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TPS CHAIR'S REPORT

Ronald Wintroob, MD
Chair, WPA-TPS

This has been a very active year for activities sponsored and co-sponsored by WPA-TPS. In April, we co-sponsored a very successful 3-day conference in Shanghai on 'current research on cultural psychiatry in China', attended by more than 300 people.

Details of that conference were described in a report included in the last issue of our TPS Newsletter.

Since then, the Section has co-sponsored two conferences; 1) "Migration, Next Generations and the Future of Psychiatry", held in Amsterdam June 13-16, two reports

of which are included in this issue of our Newsletter, and 2) the conference held in Barcelona, Oct 30-Nov 1, on the theme of 'Migration, Mental Health and Multiculturalism in the 21st Century'. This conference, very ably organized by Joseba Achotegui and his colleagues at the University of Barcelona, and with the collaboration of our colleagues in Spain, Andorra, France and several countries in Latin America, attracted more than 200 participants from European and Latin American countries, USA, Canada and elsewhere. The conference was conducted primarily in Spanish. It was a lively three days of plenary presentations, symposia, workshops and poster presentations. A detailed report will be included in the Spring 2011 issue of our Newsletter.

The last conference of 2010 to be co-sponsored by our Section will be held in Dusseldorf Dec 9-11, in collaboration with DTPPP (the Association for Transcultural Psychiatry, Psychotherapy and Psychosomatic Medicine in the German-speaking Countries). This will be the fourth annual conference of DTPPP, an interdisciplinary organization that has grown from strength to strength since it's founding four years ago, through the initiative of the

late Alexander Friedmann, and of our colleagues Solmaz Golsabahi and Thomas Stompe. Details of the program for this fourth DTPPP conference are accessible on the DTPPP website; www.transkulturellepsychiatrie.de



In previous reports I have described the agreement between WPA-TPS and the journal Transcultural Psychiatry, by which Transcultural Psychiatry has been designated the 'official journal' of our Section, and that one issue per year will be devoted to articles submitted by WPA-TPS that have been developed from presentations given at TPS-sponsored (and co-sponsored) conferences. The inaugural such 'special issue' of Transcultural Psychiatry is currently in press, and is due to be published soon. It will include twelve articles on the theme of 'the personal and the professional in the lives and careers of cultural psychiatrists'.

During the past month I have been very much involved in the planning and organization of the Section's contribution to the XV World Congress of Psychiatry, to be held in Buenos Aires, 18-22 Sep 2011. The planning for the Section's involvement has been ongoing for several months, particularly with respect to a series of symposia on "Current Research on Transcultural Psychiatry Around the World".

The deadline for the submission of proposals for these symposia was Oct 31. The Section has sponsored, and has submitted, ten proposed symposia on this theme, relating to current research on transcultural psychiatry in USA, Canada, France, Russia, England and The Netherlands, Asian countries, German-speaking countries, Spanish-speaking countries, Caribbean countries and Scandinavian countries.

We are also planning to submit a 'Section symposium' on the theme of "Culture and Person-centered Care".

Articles prepared for presentation at TPS-sponsored symposia at the XV World Congress of Psychiatry, to be held in Buenos Aires in Sep, will be eligible for consideration for the second 'special issue' of Transcultural Psychiatry, to be published in late 2011 or early 2012.

Planning is far advanced for the conference co-sponsored by TPS and the Minkowska

Centre in Paris, to be held in Paris, April 18-20, 2011, on the theme; “Migration Challenges and Mental Health”. All plenary presenters have been confirmed and all symposia have been organized, under the leadership of our colleague and Secretary of WPA-TPS, Rachid Bennegadi. He has been very ably assisted by Ursula Kalil and by members of the Paris Organizing Committee. The conference venue will be the Georges Pompidou European Hospital. Details of the scientific program can be accessed at the conference website; www.wpa-tpsparis2011.com

During 2010, a number of new names have been added to the membership list of our Section. It seems very fitting that in this Newsletter we recognize them and welcome all of them as new members. We hope they will play an active part in the activities of our Section in the years ahead. The new members are;

- Peter van Loon MD, from The Netherlands
- Davor Mucic MD, from Denmark
- Heba Habib MD, from Egypt
- Isaiah Chase MD, from USA
- Lily Abedipour MD, from the UK



Planning will soon begin for the election of the Section Executive Committee for the three-year term Sep 2011- Sep 2014. There are eight positions to be filled. The nomination process for candidates will be from March 20 to April 19, 2011. Candidates for office must be Section members, and their TPS dues must be paid through Sep 2014. Nominations should be sent by email to the Section Chair (R Wintrob), with copy to the Section Secretary (R Bennegadi).

The election will occur in June 2011. All TPS members whose dues have been paid through Sep 2014 will be eligible to vote. Ballots will be sent to all eligible members in early June. The deadline for the return of ballots will be June 30, 2011. Results of the election will be announced at the Section’s business meeting, to be held in Buenos Aires in Sep, during the course of the XV World Congress of Psychiatry.



A NOTE FROM THE EDITORS

As indicated by the breadth of activities included in this report, our Section continues to be very active, thanks to all of you, our members, contributing your time and effort to the ongoing activities of WPA-TPS. Your contributions to the life and vigor of our Section are very much appreciated. And on behalf of all members of the Executive Committee for 2008.2011, I thank you all for your support throughout our term of office.

Ronald Wintrob MD
Chair, WPA-Transcultural
Psychiatry Section
rwintrob@earthlink.net
Providence, RI, USA

Welcome to this edition of World Healer. This has been an exciting year for the WPA-TPS. Ron Wintrob describes the main activities of the section in his Chair's report. Two major conferences were co-sponsored by WPA-TPS during the past six months; in Amsterdam in June and in Barcelona a month ago. Both conferences were well attended and hosted a wide range of informative symposia. There are several international meetings to look forward to in the next few months: in Dusseldorf in December 2010; in Paris in April 2011 and the XV World Congress of Psychiatry in Argentina in September 2011. In this edition there are two reports on the Amsterdam conference. Prof Jilek, whom all of you will know as one of the pioneers of transcultural psychiatry, presents reflections on his career. There follow two bio-sketches (Jacques Arpin and Iris Calleiss). Finally there are adverts for a number of courses focusing upon cultural psychiatry. We would be grateful to receive information of other relevant courses and brief reports of ongoing research. We wish you well over the festive period and a very prosperous and happy new year.

Dr Simon Dein. Editor
Dr Robert Kohn, Associate Editor



WPA-TPS CONFERENCE REPORT

AMSTERDAM, JUNE 13-16, 2010

By Ronald Wintrob MD

It was a sunny Saturday afternoon in June when my wife and I arrived in Amsterdam, having taken the very convenient and efficient train from Schiphol airport to the railway station. We got a taxi to our hotel, at the corner of the main flower market, beside a central Amsterdam canal. The very friendly man at the hotel reception desk confirmed our reservation, and suggested that we take a room with a large balcony that he thought we would particularly like, but was still being cleaned and would not be ready for another hour. We agreed, and since we had not had lunch, we thought we would walk along the canal and stop for lunch at one of the cafes, sitting under the trees and enjoying the mild and sunny afternoon.



We did that, and then strolled to a nearby

small square, where a small crowd seemed to have gathered. They were watching a group of about twenty bicyclists ride by, both men and women; a very common sight in Amsterdam, were it not for the fact that none of the riders were wearing any clothes. Some people cheered the riders on, some bantered with them about having no clothes, some seemed just bemused. I said to my wife that we are definitely not at home, and what a tolerant, civilized place to live Amsterdam must be. It made me think that I should get a bicycle myself...even though I would not have the courage to join this particular group of urban bicyclists.

That was our introduction to a very enjoyable and lively week in Amsterdam. We had come to participate in the international conference on transcultural psychiatry, titled "Migration, Next Generations and the Future of Psychiatry", co-sponsored by WPA-TPS and the Netherlands Psychiatric Association.

The conference was held June 13-16, at the Royal Tropical Institute in Amsterdam. The Institute offered outstanding conference facilities in an imposing building that had been built as a showcase of Dutch colonial enterprise in the early years of the 20th century. Dr Cornelis Laban was co-chair of the conference and chair of the Amsterdam Organizing Committee for the conference. Prof Joop de Jong served as chair of the Scientific Program Committee. More than 275 people participated in the conference,

from a number of countries in Europe, from the USA and Canada, from Asia and Africa, from Australasia and from the Middle East.



