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## Message from the WPA-TPS Newsletter Editor

Dear Colleagues

I am very happy to inform you that the second issue of the WPT-TPS Newsletter has just been published. The lead article in this issue is a very interesting account of the history of WPA-TPS, written by Wolfgang Jilek. You will also find a description of the Division of Social & Transcultural Psychiatry at McGill University, the report of the WPA-TPS conference that was held in Vienna in April, 2006 and a report on the Nordic Congress of Psychiatry that was held in Tampere, Finland in August, 2006. There is also a compelling section of "Bio-sketches" of WPA-TPS members, that will enable you to become better acquainted with a number of colleagues who are active participants in the life of

our Section. This section will be continued in successive issues, so that over time, many Section members' bio-sketches can be included.

In the final item in this issue, I am writing not as the editor of this Newsletter, but as chair of the Japanese Society of Transcultural Psychiatry (JSTP) and co-chair of WPA-TPS (chair: Ron Wintrob) and as a member of the Board of Directors of the World Association of Cultural Psychiatry (WACP;(President: Wen-Shing Tseng)), to inform you about the jointly sponsored meeting of JSTP, WPA-TPS and WACP, being held in Kamakura, Japan, 27-29 April, 2007.

I hope you will enjoy reading this second issue of the WPA-TPS Newsletter, and also I hope to personally greet many of you in April, 2007, at our conference in Kamakura.

Fumitaka Noda MD, PhD  
Editor  
WPA-TPS Newsletter

## The Transcultural Psychiatry Section of the World Psychiatric Association, 1971 - 2001

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WPA Transcultural Psychiatry Section

At the beginning of the 20<sup>th</sup> century, Emil Kraepelin envisaged a new subdiscipline of psychiatry which he called *Vergleichende Psychiatrie*, and essentially defined as comparative cultural psychiatry. The term "transcultural psychiatry" was coined by Eric Wittkower who inaugurated this new discipline at

McGill University, Montreal, in the 1950s. “Transcultural psychiatry” is equivalent to “cross-cultural psychiatry”, a designation widely used in North America but not amenable to literal translation into many other languages. The easily translatable term “cultural psychiatry” has now been generally accepted.

Wittkower had been internationally known for his work in psychosomatic medicine, and for his psychoanalytic studies at the Charité Clinic in Berlin and at the Tavistock Clinic in London, before he came to Canada to “try something new”. In the mid-1950s he organized, at McGill University in Montreal, the Section of Transcultural Psychiatric Studies, subsequently titled the Division of Transcultural Psychiatry; the first at any university. Eric Wittkower, the trail blazer of transcultural psychiatry, passed away in 1983, long suffering but still working until shortly before his death.

Henry B.M. Murphy joined the Transcultural Psychiatry Division at McGill University in 1959. He also came to Montreal from the U.K., after distinguished frontline service as a parachute medical officer with the British Army and postwar service with U.N. agencies in refugee assistance and resettlement.

In 1980, Murphy defined “transcultural or cultural psychiatry” as the study and investigation of the interrelation of culture, personality formation, behaviour patterns, and coping styles; of culture-related stresses and culturally sanctioned coping mechanisms; of cultural influences on psychopathology; culture-related specific conditions; cultural dimensions of illness behaviour; the cultural impact on practice and theory of psychiatry; also the application and evaluation of these studies in clinical practice and in cooperative mental health planning [*T.P. Newsletter, 1<sup>st</sup> issue; April 1980*].

H.B.M. Murphy, the founder of our Section and outstanding pioneer of cultural psychiatry, died in 1987, after a long illness during which he wrote about his own experience of physiological shock with the scientific objectivity characteristic of him.

