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Report on the WPA International Congress: "Treatments In Psychiatry - A New Update"
Florence, Italy, 1-4 April 2009

Ronald Wintrob, M.D.

Chair, WPA-Transcultural Psychiatry Section

It was chilly and rainy as March ended and turned to sunny, warm, spring days in Florence in early April. The majesty and beauty of the historic center of Florence was in full view as one strolled around the narrow streets and broad piazzas of medieval and renaissance Florence.... as you can see in some of the photos accompanying this report.

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WPA-Transcultural Psychiatry Section (WPA-TPS) Establishes Formal Link with Transcultural Psychiatry

With the unanimous support of its executive committee, WPA-TPS has given its approval to establishing a formal link with the journal Transcultural Psychiatry (TP) by designating TP as the 'official journal' of WPA-TPS.

This agreement has been reached recently, and endorsed by TP's Editorial Board.

In light of this agreement, a banner will be printed on the inside cover of TP, indicating that TP is published in association with WPA-TPS. The next issue of the WPA-TPS Newsletter will include the same announcement, and the WPA-TPS website will be modified to include this news and provide a link to TP.

The agreement includes designating two members of the WPA-TPS executive committee to be added to the TP Editorial Board, subject to the approval of the TP Editorial Board. It also allows for the publication of one 'special issue' of TP per year to be devoted to a WPA-TPS symposium presented at an international conference on cultural psychiatry. The papers submitted as part of the annual 'special issue' of TP will be subject to external peer review, consistent with the editorial procedures of TP.

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WPA-TPS Links with TP

In This Edition: A Note From the Editors

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This agreement has been worked out over the past six months, has the support of the executive committee of WPA, and has also been approved by Sage Publications, publisher of TP.

We look forward to a fruitful partnership that will advance the field of cultural psychiatry.



Ronald Wintrob, M.D. Laurence Kirmayer, M.D.
Chair, WPA-TPS Editor-in-Chief, TP

Visit the Transcultural Psychiatry Website:
<http://tps.sagepub.com>

Transcultural Psychiatry Table of Contents:
<http://tps.sagepub.com/current.dtl>

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Welcome to the May 2009 edition of World Healer. I would like to thank Fumitaka Noda, M.D. and Mario Incayawar, M.D. for all their hard work editing the Newsletter over the past three years. As Chair of the WPA-TPS Section, Professor Ronald Wintrob has played a prominent role in raising the profile of Cultural Psychiatry in the WPA through his numerous activities and especially the large number of symposia that he has organised and chaired. Let us introduce ourselves. I am a Cultural Psychiatrist working in the UK who teaches Cultural Psychiatry at University College London. My interests include Transcultural Psychiatry and Religion and Health. Dr. Robert Kohn is an Associate Professor of Psychiatry and Human Behaviour at Brown University. He is the Director of the Brown University Geriatric Psychiatry Training Fellowship. His research focus is in psychiatric epidemiology, geriatric psychiatry, international health, and cultural psychiatry. Professor David Kinzie, our book review editor, is Professor of Psychiatry at the Oregon Health and Science University whose interests include hospital psychiatry, psychiatric treatment of refugees, post-traumatic stress disorder, and depression.

We invite you to use WPA-TPS on-line newsletter as your source of information on the section's activities, and hope that you will contribute to it with content, graphics, and links. Your comments and contributions are very much appreciated. We are keen to receive reports of conferences, summaries of ongoing research and information about courses in Transcultural Psychiatry.

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In This Edition: A Note From the Editors

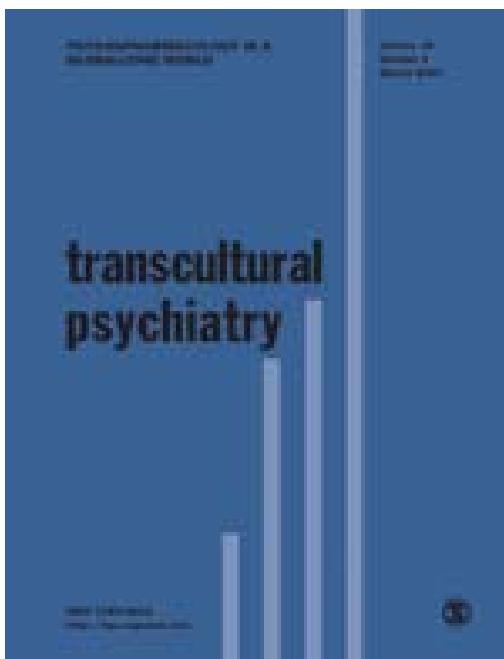
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In this edition we begin with the exciting news that WPA-TPS is establishing a formal link with the journal Transcultural Psychiatry, by designating Transcultural Psychiatry as the official journal of the WPA-TPS. This follows a report by Ron Wintrob, Chair of the WPA-TPS on the recent conference in Florence ‘Treatments in Psychiatry-a new update’, along with abstracts from the symposium on Education and Training in Transcultural Psychiatry: Prospects and Challenges. There are details of forthcoming conferences in Zurich (DTPPP), Stockholm (Nordic Congress of Psychiatry) and Norcia (WACP). We present biosketches of Drs. Maurice Lipsedge and Matthew Hodes. Professor Kinzie has provided us with several informative book reviews. Finally we present details of a fascinating research proposal on using neuroimaging in cultural Psychiatry by Professor Thomas Stompe in Vienna.



Simon Dein, M.D.
Editor

Robert Kohn, M.D.
Associate Editor



Treatments In Psychiatry - A New Update

From page 1

I had assumed that cultural psychiatry would not have a very visible presence in a congress devoted to ‘treatments in psychiatry’. But I was wrong: our field was much better represented than I had expected.



Two of the ‘update symposia’ were on “cultural issues in mental health care” and “mental health care in low-resource countries”. There were ‘regular symposia’ on “the future of research on migration and mental health” on “spirituality and mental health”, and on ”anti-stigma strategies in developing countries”.

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Treatments In Psychiatry - A New Update

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WPA sections organized symposia on “stigma: current challenges for care and treatment”, “the enigma of psychiatric brain drain in developing countries”, “international perspectives on forensic psychiatry”, and “global perspectives on access to mental health care”. There was another symposium on “integrating rural mental health with primary care in diverse cultures”. One of the ‘new research sessions’ was on “culture and mental health”.

There were also the two symposia organized by WPA-TPS: “education and training in transcultural psychiatry: prospects and challenges”, and “culture, humor and psychiatry; a synthesis”.

The WPA-TPS symposium on “education and training in transcultural psychiatry” included presentations by Ron Wintrob (USA), Marianne Kastrup (Denmark), Solmaz Golsabahi (Germany), Simon Dein (UK) and Kamaldeep Bhui (UK).

The WPA-TPS symposium on “culture, humor and psychiatry” was a two-part symposium,

with presentations by Ron Wintrob (USA), Tsuyoshi Akiyama (Japan), Dave Kinzie (USA), Levent Kuey (Turkey), Yves Thoret (France), Miguel Jorge (Brazil), Dan Mkize (South Africa), Henrik Wahlberg (Sweden/Finland), John Cox and Annie Lau (UK). There was, as you might imagine, a lively series of presentations and active audience participation.

WPA zonal symposia addressed “recent advances in mental health care in sub-Saharan Africa”, “psychiatric care in Eastern Europe” and “recent research advances in Latin America”.

The ‘brain drain’ symposium, organized by the Section on Psychiatry in Developing Countries’ included presentations by colleagues from India, UK, Australia and Brunei. WPA-TPS will be working closely with the Section on Psychiatry in Developing Countries, and with Dan Mkize and other colleagues in South Africa, in the planning and organization of a jointly sponsored ‘international conference on cultural psychiatry in southern Africa’, to be held in Durban, South Africa, 27-29 Sep, 2010.

The ‘new research session’ on “culture and mental health” included presentations on ‘service utilization by immigrants to Israel’, ‘cultural beliefs about mental health problems in Egyptian, Kuwaiti, Palestinian and Israeli-Arab university students’, and ‘first episode psychosis among immigrants in Bologna, Italy’.

The ‘update symposium’ on “cultural issues in mental health care” included presentations on “the impact of culture and migration on mental health”, “causes of the epidemic of psychoses in African-Caribbeans in the UK”, and “culture and mental health care: a perspective on depression in India and the UK”.

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Treatments In Psychiatry - A New Update

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The symposium on ‘the future of research on migration and mental health’ included presentations from colleagues based in Morocco, Spain, Israel, Sweden and The Netherlands.

This overview of cultural psychiatry and related areas of psychiatry in the scientific program of the Florence congress will, I hope, give you a sense of the very active interest in our field in WPA: not just among cultural psychiatrists, but among the very diverse cross-section of psychiatrists and other clinicians, researchers, educators and policy makers working in all areas of mental health and social policy.



We are in the midst of an enormous upsurge of interest in the relationships between culture, health/mental health, access to health care services, and educational and rehabilitative policy initiatives related to culture and health.