Six pre-conference half-day courses were offered for interested conference participants on June 13. In the morning, courses included;

- Recent developments in family therapy of Maghrebian families in France; Abdesslem Yahyaoui (France)
- The practice of cultural consultation; Laurence Kirmayer (Canada)
- Ethnography in intervention development for families impacted by migration and trauma; Steven Weine (USA)

The courses offered in the afternoon were;

- Public mental health in low- and middle-income countries; Joop VTM de Jong (Netherlands)
- Trauma, loss and traumatic growth: impact and intervention with major stress and trauma; Stevan Hobfoll (USA)

- Culturally sensitive treatment of traumatized non-western populations; Devon Hinton (USA)

The opening/welcoming ceremony of the conference was held Sunday evening, June 13, in the ornately decorated and beautifully restored grand auditorium of The Royal tropical Institute, and was followed by a reception for all participants in the large rotunda of the Institute; ideally suited for this purpose.



The next morning, the first plenary session of the conference was held in the auditorium, which included three of the eight plenary presentations given at the conference. Laurence Kirmayer (Canada) opened the session with a presentation on "DSM and beyond: The place of culture in psychiatric nosology". This was followed by ARJ van de Vijver's (South Africa) presentation; "On the salient and elusive

nature of ethnic identity”.

The third presentation, by Steven Weine (USA) was; “Psychosocial approaches to jihad’s push and pull in ‘Little Mogadishu”.



Following a coffee break, there were five simultaneous symposia participants could take part in;

- The culture of free-enterprise medicine and ethical conflicts in psychiatry
- Next generation migrants; social context
- Human rights
- Refugees and asylum seekers
- Epidemiology and health care consumption

Ten more symposia were held during two afternoon sessions Jun 14;

- International mental health; general issues
- Next generation migrants; epidemiology
- Social exclusion and discrimination
- Diagnostics and psychosis

- Cultural competence and training
- International mental health; Africa
- The accessibility of youth mental health care for immigrant children
- Mixed methods in mental health care of immigrants
- Cultural diagnostic formulation and the cultural interview
- Art therapy and psychomotor therapy

The first full day of the conference scientific program concluded with poster presentations, and the business meeting of WPA-TPS.



The morning session on Tuesday, June 15 began with two plenary presentations;

- “Culturally Adapted Cognitive Behavioral Therapy (CA-CBT) for refugees and ethnic populations with PTSD”; Devon Hinton (USA)
- “War and terrorism’s impact on the self and society: Facing our

vulnerabilities and our resiliency”;

Stevan Hobfoll (USA)

Maarten de Vries and colleagues (Netherlands) followed with a series of films on mental health issues and treatment across cultures.

An additional fifteen parallel symposia were offered participants, in three parallel sessions of five symposia each in the morning and afternoon, followed by a second poster session to end the day's proceedings.



The titles of the parallel symposia June 15 included;

- International mental health; Asia
- Next generation migrants; therapeutic interventions
- Group therapy with traumatized asylum seekers and refugees
- Suicide and self-harm
- Schizophrenia
- Children in conflict situations
- Tele-psychiatry
- Community approaches
- Dissociation in the context of

culture and societal disruption

- Depression and somatization
- Cultural adaptation
- Psychoanalysis, mentalization and migrants



A spectacular evening followed at the conference dinner, accompanied by Turkish and Middle Eastern folk music performed by a group of students from the music academy.

To accommodate the unflagging energy and interest of those who could get to the Royal Tropical Institute the next morning, there were five more parallel symposia to choose from;

- Somatization and psychologization; the cultural shaping of symptoms and syndromes
- Interpersonal violence
- Forensic psychiatry
- Psychotherapy
- Religion and spirituality



WPA-TPS Conference Report



International Conference on Transcultural Psychiatry "Migration, next generations and the future of psychiatry"

Jeroen Oomen MD, Hans Rohlof MD,
Kees Laban MD, PhD. Transcultural
Psychiatry Section, Netherlands
Psychiatric Association

During the afternoon session, the final two plenary presentations were given; the first, by Barbara Mesquita (Belgium), addressed "Cultural differences in emotions: The consequences for intercultural counseling".

This was followed by Joseph Westermeyer's address on; "Internalizing and externalizing disorders from a cross-cultural perspective".

At the closing ceremony Cornelis Laban, Joop de Jong and Ron Wintrob tried to summarize the themes and impact of this unique conference, and thanked the members of the Scientific Committee, the Amsterdam Organizing Committee and the conference administrative staff for a tremendously well organized, intellectually challenging and altogether enjoyable experience...at the conference and in Amsterdam.

Ronald Wintrob, MD

From the 13th to 16th of June 2010 the International Conference on Transcultural Psychiatry took place in Amsterdam, The Netherlands, at the Royal Tropical Institute. The theme of the conference was: Migration, next generations and the future of psychiatry. The conference was organized by the Section of Transcultural Psychiatry of the Netherlands Psychiatric Association and was sponsored by the Transcultural Psychiatry Section of the World Psychiatric Association.

Around 350 people from 37 different countries participated. The participants regarded this conference as well organized and its scientific program excellent. It presented the state of the art of the research and clinical work on the field of Transcultural Psychiatry and International Mental Health.

There were 6 pre-conference courses, 7 plenary sessions and over 120 presentations comprising 35 parallel symposia.

Several pre-conference courses were offered to conference participants: "Recent developments in family therapy of Maghrebian families in France" by Abdessalem Yahyaoui, "The practice of cultural consultation" by Laurence J. Kirmayer, "Ethnography in intervention development for families impacted by migration and trauma" by Steve M. Weine, "Public mental health in low- and middle-income countries" by Joop V.T.M. de Jong, "Trauma, loss and traumatic growth: Impact and intervention with major stress and trauma" by Stevan E. Hobfoll, and "Culturally sensitive treatment of traumatized non-western populations" by Devon E. Hinton.

The conference was opened by Kees Laban (chair of the conference), Ron Wintrob (chair, WPA-TPS), Jan Rutger van der Gaag (Chair, Netherlands Psychiatric Association) and Mrs Andrée van Es (alderman of the City of Amsterdam). The venue, the Royal Tropical Institute (KIT), located in the city centre of Amsterdam, is a beautiful historic building and was by its function a symbolic place to have a conference on this topic.

The plenary sessions covered the topics: "DSM-V and beyond: The place of culture in

psychiatric nosology" (Laurence J. Kirmayer), "On the salient and elusive nature of ethnic identity" (Fons A.J.R. van de Vijver), "Psychosocial approaches to Jihad's push and pull in Little Mogadishu" (Steve M. Weine), "Culturally Adapted Cognitive Behavioral Therapy (CA-CBT) for refugees and ethnic populations with PTSD" (Devon E. Hinton), "War and terrorism's impact on the self and society: Facing our vulnerability and our resiliency" (Stevan E. Hobfoll), "Cultural differences in emotions: The consequences for intercultural counseling" (Batja Mesquita) and "Internalizing and externalizing disorders from a cross-cultural perspective" (Joseph Westermeyer).

The parallel symposia covered a wide range of topics, some about international mental health in different continents, and the majority about transcultural issues in research and in psychiatric practice in Western countries; e.g. next generation migrants, refugees and asylum seekers, cultural formulation of diagnosis and cultural interview, community approaches.

Special attention was placed on epidemiological issues concerning the second generation of immigrants and their mental health service use. As is known from research, psychopathology, especially the prevalence of schizophrenia, is higher in this second generation immigrant population. Social exclusion and discrimination are

regarded as etiological factors.

Diagnostic topics were also discussed. The difficulties applying DSM and ICD in immigrants and in non-Western countries were discussed. Difficulties in diagnosis are being handled by clinicians using special psychometric tests, along with the cultural formulation of diagnosis. Research concerning a new abridged cultural formulation interview was presented during the conference.

There was strong emphasis on changes in therapeutic techniques when applying these techniques for ethnic minority groups, first and second generations. The most recent research in this field was presented, including the work of Mark Blom (recently published in *Transcultural Psychiatry*). Devon Hinton gave an excellent workshop on his cognitive behaviour therapy for refugees and migrants.

