviour compared to young Danish women.

The paper will discuss possible explanations to these findings in terms of e.g. cultural identity, acculturation and gender issues.

INTER-ETHNIC MARRIAGE IN THE NETHERLANDS: FACTS AND CLINICAL IMPLICATIONS

Hans Rohlof

In the Netherlands, 80 % of all marriages are between individuals of original Dutch origin; after 10 years 17 % of these couples have separated. Marriages between individuals from Turkish origin have led in 20 %, of Moroccan origin in 30 %, and of Surinam origin in 40 % of the cases to a separation after 10 years.

Mixed marriages between Dutch citizens and an individual of Moroccan

and Turkish origin have led to a separation in 70 % of the cases after 10 years. Problems with norms and values, religion, family interaction, and mutual understanding are some of the most common complaints in mixed marriages.

Although mixed marriages can lead to better communication between population groups, most marriages do not seem to be stable. The minority of stable mixed marriages is characterised by mutual respect and acceptance of cultural diversity.

In clinical practice, family therapy seems to be the answer to the problems of mixed marriages. In this therapy much attention should be given to the mutual understanding of each other's norms and values. In fact, a new family culture should be invented, which is a combination of the cultures of both parents. Examples of this family therapy will be presented.

EXPERIENCES AS A CONSULTANT IN INTERMARRIAGE WORKSHOPS IN VANCOUVER, CANADA

Fumitaka Noda

As a psychiatrist who is interested in cross-cultural mental health, I have seen quite a few cases of inter-racial marriage. I have seen both happy and unhappy sides of stories in intermarriage. Intermarriage contains a lot of cross-cultural issues, i.e. issues of background cultures, languages, difference of customs, relationships with in-laws and relatives, food preference, way of raising children, etc.

The intermarriage workshop was initiated by a group of Japanese-born women, living in Vancouver, Canada, in 1996. They were all women who were partners in inter-racial marriages, mainly with Canadian men who were white, English speaking and Canadian-born.

They felt that there was a considerable need among them to help each other. Until then, there was very little information about how many intermarried couples were living in the Vancouver area and how they were coping with their inter-racial marriages.

I was recruited as a consultant for this workshop. It was quite interesting to see that quite a few Canadian husbands became involved in the workshop, although it was originally planned to help and support Japanese women intermarried with Canadian men. Accordingly, the workshop gradually changed from being Japanese-oriented and mono-cultural to being bilingual and bicultural.

Other intermarried couples, such as Chinese and Philipinos intermarried with Canadians joined the group, and the workshop became really an international workshop for 'Intermarriage' itself. This workshop lasted until the end of 2003. This series of the workshops contributed tremendously to supporting intermarried couples both socially and psychologically.

They also played a great role in raising the awareness among unmarried Japanese women in Canada about how demanding and difficult, but also how satisfying intermarriage can be.

THE INFLUENCE OF JEWISH CULTURE ON PSYCHIATRY, PSYCHOANALYSIS AND CULTURAL PSYCHIATRY

Micol Ascoli

This symposium will highlight how Jewish culture has influenced the origin and the development of different branches of psychiatry, namely psychoanalysis and Cultural psychiatry, most of whose pioneers and luminaries are of a Jewish ethnic origin. The Jewish culture has always been concerned with minority status; migration, prejudice and discrimination,

just like Cultural psychiatry. Psychoanalysis, on the other hand, shows striking similarities, in its theoretical constructs, with the Jewish cultural conceptualization of the human being, as well as, in its practice, with the traditional Jewish methodology of study of the sacred texts. The invited authors will deal with different aspects and theoretical areas of this seldom considered but important subject. The above-mentioned areas will also be illustrated in clinical practice through a 30 years follow up study of migrant soviet Jews in Austria.

SIGMUND FREUD'S JEWISH LIFE AND THE JEWISH ROOTS OF PSYCHOANALYSIS

Micol Ascoli

Psychoanalysis is, from the cultural point of view, one of the strongest and most successful theories of the functioning of the human mind ever elaborated in the West. Still nowadays, its basic constructs are widely applied in different fields of psychiatry. Over the last one hundred years, scholars have been more concerned with the universal validity and applicability of the psychoanalytic theory and practice, rather than with their cultural relativity. Only a few studies so far have dealt with the issue of the cultural influences on psychoanalysis, and even fewer have highlighted its derivation from the Jewish culture and religion. In this presentation I will try to address how the Jewish culture has influenced the life, the personality, the work and the character of Sigmund Freud, how psychoanalysis spread across Europe following specific ethnic paths, and which psychoanalytic constructs are, in my opinion, more closely related to the traditional Jewish cultural conceptualization of life and of the human being's nature.

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THE MYSTICAL ROOTS OF PSYCHOANALYSIS

Simon Dein

Psychoanalysis is traditionally seen as a secular discipline. However there is evidence that Freud was indirectly influenced by the lurianic kabbalah and the zohar. Building upon the work of Bakan, I draw parallels between Freud's concept of free association and rabbi Abraham Afulafia's notion of "Jumping and skipping". Psychoanalysis is compared with the hermeneutic tradition of the Talmud. Both can be seen as depth psychologies. The metaphor of excavation can be usefully applied to both. Likewise I compare Melanie Klein's concepts of introjection and projection with the Kabbalistic notion of the Tikkun - the act of liberating the divine light or energy and restoring it to the services of the infinite God. A comparison is made between the psychoanalytic process and the encounter between the Rebbe and his followers in Hasidism. What is the relationship between the transference in psychoanalysis and the unio mysticain Judaism?