In May 1956, Wittkower had published the first issue of the McGill journal “Transcultural Psychiatric Research Review and Newsletter”, renamed in 1969 “Transcultural Psychiatric Research Review”, and since 1997 titled “Transcultural Psychiatry”. Principal editorial responsibility was held by Wittkower, then by Murphy, later by Raymond Prince, and since 1992

by Laurence Kirmayer. The “TPRR” was the first periodical devoted to our discipline. Later on, other journals with focus on cultural psychiatry followed: in 1967 “Psiquiatria Transcultural” (editor Bustamante, Cuba), in the 1970s “Operational Psychiatry” (editor Favazza, USA), “Curare” (editor Schroeder, Germany), “Culture, Medicine and Psychiatry” (editor Kleinman, USA).

In view of the many responses the McGill journal received from psychiatrists around the world, Murphy proposed to inaugurate a Section of Transcultural Psychiatry within the World Psychiatric Association and organized its first symposium session for the 5th World Congress of Psychiatry 1971 in Mexico City, where papers were presented by Murphy, Wintrob, Tseng, Burton-Bradley, Dobkin de Rios, Seguin, Yap, and Wolfgang and Louise Jilek.

At the 6th World Congress of Psychiatry 1977 in Honolulu, the new WPA Transcultural Psychiatry Section organized three Section symposia: cross-cultural collaboration with traditional healers; cross-national clues to schizophrenia aetiology; sex roles, culture and psychopathology. Formal membership regulations were agreed upon, with H.B.M. Murphy as Section Chairman and Wen-Shing Tseng as Section Secretary.

Section membership, open to mental health professionals active in cultural psychiatry, grew steadily, from about 20 in 1977 to 76 by 1981, then to 164 by 1999. According to the guidelines instituted by Murphy, members of the steering Section Committee have been elected from different regions of the world, in order to achieve wide representation. The growth of the Section was facilitated by the “Transcultural Psychiatry Newsletter”, launched in 1980. The T.P. Newsletter, increasing in content and circulation, became an important instrument of communication in the field, with information on Section activities, reports on symposia, related organizations, research, publications, and new members. The T.P. Newsletter has been edited by the chairpersons of the Section: Wen-Shing Tseng until 1993, Wolfgang Jilek 1993-1999, Goffredo Bartocci 1999-2005, now Ronald Wintrob.

As the new discipline attracted wide interest, other organizations devoted to cultural psychiatry were founded, mostly by Section members; the “Society for the Study of Psychiatry and Culture” (SSPC) was initiated by Wintrob, Foulks and Spiegel in 1979 in the USA. Societies, sections, and institutes of trans-cultural and ethno-psychiatry, with their

own publications were inaugurated in several countries: in Britain by Littlewood and Jadhav; in Germany by Schroeder, Pfeiffer, and Boroffka; in Italy by Bartocci; in the Netherlands by de Jong and Rohlof, in Japan by Nishizono and Noda; in Brazil by de Noronha.

An indication of the importance accorded to transcultural psychiatry and the growing influence of the Section within WPA was that in the busy programme of the 7<sup>th</sup> World Congress of Psychiatry in Vienna 1983, six Section symposia were scheduled on the following topics: Neurasthenia, somatic complaints and depression (chair: Prince); Traditional healers and folk therapies (chair: Jilek); Cultural aspects of family assessment and therapy (chair: Tseng); Mental health care needs and settings in different cultures (chair: Yeh); Training in cultural psychiatry (chair: Wintrob); and Migrants' mental health (chair: Pfeiffer). At the Section business meeting in Vienna, Wen-Shing Tseng was elected Chairman of the Section. I became Section Secretary, and we worked as a two-men team for the next ten years.

Tseng was the prime mover behind a major undertaking of the Section, the Regional Symposium on Cultural Psychiatry for Asia and the Pacific, in China 1985, sponsored by China's leading medical-psychiatric institutions. Two weeks were spent in China with meetings in Beijing, Nanjing, and Shanghai, visits to mental health facilities, cultural programs and excursions to famous historical sites, including the ancient capital Xian. The meetings were attended by 135 mental health professionals from China and abroad. Thirty papers were presented by Section members.