In this context, there is a pressing need to develop programs to broaden the understanding of these issues by all health and mental health personnel. There is an even more pressing need

to initiate educational programs ‘to train the trainers’ of this and future generations of health and human services personnel. The greatest need is to develop basic training programs for these purposes in the low-income countries, where faculty and educational resources are limited.

The executive committee of WPA-TPS is very much aware of these pressing needs, and has been exploring ways to bring the broad experience and expertise of WPA-TPS members to bear on some of the issues involved. I hope to be able to elaborate on how WPA-TPS members can contribute to this effort during the months to come.



Abstracts From the Transcultural Psychiatry Section Symposium at the WPA International Congress Florence, Italy, 1-4 April 2009

EDUCATION AND TRAINING IN TRANSCULTURAL PSYCHIATRY: PROSPECTS AND CHALLENGES

CULTURAL CASE FORMULATION IN PSYCHIATRY AND MEDICINE: PROSPECTS AND CHALLENGES

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It took a ten-year struggle to get the perspective of cultural psychiatry to be recognized and included in the content of DSM-IV.

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Inclusion of the cultural components of clinical case formulation has been important for psychiatry as a field, as much as for cultural psychiatry's impact on the clinical practice of psychiatry around the world.

Since 1994, there has been a steady increase in utilization of the concepts of 'cultural competence', 'cultural assessment' and 'cultural case formulation' in clinical mental health service settings, as well as in professional training.

At the same time there has been a much greater interest in and wish to apply cultural assessment concepts in all fields of medicine. This trend reflects the greater acceptance of 'cultural diversity' and 'multiculturalism' throughout the world.

However, there is as yet no mandate for clinicians to make use of the cultural components of clinical case formulation in clinical practice. It is not a requirement for professional certification that clinicians must demonstrate competence in cultural case formulation. There is no requirement that trainees in all the mental

health service disciplines become experienced in cultural case formulation. There should be a place in DSM-V for the fundamentally important issue of adaptation to culture change, as well as the related issue of the outcome of acculturative stress and its impact on individuals, families, communities, and across generations.

This presentation proposes that demonstrating competence in cultural case assessment and cultural case formulation be required, and be made part of the licensing process for all clinicians delivering mental health care to culturally diverse populations.

CULTURAL COMPETENCE IN THE PSYCHIATRIC CURRICULUM

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There is increasing acceptance among mental health clinicians that cultural factors play a significant role in the presentation, diagnosis and treatment of mental illness. Respect for cultural diversity requires that practitioners understand and acknowledge such diversity and understand the impact of discrimination and prejudice on mental health and on the delivery of mental health services.

This presentation describes ways that cultural diversity can be taught in the psychiatric curriculum. There is some consensus that 'fact-file' approaches to ethnic diversity, which emphasize teaching about different cultural beliefs, have limited impact. Rather, psychiatric



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trainees need to understand issues of racism in their own work and develop cultural sensitivity and cultural competence. These competencies can be achieved through teaching and discussion of the following areas: awareness of personal reactions to others who are different, attitudes towards different groups, cultural knowledge, and skills to interact and communicate with culturally diverse groups. Case based discussions and teaching by representatives of diverse cultural and religious groups may be used to consolidate these processes of learning.

Anthropology plays a central role in the education of psychiatrists. Anthropological topics that will be emphasized include conceptualisations of race, ethnicity and culture and their relationships to social deprivation, holism and cultural relativism. The role of anthropological theory in cultural teaching will be discussed.

The presentation ends with a brief discussion of the content of current courses in the UK, including a Masters Degrees in Cultural Psychiatry.



PSYCHIATRIC TRAINING FROM A CULTURAL PERSPECTIVE

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Psychiatric services in the Northern European Region are faced with new challenges related to the immigrant population.

In Denmark, people of non-Danish background comprise about 8-10% of patients in psychiatric care. This proportion varies greatly, as community mental health services in certain areas of the larger cities have about 25% immigrant patients, and in forensic services the proportion may be as high as 40%.

No explicit health policy has been formulated with respect to immigrants. They have access to the same health services as the rest of the population once they have been granted a residency permit.

A large proportion of immigrants have a traumatized background and exhibit a variety of problems linked to this. Specialized services focusing on therapeutic interventions targeting their trauma histories have been established in some regions, but there is limited recognition of the complexity of problems this population may exhibit.

Until now the psychiatric curriculum for trainees at all levels pays limited attention to the cultural dimension. Medical students receive little training on cultural issues in psychiatry, and during residency training the curriculum comprises only a few theoretical lectures on the

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field of transcultural psychiatry. With increased globalisation there is, however, a need to pay more attention to cultural aspects at all levels and to develop strategies to increase the cultural competence of psychiatrists and other mental health professionals.

The paper will discuss the content of a culture-sensitive curriculum and strategies to implement it.

EDUCATION AND TRAINING FOR CLINICIANS IN PSYCHIATRY AND PRIMARY CARE: THE HOSPITAL AS A PLACE OF ENCOUNTER

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An infrastructure that becomes more and more developed guarantees better communication within and between continents and countries. This infrastructure, for example in the European Union, reflects the diversity of the European Union and its citizens. Migration involves people of different backgrounds whose ability to interact and communicate with each other is essential. In our everyday life, we as physicians are confronted with essential questions concerning inter-cultural communication.

Physicians who are familiar with cultural diversity could save time and money if they allowed their patients to talk about their history and

symptoms in their own way, before they take steps that do not correspond to their patients' presenting histories. With more knowledge of cultural context at the back of their minds, physicians would be able to work in a more effective way. At the same time, [foreign] patients would feel understood and safe, and they would thus place greater confidence in the physician, which is an important step towards treatment compliance, and ultimately, patients' recovery.



We, a German-speaking group of psychiatrists are trying to implement a continuing course in transcultural psychiatric assessment for physicians. The team wants to improve the communication problems among clinicians and patients of diverse cultural backgrounds. We are aiming at continuation courses that will provide colleagues with information on the one hand, but also work in a concrete way on problems observed in everyday hospital work, using case studies. The purpose of this project is to make clinicians' daily contact with patients from different cultural backgrounds easier, and to help the medical staff avoid the powerless situations they sometimes experience in today's hospital environment.

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CULTURAL COMPETENCE IN PSYCHIATRIC CARE

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satisfaction by clinicians using the service. No studies investigated service user experiences and outcomes. There is limited evidence on the effectiveness of cultural competency training and service delivery. Further work is required to evaluate improvement in service users experiences and outcomes.



Cultural psychiatry is a body of skills and knowledge that has to be acquired, developed and refined during the career of health professionals. In the UK there is a unique historical, legal and policy context in which cultural competence training has flourished. Certain traditions in medical training and recent changes to the curriculum for residents have impacted on the pace of progress. The notion of cultural competence has gained significance in health and non-health sectors and is rapidly becoming the vehicle by which organisations are seemingly improving cultural competence. Cultural competency training may improve the quality of mental health care for ethnic groups. In a systematic review we evaluated the world literature for definitions and models of professional education or service delivery where these had been evaluated. Of 109 potential papers, only 9 included an evaluation of the model to improve the cultural competency of services and practitioners. All 9 studies were located in North America. Cultural competency included modification of clinical practice and organizational performance. Few studies published their teaching and learning methods. Only three studies used quantitative outcomes. One of these showed a change in attitudes and skills of staff following training. The cultural consultation model showed evidence of significant



Dr. Kinzie's Book Notes

J. David Kinzie, M.D.
Book Review Editor

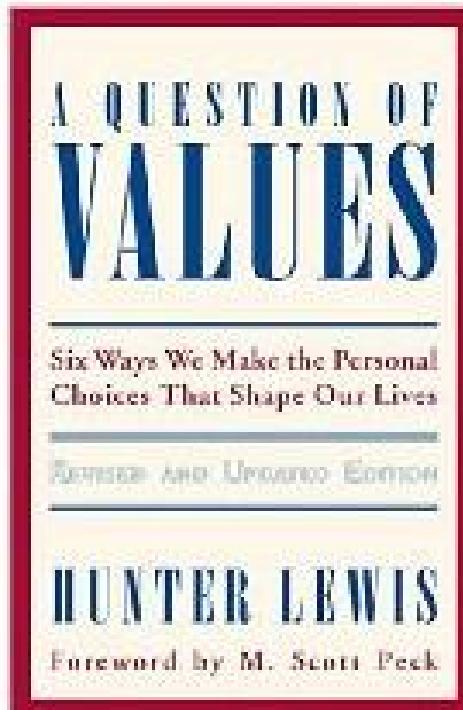


A QUESTION OF VALUES: SIX WAYS WE MAKE THE PERSONAL CHOICES THAT SHAPE OUR LIVES

by Hunter Lewis
(1990)
Axios Press, revised 2000

EPISTEMOLOGY is a good word. One can work it into the conversation at a cocktail party and impress people (at least some people). It's also the branch of philosophy that studies the nature of knowledge, its presuppositions and foundations. This is the core of Hunter Lewis' book on values - or more accurately the differing cognitive styles with which we view the world. Little is mentioned about Hunter Lewis except that he is a writer and has published in numerous well-known magazines and newspapers. Lewis has identified six basic ways we come to "know" something. The first four are: sensory experience, deductive logic, emotions, and intuitions. In addition, he posits two other synthetic mental modes, authority and "science." Lewis devotes much of the book to each of these six modes and presents each with historical examples. For sensory experience, the

model is Michel de Montaigne (1533-1592). Montaigne, the French Renaissance thinker and skeptic, was the very epitome of openness to pleasure and tolerance, and of the avoidance of pride, pretense, formality, dishonesty, and even hard work. As models for the logical point of view, Lewis offers the philosophers Baruch de Spinoza (1632-1677) and Mortimer Adler (1902-2001).