Other techniques were talked about which are suitable for small dispersed populations like telepsychiatry (contact via video screens) and e-health.

Forensic psychiatric issues were also discussed, for instance the work of Boon and Domburgh in young immigrants in the Netherlands.

With respect to refugees, there was much attention focused on the topic of distress versus resilience. The case of identity loss and regaining a strong and extremist identity

by young Muslim Somali males was presented by Stevan Weine.

During the whole second day of the conference a film program was presented with images of migration and cultural psychiatric topics. Film-makers were present to discuss methods of reaching the general population as well as professional groups, with striking images.

One of the accomplishments of the conference was that it attracted many participants who were not familiar with the body of knowledge that has been developed within the field of transcultural psychiatry in recent years. They were doing their research and clinical work in relatively isolated positions or in relationship with other research areas like general epidemiology, child psychiatry, forensic psychiatry, health and human rights issues, social injustice and discrimination etc. They were happily surprised to meet so many different people from all over the world who were interested in the latest research and clinical developments in the field of transcultural psychiatry.

The fine summer weather during the conference added to the ambiance of the old city of Amsterdam enhanced the positive feeling of conference participants.

The congress Organizing Committee wants to thank all participants and speakers: It was our pleasure to host you all in Amsterdam.



UPCOMING INTERNATIONAL CONFERENCES

Finally: A week before the conference a very anti-Islam political party took 24 of the 150 seats in the Dutch parliamentary election. A few conference participants took the initiative to send a petition to the politician appointed to explore the options for forming a cabinet. The congress Organizing Committee supported this initiative wholeheartedly and the following petition was signed by many participants and sent as a signal of concern:

Petition to the future government of the Netherlands

Professionals in mental health care, gathered together at the International Conference on Transcultural Psychiatry, Amsterdam, 13-16 June 2010, "Migration, next generations and the future of psychiatry", are concerned about the increasing polarization along ethnic lines in Dutch society.

They see the negative and health-undermining consequences of this in their day-to-day practice.

Fighting social exclusion and racism is central to the prevention of mental disorders.

4th International Conference on Cultural Psychiatry in the German-speaking World, Dusseldorf, Germany December 9 - 11, 2010

The 4th congress of the umbrella association for transcultural psychiatry, psychotherapy and psychosomatic medicine in the German-speaking countries is titled: "To become re-settled in body and soul- psychiatric and psychosomatic disorders in our immigration-influenced society" and will take place in Düsseldorf, 9 - 11 December, 2010.

We are especially honored to be able to welcome you to this congress at the North-Rhine regional medical association venue, at Tersteegener Str. 9, Düsseldorf 40474.

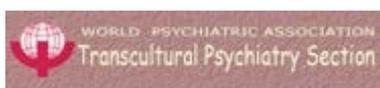
The congress will focus on the complex interactions between psychological, somatic and socio-cultural influences on psychiatric and psychosomatic disorders in contemporary society strongly influenced by immigration. By this we mean the aspects of cultural diversity and acculturation experiences related to immigration, which do not merely represent exotic exceptions, but are rather a growing reality in our daily clinical work. The congress will discuss the meaning of cultural characteristics in our

clinical work with patients with immigration backgrounds in terms of diagnosis, treatment and psychosocial support. Through discussion at this congress, we hope to significantly contribute to the understanding of the multiple symptoms and clinical manifestations of the body and soul in psychiatric and psychosomatic disorders affecting immigrant patients and their families.

We look forward to welcoming you to DTPPP's fourth annual conference, in Dusseldorf, in December.



**1st International Conference on
Cultural Psychiatry in the
French-speaking World
Paris, France
April 18 - 20, 2011**



You are all warmly invited to attend and contribute to the First International Conference on Transcultural Psychiatry in the French Speaking World, **18 - 20 April 2011**, Paris, France.

Theme:

Migration Challenges and Mental Health

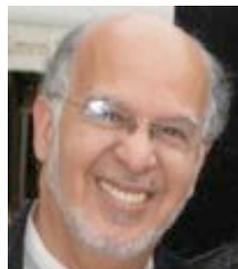
Organizing bodies:

WPA-TPS and Minkowska Centre



Pr Ron WINTROB

WPA-TPS President and
Conference Co-Chair



Dr Rachid BENNEGADI

WPA-TPS Secretary and
Conference Co-Chair

Co-Sponsors:

- * W.P.A.: World Psychiatric Association-Transcultural Psychiatry Section
- * W.A.C.P.: World Association for Cultural Psychiatry
- * S.S.P.C.: Society for the Study of Psychiatry and Culture (USA)
- * Division of Social and Transcultural Psychiatry, McGill University
- * Paris V University (France)
- * W.H.O: World Health Organization (Switzerland) (to be confirmed)
- * I.O.M.: International Organization for Migration (Switzerland)
- * L'Évolution Psychiatrique (France)
- * ALFAPSY (France)

Official conference website:

www.wpa-tpsparis2011.com

Venue: George Pompidou European Hospital, 20 rue Leblanc, 75015 Paris

Official languages:

Simultaneous translation will be available for

all plenary sessions and symposia

Scientific program:

Mental Health and Migration : Pr Norman SARTORIUS (Conference opening)

- *Gender and Global Mental Health* :
Dr Marianne KASTRUP

- *Education and Training in Cultural Psychiatry : American perspectives*
Pr Jim BOEHNLEIN

- *Global Issues confronting Cultural Psychiatry*
Pr Ron WINTROB

- *Medical anthropology and social determinants of mental health*
Pr Carolyn SARGENT

- *Cultural Psychiatry and Spirituality. The study of the biopsychocultural roots of the supernatural : Clinical application*
Pr Goffredo BARTOCCI

- *Stress, Trauma and Migration*
Dr Richard RECHTMAN

- *Social Psychiatry and Migration*
Pr Driss MOUSSAOUI

- *Resilience and Culture*
Dr Boris CYRULNIK

- *Immigrant parents and their children. How to help?*

Pr Marie Rose MORO

- *Cultural Competence and Psychotherapy*
Dr Rachid BENNEGADI

Call for posters:

Abstract submission is now closed and all symposia are complete. For poster submissions please send an email, before 15 December 2010, to Ursula ACKLINS-KALIL: kalil@minkowska.com, stating the poster title, names of presenters, and a 10-

line abstract. Poser size: 1m high x 0,75m wide.

Introduction to the theme:

The ethics of brotherhood is to help someone with 'who we are' and 'what we have'. The ethics of solidarity require going a step further, by also learning cultural codes and representations.

Brotherhood is a surge without reserve, which transcends cultures, whereas solidarity in an intercultural context is a surge to be completed by training, to achieve humanist objectives.

Mental health and wellbeing has become an important issue in the 21st Century. In today's societies, mental health care approaches are often ineffective resulting in major disparities especially in the migrant populations. Culture plays a major role in the expression and experience of mental health and ill-health; culture also affects the way people approach mental health services, how they use them, what they expect from them, how and where they look for them and ultimately how they interact with mental health service providers. Mental health is therefore a paradigmatic case for the need to build culturally sensitive health services. On the other hand, migrants have been found to disproportionately face mental health problems; migration is not in itself a health risk factor, however the circumstances surrounding the migration process can pose risks to mental health.

The need to build and support responsive and cultural competent health care service and service providers is currently widely accepted as well as the need to counter-act the impact of inter-cultural, often unequal, interactions between migrants and the health care professions. Cultural competence represents a comprehensive response to the mental health care needs of immigrant and ethnic minority patients. Cultural competence training involves the development of knowledge, skills, and attitudes that can improve the effectiveness of psychiatric treatment. Assessment of impact of training has revealed increase in migrants' utilization of health services and decrease in migrants dropping out from services.

This conference aims to highlight the common denominator of cultural demands and responses of mental health professionals, regardless of the healthcare systems, as well as the basic elements to efficiently implement cultural competency within the mental health care setting.