At the 8<sup>th</sup> World Congress of Psychiatry in Athens 1989, the Section was represented by 30 members whose presentations had to be accommodated in three Section symposia assigned by the Congress and scheduled according to geographical regions : Cultural psychiatry issues in East Asia and India (chair: Chakraborty & Kim); Mid-East and Europe (chair: El-Islam & Krahl); Africa and South America (chair: Corin & Hollweg).

As soon as the Iron Curtain in Europe had fallen, the Section organized an International Symposium on Cultural Psychiatry in Budapest 1991, with the help of Peter Babulka and local colleagues. The Symposium was opened with an address by the Hungarian Secretary of State, psychiatrist Andras Kelemen. It was attended by 80 participants from 20 countries, of whom 40 contributed presentations.

Six symposium sessions, each moderated by three different Section members, dealt with the topics Culture and psychotherapy; Culture, stress and psychopathology; Traditional healing; Ethnopsychiatry; Migration and mental health; Culture, service and practice.

WPA held the 9<sup>th</sup> World Congress of Psychiatry 1993 in Rio de Janeiro where the Section scheduled four symposia: Studies in cultural psychiatry (chair: Tseng); Culture and psychopathology (chair: Foulks); Ethnopsychiatry and traditional medicine (chair: Jilek); Culture and mental health in South America (chair: Perales).

At the Section meeting in Rio de Janeiro 1993, I was elected Chairman of the Section and Fakhr El-Islam Section Secretary.

Subsequently I embarked on realizing my plan of a Section Symposium on Cultural Psychiatry held jointly in Pakistan and India, as a demonstration of bridging international conflicts through collaboration in the service of transcultural psychiatry. This was only made possible through the enthusiastic cooperation of our Section members Muhammad R. Chaudhry, Haroon R. Chaudhry and Afzal Javed in Pakistan; Vijoy Varma and the Malhotras in India, who with prominent colleagues of their national psychiatric associations organized the two-tier Symposium in Lahore, Pakistan, and in Chandigarh, India, respectively.

The efforts of the local committees and the host institutions - the Fountain House Rehabilitation Centre in Lahore, and the Postgraduate Institute of Medical Research in Chandigarh, made this venture a unique success. In the scientific sessions at both locations, 29 papers were alone presented by Section members. Great interest, especially among Asian colleagues, greeted the reports on the research conducted by Thomas Stompe in Pakistan and by Wolfgang Krahl in Malaysia.

The organizers of the 10<sup>th</sup> World Congress of Psychiatry in Madrid 1996 invited me to address the plenary session with an overview lecture on "Culture and Mental Illness: The 1990s". This gave me the opportunity to inform other Congress participants about recent developments in transcultural psychiatry and the role of our Section. In Madrid, 21 Section members reported their studies in four Section symposia: Cultural adaptation of psychiatric management (chair: El-Islam); Ethnopsychiatry (chair: Jilek); Traditional

therapeutic resources (chair: Jilek); Culture and mental health in the western Mediterranean (chair: Obiols).

The International Symposium on Cultural Psychiatry 1997 in Rome was a joint venture of the Section and the *Istituto Italiano di Igiene Mentale Transculturale*, whose director, Goffredo Bartocci, with his local colleagues performed an outstanding organizational task in creating a comprehensive academic programme in a stimulating classical environment. The Symposium was attended by 89 colleagues from several regions of the world. "Transcultural Psychiatry *Quo Vadis ?*" was the title of my keynote address and overview of our discipline's role in medicine. A lively roundtable discussion on the state of the art was opened by Bartocci. 32 Section members presented papers in seven sessions on topics relating to: transcultural aspects of mental health and therapy: quality of life, domain of the sacred, diagnostic methodologies and problems in psychopathology, therapeutic effectiveness in healing and psychotherapies, clinical cases and country-specific realities. The sessions were chaired by Wintrob & Jilek, Prince & Castillo, Lalli & Bartocci, Boehnlein & Littlewood, Jilek & Tseng, El-Islam & Kim, Streltzer & Ferracuti.