For the emotional perspective, his example is Obie Wan Kenobi (Star Wars), who counsels Luke Skywalker and all of us to "trust your feelings." For intuition, his model is in the meditative style of Darshan Singh, a teacher whose mission is in New Delhi, India. The value system based on authority, the one described most critically by the author, is exemplified by Protestant fundamentalism. Fundamentalism is contrasted with Roman Catholicism and the Catholic claims that Protestantism embraces three heresies - modernism, capitalism, and nationalism. The section on values based on "science" is the most comprehensive

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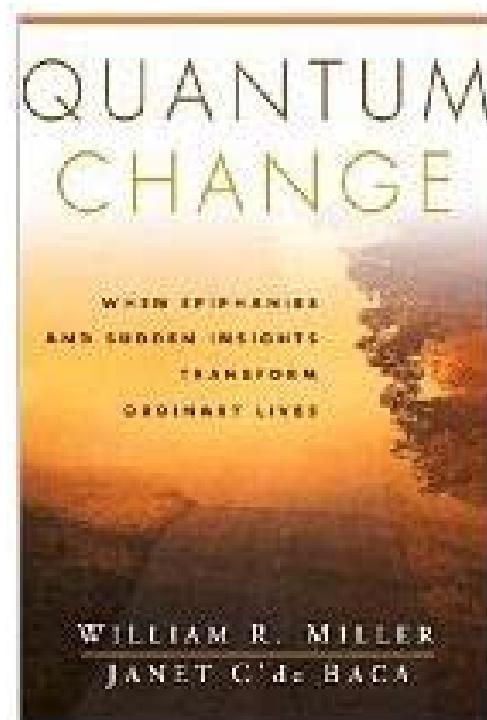
with much space devoted to Freudian psychology, especially the defense mechanisms as elaborated by psychiatrist George Vaillant. Lewis concludes that defenses are both narrowly “scientific” and a value system. There is also an analysis of cognitive psychology, behaviorism, and sociobiology. The author correctly points out that each of these fields has underlying assumptions which are ironically close to the authoritarian mode. Further chapters expand on the complex system of beliefs and detail the lives of Barth, Einstein, and Ghandi. A section on the historical periods of values indicates that the scientific mode is primary currently, but with the rise of fundamentalism throughout the world, it is in competition with authority. The final section focuses on specific systems such as the political, economic, philosophical value systems, and literary criticism.

After reflecting on the book, I found it intellectually satisfying and possibly overly ambitious. It requires thought and possibly an analytic mind to question the source of most statements. The subtitle, Personal Choices That Shape Our Lives implies that this is some sort of self-help book. It is not. Instead it is an analysis of why we humans cannot agree on many basic issues - religion, ethical questions, politics, etc. Lewis concludes our disagreements are based in our differing cognitive styles and values, and these differences totally color our approaches and reactions to the world around us. Understanding why we disagree is a small step toward achieving mutual respect and tolerance.

QUANTUM CHANGE: WHEN EPIPHANIES AND SUDDEN INSIGHTS TRANSFORM ORDINARY LIVES

by William R. Miller and Janet C'de Baca
(2001)

The Guilford Press



EPIPHANY ORIGINALLY meant a festival commemorating the manifestation of Christ to the Magi. A broader meaning refers to a comprehension or perception of reality by means of a sudden intuitive realization. In *Quantum Change*, psychologists William Miller and Janet C'de Baca explore the phenomenon of sudden insight in ordinary lives. Through an article in the Albuquerque Sunday paper, the authors invited people to describe sudden changes in their lives. Fifty-five people volunteered for three-hour interviews and described their “quantum changes.” Their remarkable stories provide the “data” for this book. The people interviewed had all had a vivid, surprising, benevolent

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experience which resulted in an enduring personal transformation; these changes differ from the gradual changes that occur through living and/or education.

The authors describe two types of quantum change. One is insightful change in which a person comes to a new realization or a new way of thinking or understanding. Such moments also occur in psychotherapy and follow from a personal development with a sense of continuity. The second type, the mystical transformational epiphany, is a classical mystical experience; something different has happened, a dramatic intrusion onto oneself with the realization that life will never be the same. Both Ebenezer Scrooge and Saul-Paul on the road to Damascus experienced the transformational epiphany.

Part 2 of the book provides case histories of people who had insightful changes. These cases are interesting and unusual, but not unlike the stories that psychiatrists have heard. Part 3 describes the more difficult to explain experiences of mystical changes. These have an elusive quality, often with a truth revealed accompanied by a feeling of an altered consciousness and of being out of control. There is a description of a sense of unity with others and a profound feeling of love. The case histories are more dramatic and unexpected and probably very private; some people were even diagnosed as psychotic during these experiences. Patients are probably rightly reluctant to tell psychiatrists about these experiences, maybe that's why we don't often hear them.

The authors noted that the quantum change has a profound, positive and lasting effect on the

person's priorities, relationships, behavior and spirituality. As good scientists, they try to provide explanations for quantum change. However, their explanations are the standard ones, e.g., reaching a breaking point, an unconscious discrepancy in life, personal maturation, or some other individual personal qualities.

To the authors' credit, they discussed another possibility (what the majority of participants believe), i.e., a sacred encounter with the non-material transpersonal realm of the spirit. Most all of these theories seem unable to explain why and how people suddenly change. It is necessary to keep a humble and open mind about the mysteries of existence. These stories demonstrate that the self-satisfied theories of human behavior are limited at best and arrogant at worst.

COLLAPSE: HOW SOCIETIES CHOOSE TO FAIL OR SUCCEED

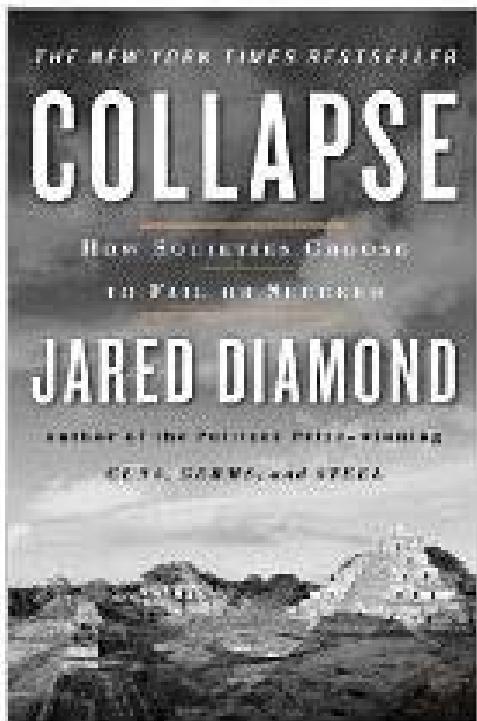
by Jared Diamond
(2005)
Viking Penguin

JARED DIAMOND is prodigious. He is comfortable both with large ideas and detailed data, as shown by his previously well-received book *Guns, Germs, and Steel*. In *Collapse*, Diamond documents the failures of past and current societies, as well as a few successes. He proposes five major factors in the decline of civilizations; environmental damage, climate change, hostile neighbors, decreased support from friendly neighbors, and how a society responds to change. Clearly, the thrust of the book is to examine the effects of man-made changes on culture and send a wake-up call to plan for the

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future. The breadth and depth of the cultures studied provides a good historical and anthropological review. Coupled with scientific data on environmental and climatic changes, these are profound and usually disturbing stories.



Diamond first describes Montana, a seemingly pristine area. However, the state also has serious environmental problems of toxic waste, loss of forest, climate change, and introduced pests. The results are great economic problems and much conflict about how solve them. Another chapter describes Easter Island, a fragile ecology where the people completely destroyed the forest and doomed their society to poverty and warfare. Human life also flickered out in the Pacific Islands of Pitcairn and Henderson where survival had always been precarious. The Anasazi of the Amazon Southwest was a seemingly mysterious group whose disappearance was probably due to human influence on the

natural environment and prolonged drought.

The Mayan collapse was more complicated and due to overpopulation, deforestation, hillside erosion, and warfare, always endemic within the Mayan culture. The Viking culture collapsed in Vinland, Greenland, when the Vikings failed to make peace with the Native Americans, and Norse conservatism prevented them from adopting new approaches.

Diamond's examples of paths to success include two approaches: Tikopia, a small Pacific island where everyone knew each other and shared a common interest in the environment (a bottom-up approach) and Tonga, a large island with a centralized political system (a top-down approach). Another successful top-down approach was the Tokugawa shoguns of Japan who planned ahead for the long-term future of Japan's forests.