Call for posters:

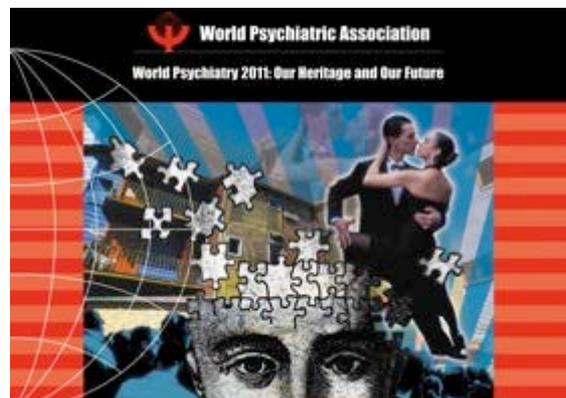
Abstract submission is now closed and all symposia are complete. For poster submissions please send an email before **December 15 2010**, stating the poster title, names of presenters, and a 10-line abstract. Poser size: 1m high x 0,75m wide.



Organising Committee Representative and Conference Contact Person:
Ursula KALIL- ACKLIN
kalil@minkowska.com
+33 (0)1 53 06 84 84



**15th World Congress of Psychiatry
World Psychiatry 2011:
Our Heritage and Our Future
September 18-22, 2011
Buenos Aires, Argentina**



The World Congress of Psychiatry, organized by the World Psychiatric Association every three years, is the main international scientific event in the field of psychiatry. The 15th World Congress aims to provide a comprehensive overview of those achievements, which have stood the test of time (our heritage) and of the most promising current trends (our future) in the various areas of psychiatric research and practice, with the contribution of the most prominent experts of the various topics.

Congress Venue

Sheraton Buenos Aires Hotel & Convention Center, San Martín 1225, Buenos Aires, Argentina

President of the Congress

Mario Maj

Organizing Secretariat

MCI Buenos Aires
Avenida Santa Fe 1970, 1º Piso, Oficina 1
C1123AAO, Buenos Aires, Argentina
Phone: +54 11 5252 9801
E-mail: wpa-argentina2011@mci-group.com
www.wpa-argentina2011.com.ar

Supervisory Committee

M. Maj (Italy) (Chair)
P. Ruiz (USA)
N. Marchant (Argentina)
J.C. Stagnaro (Argentina)

Regular Symposia

Regular Symposia should consist of no more than four presentations. Proposals should be submitted via e-mail (scientific.wpa2011@mci-group.com) to the Scientific Secretariat by October 31, 2010. They should contain the title of the proposed symposium, its rationale, and the abstracts of all the presentations (prepared following the instructions on the last page of this announcement). A limited number of high-quality symposia with presentations in Spanish or Portuguese will be accepted for inclusion in a special track of the scientific

program.

Workshops

Workshops should consist of two or three formal presentations followed by a free discussion. Proposals should be submitted via e-mail to the Scientific Secretariat by October 31, 2010 (scientific.wpa2011@mci-group.com). They should contain the title of the proposed workshop and an overall abstract (prepared following the instructions on the last page of this announcement).

Sectional and Zonal Symposia

WPA Sections and Zones are welcome to submit Symposia. Proposals should be submitted via e-mail (scientific.wpa2011@mci-group.com) to the Scientific Secretariat by November 30, 2010. They should contain the title of the proposed symposium, its rationale, and the abstracts of all the presentations (prepared following the instructions on the last page of this announcement).

Oral Communications

Abstracts of Oral Communications should be submitted via e-mail (scientific.wpa2011@mci-group.com) to the Scientific Secretariat by November 30, 2010. They should be prepared following the instructions on the last page of this announcement. A limited number of high-quality communications in Spanish or Portuguese will be accepted for inclusion in a special track of the scientific program.

Posters

Abstracts of Posters should be submitted via e-mail (scientific.wpa2011@mci-group.com) to the Scientific Secretariat by November 30, 2010. They should be prepared following the instructions on the last page of this announcement. Posters should be 0.90m wide and 1.20m high; the title and authors should appear in bold lettering; the text and illustrations should be readable from a distance of 2 meters. A limited number of high-quality posters in Spanish or Portuguese will be accepted for inclusion in a special track of the scientific program.



Pr Jilek Reflections

The World Congress of Cultural Psychiatry 2009 was for me a journey into the past. Not only because it was held in the ancient Roman city of Nursia, also because I presented a paper on the early history of cultural psychiatry, and because it afforded a reunion with old friends with whom I have shared the growth of our discipline in past decades. After the Congress, the journey went further into the past when Louise and I visited Castello Miramar near Trieste, where one of my ancestors, Dr August Jilek, had stayed in the 1860s as personal physician to Archduke Maximilian, the ill-fated Emperor of Mexico. Dr A. Jilek, *Marine-Stabs-Arzt* in the Imperial Austrian Navy, sailed around

the world on the frigate ANovara. His memoirs in my grandfather's library had stimulated my early interest in exotic lands and peoples, together with the old tomes of *Länder und Völker-Kunde*. Fascinated with heraldic emblems, I collected as a young boy cards with pictures of arms and flags. In later years this led to my research publications on symbols and their psychological effect. Before World War II, I met visitors and patients from all over Europe at the private sanatorium where my father, Dr Oscar Jilek, physician-in-chief, had introduced natural and psychological therapies to treat psychosomatic conditions. My father was Austrian officer in World War I, when he met a young nurse, later my mother. During World II, he was drafted into the German army as medical officer. In the last war year we lost our home, and in the post-war chaos my mother with us two teenage boys drifted around central Europe. I had to change high schools several times but finally managed to complete secondary education 1948 with the final exams at a *Gymnasium* in Munich. I was lucky to receive a passing mark in math thanks to the generous old teacher who knew of my excellence in other subjects and had read my literature essay on Dr. Faustus and the Modern Man. I therefore could not immediately enter medical school and enrolled for one year in courses of German and English literature, history, geography, and psychology, at Munich University, while working as part-time *Werk-Student*, which I

had to do throughout my university years. Later I felt this one-year prepared me well for my career. I started medical school in 1950 and, like students in the past, went from one university to another: Munich, Innsbruck, and Vienna.

As student, I traveled through Europe and the Near East on a shoestring. I was active in the Austrian Socialist Student Association and participated in summer courses and international camps in England and Yugoslavia. In Vienna I was exposed to many experiences of this city's academic and artistic life. Besides the obligatory medical courses I heard lectures on the history of medicine, psychoanalysis, Adlerian individual psychology and *Völker-Psychologie*. But it was the clinical teaching of Viktor Frankl that left me with the deepest impression. Frankl remained my lifelong mentor and friend. I have found his logotherapy, conceived while he went through the ordeal of Auschwitz, to be the one psychotherapeutic approach useful with patients of all ethnic-cultural background. During my service with UNHCR in Thailand, I composed a field guide for mental health workers that contained a sketch of Frankl's logotherapy for counselors in refugee camps. I was proud when Frankl wrote me in his letter of November 19, 1989, I must tell you that I have rarely had the opportunity to find logotherapy presented so precisely, so concisely, on such a small space, and yet very accurately conveying its essential

concerns; I find your formulations brilliant!

After graduating as M.D. in 1956 and one year of internal medicine and neurology in Austria, I left for a rotating internship in Chicago. Upon completion I toured the western States, Mexico and Central America, learning Spanish on the way. Then I decided to venture into psychiatry and entered a residency at a New York state hospital. At the Upstate Medical Center, Syracuse N.Y. I attended seminars by M. Hollender. His concept of *ahysterical psychosis* - a term coined by Morel in Paris 1860 - later alerted me to the transient psychotic reactions I observed in persons fearing magical persecution, among Mediterranean migrant workers in Switzerland and among African and South Pacific populations. In their letters commenting on our article on transient psychoses (Jilek & Jilek-Aall 1970), M. Bleuler considered them as *intermediary forms between schizophrenias and reactive emotional shocks*; H.B.M. Murphy as *representing a rejection or abandonment of ego control under difficult conditions*. The years 1960 to 1963 turned out to be of considerable consequence for my future.