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THE INFLUENCE OF JEWISH CULTURE ON CULTURAL PSYCHIATRY

Ronald Wintrob

For centuries, Jewish culture has been concerned in a fundamental way with minority status, with prejudice and discrimination, and with perseverance

in the face of adversity. Within the field of medicine, psychiatry and psychoanalysis have had a similar history of marginalization; seen as different, strange, less than the equal of other medical specialties. In this context of the culture of medicine, cultural psychiatry can be seen as a minority within a minority, and one of its main concerns is the greater understanding and acceptance of differences between people of diverse racial, ethnic, social class and religious backgrounds.
In this presentation I address these themes as they have influenced the personal lives and the contributions to Cultural psychiatry of several luminaries of our field: Freud, Erikson, Kardiner, Coles and Wittkower. I will attempt to assess the significance of these themes in their theoretical and clinical contributions.

Finally, I will reflect on the impact of these themes, and personalities, on my own career development, in the hope that others will add to the discussion with their experiences; thereby deepening our understanding of this seldom considered, but important subject.

A 30 YEAR FOLLOW-UP: THE PSYCHO-SOCIO-CULTURAL INTEGRATION OF AN ETHNIC SUBGROUP IN AUSTRIA

Alexander Friedmann

Around 3000 Jews from (former) Soviet Union migrated to Austria between 1970 and 1990. The local Jewish community, comprising of 7500 individuals, was faced with the problems of the newcomers.
Several important social, cultural and religious differences, as well as differences in rites and customs, seemed to be obstacles in the integration of the immigrants into the local community, itself over aged and burdened by financial problems.
Nevertheless, the Jewish community found its own calculated means to solve these problems.
In this paper, the story of the integration of the soviet Jews in Austria is illustrated from the perspective of social and cultural psychiatry through a 30 years follow-up, in order to show the relationship between migration as manifold pathogenic stress and protective measures to cope with it, thus indicating methods for psycho hygienic patterns in transcultural integration.
The question as to whether these means and methods, based on Jewish ethics and used in this process, could be a formula for solving contemporary migration problems is to be discussed.
References:
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BEST PRACTICE IN TRANSCUTURAL PSYCHIATRY IN EUROPE

Rachid Bennegadi

Immigration no longer concerns singular nations strictly. It has now become a concern at the European level. This symposium proposes a comparative approach to current mental healthcare practices, so as to tease out a common strategy, which seeks to improve therapy for migrants and refugees, by means of looking for commonalities between different European institutions. Confronting our respective therapeutic practices and diagnoses will in effect allow for a new impetus to cultural competence, which has become necessary for all therapists at the European level.

AVOIDING THE STIGMATIZATION OF THE PATIENT OR THE THERAPIST: THE CLINICAL MEDICAL ANTHROPOLOGY APPROACH

Rachid Bennegadi

The author presents a clinical case in which the stigmatisation of the patient is

induced by therapeutic references limited to culture-bound explanations, and in which the therapist -- whatever his theoretical orientations and his clinical experience -- finds himself caught in a mirror stigmatisation. How to avoid such situation at the same time as enabling oneself to accommodate the patient's needs? This is what this presentation will discuss.

MOROCCAN WOMEN IN PSYCHOTHERAPY

Hans Rohlof

Moroccan individuals are one of the three largest non-Western population groups in the Netherlands: their total number is 332,000, of which 172,000 are males, and 160,000 females. In the latest years they have a growing demand for psychiatric treatment: the taboo of this kind of treatment seems to be finished.
Moroccan women in the Western society are tiered apart by very different cultures. On one side, there is the Western culture with all its opportunities. On the other side, there is the traditional culture, where women play an important role in the family.
In psychotherapy with Moroccan women the therapist should be aware of all the dilemmas Moroccan women encounter. He or she should be culturally competent, but also have understanding for individual choices patients make. Next to this, the therapist should be aware of his own norms and values.
Case material with Moroccan women will illustrate these findings.
Objective: to know more about the different choices in live migrants have to make. To improve his or her own therapeutic skills with non-Western women.

THE MIGRATORY STRESS AND GRIEF ASSESSMENT SCALE

Joseba Achotegui

The migratory stress and grief assessment scale is based in psychoanalytical and cognitive approaches and is characterized by:
1-the grouping of migratory stress factors into seven types of grief: family, langue, culture, earth, social status, group of belonging, physical risks
2-The classification of these types of grief into simple, complicated and extreme depending of their difficulty
3-The assessment of subject migratory vulnerability the intensity of stress migratory factors
The scale integrates the analysis of the elements 1, 2 and 3. Symptoms would be an element associated to these situations that may be correlated with the scale

INTEGRATION AND ACCULTURATION IN THE CONTEXT OF MIGRATION RELATED STRESS

Riyadh al Baldawi

Integration and acculturation are two processes that individuals who migrate to a new country have to go throw. These processes create stress and other challenges for the individuals to overcome in order to stabilise a functional life in the host country. Success in these processes depend on several factors interacting with each other including the individual's resources, flexibility and willingness to change and the individual's social network in the new society as well as the receiving country's level of encountering and socioeconomic preparedness.
The interplay between all of these factors has to be taken into consideration in order to avoid the failure of integration with following social problems. This presentation is based on extensive clinical experiences on working with immigrants from

different parts of the world migrating to Sweden.