In 1998, the International Symposium on Cultural Psychiatry took place in Florianopolis, Brazil, brought about in cooperation of the Section with the Brazilian Association of Ethnopsychiatry, whose president, Marcos de Noronha, was the main organizer of this multi-cultural and multi-lingual (four official languages) meeting of 78 participants. 15 Section members presented papers in conferences covering themes of cultural psychiatric relevance: westernization and mental health; epidemiologic research; transcendence techniques; trance-inducing substances; ethnopsychiatry and contemporary society; socio-cultural stigmatization; cultural aspects of depression; socio-cultural aspects of epilepsy; acculturation processes. The conferences were chaired by P. Rino, Noronha, Langdon, Indio, Obiols, Bittencourt, Tesler-Mabe.

Hamburg was the venue of the 11<sup>th</sup> World Congress of Psychiatry in 1999. The growing interest in our discipline was apparent, as the Congress sessions devoted to cross-cultural and minority issues outnumbered those of biological psychiatry. The Congress assigned to our Section two "plenary track" events which I organized: "Traditions in Psychiatry" and "Traditional Medicine", with lectures by six Section members (Tseng, Jilek,

Cooper, El-Islam, Bartocci, Varma). In addition, 14 papers were presented in three Section symposia (chaired by Jilek, Kim, Machleidt). At the Hamburg Congress 1999 the Section leadership changed, in accordance with WPA guidelines; the membership meeting elected Goffredo Bartocci as Chairman of the Section, Vijoy Varma as Section Secretary.

In 2000, a Transcultural Psychiatry Symposium was convened at Coventry, U.K., by the new chairman Goffredo Bartocci, together with the local organizers, Afzal Javed and the British "Midlands Psychiatric Research Group". Section members from 12 countries came to Coventry, in addition to 80 participants from the U.K. Roland Littlewood addressed the plenary session in a keynote speech on "Psychiatry's Culture". Twenty presentations were made in five different sessions. Session chairpersons were Bartocci & Varma, Mace & Binyon, Rack, Noronha & Krahl, Oyebode & Launer.

The 2001 Symposium on Cultural Psychiatry in the Principality of Andorra was jointly organized by the Section and the Mental Health Services of Andorra, under the direction of Joan Obiols, who was the prime mover in this gathering of about 100 colleagues from 19 countries; of these, 40 came from Spain and Andorra. Obiols and Bartocci chaired this event in which official representatives of WHO and WPA participated; of the WPA, both the President Juan López-Ibor, and the Secretary General, Juan Mezzich, who in his special lecture cited our Section as one of the most active in the world association.

Section members authored most of the 49 papers presented in 12 Symposium sessions, on mental health and psychopathology issues of minorities, migration, traditional healing, spiritual conceptions, and transcultural psychiatry in Italy and Japan. The sessions were chaired by Littlewood, Jilek, Bartocci, Prince, Singh, Draguns, Wintrob, López-Ibor, Kasturagawa, Varma. In addition, three workshops on culture and mental health were conducted in Spanish.

I take pride in having served the Section during the 1980s and '90s as its Secretary and its Chairman; for it can be said that most of those who made significant contributions to cultural psychiatry, have at one time or another been members of the WPA Transcultural Psychiatry Section, many of them permanently. It was also prominent members of this Section who created the most comprehensive single-author texts of our discipline; Wolfgang Pfeiffer, the first textbook of transcultural

psychiatry, “*Transkulturelle Psychiatrie*” in 1971; H.B.M. Murphy, the classic work “*Comparative Psychiatry*” in 1982; and Wen-Shing Tseng, the monumental “*Handbook of Cultural Psychiatry*” in 2001.

I have full confidence that in future the Section will, together with the newly founded World Association of Cultural Psychiatry, and with the national organizations of our discipline, further promote the understanding of the cultural aspects of mental health in all countries.