In Zurich, I trained under M. Bleuler at the *Burghölzli Klinik*, under K. Ernst at its affiliated *Nerven-Sanatorium*, and under H. Landolt at the Swiss Institute for Epilepsy. At the *Burghölzli*, M. Bleuler and E. Bohm taught the Rorschach Test which I later found quite useful in interviewing patients of

diverse cultural backgrounds. I heard lectures at the C. G. Jung Institute and studied Jung=s works; I consider his constructs of archetypes and the collective unconscious as relevant to cultural psychiatry. My most important experience in Zurich was that I met at the *Burghölzli* a young Norwegian colleague, Louise Aall, who would become my irreplaceable life companion and partner in profession and research. She had just returned from years of work in Africa, as doctor in the bush of Tanganyika (now Tanzania), assistant to Dr A. Schweitzer in Gabon, and UN medical officer in the Congo. On a weekend excursion on Lake Zurich, Louise told me of the epilepsy clinic she had organized in the remote Mahenge area of Tanganyika, where the patients waited for her to return. My offer to accompany and assist her, which was not primarily motivated by professional and scientific interest, surprised Louise. She had not been able to secure support for her clinic and for research into the causes of the high area prevalence of epilepsy. In fact, such research had to wait until the 1990s when Louise=s publications on neurologic and psychiatric symptoms of epilepsy in this area, including the hitherto unknown *Ahead nodding syndrome*, were finally acknowledged and she was able to organize research projects in Tanzania, still ongoing. We obtained in 1962 from a pharmaceutical lab a small grant to gather plants of anticonvulsive potential in Tanganyika. In the few months available to us, we

examined new patients at Louise=s clinic; identified, collected, and dried, bush plants with the help of a medicine man. As doctors assisting the local people, the traditional healers and diviners readily informed us of their concepts of mental illness and its treatment. Meanwhile, comparative and ethno-psychiatry - somewhat dormant since Kraepelin=s time - had in Europe aroused renewed interest and our reports were soon published. We already knew of the new Section of Transcultural Psychiatric Studies at McGill University, Montreal, and its Review and Newsletter, which in 1962 carried a report by Louise on epilepsy in Tanganyika.

The McGill Transcultural Psychiatric Research Review® has been the leading organ of our discipline under the editorship of E. Wittkower and H.B.M. Murphy, continued by R. Prince and L. Kirmayer, and we were frequent contributors. I was asked to review for the TPRR two pivotal works, H.B.M. Murphy=s *A Comparative Psychiatry* and W. Pfeiffer=s *Transkulturelle Psychiatrie*;



7th World Congress of Psychiatry, Vienna 1983
Left to right: W.-S. Tseng, W. Pfeiffer, B. Hochkirchen, W.G. Jilek

I wrote the preface for this German

handbook of cultural psychiatry. In 1962 Louise and I had independently contacted E. Wittkower who invited us to enter the McGill Diploma Course in Psychiatry. We quickly arranged for our weddings - one in Oslo, the other in Vienna - and sailed for Canada to start the Diploma Course in 1963. This course was a unique learning experience with teachers like E. Wittkower, H.B.M. Murphy, H. Lehmann, and fellow students, like R. Wintrob. In 1964 we traveled to Haiti to study Voodoo healing rituals. We had little money but Wittkower's recommendation to L. Douyon in Haiti who arranged contacts with Voodoo priest-healers. In the healing shrines of this syncretistic religion we encountered pictures of Catholic saints representing West African deities, and spirit-laden Aholy trees[®] to be touched by the patients. As H. Ellenberger in Montreal later advised us, these Voodoo trees had been charged with animal magnetism[®] by the former French plantation owners, students of Mesmer, for the benefit of their slaves. We documented Voodoo rituals on photo and film.

In my last year of the Diploma Course, as research fellow at the Queen Mary Veterans' Hospital, I investigated the Aresidual syndrome[®] of veterans receiving Canadian Government benefits for psychiatric illness. My research was conducted under the strict supervision of H.B.M. Murphy who then also acted as thesis adviser for my M.Sc. degree in social

psychiatry. After completion of our exams in psychiatry at McGill University and the Royal College, and lastly also for the Medical Council of Canada, we spent one year doing neuro-psychiatric research and upgrading our French at the *Institut de Recherches Psychiatriques* in Joliette, Québec. We then decided to settle in British Columbia, mainly because of its beautiful scenery, although we would have had better academic chances at McGill, as letters by Murphy and Wittkower assured us.

However, both these former teachers became our friends; they visited us in our new home and were most supportive with advice and recommendations. From 1966 to 1975 we were the only psychiatrists in the Upper Fraser Valley for a population of varied ethnic-cultural background; Anglo-Canadians, immigrants from continental Europe, and indigenous people. This cultural mosaic offered a unique opportunity for research in transcultural psychiatry. We examined and analysed the prevailing symptom formation in well-defined cultural groups: Dutch Reformed, Germanic Mennonite, Russian Doukhobor, and in the Coast Salish Indians who became the main focus of our ethno-psychiatric investigations. We were well accepted by the indigenous people, especially by their elders and Indian doctors whose knowledge of traditional rituals and healing had survived the era of suppression by government and church authorities. As their physician friends, we

witnessed the revival of the Salish winter spirit ceremonial, in the Anative renaissance of the 1960s and 70s in North America (Jilek 1978). We reported on its therapeutic benefits, in particular for young indigenous people, victims of what I described as anomic depression characterized by loss of traditional norms, cultural identity confusion, and relative deprivation (Jilek 1974). Through personal acquaintance with the ritualists we were able to observe ceremonial dances, *potlatches*, and healing procedures, among the Coast Salish and other Amerindian nations along the Pacific Coast from Washington State to Alaska.

In 1974 I was finally appointed to the faculty of the University of British Columbia through M. Miller, its first head of psychiatry showing interest in socio-cultural matters. Our close contacts with indigenous elders along the B.C. coast were made possible through our active role in the U.B.C. Psychiatric Outreach consultations. We also volunteered for the State of Alaska alcohol prevention project among North Alaska Eskimos, based at Nome and St. Lawrence Island. Later we learnt about arctic populations in general through participation in Circum Polar Health Congresses, where we first met our friend C. Korolenko, cultural psychiatrist in Siberia. To theoretically underpin our fieldwork, we had taken courses at the U.B.C. Department of Anthropology - Sociology, while working at

hospital, mental health center and private office. We achieved the M.A. degree in social anthropology, with research theses that formed the basis of later publications. We also studied theory and methods of the structural anthropology of Claude Lévi-Strauss, member of the *Academie Française*. When he visited B.C. in the 1970s to continue his analysis of Amerindian mythology, we arranged for him to meet a Salish chief and key informant at our home, and elder ritualists at a Salish spirit dance ceremonial. Lévi-Strauss cited and credited us with being "*grands connaisseurs de la culture salish*" in his work *La Voie des Masques* (1979; p.52).

In A. Favazza's innovative *Journal of Operational Psychiatry* we published a paper on our collaboration with traditional Amerindian therapists (Jilek & Jilek-Aall 1978). We both have been privileged to have in M. Bleuler a friend and adviser all through our careers. When he came to visit us, we made excursions along the Northwest Coast to meet indigenous elders, among them the old Salish shaman Isidor Tom. In his foreword to my book (Jilek 1982) Bleuler wrote: I have known Wolfgang Jilek and Louise Jilek-Aall since they trained with us in Zurich as young physicians... Some years ago I traveled the North Pacific Coast together with the Jileks, visiting the beautiful homeland of the Indian nations. I was intrigued by the rich symbolism of their oral traditions, the noble greatness of their

art, the psychological wisdom of their elders, and I shall always treasure the memory of my encounters with them. Encouraged by Wittkower and Murphy, I organized and chaired throughout the 1970s the Section on Native Peoples Mental Health of the Canadian Psychiatric Association, which held Transcultural Workshops in several provinces of Canada, as platforms for discussions of indigenous leaders with mental health professionals.