The relation between migration related stress (MRS) and the way the immigrant deals with it is described in a theoretical way.
Most immigrants succeed in their integration process by adopting a functional scheme to over win the stress and social challenges they encountered on their way while others failed by using a dysfunctional scheme.

INAUGURATION AND DEVELOPMENT OF DTPPP; ASSOCIATION OF TRANSCULTURAL PSYCHIATRY, PSYCHOTHERAPY AND PSYCHOSOMATIC MEDICINE IN THE GERMAN-SPEAKING WORLD

(*DACHVERBAND DER TRANSKULTURELLEN Psychiatrie, Psychotherapie und Psychosomatik im deutschsprachigen Raum e.V.*)

Many patients in psychiatric, psychotherapeutic and psychosomatic health care facilities in the German-speaking countries are immigrants or the children of people who have migrated to and settled in the German-speaking countries over the past 3-4 decades.

They have, in the majority of cases, specific problems which are related indirectly and directly to migration and the stressors of acculturation: psychiatric disorders affected by traumatic experiences, adapting to a new political and social environment, coping with the complexities of integration in the host countries way of life, finding adequate housing and schooling for the children, accessing social and medical services, becoming financially secure and independent of government support. And coping with both subtle and overt discrimination during the acculturation process.

On the one hand, all this makes immigrants special patients who need culturally sensitive assessment and psychiatric, psychotherapeutic and psychosomatic care programs that take account of their cultural uniqueness. On the other hand, these patients make use of available assessment and treatment services almost 50 % less than the majority population does.

Compared to the rest of the population, their problems are diagnosed later and they receive insufficient and thus less successful treatment.

The aim of the German-speaking Association of Transcultural Psychiatry, Psychotherapy and Psychosomatic Medicine (DTPPP) is to increase access to social and health care services for the immigrant population and their families. DTPPP was founded in Hamm, Germany, in August 2008, with 16 founding members. They represented all clinical and academic disciplines related to mental health, consistent with DTPPP's commitment to being a multi-professional organisation.

Planning for the launching of DTPPP went on during the preceding year, in tandem with planning and organization of the 1st International Conference of Transcultural Psychiatry, Psychotherapy and Psychosomatic Medicine in the German-speaking World. That conference was held in Witten, Germany, Sep 5-8, 2007. The conference was a great success, attracting 250 participants. The scientific program included some 32 symposia, in addition to plenary presentations, workshops and poster presentations.

This year, DTPPP was the main organiser of the 2nd International Conference of Transcultural Psychiatry, Psychotherapy and Psychosomatic Medicine in the German-speaking World. That conference was held in Vienna, Sep 25-28. There were 440 participants at the 2008 conference. The scientific program included 40

symposia, in addition to plenary presentations, workshops, poster presentations and plenary presentations. DTPPP plans to hold these International Conferences annually, and plans to rotate their venues between Austria, Germany and Switzerland.

In 2009, the conference will be held in Zurich, Switzerland from September 11 to 13, on the theme; “Cultural Interdependence in Medicine”. In October 2010, the conference will be held in Dusseldorf, Germany.

By the time the 2nd International Conference of Transcultural Psychiatry, Psychotherapy and Psychosomatic Medicine in the German-speaking World was held, DTPPP’s membership had expanded to 80 members.

They include psychiatrists, neurologists, internists, psychotherapists, psychologists, nurses, social workers, occupational therapists and anthropologists, as well as administrative personnel of medical and social service centres who are working in this field.

The inaugural Business Meeting of DTPPP was convened during the 2008 conference in Vienna. An election was held for the founding Executive and Board of Directors. Solmaz Golsabahi (Germany) was elected as Chair, Bernhard Kuechenhoff (Switzerland) as Co-chair and Karl H. Beine, (Germany) as Treasurer. Rebecca Ehret (Germany), Max. H. Friedrich (Austria), Hans Wolfgang Gierlichs (Germany), Ljiliana Joksimovic (Germany), Eva van Keuk (Germany) and Barbara Zeman (Austria) were elected to the Board of Directors.

The aims of DTPPP were elaborated at the 2008 meeting, to include:

* Development and definition of recommendations and standards for medical diagnosis and forms of therapy.

* Advancement of transculturally relevant research results and therapy concepts in the health care system.

* Encouragement of cooperation with international societies in the field of transcultural clinical work and organisation of workshops, symposia and conferences.

* Planning and organisation of education and advanced training of physicians, psychologists and other professional groups in the field of transcultural psychiatry, psychotherapy and psychosomatic medicine.

* Expansion of transcultural competence in workshops and events open to public participation.

* Networking of individual institutions on the Internet site:

www. transkulturellepsychiatrie.de

WPA-TPS has been a strong supporter of the development of DTPPP and its annual international conferences on transcultural psychiatry, psychotherapy and psychosomatic medicine in the German-speaking world, and has been a co-sponsor of the conferences in Germany in 2007 and in Austria in 2008. WPA-TPS intends to continue to coordinate closely with the executive committee and board of directors of DTPPP in the years ahead.

WPA-TPS members are invited to take an active interest in DTPPP, and to participate in its future conferences and related activities on behalf of TP in the German-speaking world.

BIO-SKETCH

Micol Ascoli

For the past four years I have been working as a psychiatrist at a community mental health centre in the UK in an ethnically and culturally diverse area of East London.