Chapters on more contemporary societies and their problems include Rwanda and its genocide, Haiti's disaster (in comparison to its neighbor the Dominican Republic), China's environmental problems, and Australia's need to change its farming policies.

The final section points the way to practical solutions to severe problems, among them the destruction of habitats, loss of fish stocks, loss of bio-diversity, destruction of farmland, decreased fossil fuel, decreased fresh water, toxic chemicals, alien species, and atmospheric gases - a formidable list indeed, not counting the population explosion and its impact on the environment. The last few pages offer rebuttals to those who think in one-liners, and seem pointedly directed at the Bush Administration's environmental policies, i.e. "the environment

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has to be against the economy,” and “technology will solve our problems... if we exhaust one resource, we can always switch to another resource for the same need.”

The book is both an intellectual delight for its information and depressing in its general conclusions. Diamond stresses that enlightened leadership can help cope with environmental, climatic, and human-caused disasters. Unfortunately, enlightened leadership seems to be in short supply currently.

ANTIQUITY: FROM THE BIRTH OF SUMERIAN CIVILIZATION TO THE FALL OF THE ROMAN EMPIRE

by Norman F. Cantor

(2003)

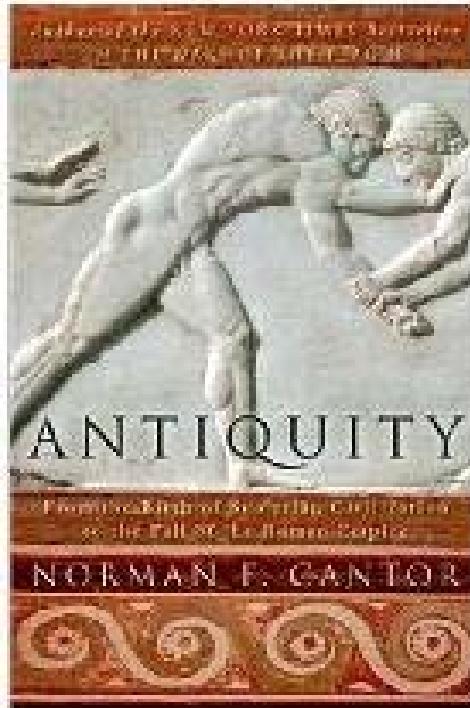
Harper Collins

NORMAN CANTOR, a professor of history, sociology and comparative literature at New York University, set himself an ambitious goal; to present the first several thousand years of recorded history in a concise, readable fashion. That he succeeds in an even-handed manner is a testament to his ability to distill complicated and controversial historical scholarship into clear, precise prose.

Part One of *Antiquity*, barely 50 pages, is a brief overview of the ancient world. It is the “fundamental knowledge about antiquity every educated person should possess.” In fact, it is so basic that one is tempted to stop reading. Fortunately, Part Two explores these basics in more detail and is much more interesting. The

general topics are Egypt, Ancient Judaism, Athens, Roman and Christian Thought.

The chapter on Egypt gives a case history of country’s growth, reaching its peak under Rameses II in the 13th Century, B.C. Subsequently Egypt sank into decadence due to the laxity and dishonesty of its officials, as well as the Iron Age which left Egypt out since it had no iron ore.



The chapter on Ancient Judaism presents familiar material, mostly biblical references, but also includes recent scholarship on the sociological and psychological pressures on Orthodox Jews. As Cantor points out, historically there is little empirical data to support the biblical stories during the first thousand years. Even King David and Solomon were only small-time, moderately successful Near Eastern monarchs. Authentic Jewish history begins with a decline; the split into two kingdoms and the exile to Babylon.

An understanding of Jewish history depends upon “theodicy,” the justification of the way

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God treats man, and “historicity,” the Jewish view of himself as part of a long continuity from the patriarch to the present. The emphasis on the community resulted in a distinct ethnic, genetic, and spiritual group identity. The community identity was perhaps also bonded by a pessimism about the difficulty of performing God’s covenant.

The chapter on Athens, the intellectual and cultural center of Greece, best describes its development through its philosophers, playwrights, and historians. Athens’ central contribution to Western culture was its critical consideration of the nature of man and the human condition. Athenian gods did not provide divine revelations (unlike the God of the Jews and Christians), and thus allowed the Greeks the opportunity to reflect on the human condition in terms of their direct human experience.

Roman domination was accomplished by a series of bloody wars starting within Italy and expanding throughout the known world. The Roman experiment with republican government ended when Julius Caesar assumed the role of dictator. The Pax Romana established by Augustus was partly an excuse for the Roman aristocracy to rule the world, but it also provided stability and order, and enforced the peace. Roman law became the foundation for the legal systems of all the European continental states and its influence persists into the present. Another enduring Roman legacy was the aristocratic way of life - the model for the today’s lifestyles of the rich and famous.

Early Christian thought is admittedly complicated. It is a topic that is continually researched

and Cantor handles this by focusing on Augustine (d. 430) and even further expanding his comments through an imaginary conversation with Augustine’s contemporaries. It seems unsatisfactory, but Agustine’s sympathies with the Roman law and Latin language were clearly highly influential in the development of the church. A chapter on civil law and how the Roman judiciary became the basis for the European legal system is well written. The primary flaw in such a system is the lack of independence of the judiciary - a separation currently under attack in America.

A final chapter “Remembering Antiquity” puts the period into perspective. The good part was the heritage of political, ethical, literary, and philosophical values. The downside was the opportunism of the strong over the weak - going to war just to defeat a neighbor. Likewise, domestically the strong dominated the weak, the rich exploited the poor, adults ruled children, and men oppressed women. It is a complicated and mixed heritage, indeed.



Meet Our Members

Mathew Hodes, M.D.



Following my return to London, while continuing my medical studies, I attended lectures on social anthropology at the London School of Economics (LSE) and started reading social science. I negotiated entry to the LSE for one academic year to study social anthropology, and obtained an intercalated BSc. I had been “bitten” by social science. After completing my medical studies, and junior hospital posts including a few months working in psychiatry, I returned to the LSE to study for the MSc in social anthropology (1981-1982). Memorable and impressive anthropology teachers included Jonathan Parry on Indian ethnography, and Maurice Bloch on anthropological theory and political anthropology. Professor Ioan Lewis’ lectures on magic, religion and healing were the closest that the curriculum came to medical anthropology, a sub-field that was developing in the UK during that decade. Another influential figure at LSE then was the brilliant Professor Ernest Gellner, speaking and writing about so many topics: social theory, nationalism, Islam, and later psychoanalysis, to name a few. Social science explanations for human behaviour began then, and continue to inform my thinking. One of the key ideas I learnt from this tradition of anthropology was the need to both develop theory and test it with rigorous empirical investigation (as illustrated by Durkheim’s study of suicide).

While I was competent enough as a junior doctor in medicine and surgery, psychiatry was the field that appealed to me most. Its intellectual complexity, with regard to models of psychopathology, the importance of meanings as well as mechanisms, and subjectivity (for both the patient and psychiatrist) gave this subject great interest. My basic training began in 1982 at the Maudsley Hospital,

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I was born and grew up in England. By the age of 17 years when I chose to study medicine and entered Guys Hospital Medical School (University of London), I was already aware of the compromise this entailed, as so many interesting fields would not be covered in the curriculum. My curiosity about the world prompted me to travel extensively. After one year of medical school, I went to India for the university summer holiday period. There I was attached to the preventive medicine department of a new medical school in Bangalore, which enabled me to make visits to nearby villages and tea plantations. This stimulated my fascination with cultural difference, and from a health perspective, made me aware of the importance of social and economic factors in disease.

Meet Mathew Hodes, M.D.

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linked to the Institute of Psychiatry, which was one of the UK's leading training institutions. Here the rigour, scepticism and inquiry were central. The institution was highly research active and productive, with much fascinating work from the 1960's, but continuing in the 1980's in social psychiatry (e.g. Professors Wing, Rutter, Brown and Leff on measurement, and expressed emotion and schizophrenia); developments in fields such as eating disorders led by Professor Gerald Russell, and the emergence of child & adolescent psychiatry led by Professor Michael Rutter.

During my basic psychiatry training I had difficulties in reconciling the goals, methods and findings of social anthropology and psychiatry. A partial reconciliation seemed possible in systems approaches, as developed in family therapy and applied with increasing enthusiasm during the 1980's in the child and adolescent psychiatry field in the UK, including The Maudsley. The family, as a micro-social system, had some characteristics to which the ideas and theories of anthropology could be applied. My first few published papers were on culture and family life and therapy (Hodes, 1989; 1990). My specialist (higher) psychiatry training was in child and adolescent psychiatry, attractive to me in view of the required developmental perspective, and need to understand function and maladaptation in the context of the family and social world (Hodes, 1994). The goals and ambition of developmental psychopathology, a research perspective that underpinned practical child and adolescent psychiatry, was being outlined by the Head of Department Professor Sir Michael Rutter. His breadth of work and contribution continues to this day to inform my thinking,

and astound and impress (he set the extraordinary standards of achievement that UK child and adolescent psychiatrists, and indeed all academic psychiatrists and many other researchers in the world, can only aspire to).