International Symposium on Cultural Psychiatry, Rome 1997
Left to right: L. Jilek-Aall, J. Obiols-Llandrich, W.G. Jilek, G. Bartocci, Sra. Bartocci, R. Wintrob, C. Korolenko

Our involvement with WPA began 1971 when Murphy invited us to present papers at the 5th World Congress of Psychiatry in Mexico City, together with R. Wintrob and W.-S. Tseng. H.B.M. Murphy then organized the Transcultural Psychiatry Section of the WPA in which we have been active ever since. In the October 2006 issue of the WPA/TPS Newsletter (pp.1-5) I gave a full account of the history of this WPA Section which I served as Secretary 1983-1993, and as Chairman 1993-1999, editing the T.P. Newsletter and organizing Symposia in many countries, together with W.-S. Tseng, F. El-Islam, and local colleagues. In my

memory stands out the two-tier symposium held 1994 in Pakistan and India when we brought colleagues from these hostile countries together in friendly encounter. The 1970s, >80s, and >90s were times of wide travel for international assignments, ethnopsychiatric explorations, meetings, and guest lectures at many universities in the Americas, Europe and Asia. I treasure the memory of the hospitality of friends like G. Bartocci, W.-S. Tseng, J. Obiols-Llandrich, and that of other colleagues. We twice toured South America for information on traditional therapies. I remember well these experiences of the 1970s: in Ecuador the alcohol-deconditioning by *curanderos* of the Colorados Indians; in Peru the reunion with our McGill colleague A. Perales, our encounters with F. Sal y Rosas, C. Seguin, and F. Cabieses; our participation at the 1st World Congress of Folk Medicine 1979, and the *ayahuasca* healing center in the Amazon; In Paraguay the shamanic rituals of the Ayoreos in the Chaco bush, close by the Mennonite colonists whom we assisted with plans for a mental health facility. In later years, we took part in informative get-togethers organized by our Latin American friends; in Bolivia by M. Hollweg, in Brazil by M. de Noronha, in Mexico by S.J. Villasenor-Bayardo.



11th World Congress of Psychiatry, Hamburg 1999
Left to right: G. Bartocci, W.G. Jilek, F. El-Islam

To B. Kimura I owe the introduction to Japanese culture and tradition, to Zen priests, and Morita therapists, in 1973. On a guest lecture tour in Japan 1992, I addressed the Japanese T.P. Section organized by F. Noda. Louise and I were often accompanied on travels by our daughter Martica, who already as a young child came with us to congresses; she was the youngest participant at the WPA Regional Symposium in China 1985. We had been to Mao's China before, with a Canadian doctors group invited to marvel at herbal medicine, acupuncture anesthesia, and barefoot doctors. After the symposium 1985 we examined victims of an epidemic of *koro* in South China with the help of Chinese colleagues (Jilek 1986).

Already in 1976 we had observed a *koro* epidemic on a tour of Thailand. In that year I had also encountered *pseudo-amok* on our first trip to Papua New Guinea with B. Burton-Bradley. In Indonesia, the introduction of our friend W. Pfeiffer, well known for his research in that country, opened us many doors in Java, Sumatra,

and Bali in the 1980s. We obtained ethnopsychiatric information from colleagues and traditional healers (*dukun*), became acquainted with *latah* and other trance states and filmed the therapeutic horse-spirit possession dances. Later in Malaysia, our friend W. Krahl facilitated my recording of the Hindu trance rituals *taipusam* and *mariaman* of devotees undergoing sacrificial ordeals. N. Sartorius, Director, WHO Mental Health Division, recommended me for international service.

In 1984-1985, I served in Papua New Guinea as Consultant in Mental Health, visiting all provinces of this country of ca. 500 ethno-cultural groups, providing teaching and assistance to health staff and primary care workers, also at remote outposts. In contacts with indigenous healers and diviners I gathered information on traditional medicine and psychotropic plants; interviewed cargo cult prophets and adherents. Once I climbed a mountain peak to a dream house where diviners received diagnostic advice from spirits while dreaming. I also initiated mental health workshops, with input from traditional practitioners. Finally I edited for WHO a volume on traditional medicine in Papua New Guinea (Jilek 1985). As mental health consultant to the Minister of Health of the Kingdom of Tonga 1987, I consulted in hospitals, devised teaching programs, conducted epidemiological surveys, and collaborated with traditional Tongan healers

who used medicinal plants and massage to successfully treat patients with psychosomatic and mental disorders, including chronic schizophrenia. Of ethnopsychiatric interest were attacks of *avanga*, a culture-typical psychotic reaction affecting socially restricted Tongan women believed to be possessed by spirits of the dead (Jilek 1988). In the years 1988-1989 I was UNHCR Refugee Mental Health Coordinator in Thailand. Together with Louise as volunteer, I assisted NGO staff and refugee health workers in the operation of mental health services in the refugee camps, for people traumatized through civil war terror in the former Indochina. In our work with the hill-tribes refugees from Laos, still adhering to a shamanic belief system, we cooperated with Hmong shamans in patient care. I encouraged the shamans to conduct a traditional ritual of appeasing the *Aopium goddess*, thereby facilitating detoxification and rehabilitation of opium addicts (Jilek & Jilek-Aall 1990). Knowing of my field experiences, N. Sartorius and J.J. López-Ibor later asked me to write chapters on the role of traditional medicine and culture-related disorders in psychiatry, for handbooks co-edited by them (Jilek 1993; 1995; 2000; Jilek & Jilek-Aall 2001). I never forgot my European roots. Since the 1970s I belong to the *Arbeits-Gemeinschaft Ethnomedicine* in Germany, together with W. Krahl, A. Boroffka, and E. Schröder, founder and editor of *ACurare*, the outstanding journal of ethnomedicine and

transcultural psychiatry in central Europe.

Fond memories bind me with Vienna and its university, where Th. Stompe is known for his research in comparative psychopathology. I am affiliated with the Unit Ethnomedicine of the Medical University of Vienna, headed by our old friend A. Prinz, assisted by R. Kutalek, editors of the *AViennese Ethnomedicine Newsletter*. In 1999/2000 I taught at this center as guest professor in transcultural and ethno-psychiatry. I was pleased that my Austrian citizenship, lost when I became Canadian, was again conferred on me by the Government of Austria, in recognition of my scientific merits. Now I am officially standing with one foot in Canada and with the other in the European Union.



BIOSKETCH

JACQUES ARPIN



Born in the middle of Europe, on the

Western side but close to the Eastern block, I was a child aware of frontiers (I lived on a river border which I often crossed to conquer foreign land), migrations, exiles and cultural axes. There had been a Russian migrant wave, a Hungarian one and later a Czech one, plus sporadic whitecaps of other nationalities. My classmates came from all over the world, connected with seasonal workers, political refugees and international organizations. The waves of migration brought artisans with their traditions and techniques, a professional population in construction sites and hostelry, and all were concerned with cultural adaptation.

At age eight, I contracted polio with encephalitis and was eventually treated during rehabilitation by a woman therapist who was a dancer and a musician. She recommended that I start playing guitar as a way to recover the full use of my left hand - and I have never stopped. Older cousins of mine introduced me to Mississippi Blues, an early initiation to my interest in that unique and culturally distinctive region of the USA. Geneva hosted the American Folk Blues Festival and during my college years. I played in various rock bands...which led me to travel a lot in Europe, noticing the variations in languages, set designs and scenic strategies, body expression and social performances, including rituals, music, dance and theatre.

My grandfather was a country doctor and a

number of my uncles and cousins were doctors too; most of them surgeons. They influenced me in choosing medical studies, with the intention of becoming a war traumatologist and a reconstructive surgeon. Either that career as a surgeon or a theater director, a filmmaker, or an architect and a set designer.

This was the Vietnam War era and many students came to Geneva from both South Vietnam and the USA. Then came the refugees fleeing Communist aggression in Eastern Europe, all of which created the Geneva of today, where 45% of the population is made up of foreigners from countries all over the world. Migration waves ensured a permanent blending and renewal of nations, including Switzerland's population: Turkey, the Kurdistan territories, Angola, Zaire, Chile, Argentina, Iran and Ethiopia...and still counting.

I made the decision to undertake a university program of studies combining medicine and cultural anthropology. My first move was to spend time abroad during my studies. I went to Montreal from 1972 to 1973 and worked at the McGill Children Hospital. There I encountered a Native American family that was losing their third child to tuberculosis, which taught me to always investigate broadly when there are so many parameters to consider about health and illness, including, religion, fatalism and other factors. It took me a lot of

effort to finally understand and speak the French of Québec, even though French is my mother tongue.