I was born in Rome, Italy, in 1970. My upbringing consisted of mixed cultural influences, the most prominent of which was that of my paternal grandmother, a Polish Ashkenazi Jew who migrated to Italy in the 1920s, to study medicine in Bologna. My ethnic origin is mixed. My mother's family is originally from the region of Venice, while my father is Jewish and his family is of a mixed Ashkenazi and Sephardic origin.

My family has a three-generation history of migration. On my father's side, the family history includes discrimination under the Italian Fascist Racial Laws of 1938, followed by persecution by the Nazi invaders. As a result, the most important thing that my parents taught me since I was a child is that it is actually the greatest honour to be excluded by a law, or marginalized by a social context which does not consider all human beings to be entitled to equal rights and dignity, or which excludes those who hold beliefs and traditions that differ from the majority.

In my family, it was always "kind of cool" to be different. For example, within a vast Catholic majority in my primary school class, I enjoyed being the only one who was not baptized, and the only one who wouldn't attend religion classes.

It was perhaps due to all this that I soon became interested in the general topics of identity, diversity, culture and religion.

I was brought up during the 1970s in Italy, a strongly Catholic country with a massive influence from the Vatican, ruled by the Christian Democratic Party for nearly 30 years then, yet in a period of transition from tradition to modernity, in a climate of cultural change, rebellion against authority, political terrorism of both extreme right and left wings, social protest and student protest for the civil rights that we didn't have yet (abortion, divorce, and of course psychiatric reform). My family was interested and involved in politics. Both my parents were members of the Radical party. My mother, a teacher, was involved in the feminist movement of those years.

Before I was born, my parents had lived in the USA for nearly two years, establishing longstanding friendships with people from all over the world, who would often come to visit Rome and stay in our house. I met those foreigners throughout my childhood and I guess that is how I started to become curious about the world.

I studied medicine at "La Sapienza" University of Rome, and I soon became interested in psychiatry and psychoanalysis. Although my initial plan was to become an orthodox Freudian psychoanalyst, two fundamental encounters in my life led me in a different direction.

I graduated in medicine in 1997. My graduation thesis was on mannerisms in schizophrenia and in art. My principal thesis advisor, Professor Nicola Lalli, encouraged me to pursue that thesis topic and throughout the years he

helped me develop a solid body of knowledge in clinical psychiatry and psychodynamic psychotherapy. When, in 1997, I asked him to refer me to somebody for personal psychotherapy, Lalli referred me to Goffredo Bartocci.

After four years of psychotherapy with Goffredo, we began to work together in 2001, and it was then that I discovered cultural psychiatry. I'm not sure to what extent the situation in Italy has improved now, but Goffredo in those times was one of the very few Italian psychiatrists interested in culture and mental health. He was then the Chair of the WPA TP Section and he introduced me to the discipline.

Cultural psychiatry seemed to fit naturally with my personal and family history of diversity, minority and migration. I quickly became interested in it and I have never left it since then.

I have participated in the annual WPA-TPS conferences since 2001 and more recently in the WACP congresses. I have given several presentations on the therapeutic cult of Charismatic Catholics, and I have chaired symposia on the influence of Jewish culture on psychoanalysis, psychiatry and transcultural psychiatry. I have also given presentations on PTSD and guilt feelings in Holocaust survivors, and on mental health legislation across Europe. I have recently given presentations on 'Migrant Psychiatrists and Migrant Patients'.

I have made many friends within WPA-TPS and they have helped me to open my mind to the beauty of diversity.

I completed my specialty training in psychiatry in 2002, with a thesis on the guilt feelings of Italian Holocaust survivors. The day I was to defend my thesis, Alberto Sed, one of the survivors from Auschwitz whom I had interviewed, accompanied me to support me. Holocaust survivors helped me to understand what it means to be de-humanized.

That year, my parents bought me an apartment in Rome. This meant that, within a hilariously typical mixed Italian-Jewish way of disengagement from the family, I moved out of my family home at age 31, moving literally to the other side of the street.

It didn't last log, though, as in 2004 I accepted a job in London. I knew I would work within an ethnically and culturally diverse workforce, with an equally diverse patient population, in a foreign country, and I would become an immigrant myself. I just couldn't resist the challenge, and perhaps I really wanted to go abroad and have an experience of the world living on my own.

Living in London and working with minorities has been the greatest professional experience of my life so far. I became an immigrant working with immigrants. The high profile job I got in the psychiatric facility where I work made me aware of what it really means for a woman to have to compete with men for roles, responsibilities and resources, and how subtle and unconscious sexism can be.

Living and working in London has forced me to open my mind beyond my limitations, to work on my internalized racism; and it taught me that race and culture are nested at the deepest levels of our personal identity, in ways I would have never been able to appreciate had I stayed in my own country, living and working as a member of the cultural majority. It also taught me how deeply nested racism is in European social sciences… and in cultural psychiatry too.

In London I met my partner, who is a Ndebele man from Zimbabwe. He got me interested in his culture and I'm currently learning the language. In return, by now, he knows everything about Italian cooking.

In London I also reunited with my sister, who is married to a Chinese Englishman.

The journey continues, and I feel I still have got a long way to go.

BIO-SKETCH

John de Figueiredo

I was born and raised in Goa, a former Portuguese territory on the west coast of India. The Portuguese conquered Goa in 1510 and were forced out of Goa by the Government of India, in an act of war in 1961. Like virtually half of the Goan population at that time, I grew up speaking two languages, Portuguese and the native Konkani, and as a Roman Catholic whose ancestors had converted to Christianity from Hinduism four centuries ago. Hindus and Christians, speaking, to varying degrees, two languages, Portuguese and Konkani, had made Goa the site of their cultural marriage. At home, in school, and in the community I grew up in. and lived in, a bicultural and bilingual world, and my perceptions became multi-focal from a very young age.