## Bio-sketches of Section members

### Kamaldeep Bhui MD (U.K.)



I am currently Professor of Cultural Psychiatry & Epidemiology at the Research Centre for Psychiatry at Barts (St Bartholomew’s Hospital) & The London School of Medicine. This is a school of Queen Mary College of the

University of London. I also work as consultant psychiatrist for a major service provider, the East London & City Mental Health Trust.

My interests in cultural psychiatry were aroused during my early experiences as a psychiatry resident.

I realized that patients from diverse cultural groups had a different story to tell from the one recorded in their clinical case notes and that the official diagnostic process captured little about their life experience, or indeed their distress. I was struck by how this difference was marked even for patients with whom I shared a culture. My Punjabi Sikh background clearly played a part in contributing a cultural dimension to my thinking about culture, conflict, colonialism and distress. The heritage of challenging social injustice and tackling prejudice was similarly inculcated in me from a very early age by parents and family, largely shaped by Sikh teachings. My parents, although of Indian origin, lived in Kenya most of their early adult lives.

I was born in Kenya, but educated in the UK. I graduated in medicine in 1988 at the United Medical & Dental Schools of Guy’s and St Thomas’ (UMDS). At that time, in the 1980s and early 1990s, cultural psychiatry played virtually no part in the training of residents in the UK, and a cultural psychiatrist was an unheard-of specialty in psychiatry. I was advised against pursuing a career

in cultural psychiatry because of the perceived political overtones of such an approach. I puzzled my colleagues and mentors by sticking with my interests, ambitions, and curiosity about a subject which seemed to me familiar and essential, but which was not part of any formal teaching I had received.

The formation of the Transcultural Special Interest Group within the Royal College of Psychiatrists, inclusion of cultural psychiatry in the curriculum and increased attention to racism in psychiatric practice were the hallmarks of maturation of cultural psychiatry in the UK. Regrettably, sometimes cultural psychiatry is still seen as strictly a minority issue, to do only with black people or people from ‘other cultures’, rather than being of wider relevance to all psychiatric practice.

I pursued a fairly conventional training in clinical psychiatry, at Guys & St Thomas’ Hospitals (1989-1992), followed by the Maudsley (1992-1995) and then a period of research training at the Institute of Psychiatry (1995-2000) supported by the Wellcome Trust. It was in this research training that I was especially challenged to try to integrate anthropological notions of culture and research methods, with epidemiological principles. My work since that time continues this process, with a special focus on health services research, psychotherapy, consultation dynamics, and training and education.

My research interests and skills flourished under the mentorship of Prof. Dinesh Bhugra and Prof. Sir David Goldberg, supported by the clinical pragmatism I had absorbed from Prof. Jim Watson and Dr Geraldine Strathdee, and some thought provoking encounters and anthropological critiques from Drs Simon Dein and Maurice Lipsedge. I became fascinated with the thinking of international experts such as Kleinman, Kirmayer, Tseng, Littlewood, Weiss, Wintrob, Prince & Minas. During my research training I also undertook training in psychoanalytic psychotherapy, another paradigm for democratic criticism of dominant ideologies.

My interests in cultural psychiatry enabled me to conduct a critical re-analysis of how mental health services were indeed discriminatory and often failed to provide culturally appropriate care. Proponents of radical service re-design at that time (1990s) were Drs Parimala Moodley & Suman Fernando and Prof. John Cox, who further supported and legitimated my interests as being of immediate and widespread relevance to psychiatry as a whole and

not just to minority ethnic groups.

Since my first consultant jobs and my academic appointment at the Medical School in East London (2000), I have seen cultural psychiatry become a major force in critical thinking about service users, ethics, philosophy of psychiatry, and now, even enshrined in national policies that advocate training in cultural competency for all mental health professionals. Prof Goffredo Bartocci has almost single-handedly raised the profile of cultural psychiatry in Europe within the last five years. The formation of WACP is therefore timely, as it offers the potential for our subject matter to be understood in its richest and fullest context, as a core 'philosophy' in psychiatric practice and research, and to bring together different schools of cultural psychiatry.