I met Mônica Koechli, a third generation Brazilian from Salvador, Bahia, the daughter of a cocoa exporter, whose own father had started working in textiles in the Nordeste (Northeast of Brazil). This connection facilitated my ethnological fieldwork in Bahia, focusing on religious syncretism in relation to mental health. My academic director was the cultural psychiatrist Álvaro Rubim de Pinho at the Universidade Federal da Bahia. He was an academic and honorary collaborator of Opô Afonjá candomblé terreiro (the African Brazilian Yoruba religious tradition, organized in compounds).

Through Mônica and her family I also met the visual artist Carybé, who has remained my main reference in drawing techniques. We traveled through the Amazon area and the Northern states of Brazil, the Nordeste and the East, to expand the fieldwork experience.

We then moved to New Orleans, Louisiana, where Mônica registered in sociology and education and I in anthropology and sociology, at Tulane University. Cultural anthropology was my option and I enjoyed the teaching in human sciences such as that of anthropologist Arden King, a traveler and a humanist with contagious enthusiasm for his field. I continued training in psychiatry

with Arthur Epstein and in epidemiology with sociologist William Bertrand who was incredibly supportive.

Mônica and I became involved in the cultural and performance life of New Orleans through the musical network, visual arts, literature and food, from fishing and hunting practices to cooking. We traveled throughout Louisiana to meet the French-speaking Cajuns and Creoles, eventually adding more repertoire and skills in playing bottleneck, slide and lap steel guitars.

When we returned to Geneva in 1982, Gaston Garrone, the head of the Department of Psychiatry at Geneva University, gave me the opportunity to pioneer cultural psychiatry (ethnopsychiatrie) in Switzerland. The psychoanalyst Paul Parin had already taken a step in this direction in Zurich. The relevant option then was to launch and develop the Migration and Health axis around which I organized clinical activities, teaching and research. I also became a member of SSPC and WPA-TPS, so I could keep up connections with others working in this field. I was encouraged to take these steps after discussing my interests and activities in cultural psychiatry with Rachid Bennegadi and Richard Rechtman, who I met at the WPA congress in Athens, in 1988.

In 1992, following Gaston Garrone's death, the Department of Psychiatry at Geneva University terminated what it considered my

maverick approaches.

I needed a “working family” and found it in the form of an experimental theater group and international network of people involved in intercultural theater and performance studies. After having organized workshops for the Theatre in English in Geneva, I was introduced to the work of the Odin Teatret from Denmark, whose founder and director is Eugenio Barba. Since the 1970s, Barba has worked at intercultural theater, designing exercises and rehearsal practices as well as organizing a body learning system called Theater Anthropology. Apart from the work at the Odin Theater, he has also created a network, the International School of Theater Anthropology (ISTA), which I joined and with which I still work regularly today.

After bridging health and culture, I now was trying to integrate those disciplines with the fields involved in the performing arts. I then started a research project that I called *The Masters of their Condition*. Two articles were published in the journal *Transcultural Psychiatry*, on “*The masters of their condition I: At the crossroads of health, culture and the performing arts*”, and “*The masters of their condition II: Intercultural theater, narration and stage work with patients and healers*”. A third article is forthcoming (“*The masters of their condition III: The living treasures vs. the cosmetic mutants*”). I am currently working on a fourth

article about scenic strategies, light, sound and ethnological stage organization, with applications to cultural psychiatry. To physically understand these systems of body learning, I started practicing traditional codified dance forms from Asia (Japanese nihon buyo, Indian kathak and Balinese barris).

My clinical work as a psychiatrist has also developed a focus on body reconstruction. I am a special consultant for associations concerned with helping victims of aggression, abuse, torture and, more generally, post-traumatic and post-disaster clinical situations. My personal network of performing artists has become integrated into my consultation. They regularly come and work with my patients and me on my special stage. We have formed a sort of interpersonal clinical and research community in the spirit of SSPC and ISTA.

I have been able to extend this personal small circle into larger ones as I did at the SSPC meeting in Montreal in 2003, with Indian dance master Sujatha Venkatesh, and again in Stockholm in 2007 at the international conference jointly sponsored by WPA-TPS, SSPC and WACP. There I was joined by New Orleans multimedia artist Jan Gilbert, and at the WACP congress in Norcia in 2009, by Italian psychologist and documentarist Erminia Colucci, Australian visual artist Mic Eales and Swiss visual artist Jonathan Delachaux. The next such effort

will take place at the WPA-TPS sponsored conference in Paris, in April 2011, where I am organizing a 'performance symposium' about Cajuns and Creoles in Louisiana with New Orleans film-maker, documentarist and writer Kevin McCaffrey, multimedia artist Jan Gilbert, Mônica Arpin Koechli as storyteller and social theater performer, and myself as cultural psychiatrist and performer. We will introduce our concern about endangered communities in this post-digital era, where realities have led to changes that are both confusing and challenging.

I had been involved in multicultural societies and in the performing arts before I decided to become a medical doctor. It is the learning that attracted me, i.e., the encounter with the knowledge and how it grows on you, how you become seasoned. Early in my career as a physician I had to introduce myself as a doctor; I don't have to say it anymore because I have become a healer. It is my persona, just as much as I am also a musician and a dancer. It has taken time to weave these strands into my persona. Accordingly, the first thing I would advise younger colleagues is to practice patience, tenacity, humility, curiosity, open-mindedness, discipline, pleasure and humor.

The human sciences broadened my horizons. They provided the research materials and the methodology to build a

cultural narrative that is complementary with the medical, scientific history. While respecting the conventional practice and the necessity of sometimes using drugs, I understood that these could not always be the answer and people, as a part of nature, could, like nature itself -a tree for example- heal themselves, given the right context. I contribute to creating that context with the patient; like a theater director provides the venue, the technique and the facilities for rehearsals and performances. The healing is a result of this co-production.

Religious syncretism as a focus for my fieldwork was a fortuitous line of study. It involved beliefs, rituals and dramaturgy that proved more than useful among patients from all cultures; immigrants as well as others. The performing arts belong to what ethnologists study when exploring the folklore, the myths and tales about traditions and about health, illnesses and care systems. The fieldwork also led to methodology in theater anthropology and performance studies, thanks to which we can explore the body, from acting unit to vehicle of soul.

Creativity, like healing, must be nurtured, not systematized: this is the great conundrum of the field. Would-be practitioners must not only experiment and learn their craft, but also be aware how the arts are forming from the formless wellspring of inspiration. If it is not necessary for the practitioner to be a Master of (any specific)

Arts, it is necessary he/she be a masterful observer of him/herself and of his/her own mastery. Then, apply and transfer it to the patient. And again for younger practitioners, never stop seeking out mentors who might surprise you; dare to refuse the well-trodden paths and keep on questioning throughout life; practice building new cultures; practice learning connections with old cultures; seek out and facilitate interactions by masters and patients throughout clinical practice. Never sit anyone in a box unless it is some kind of performance.

Healing, like treating, is a creative act and therefore more natural and complete as well as more satisfying to me. One must practice being a practitioner and reach out to the patient and so accept the responsibility of constantly becoming the practitioner in the same way the patient is in a state of becoming. Fads evaporate as they have no body; mastery is grounded and can be transmitted.

PS: I invite people interested in what I have described in this bio-sketch to contact me.

References

Arpin, Jacques

The masters of their condition I (At the crossroads of health, culture and the performing arts). Transcultural Psychiatry, 40(3): 299-328, Sept. 2003.

Arpin, Jacques

The masters of their condition II (Intercultural theater, narration and stage work with patients and healers). Transcultural Psychiatry, 45(3): 355-378, Sept. 2008.

Arpin, Jacques

The masters of their condition III (The living treasures vs. the cosmetic mutants). Transcultural Psychiatry, ttp.

BIOSKETCH

IRIS TATJANA CALLIESS, MD, PHD



I am very honoured to be able to be a member of the Section of Transcultural Psychiatry of the World Psychiatric Association. Thank you very much for the opportunity to introduce myself.

I grew up mainly in Germany and England as a child of a mixed ethnic background. Studies in Slavic languages, Eastern European history and philosophy at the Jagellonian University in Cracow, Poland, and the University of Heidelberg in

Germany, were followed by medical school training at the University of Göttingen in Germany and at the University of Alicante in Spain, at Tufts University in Boston and at the Psychiatric University hospital in Zurich, Switzerland.