After graduating from the Liceu Nacional, I studied medicine at the Goa Medical School, the oldest school of western medicine in Asia and the alma mater of both my physician father and grandfather. The end of Portuguese rule and the beginning of Indian administration introduced the English language as a major vehicle of communication and the residuals of the Indian colonial experiences under British rule. It was painfully obvious to me that my most important challenge was to master the English language and re-learn medicine in this language.

Both the excitement of broader horizons and the pain of a lonesome uniqueness dictated many of my lifetime decisions. Probably the most important decision was my emigration to the United States to become an academic psychiatrist, an eye-opening, and, in many ways, a liberating experience that resurrected my search for identity in a rapidly changing multicultural environment.

I was fortunate to be admitted to Johns Hopkins University, for graduate study under Dr. Paul Lemkau, leading to the degree of Doctor of Science in Mental Health. At the Johns Hopkins School of Public Health I met colleagues from all over the world, made many friends who later pursued public health careers in their native countries I gained insight into the struggles of underserved populations, and a better understanding of innovative programs to meet their needs.

After graduation I was once again fortunate to obtain a National Research Service Award from the National Institute of Mental Health, for postdoctoral study in geriatrics and psychiatric epidemiology at Columbia University, with Drs Barry Gurland and Bruce Dohrenwend. After this exciting year in New York City I returned to Johns Hopkins to complete a residency-training program in psychiatry, where I learned clinical psychiatry from Dr Paul McHugh and his disciples and from Dr Jerome Frank. Interestingly, images from my Indo-Portuguese cultural upbringing followed me throughout my career. In New York City, I was astonished to discover two pieces of furniture built in the Goan Indo-Portuguese style of the 16th and 17th centuries in the Hispanic Museum

in Washington Heights. At Johns Hopkins, also, my residency director, Dr Phillip Slavney, surprised me by speaking to me in Portuguese, and one of my best friends during my residency was Bruno Lima, a fellow resident from Brazil, who, like me, spoke Portuguese. After another year as a Senior Staff Fellow at the National Institute on Aging, I moved to Connecticut and have been here since 1981, as a faculty member at Yale, where I teach consultation-liaison psychiatry to residents and medical students. It was in Connecticut that another landmark event in my career took place. I met Dr Ronald Wintrob, who at the time was Professor of Psychiatry at the University of Connecticut and who gave me a new impetus to pursue my passion for cultural psychiatry.

Heraclitus believed that the character of a person defines his or her life, an idea further developed by Sigmund Freud centuries later. Having grown up in Goa, my clinical and academic endeavours were fated to be a logical extension of my bicultural upbringing.

My professional life has been devoted to the study of demoralization and to topics related to cultural psychiatry, geriatrics, and consultation-liaison psychiatry. I also have a strong interest in the history of medicine, particularly in the study of the interaction of Western and Indian (Ayurvedic) medicine in Goa in the 16th and 17th centuries.

How I ended up studying demoralization is a story by itself. I first learned about demoralization when my esteemed teacher, Dr Jerome Frank, honored me by giving me two of the best presents I ever received; his books, Persuasion and Healing and Sanity and Survival. He had been arguing that the complaints that induced many patients to seek psychotherapy were expressions of demoralization, irrespective of their psychiatric diagnosis. Luckily, I stumbled on the topic of demoralization again when another teacher, Dr Bruce Dohrenwend, proposed that the common dimension measured by psychiatric screening scales was demoralization, or something akin to it. Dr Paul McHugh's lectures, his humanistic approach and his stimulating intellect further enhanced my curiosity about the life stories of my patients, about the pathoplastic aspects of their personalities, and about my own life story, starting as a bicultural child and growing up to become a multicultural adult.

Many well-intentioned friends had discouraged me from studying demoralization, a concept that had no place in the DSM and, from their perspective, would probably never gain widespread acceptance in psychiatry, let alone research grant funding. However, the impulse given to my curiosity by my teachers was too strong to be resisted and I decided to overlook my friends' scepticism. I was fortunate to have several of my articles on this concept accepted for publication in peer-reviewed journals, and today demoralization is widely recognized as an important construct for the understanding of the boundary between the homeostatic and the pathological responses to stress.

The study of demoralization is the unifying theme that brings together my explorations in cultural psychiatry, geriatrics, consultation-liaison psychiatry, and the history of medicine. Time and again, research has shown that disintegration of cultural patterns is associated with an increase in the prevalence of demoralization. Social isolation and/or breakdown of social supports cause demoralization to be more likely to occur as people age. Demoralization has been widely studied in patients suffering from a variety of medical and surgical problems, and has been shown to be closely linked to the prognosis of several illnesses.

In the 16th and 17th centuries, when Europeans suffered from tropical diseases in Goa, they went to

Ayurvedic physicians whom they trusted more than their European counterparts, and who skilfully alleviated their suffering, to some extent, by restoring their morale. The essence of being human, as Ernest Cassirer noted, is the ability to symbolize. Cultural formulations enable us to reconstruct the universe of meanings that surround the patient's symptoms and behaviours, the "meaningful connections", to borrow an expression from Karl Jaspers, between the patient's past, present and future, and between the person and the environment.