In 1988 I was very fortunate to be recruited to a group led by Professor Gerald Russell, as research worker, to investigate the efficacy of family intervention in adolescent anorexia nervosa. This study enabled me to combine many fascinating fields such as eating disorders (interesting for cultural psychiatry as one of the few groups of disorders that have an aspect of "culture", a value, fat phobia, as part of the definition), assessment of family life using expressed emotion, and study of family therapy. The work culminated in a number of publications describing the psychopathology of adolescent eating disorders and changes during family treatment (Le Grange *et al*, 1992; Dodge *et al*, 1995; Schmidt *et al*, 1995; Eisler *et al*, 2000), and I obtained my PhD based on this project. I was able to obtain a deep understanding of expressed emotion and measures of family interaction. We investigated the assessment of expressed emotion in whole family interviews and compared the ratings with those obtained with individual interview (Camberwell Family Interview) with parents as informants, and described rules for rating that would take into account developmental considerations (Hodes *et al*, 1999a). The measure expressed emotion was used in later studies (Hodes *et al*, 1999b), and continues to inform my clinical work in child and adolescent psychiatry. My involvement in eating disorders enabled me to develop research at the interface with cultural psychiatry. The first study showed that there are significant cultural variations in maternal attitudes towards children's body shape and health, and

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Meet Mathew Hodes, M.D.

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these have implications for help seeking (Hodes *et al*, 1996). The subsequent study demonstrated cultural variation in the psychopathology of “anorexia nervosa”, as South Asian adolescents with low BMI compared with their white British counterparts had less fat phobic attitudes (Tareen *et al*, 2005). The field of eating disorders confirmed my longstanding interest in the interface of mental and physical health.

In 1990 I took up the post that I still hold, as Senior Lecturer in Child and Adolescent Psychiatry, at St Mary’s Medical School, which later became part of Imperial College London. My clinical work as Consultant Child and Adolescent Psychiatry has been in West London (in organisations that constantly change as the NHS changes!), but currently is CNWL NHS Foundation Trust. My specialist work included treating children and adolescents with feeding and eating disorders. Soon after my appointment I became involved with child and adolescent mental health service provision in London, a role that had unforeseen consequences for my research activities.

In the mid 1990’s war was raging in Bosnia, resulting in an influx of asylum seeking and refugee families to London, and many to the area where I worked (Paddington, in Westminster). This was followed by a further influx of asylum seekers from Kosovo from 1999. I was shocked and appalled about the Balkan war (and indeed the neglect by many British politicians). In 1995 I was called to a local school and was asked to consider how to address the mental health needs of the young Bosnian refugees. This began involvement in many activities related to young refugees’ mental health, starting with a series

of evaluated service developments (O’Shea *et al*, 2000; Hodes 2002a). Research into young refugees who accessed specialist child and adolescent mental health services showed that they were as impaired as British peers, although had different referral routes, and despite being much more likely to need interpreters, were no more likely to drop out of treatment (Howard & Hodes, 2000). The studies did not identify culturally specific forms of distress or psychopathology (Hodes, 2002b), but the young refugees were more likely to suffer from severe psychiatric difficulties such as carrying out violent deliberate self-harm (Patel & Hodes, 2006) and suffer from psychoses requiring admission (Tolmac & Hodes, 2004). We investigated high risk groups such as unaccompanied asylum seeking adolescents, and identified risk factors for psychological distress: in addition to war trauma, inadequate and low support living arrangements and immigration authority review of asylum applications were important (Hodes *et al*, 2008). Some refugee mental health activities are ongoing at the time of writing. This work, as well as my high level of involvement in specialist training in child and adolescent psychiatry, resulted in visits to Kosovo after the war there ended, to contribute to training.

In recent years my work in cultural psychiatry includes studies of young people with physical health problems (e.g. stigma and sickle cell disease), and psychological distress, ethnicity and psychopathology. We have started to investigate cultural factors in intellectual disability and have identified fascinating variation in parental understanding and beliefs regarding child development (Durà-Vilà *et al*, 2009). This might possibly be related to ethnic variation in the families’ service access although alternative

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Meet Mathew Hodes, M.D.

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explanations such as family organisation need to be considered.

Over many years I have been very fortunate to work with excellent and supportive colleagues in the Academic Unit of Child and Adolescent Psychiatry. I continue to be active in specialist training in child and adolescent psychiatry, and an important aspect of this is supervision and encouragement of trainees in cultural psychiatry (many of the studies cited above have been carried out with them). I speak regularly at national and international conferences, on topics including cultural psychiatry, and amongst the most enjoyable conferences I attend are those organised by the WPA-TPS, World Association of Cultural Psychiatry, and the US Society for the Study of Psychiatry and Culture. These provide opportunities for interesting exchanges (a good balance of the familiar and unfamiliar) in a congenial atmosphere with affable colleagues and friends.

Selected Publications

Dodge, E. Hodes, M., Eisler, I. & Dare, C. (1995) Family therapy for bulimia nervosa in adolescents: An exploratory study. *Journal of Family Therapy*, 17:59-77.

Durà-Vilà, G, Dein S, & Hodes M. (2009) Children with intellectual disability: a gain not a loss. *Clinical Child Psychology and Psychiatry*, in press.

Eisler, I., Dare C., Hodes, M., Russell, G., Dodge, E. & Le Grange D (2000) Family therapy for adolescent anorexia nervosa: the results of a controlled comparison of two family interventions. *Journal of Child Psychology and Psychiatry*, 41:727-736.

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Meet Our Members

Maurice Lipsedge, M.D.



Since childhood I was aware of ethnic difference. My grandparents were Jewish immigrants. They were born in Russia, Poland and Lithuania. My father was born in South Africa where his own father was an ostrich farmer. He came to the UK to study medicine at Liverpool University on a rugby scholarship.

I was born in Birkenhead, a ship-building town, which is a 20-minute ferry ride across the River Mersey from Liverpool.

During the Blitz in World War II we were evacuated to Anglesey, an island off the coast of North Wales. My father stayed in Birkenhead

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Meet Maurice Lipsedge, M.D.

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where he was a general practitioner. In Anglesey we were an “alien wedge” and the local children taunted us; the only Welsh I remember was the curse “cer i ddiawl” which means “go to the Devil”.

At school in the late 1940s I joined the Army Cadet Force. There was only one conscientious objector in our class; he was a Christadelphian. We were equipped with .303 calibre Lee Enfield rifles left over from the First World War.

When I was eleven we went to visit my father’s family in South Africa. Apartheid - segregation of the “races” was pervasive. All public facilities were designated in English and Afrikaans “whites only” or “non-whites only”. In the streets you could see African convicts marching to work with chains on their ankles, guarded by white officers with rifles.

At church parades, as we approached the school chapel, the sergeant major would bark: “Catholics and Jews – *fall out*”.

When I was eighteen I failed the medical examination for the two years compulsory military service because I was deaf in one ear, so I spent a year in Grenoble in southeast France, washing dishes in a brasserie, translating a handbook of rugby by the coach of the New Zealand All Blacks for the local team, teaching English to the ‘chasseurs alpins’ (alpine rescue crew) and collecting material on a new right wing political movement founded by Pierre Poujard. My article on Poujard was published in Contemporary Review, now defunct.

I went to Oxford to study ‘Philosophy,

Politics and Economics’, but the logical positivism which was the dominant approach seemed arid and scholastic. (Also it was probably too difficult for me).

In the agitation of the autumn term of 1956, with the turmoil of Suez and of Hungary, I decided to study medicine, after completing just one year of PPE. I hesitated because I had hoped to do a post-graduate course in social anthropology in the department where Evans-Pritchard held the chair. I consulted Morris Castairs, anthropologist and psychiatrist (author of the “Twice Born”) who advised me to do medicine first, before anthropology, on the grounds that if I studied anthropology first it would be too late to do medicine.

The other problem was that the English secondary education system allowed over-specialisation (see C P Snow’s “The Two Cultures”) so I had to go to technical college in a class of 16 year olds for a year to learn basic physics and chemistry.

I then got a scholarship to St Bartholomew’s Hospital Medical College which welcomed “mature” students.

At medical school my best friend was Winston Muktarsingh from Port-of-Spain and this led to a lifetime attachment to the Caribbean, both Francophone and English-speaking. I was involved in the Anti-Apartheid Movement – Father Trevor Huddleston and Alan Paton’s work in South Africa and the American civil rights movement and the novels of Richard Wright, James Baldwin and Ralph Ellison were important influences. Being half-South African was another factor and so was jazz. (My cousin, Ron Rubin, is a jazz pianist and limerick writer.

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Meet Maurice Lipsedge, M.D.

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The Rock Against Racism Movement helped to marginalise the National Front in the 1970s).