I started my training in psychiatry in Switzerland and continued it at the Freud-Institute in Frankfurt, Germany and in Berlin. Since 2001, I have been affiliated with the medical school of the University of Hannover, Germany, which is known for its longstanding tradition of research and clinical practice in social psychiatry. In Hannover, I completed my training in psychiatry and specialized academically in the field of transcultural psychiatry and psychotherapy.

Currently I am the head of the research group for transcultural psychiatry and psychotherapy. In addition, I have established a specialized outpatient consultation service for migrants with psychiatric disorders.

Within the field of transcultural psychiatry my main interests are:

- Integration of migrants into mental health care systems
- Barriers to access to clinical services
- Diagnostic issues
- Symptomatology
- Relationship between migration,

mental health and acculturation

- Transcultural psychotherapy
- Identity and acculturation
- Education and training in transcultural psychiatry
- Diversity management

From the heterogeneous data of studies on migration and mental health the conclusion may be drawn that migration is a life event impacting many psychological processes and significant psycho-social stress factors immediately at the act of transition, as well as in the long run when the individual has to face tasks associated with acculturation. Migrant status therefore seems to independently represent a risk factor for depressive and psychosomatic symptoms. Several general reports suggest that migrants in Germany may use health services less than German nationals. This is especially relevant for mental health care, where cultural differences and migration related sensitivity become even more salient. Concerning the differences in the use of the mental health care system by 1st and 2nd generation migrants, there is evidence that the attitudes towards and the use of the mental health care system changes with the duration of stay in the host country.

Regarding the large number of residents with a migration background in Europe, knowledge about the utilization of health services by this group remains rather limited

and diffuse. Studies have shown that, apart from poor health education, some migrant groups make little use of health care and prevention services.

The studies conducted by our research group explore attitudes of migrants towards the mental health care system in Germany, depending on different factors (levels of acculturation, emotional distress and psychopathological symptoms, gender/sex, age, duration of stay in Germany etc.). This will lead to a better understanding of the given situation and consequently to an improved standard of care for migrants in the German mental health care system. The novel aspect of the studies is the detailed investigation of the problems experienced by migrants in accessing the German health care system, especially regarding mental disorders and emotional distress. This topic supports EU policies referring to a better integration of migrants throughout the EU-countries.

One major aim of our research group is to arrive at broader and deeper insights into health care utilization by migrants with different psychological problems. Connections with their levels of acculturation, their gender/sex, their duration of stay in Germany (1st and 2nd generation migrants) and their age and respective developmental tasks are being investigated. Exploring the barriers that prevent these groups from adequate access to health care facilities will help to overcome

such barriers in the future. Principal research questions are 1) how the migrants' adaptation to the host culture affects their mental health, 2) what can be done to improve access to the German health care system and 3) what are the details of psychopathological symptoms of migrants. Therefore, the objective is to determine what psychopathological symptoms they suffer from, in order to broaden the still insufficient epidemiological data on mental health of migrants in Germany; to determine the ways in which culture affects psychopathological symptoms and access to mental health care; to determine migrants' levels of acculturation and their attitudes and behaviour with respect to the German health care system. The study design involves a systematic evaluation of migrants utilizing our special consultation service in an outpatient department of a major psychiatric university hospital.

I am looking forward to being part of this wonderful network of people around the world who are interested in cultural psychiatry.

Best wishes to all my colleagues in WPA-TPS,

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References to research described in this bio-sketch:

Calliess IT, Machleidt W, Ziegenbein M, Haltenhof H.
Transcultural aspects of suicidal behaviour.
Fortschritte Neurologie Psychiatrie 2007;

75:653-654.

Machleidt W, Behrens K, Ziegenbein M, Calliess IT.
Integration of immigrants into the mental health care system in Germany.
Psychiat Praxis 2007; 34:325-331

Calliess IT, Schmid-Ott G, Akguel G, Jaeger B, Ziegenbein M.
Attitudes towards psychotherapy of young second-generation Turkish immigrants living in Germany.
Psychiat Praxis 2007; 34:343-348.

Calliess IT, Sieberer M, Machleidt W, Ziegenbein M.
Personality Disorders in a Cross-Cultural Perspective: Impact of Culture and Migration on Diagnosis and Etiological Aspects.
Current Psychiatry Reviews 2008; 4: 39-47.

Behrens K, Calliess IT.
Migration biography and culture as determinants of diagnostic and therapeutic processes in mentally ill immigrants. A systematic differentiation based on a qualitative content analysis of treatment courses. Psychother Psych Med 2008; 58:162-168.

Behrens K, Machleidt W, Haltenhof H, Ziegenbein M, Calliess IT.
Somatisierung und Kränkbarkeit bei Migranten im psychiatrisch-psychotherapeutischen Setting – Fakt oder Fiktion?

Nervenheilkunde 2008; 7:639-643.

Behrens K, Calliess IT.
Integration without equalization: on necessary modifications of therapeutic strategies in the treatment of migrants.
Fortschritte der Neurologie und Psychiatrie 2008; 76:725-733

Calliess IT, Ünlü A, Machleidt W, Neubauer A, Hoy L, Behrens K.
Hannover Interview "Migration, Akkulturation und seelische Gesundheit" („Hanover Migration, Acculturation & Mental Health Interview“ (HMMH)): Ein innovatives Instrument zur systematischen Erfassung

der Risiken und Ressourcen einzelner Migrationsphasen im Hinblick auf seelische Gesundheit.
Klinische Diagnostik und Evaluation 2009; 2:145-163

Sieberer M, Maksimovic S, Ersöz B, Ziegenbein M, Calliess IT
Depression in first- and second-generation immigrants: a cross-sectional study of a multiethnic working population. British Journal of Psychiatry 2010 (submitted)

Calliess IT, Bauer S, Behrens K.
Which developmental concepts are useful in psychotherapy for migrants? A presentation of a cultural-dynamic model of bicultural identity taking self-structure into consideration.



COURSES

**Wholeperson Healthcare course:
University of
Gloucestershire**



**Introduction to Whole Person Healthcare
(Module APH412) – 30 credits at level 7**

WholeCare, in conjunction with the Department of Health and Social Care at Gloucestershire University are pleased to announce the launch of the first module in their Post-graduate degree course in Whole Person Healthcare.

As healthcare has become increasingly mechanized, and workers increasingly pressurized there is a risk that care

becomes depersonalized, and chances for true healing are lost. We want to emphasize the importance of the spiritual aspects of life in health and healing, and the need for supportive and positive interpersonal relationships as people heal.

The aim of the module is to equip health and spiritual care workers to practice with a Whole Person approach, and to provide a professional qualification in this sphere. This course is suitable for the accreditation of spiritual care advisors. It is open to all who have an interest and have a qualification or experience in health, social work or spiritual care. If you are not sure you have the right background please contact us as below.

The course is hosted and accredited by the University of Gloucestershire and is a 30 credit module at level 7 (professional/ MA level). The program can be taken alone, or as part of the Advanced Practice Health course, where 60 credits entitle you to a postgraduate certificate. We intend to develop further modules, which will enable students to complete an MA in Whole Person healthcare.

This module will be taught over five full days with student directed learning online, the total time commitment will be 300 hours over a four month period, which includes reading and preparation.

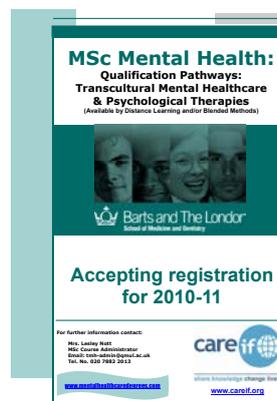
Cost is the standard university rate, £35 per

credit, so the total will be £1050. For this first module WholeCare have secured funding and are able to offer a **25% discount** to the first 12 students registering for the credit course with the university. It will also be possible to undertake the module 'not for credit', no assessments need be completed and the course fees are correspondingly reduced.

Planned future developments include presenting the program in London in early 2011 and developing a fully distance learning form of the course with further modules in the future.

Further information on the course can be obtained from the module tutors: Dr Mike Sheldon, drmikesheldon@aol.com and Dr Alison Gray, a.j.gray.82@cantab.net Applications should be made via the university Email: shsc@glos.ac.uk

MSc at Barts on Transcultural Mental Healthcare



<http://www.mentalhealthcaredegrees.com>