Throughout my life I was fortunate to have teachers, mentors and colleagues who have been a constant source of inspiration and encouragement. They gave me the gift of knowledge, the courage to pursue the truth, and the fortitude to persist in my research. These are blessings I will never be able to return, but I have tried my best to pass on to my own students and residents, as our never-ending fight against disease and suffering continues. Above all, I am grateful to my patients who have been my best teachers by demonstrating their heroic resilience in overcoming the stigma of mental illness and barriers to their self-fulfilment.

READING NOTES

J. David Kinzie, MD

The term universitas in ancient Roman law referred to a sworn society of individuals, and later referred to an association of merchants. It did not reach the status of a university where there is all-encompassing knowledge, and a physical place, until the middle-ages. Eventually, the university was replaced by a new form of knowledge called a Republic of Letters - that is, correspondence between scholars - which later was replaced by the Disciplines, some working in the university and some without. Now, universities seem more associated with the original concept of a guild, which is often in association with businesses. The idea of intellectual ferment and development seems to have been bypassed by the rapid dissemination of knowledge through the Internet. The sharing and debate about information and knowledge seems especially missing in medical schools where discussions of budget take precedence over discussions of academic issues and even patient care. I'm mourning this change and continue to read, hoping to find an academic association in which interests and ideas can be shared, much like the disciplines of old and even the letter correspondence of scholars. For this purpose, I write reviews of my books, hoping to rekindle some academic interest among colleagues. Even if it doesn't, I must acknowledge that I enjoy the intellectual stimulation and endless curiosity that I gain from reading good books. Below are brief summaries of some that I read this summer. (Reference of history of knowledge from: McNeely, I.F. & Wolverton, L. *Reinventing Knowledge: From Alexandria to the Internet*. AW Norton and Co., 2008).

Oliver Sacks
Musicophilia: Tales of Music and the Brain. Alfred A. Knopf, 2007.
Oliver Sacks, renowned author and neurologist, in this book turns his clinical observations to music. It is a well-written and easy to read book that discusses, often from a neurological point-of-view, how changes in the brain can result in music obsessions or even musical skills. We learn about why certain tunes keep going through our brain and how music can provide animation and emotions to people with Parkinson's Disease. There are stories of people with amnesia who still can recite music and indeed conduct music. Sacks describes a new syndrome to me, called William's Syndrome, a congenital disorder with a mixture of intellectual deficit. People with William's Syndrome,, even as children, are extraordinarily responsive to music.

There was an interesting section on music therapy for dementia. Music clearly stirs a great deal of emotion in all of us and perhaps is fundamental to our human-ness.

Oliver Sacks
Oaxaca Journal. National Geographical Society, 2002.
Here, Oliver Sacks turns his keen eye to Oaxaca, a province in Mexico. From an early age Sacks developed a strong interest in ferns, eventually joining a fern society and then joining them on a botanical tour in Oaxaca. This book is one of a series of books on various geographical locations, such as Nepal, Kauai, Sicily, Vermont, Nova Scotia, and now Oaxaca. This basically is an unedited journal but full of interest, even for people not particularly impassioned by ferns. He has good observations on other flora and the people of Oaxaca. It is indeed a mixed-group which make the trip there and they can be quite enthralled with ferns. Oaxaca is next to Chiapas, which resulted in one perhaps dangerous encounter where men with machine guns stopped the bus and gave them a pretty thorough examination before they were allowed to continue. Many people, let alone physicians, wouldn't be able to make interest out of ferns, but Oliver Sacks certainly did.

Barack Obama
The Audacity of Hope. Three Rivers Press, 2006
Barack Obama, who previously wrote *Dreams of my Father*, is not only a US Senator but is the Democratic candidate for President. Much of this book deals with his growing-up background and how he arrived at many of the policies for which his speeches are noted. He deals with some very difficult issues, such as his faith, race and the world beyond the borders of the USA (the rest of the world). The most touching, and perhaps most inspirational content, is when he deals with his own family, especially his sensitivity to his wife and two young daughters. Throughout his book he is articulate, straight-forward and a man of seriousness and depth. It would truly be a change in America to have a multi-racial and intellectually astute president.

David Levering Lewis
God's Crucible: Islam and the Founding of Europe, 570-1215. W. Norton, 2008.
This is a very difficult book to read, partly because of its length. In its 400 pages there are complicated names involved in both Islamic and European encounters. It also, as a professional historian might write, requires some previous historical knowledge, and the style is a little too pedantic to read in a straight-forward manner. His thesis, however, is interesting – that Muslim Spain developed a rich, multi-cultural society which was quite advanced compared to the chaos and vulgarity of the rest of Europe in that era. Lewis describes the rising tide of Charlemagne and the eventual defeat of the Muslims. He would suggest that had Europe remained as tolerant as some places in Spain, like Cordoba, it might have avoided the Dark Ages. Nevertheless, fighting Islamic fundamentalism and Christian militancy brought the demise of that remarkable civilization. Unfortunately, it was not replaced for many centuries by something as enlightened as what it destroyed.

Jonathan Miles
The Wreck of Medusa. Monthly Press, 2007.
The French ship Medusa, bound for Africa, ran aground on a famously treacherous reef. Some few clung to lifeboats. 147 men and 1 woman were herded into a makeshift raft which was set adrift. Their horrific experiences, probably including cannibalism, are captured by the artist Gericault in the famous painting, *The Wreck of the Medusa*. The book describes the chaotic life of the artist and one of the survivors, Correard. Gericault said, "I'm trying to get justice for the surviving crew members and punishment for those who left them." This also is the

story of the French in the 1800s with the multiple political and intellectual intrigues during this time. It is a very good read.