During my psychiatry training at the Maudsley Hospital my first patient was a Nigerian woman with an intense fear of witchcraft. This was thought to be delusional. When she refused to swallow the prescribed stelazine “elixir” I drank some myself to reassure her. I felt muzzy for days afterwards.

In the 1970s I was the National Health Service psychiatric specialist for Stoke Newington and Stamford Hill in north east London. Many of our patients were immigrants from the West Indies or were ultra-orthodox Jews. We also had many Irish, Nigerian and Cypriot patients, both Greek and Turkish.

Roland Littlewood, who had been a student at St Bartholomew’s Hospital where I was a lecturer, joined my team as a trainee psychiatrist at Hackney Hospital. This was a former work-house which the Hospital Advisory Service (successors to the Lunacy Commissioners) rated as one of the worst in the country; it was located in one of the most socially and economically deprived boroughs in London.

Roland and I were concerned about the causal use of the diagnosis of schizophrenia in African and West Indian patients. The label was readily used for black patients who were distressed or excited after personal catastrophe such as unexpected bereavement or eviction. Black patients were far more likely to be brought to the hospital by the police or remanded in custody for a trivial offence. The beliefs and practices of Pentecostal Christians and of

Rastafarians were especially prone to psychiatric misinterpretation. Rastafarians suffered a lot in prison because Rastafari was not on the Home Office Prison Department official list of recognised religious denominations. Accordingly they were not allowed to retain their dreadlocks, the women could not keep their heads covered and they did not have access to their special diet. “Cartoon” Campbell, a young Rastafarian, died in custody during a hunger strike because the local psychiatric services maintained that his refusal of food was a political protest, while the prison medical officer said that anybody who believes that God is an African must be insane.

At Wandsworth Prison some of the officers wore discreet National Front insignia on their uniforms. In 1977 the National Front marched provocatively through New Cross, an area in south London where we worked from 1980 with many African-Caribbean and African families. The National Front was opposed by the Anti-Nazi League and by liberal anti-racists and the battle of Clifton Rise was the equivalent of the anti-Moseley battle of Cable Street in 1936. Since then overtly racist marches have been banned.

Roland Littlewood and I were concerned about discriminatory practices and racist theories in psychiatry and about the lack of professional understanding of cultural and religious matters. This is the origin of “Aliens and Alienists” (3rd edition, 2007), of which Roland wrote four fifths.

Roland, who even as a medical student was a polymath, went on to study anthropology at Oxford and did an ethnographic study of Mother Earth and her followers in Trinidad. I am proud to be Roland’s pupil.

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Culture and Biology – Concept for a Multicenter fMRI Study on Empathy

Thomas Stompe, M.D.
Medical University Vienna

While psychologists have shown abundant evidence for diversity of human cognition and behaviour across cultures, current neuroimaging research still neglects the potential cultural sensitivity of the underlying neural correlates and in fact targets universal neural mechanisms of human cognition. To resolve this discrepancy between psychology and neuroscience, neuroimaging studies need to take into account the cultural diversity of human cognition and behaviour. Cultural differences seem to modulate many neural activities at multiple-level functions. Transcultural neuroimaging research will provide a novel approach to distinguish culture-invariant and culture-sensitive neural mechanisms of human cognition and behaviour.

To collect data on this new and important issue, Georg Northoff, the head of the Department of Neuroimaging and Neurophilosophy and Thomas Stompe, head of the Vienna Research Group on Transcultural Psychiatry, have considered organizing large-scaled cross-cultural studies on basic human cognitive and affective functions. At first step healthy subjects from different countries, ethnicities and cultures should be included in order to collect basic data on these issues. These data should provide a baseline of knowledge for the studies on clinical groups.

I want to invite the members of the WPA-TPS and other interested parties to participate in this study. Necessary resources are a MRI-scanner and the knowledge to perform an f-MRI study. Each centre should contribute with 20 healthy subjects. All participants can be co-authors of the resulting

articles. The first topic under study will be empathy, followed by self-processing and Theory of Mind.

Empathy refers to the mental process of understanding and sharing others' emotion. Empathy provides a proximate mechanism of altruistic behaviours and is strongly modulated by cognitive and social factors. The current joint research project aims to investigate the cognitive and neural mechanisms underlying the modulation of empathy by human social relations and cultural backgrounds. Neural activity in association with empathy will be recorded from different cultural groups using brain imaging techniques such as functional MRI and event related brain potentials. We'll examine how the cognitive and emotional components of empathy are modulated social in-group/out-group relationship and whether such modulation of empathy depend on participants' cultural backgrounds and attitudes toward in-group/out-group members. We'll also explore priming procedures that may change empathic neural responses to in-group/out-group members. The findings of our proposed studies will help to understand the neurocognitive basis of human empathy and the functional role of empathy in social conflicts between different social groups.

Two decades ago, cognitive neuroscience research that focused mainly on the neural underpinnings of perception, attention, memory, language and emotion, did not compare different cultural groups. In the early 1990s, cognitive neuroscience research extended into the field of social cognition, targeting the neural correlates of interpersonal and social behaviours. This led to the birth of social neuroscience or social cognitive neuroscience around the turn of the 21st century.

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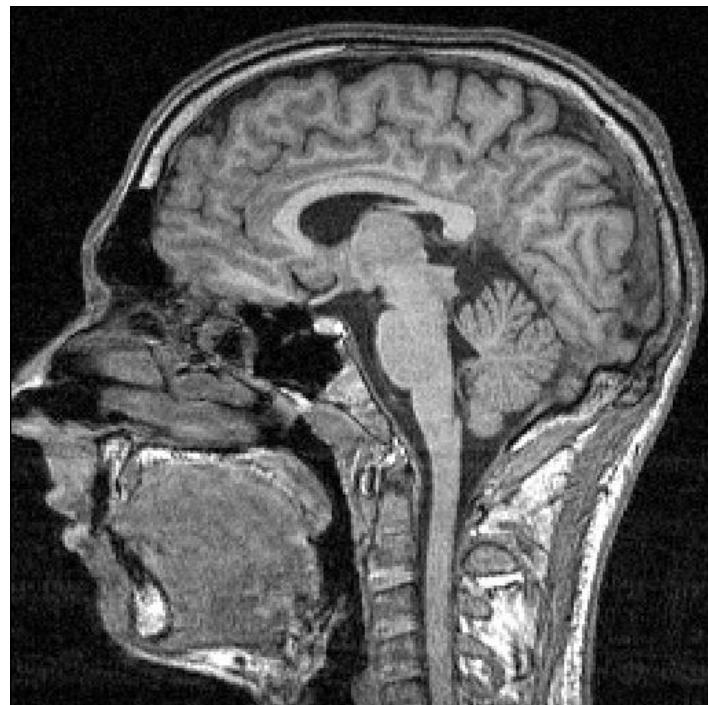
fMRI Study on Empathy

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This new field combines mainly cognitive neuroscience and social psychology. As cross-cultural psychology has shown accumulating evidence that social cognition and social behaviour depend greatly on the socio-cultural context, social neuroscientists have begun to consider cultural effects in the neural substrates of human cognition. Using neuroimaging techniques such as functional magnetic resonance imaging (fMRI) and event-related brain potentials (ERPs), researchers have measured neural activity in individuals either from different cultural groups employed in the same cognitive tasks or from the same group during priming with different cultural knowledge. Accumulating evidence has revealed that culture influences the neural mechanisms underlying both high-level social cognition and low-level perceptual/attentional processes. Researchers from several labs in the world, including the applicants of this project, contribute greatly to the emergence of cultural neuroscience.

An important issue that has been addressed by recent social cognitive neuroscience studies is how the human brain understands and shares the feeling of other individuals. This ability of empathy plays a key role in social behaviours. For example, perception of others in pain or distress generates empathic concerns that provide a proximate mechanism selected by evolution that motivates altruistic behaviours. Empathy may influence social behaviours by changing people's attitudes toward a target, which sometimes produces serious consequences such as when making judicial decisions on a defendant. Recent neuroimaging studies have systematically examined the neural basis of empathy for pain. It has been shown that perception of

painful relative to non-painful stimulation applied to others generates increased activation in the insula and anterior cingulated cortex (ACC) and the somatosensory cortex. The ACC activity correlates with subjective estimation of the intensity of others' pain. A recent ERP study showed that the frontal neural activity automatically differentiates between painful and non-painful stimuli as early as 140 ms after sensory stimulation. A long-latency empathic response occurs after 380 ms over the central-parietal regions and is modulated by task demands. Moreover, the ERP amplitudes at 140-180 ms correlate with subjective feelings of both perceived pain and of self-unpleasantness. The brain imaging findings suggest shared representation of one's own emotional experience and others' emotional states in terms of both neural structures and temporal dynamic of neural activity and provide objective measurement of empathic responses to perceived pain.



Recent neuroimaging research also showed evidence that empathic neural responses are

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fMRI Study on Empathy

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strongly influenced by features of painful stimuli and contexts in which painful stimuli are perceived. For example, fMRI research showed evidence that the ACC activity associated with empathy for pain depends on contextual reality of stimuli and the early neural activity linked to empathy for pain is reduced when the reality of painful stimuli is deteriorated by presenting painful stimulations in cartoon form. Empathic neural responses also depend on subjective attitudes toward a target person who suffers from painful stimuli as activity in the insula related to empathy decreases when watching confederates who played unfairly receive pain compared to confederates who played fairly. Observation of body parts being penetrated by needles induced increased activity in the ACC and insula in the control group but not in physicians who practice acupuncture, suggesting a strong influence of personal experiences on empathic neural responses.

These findings provide a foundation for investigations of differences in cognitive and neural mechanisms of empathy among people raised in different cultures. Our recent research has identified differences in neural representations of the self and close others between Euro-Americans and East-Asians. Other studies also showed evidence for cultural difference in neural substrates underlying cognitive functions such as attention and mental calculation. However, to our knowledge, there has been no studies that investigate modulations of empathic neural responses by cultures and social relations. Though empathy facilitates altruistic behaviours, it may also mediate variations of such behaviours as a function of social contextual changes. For example, social

psychologists have shown evidence for bystander apathy in specific situations, which illustrates the consequences of lacking empathy. So far the neural mechanisms underlying bystanders apathy remains unknown. In addition, as ours is a moment of distrust and violence between people of different cultures both inter and intra-nationally, it is an urgent issue to uncover the neural substrates underlying neurocognitive processes involved in generation and settlement of conflicts between different cultures and different social groups. Increased understanding of inter-cultural differences in neurocognition such as empathy could be of great practical as well as scientific value. It is our obligation as scientists to apply our knowledge and methods to urgent social problems as well as to questions of scientific interest.

The present moment in the globalization of culture offers particularly valuable and perhaps unique opportunities for the investigation of the nature and extent of cultural differences in neurocognition such as empathy. Three factors create these opportunities. First, cultures that have differentiated over thousands of years to create what has been called cultural speciation still exist in pure enough form that differences in neurocognition are evident. Second, there is now an international community of scientists with common equipment and methods for studying neurocognition. Third, there are first and second generation children of people who immigrated to one culture from another. It is possible in these individuals to compare environmental and genetic influences on cultural differences since the rearing culture is changing while the inherited genes are not.

The current joint research project aims to investigate the cognitive and neural mechanisms

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The 13th Pacific Rim College of Psychiatrists Scientific Meeting in Tokyo

Fumitaka Noda, M.D.
Meeting chair of PRCP Tokyo
President of the Pacific Rim College of Psychiatrists

The 13th Pacific Rim College of Psychiatrists (PRCP) Scientific Meeting was held in Tokyo from October 30 to November 2, 2008. The main theme of the meeting was “Recent Change in Pacific Rim Psychiatry: Evolution of Multicultural and Multidisciplinary Mental Health”. 708 delegates from over 30 countries attended, making the meeting a tremendous success. This PRCP meeting was the largest gathering in recent history.

The PRCP was started as a small gathering in the beginning of the 1980's. Its purpose was to nurture friendship and exchange information among the leading psychiatrists in the Pacific Rim region. The first meeting was held in Taipei in 1982. Since then, meetings have usually been held every two years for the last 26 years. As time passed, the PRCP grew both in its size and scope of activities. It has now become the leading organization representing psychiatry and mental health in the Pacific Rim region. Its membership includes countries such as Japan, South Korea, Taiwan, China, Hong Kong, Australia, U.S.A., Canada, Singapore and Thailand as well as countries from Southeast Asia, ASEAN and Oceania. What started as an activity of a small college has grown into a central organization for research, development, and education in psychiatry and mental health throughout this vast Pan Pacific region.

The Japanese organizing committee aimed at including the leading edge of psychiatric research and practice in the scientific program. In

addition, psychiatry of the new era must be equipped with interdisciplinary collaboration and multi-cultural perspectives. That is why the main theme of this meeting: “Recent Change in Pacific Rim Psychiatry: Evolution of Multicultural and Multidisciplinary Mental Health” was chosen.

The scientific program included three plenary lectures two special lectures, eight educational lectures, eight luncheon seminars, five special symposia, 61 regular symposia, 34 oral presentations, and 86 poster sessions. Some of the lectures and symposia are as follows:

Lectures

Benedetto Saraceno (WHO): The WHO Mental Health Global Action Program
Shigenobu Kanba (Japan): Depression in Contemporary Japan
Keh-Ming Lin (Taiwan): Ethnicity, Culture and Psychopharmacotherapy
Robert Cloninger (U.S.A): Psychobiology of Well-Being
Masahisa Nishizono (Japan): The History and Future of the PRCP
Norman Sartorius (Switzerland): The ICD 11 and DSM V Classification of Mental Disorders in the Making: Structures, Dilemmas and Prospects

Program for Young Psychiatrists

The Training Program for Academic Development of Young Psychiatrists
Leadership in Community Mental Health Training Workshop

Symposia

Anti-stigma Activities in Asian Pacific Region
Suicide in the Workplace
Culturally Competent Mental Health Care for Ethnic Minorities
Help-seeking Behavior of Ethnic Minorities
Multidisciplinary Team Care on Psychiatric Care in Japan: Current Status and Issues

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Pacific Rim Meeting

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Training Psychiatrists to Meet the Need of Immigrants and Refugees

Effective and Humane Psychiatric Nursing: Tidal Model

History of Psychiatry in Asian Countries

The PRCP Scientific Meetings not only provide various programs but also aim to provide a place where both psychiatrists and mental health professionals from the Asia Pacific region can come together and interact with each other, exchanging ideas on ways to develop joint research, mutual education and collaborative work. The meetings also help to support and nurture young psychiatrists and mental health professionals, who will be continuing our cause into the future. In this regard, the rich programs for young psychiatrist are implemented in the meetings.

As one of the activities of PRCP, a new journal, entitled “Asia Pacific Psychiatry” will be launched this fall. The publisher is Wiley-Blackwell. Any contribution from WPA-TPS members will be appreciated

The next PRCP Scientific Meeting will be held under the chairmanship of Professor Philip Morris in Brisbane, Australia in November 2010. TPS members will be most welcome to join the meeting.



Meet Maurice Lipsedge, M.D.

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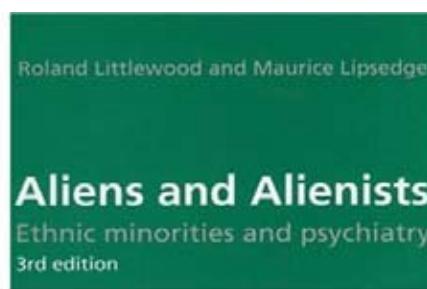
In the late 1980s Simon Dein joined us at Guy’s Hospital to work in Deptford and New Cross. He used to describe our patients’ lives and predicaments with such a vivid narrative style that it was obvious he too should be an anthropologist and he has published important studies of the Lubavitch Hasidic community of Stamford Hill.

Finally, the authors who most influenced me in anthropology are E E Evans-Pritchard, Robert Edgerton, Erving Goffman, Joan Lewis and, of course, Arthur Kleinman and Allan Young. Historians, especially Roy Porter, Michael Macdonald, Elaine Showalter, Joel Eigen, Carlo Ginzburg and Ben Shephard have also given me a more critical view of taken-for-granted psychiatric practice.

Selected Publications

Littlewood, R. & Lipsedge, M. (2007) *Aliens and Alienists: ethnic Minorities and Psychiatry*. London: Routledge.

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Meet Mathew Hodes, M.D.

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Future International Conferences in Cultural Psychiatry, Sponsored and Co-Sponsored by TPS

In 2009:

3rd Congress for Transcultural Psychiatry, Psychotherapy and Psychosomatic Medicine in the German-speaking World; Zurich, Switzerland; September 11 – 13

<http://www.transkulturellepsychiatrie.de>

29th Nordic Congress of Psychiatry; Stockholm, Sweden; September 22 – 25

<http://www.ncp2009.org>

2nd World Congress of Cultural Psychiatry; Norcia, Italy; September 27 – 30

<http://www.wacp2009congress.org>

In 2010:

International Conference on Cultural Psychiatry; Wellington, New Zealand; February 26 – 28

International Conference on Cultural Psychiatry; Shanghai, China; April 18 – 21

International Conference on Cultural Psychiatry; Amsterdam, The Netherlands; June 13 – 16

International Conference on Cultural Psychiatry; Durban, South Africa; September 27 – 29

4th International Conference on Cultural Psychiatry in the German-speaking World; Dusseldorf, Germany; October 15 – 17

International Conference on Cultural Psychiatry; Goa, India; November

In 2011:

1st International Conference on Cultural Psychiatry in the French-speaking World;

Paris, France; April 16 – 19

1st International Conference on Cultural Psychiatry in the Spanish-speaking World; Barcelona, Spain; June

XV World Congress of Psychiatry; Buenos Aires, Argentina; September 18 – 22; Buenos Aires.



fMRI Study on Empathy

From page 22

underlying the modulation of empathy by human social relations and cultural backgrounds. Neural activity in association with empathy will be recorded from different cultural groups using brain imaging techniques such as functional MRI and event related brain potentials. We'll examine how the cognitive and emotional components of empathy are modulated social in-group/out-group relationship and whether such modulation of empathy depends on participants' cultural backgrounds and attitudes toward in-group/out-group members. We'll also explore priming procedures that may change empathic neural responses to in-group/out-group members. The findings of our proposed studies will help to understand the neurocognitive basis of human empathy and the functional role of empathy in social conflicts between different social groups.