Glenn Greenwald
Great American Hypocrites: Toppling the Big Myths of Republican Politics. Crown Publishers, 2008.
Glenn Greenwald has been a constitutional law attorney and previously wrote the best-seller *A Tragic Legacy: How a Good vs. Evil Mentality Destroyed the Bush Presidency. Great American Hypocrites* takes its model from John Wayne, the prototypical "tough guy" who plays the ultimate hero in multiple war and western movies, i.e. the "man's man." In fact, Wayne did not enlist in the military during WWII and got a 2A classification – deferred in the support of national interest. He pretended to be a tough-guy but did everything in his power to avoid a real fight. Wayne's personal life was one of personally reprehensible and hypocritical behavior. As such, he is the prototypical American hypocrite. He set the stage for other hypocrites in the Bush administration who act as tough guys, real men and swaggering warriors. Those Republicans who favor starting wars and sending others to fight are seen as strong and tough, and those who oppose sending citizens to war are portrayed as weak and cowardly. Other hypocritical behavior is the personal lives of shattered marriages, divorce, and promiscuous behavior, despite the Republicans' talk of values. Greenwald examines the myth of small government and takes a very hard look at John McCain and his personal virtues; indicating that they are different than those he espouses as an independent-minded, moderate maverick and candidate for president. This severe indictment of the Republican Party and its leadership would be slanderous if it didn't ring true.

Christine Kenneally
The First Word: The Search for the Origins of Language. Penguin, 2007.
This is a book of some 300 pages, now in paperback. Surprisingly, it is easy to read and quite engaging. Looking for where language started takes a long tour, starting with the fossil record, the contributions of Steven Pinker and Paul Bloom and a great deal of information on animal communication as well as the probable development of speech in the hominid species. Vocalization seems to be a unique human act, probably because of brain development as well as the physiology of the larynx. In some ways, the evolutionary approach is opposed to the influence of Chomsky in linguistics. Clearly, language evolution is an evolving field and the author spends much time discussing the differences among the various researchers. It is complicated and itself evolving. The epilogue included some feedback from noted researchers on the issues of language and considers the case of if babies had all the food, water and shelter they needed to survive without any adults around, would they develop a language, and how many individuals would it need for such a language to take off. An interesting question.

Martin W. Sandler
Resolute: The Epic Search for the Northwest Passage and John Franklin, and the Discovery of the Queen's Ghost Ship. Sterling Press, 2006
The quest for the Northwest Passage (from the Atlantic to the Pacific Ocean through Arctic waters) has been a long, very disappointing and dangerous series of expeditions. As global warming changes indicate, perhaps they were just a couple of hundred years too soon. One of the most famous ships was that of Franklin's lost expedition in 1845. Among the many expeditions to find what happened to Franklin was the ship The Resolute. The Resolute was found deserted, but sailable, by a New England whaling boat captained by Buddington in 1855. By heroic efforts, he and a small crew were able to bring it and the whaling boat back to New England. It was eventually restored and sent to England

to improve Anglo-American relationships.

Elaine Pagels & Karen L. King
Reading Judas: The Gospel of Judas and the Shaping of Christianity.
In about 180 A.D., Bishop Irenaeus of Lyon declared that there were four gospels, all the rest were heretical. It has been known for many years that many of the suppressed, early writings and texts have existed,. Perhaps best known is the Gospel of Thomas and the Testimony of Truth. The Gospel of Judas was translated recently and created quite a stir. It implied that Judas was the only one who really knew Jesus and his turning him over to the authorities was an act of obedience, rather than disloyalty. Pagels and King's book has both the commentary and an English translation of the Gospel of Judas. The translation is difficult to read since parts are missing and some refers to rather arcane information, perhaps only available to the people of the first and second centuries. The commentary though is more important – it describes the early church, if it can be called that, as very tumultuous, with many different interpretations of Jesus and the early movement. The Gospel of Judas is different than the others in being angry in tone and showing Jesus mocking his followers. The authors suggest that the anger is directed at the call for sacrifice and the willingness of many martyrs to die. The information is new but unsettling in tone.

Bart D. Ehrman
God's Problem: How the Bible Fails to Answer Our Most Important Question-- Why We Suffer. Harper Collins Publishers, 2008.
Ehrman, who is a Professor of Religious Studies in North Carolina, is a well-known and respected biblical scholar. In *God's Problem* he takes on the issue of suffering and comes to an unusual conclusion. Basically he states that the biblical teachings have no answer for the problem of human suffering. Ehrman himself offers no answer (a unique approach) and ends by finding solace in Ecclesiastes "vanity, vanity, all is vanity."

Newly translated and introduced by
Jacob Needleman and John Piazza
The Essential Marcus Aurelius.
Penguin Group, 2008.
Marcus Aurelius, born A.D. 121, is one of the most remarkable Roman emperors. He was thoughtful and introspective and his meditations reflected this sensitivity. This book is a translation of his thoughts. The interesting thing is that these were written for no one but himself and really for the quest to find what's going on in his own mind. He communicates his struggle to detach himself from emotional judgments and thought associations. He is somewhat related to stoic philosophers but, in reading it, one finds many similarities to Buddhist teachings of detachment and forgiveness. The quotations here are from several books and, while often not profound, are sensitive and thoughtful. This is especially striking, considering that he was doing a lot of other things, like ruling an empire, at the time. A few of my favorite quotations… "Remember that each person lives in this very moment and the rest either has already happened or is entirely uncertain." "They are all short-lived, both those who remember and the remembered." "The truly fortunate person has created his own good fortune through good habits of the soul, good intention and good action." "The noblest way of taking revenge on others is by refusing to become like them." "Stop philosophizing about what a good man is and be one." "…no life is more appropriate for the practice of philosophy than the life we now happen to be living."

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Orvieto, Italy

Cultural Brain & Living Societies

In Sep 2006, the 1st World Congress of Cultural Psychiatry was held in Beijing, China. More than 300 registrants participated in the very full scientific and social program of that memorable and historic Congress. Participants came from all over the world to recognize, celebrate and contribute to what seemed like 'the coming of age' of cultural psychiatry as an academic and clinical discipline in harmony with medicine and psychiatry, the social and behavioural sciences, epidemiology and public health, philosophy and history; and most importantly, a field concerned with health beliefs and healing practices of all people, not just minorities and immigrants.

The World Association of Cultural Psychiatry (WACP) was launched in 2005 to encourage the growth of cultural psychiatry around the world, and in all of its clinical, research and educational dimensions. WACP determined to convene a world congress of cultural psychiatry every three years, in different regions of the world, as a means of stimulating discussion of all aspects of the field among clinicians, educators and researchers from around the world; that is, with the very people who are expanding the knowledge base and practical application of cultural psychiatry in their home countries and internationally.

The Congress venue in Orvieto, Italy, symbolizes the continuity and the transition to the presidency of WACP of Dr Goffredo Bartocci, who is one of the founding officers of WACP. Dr Bartocci's family has lived in Umbria, where Orvieto is located, for many generations, and he has a very deep attachment to the region and its people. He and his colleagues have organized a number of cultural psychiatry conferences in Umbria over the past fifteen years, and I have been fortunate enough to work with him in the planning and organization of three of them, including the wonderful conference jointly sponsored with the Society for the Study of Psychiatry and Culture. That conference, held in 1993 in the medieval Umbrian town of Narni, included a breathtaking performance in Narni's town square by the town's flag-throwing company on the opening night, and a medieval banquet in the just-restored Narni Castle on the closing night. I have been an admirer of the ambience of the medieval hill towns of Umbria ever since…and have been lucky enough to have become a close friend of Goffredo Bartocci. We have often discussed culture and psychiatry together since 1993, and the ways of the world…and have shared many fine meals, bottles of wine and glasses of grappa.

I mention these personal associations between Goffredo and me in order to give you a flavour of the warm reception you will experience in Umbria, and to give you some sense of the beauty and history that seems to glow in the air of Umbrian hill towns. I can assure you that Orvieto is just such a place, and the Congress venue will be one of the age and sun-mellowed historic stone palaces of Orvieto, a short walk from the imposing cathedral square with the glowing mosaic covering the façade of the cathedral.

I think the chances are high that participants in the Orvieto Congress will long preserve fond memories of Orvieto, as well as the satisfactions of the informal discussions with our colleagues from around the world, and of the scientific and social components of the Congress program.

I look forward to helping welcome you to Orvieto and to the Congress in Sep 2009.

Ronald Wintrob MD
Secretary, WACP

Nordic Network for Cultural Psychology and Psychiatry

The CPPN is the only Inter-Nordic cooperation in the field of cultural psychology and psychiatry. The association promotes cultural psychology and psychiatry in the Nordic countries by obtaining and sharing knowledge and clinical experience among its members. The CPPN is an interface for communication between the Nordic countries and the world. In addition to cultural psychology and psychiatry, the CPPN also covers issues related to refugees and asylum seekers and relevant aspects of trauma and human rights.

The members are working in – or have experience of - different fields, such as adult psychiatry, child and adolescent psychiatry, asylum programs, refugee centers, primary health care, social welfare, social policy, university teaching and research, and international development programs.

The association is organized as a communication network, for e.g. email list communication. The language of communication is English. The CPPN arranges meetings/conferences once or twice a year in the Nordic countries, and promotes participation and supports transcultural topics in other professional congresses.

The association covers Denmark, Norway, Sweden and Finland - but not yet Iceland – and has a coordinator and national coordinators for each country:

- for Denmark; Marianne Kastrup
- for Norway; Edvard Hauff
- for Sweden; Henrik Wahlberg, who is also the coordinator of CPPN (infocppn@aol.com)
- for Finland; Antti Pakaslahti

The CPPN is linked to the main transcultural institutions in the Nordic countries:

- The Transcultural Center in Copenhagen
- The Transcultural Center in Stockholm
- The Norwegian Center for Minority Research
- The Norwegian Psychiatric Association, Section for Transcultural Psychiatry
- The Finnish Psychiatric Association, Section for Transcultural Psychiatry

Through its members the network is connected to the universities in Oslo & Tromsø (the first university to offer an extended training course and a degree in transcultural psychiatry) in Norway, Stockholm, Uppsala, Umeå, Malmö and Gothenburg in Sweden, and Tampere in Finland.

The Nordic countries have been quite homogenous, without multicultural traditions and diversity - except for the Saami - Scandinavia's only indigenous people of the North. The immigration that started after WWII requires new approaches, attitudes, knowledge and methods throughout the society: health care and social welfare included. Transcultural knowledge is important for a successful development, and professional experience from other countries should be utilized.

"No mental health without cultural bonding!"