Contact me for further information: Professor Thomas Stompe M.D.; University Clinic for Psychiatry ; Medical University Vienna; Waehringer Guertel 18-20; A-1090 Vienna; Austria; Phone: +43 1 40400 3547; email: thomas.stompe@meduniwien.ac.at



Organizer

Switzerland



Germany



Austria



International



Main Organizer

Bernhard Küchenhoff,



with the cooperation of the



Dachverband der transkulturellen
Psychiatrie, Psychotherapie
und Psychosomatik
im deutschsprachigen Raum e.V.
Postfach 26 22 - 59016 Hamm
Deutschland
info@transkulturellepsychiatrie.de
www.transkulturellepsychiatrie.ch
www.transkulturellepsychiatrie.de
www.transkulturellepsychiatrie.at

Congress venue & travel

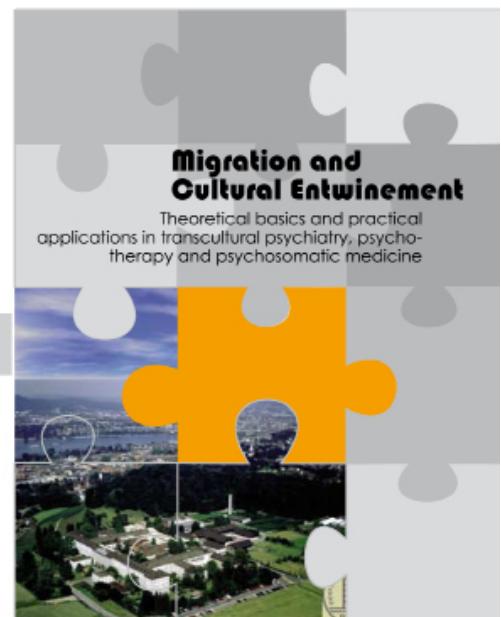
Venue:
Psychiatric University Hospital Zurich

You may find further information about accessibility
and various transport links at
www.transkulturellepsychiatrie.ch
or www.dtppp.com.

For further questions, please contact:
Yasmin Haunold: office@iec-management.at

3. CONGRESS

for Transcultural Psychiatry,
Psychotherapy and Psycosomatic Medicine
in the German-speaking world



Migration and Cultural Entwinement

Theoretical basics and practical
applications in transcultural psychiatry, psycho-
therapy and psychosomatic medicine

Accommodation

Information about accommodation:
IEC-Management – Yasmin Haunold
Fax: +43/1/913 48 49
Mail: office@iec-management.at

11 - 13 September 2009
Psychiatric
University Hospital Zurich



29th Nordic Congress of Psychiatry

Psychiatry for a better life

22-25 september 2009 - Stockholm, Sweden

NCP
2009

Committees and International Advisory Board

The 29th Nordic Congress of Psychiatry will be held in Stockholm, Sweden, 22-25 september 2009 under the patronage of Her Majesty Queen Silvia. It is organised by the Swedish Psychiatric Association and the Swedish Association for Child and Adolescent Psychiatry on behalf of the Joint Committee of the Nordic Psychiatric Associations and in cooperation with all Psychiatric Associations within the Nordic Zone of the World Psychiatric Association. The scientific theme for the meeting will be *Psychiatry for a better life*.



Her Majesty Queen Silvia
Patron of 29th Nordic Congress of Psychiatry

Organisation
Organising Committee
Scientific Committee
Int. Advisory Board
Preliminary Scientific Programme
Young Psychiatrists Programme
Satellite Symposia
Proposals & Abstracts
Exhibition & Sponsors
Registration
Accommodation
Social Programme
Organisers
Congress Secretariat
General Information
Stockholm
Satellite Symposia



World Association of Cultural Psychiatry

The 2nd World Congress of Cultural Psychiatry

CULTURAL BRAIN AND LIVING SOCIETIES

HOME

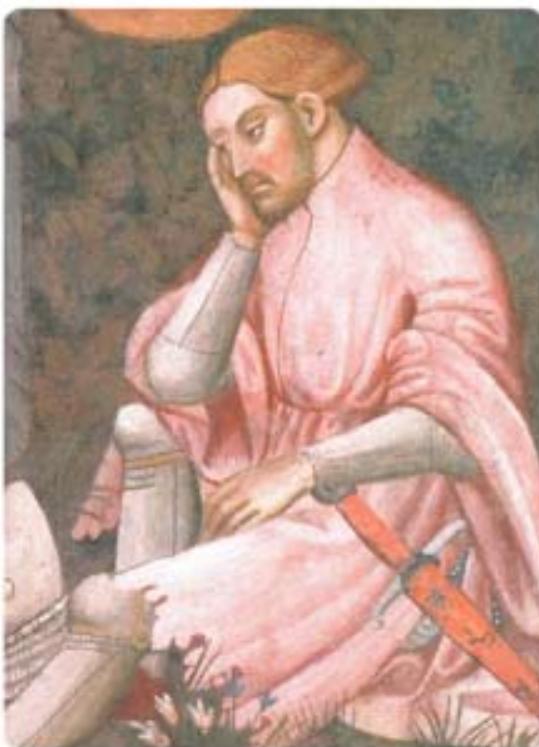
27-30 September 2009

VENUE

SCIENTIFIC PROGRAM

GENERAL INFORMATION

CONGRESS TOURS



The Second World Congress of Cultural Psychiatry will take place in a particular moment in the history of Psychiatry, characterised by a universal recognition of the great innovativeness of introducing the cultural factor in Psychiatric Epistemology.

The congress therefore represents an extraordinary meeting opportunity for the pioneers who laid the theoretical foundations of Cultural Psychiatry, for the experts who, through their clinical studies, gave shape to the new configuration of Psychiatry in societies under the spur of globalization and for young researchers in the field.

As for the Congress topics, particular relevance will be given to the need to delve into the new hybrid sciences and especially bio-culture, considered as the main epistemological approach to establish the influence of biological, geopolitical, cultural and relational factors in the construction of new pathologies, both in the West and in developing Countries, to evaluate the effectiveness of the

- Congress President:
Goffredo Bartocci
WACP President-elect



[enter invitation](#)

- Congress Honorary President:
Wen Shing Tseng
WACP President



[enter invitation](#)

Scientific Committee
Chair: Goffredo Bartocci
Honorary Chair: Mario Maj

Local Scientific Committee Group
Chairs: Mariano Bassi
Giangiacomo Rovera
Alberto Siracusano

Local Organizing Association
Istituto Italiano di Igiene Mentale
Transculturale

All the correspondence to:
WACP 2009 Congress
Istituto Italiano Igiene Mentale Transculturale
cod. fisc. C.F. 91012520556
Via Massaua 9, 00162 Roma (Italy)
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Istituto
Italiano di
Igiene
mentale
transculturale



Sezione Psichiatria
Transculturale della
Società Italiana di
Psichiatria



Municipality
of Norcia

UNIVERSITY COLLEGE LONDON

Division of Population Health

Department of Mental Health Sciences



MSc in Culture and Health

The course, one year full time or two years part time, is run by The Centre for Behavioural and Social Sciences in Medicine, UCL. The aim of the MSc is to provide, through a coherent course of study, an advanced education in the concepts and theory of trans-cultural medicine, particularly in relation to Britain and Europe, along with methods and techniques required for research in this area. Besides the understanding it offers of health issues, a primary focus of the MSc is research in other cultures and with minority groups in Britain and abroad. Students can choose to study either physical health or mental health.

Modules include:

- Medical Anthropology (Dr S Kilshaw),
- Anthropology & Psychiatry (Prof R Littlewood),
- Religion & Health (Dr S Dein),
- Research Methodology in Culture & Health (Drs S Dein & S Jadhav),
- Introduction to Culture & Physical Health (Dr S Dein),
- Introduction to Cultural Psychiatry (Prof. R Littlewood),
- Cultural Psychiatry: Clinical Application (Dr S Jadhav)

Applicants must have, or be likely to obtain, a good honours degree in medicine, psychology, anthropology, counselling, or related area (first or upper second), or a recognised professional qualification in social work, nursing, occupational therapy or their equivalent.

For a prospectus and application form please contact the Course Administrator, MSc in Culture and Health, Department of Mental Health Sciences, UCL, 1st Floor, Charles Bell House, 67-73 Riding House Street, London W1W 7EJ. Tel: 020 7679 9478; Fax: 020 7679 9426. Email: a.charles@ucl.ac.uk

For further academic information contact:

Dr Simon Dein on 020 7679 9479 (s.dein@ucl.ac.uk), or

Dr Sushrut Jadhav on 020 7679 9292 (s.jadhav@ucl.ac.uk).