I currently serve as Chair of the Transcultural Special Interest Group of the Royal College of Psychiatrists (2004-2008) which has some 1650 psychiatrist members in the UK. I am also a member of the World Psychiatric Association Transcultural Psychiatry Section, and a member of the founding Board of Directors of the World Association of Cultural Psychiatry. I am also a member of the British Association of Psychotherapists and a Fellow of the Royal Society of Medicine (UK).

I am Director of MSc Transcultural Mental Healthcare at Queen Mary College, University of London.

This innovative Masters program is focused on health services' research and practice, ensuring that there is transfer of knowledge and skills to routine mental health practice. It is a multi-disciplinary course (teachers and students), and is in its fourth successful year. We are about to embark on an e-learning process for our future international students. We have 35 MSc students and 5 PhD students in our post-graduate program, as well as medical students.

My research interests include:

- South Asian's pathways to care and recognition of mental disorder in primary care (funded by the Wellcome Trust)
- African Caribbean mentally disordered offenders in Brixton Prison and their pathways to care (DH funded)
- Somali Refugees and risk factors for mental disorders (NHS funded)
- Mixed sampling methods using qualitative and quantitative methods, specifically the

interface between anthropology and epidemiology (NHS & Home Office funded)

- Cultural Capability of Services for **B**lack and **M**inority **E**thnic (BME) Groups (New Zealand Research Council funded)
- Policy formulation for effective services for BME groups in the UK (DH funded)
- Racism as a risk factor for mental health problems
- Adolescents' risk of mental disorder by ethnic group and cultural identity (DH, ELCHA funded)
- Eating disorders and ethnicity
- Explanatory models of mental disorders, and use in clinical assessment and diagnosis (Barts and The London Research Board)
- Suicide & Ethnicity in the UK (DH funded, Charitable foundation of Barts & The London)
- Dual Diagnosis and Ethnicity (Mellow Campaign funded)
- Improving Pathways to Care for BME groups (DH funded)

The Centre for Psychiatry has strategic alliances with the Royal Free Hospital & UCL School of Medicine (Centre for Health Improvement & Ethnic Services: CHIMES), and with the Faculty of Health Sciences at the University of Auckland (Centre for Asian Research and Evaluation: CARE-UK and CARE-NZ). I have also worked with national DH policy leads and NIMHE (UK) to develop improved services and care for black and ethnic groups in the UK. I have published numerous peer-reviewed research and educational papers in international journals, and have authored and/or edited five books.

The main studies our research group is undertaking as part of our future strategy include:

- Adolescents' mental health: prevalence and cultural risk factors including cultural identity.
- Studies of refugee and asylum-seeker mental health, especially Somali refugees
- Studies of mental health problems among Asian populations (Chinese and Indian-sub-continent origin) across continents
- Cultural Competency Training, and our Masters Program
- Suicide Prevention and Ethnicity
- Improving Pathways to Recovery
- Studies of Common Mental Disorders among adults: risk factors and interventions

- Religious Values and Coping with Mental Distress

### Wolfgang G. Jilek MD (Canada)



I was born as the son of an internist and a Red Cross nurse, in Central Europe, just before the advent of Nazism. During my youth, the experiences of World War II and its aftermath created a lasting aversion to nationalistic hatreds that had

destroyed the multi-national Austro-Hungarian state that some of my ancestors had served with distinction.

An important childhood influence had been my grandfather, whose library was filled with old geographic and ethnographic works, inspiring an early interest in "exotic" lands and peoples. I was also fascinated by heraldry, which later led me to the study of the semiotic and psychological aspects of national and political symbols, which I am still pursuing.

My family experienced the material hardships of WW2 while my father was away during military service and then interned in Russian POW camps. Accordingly, from my early teenage years, I was forced to earn money doing odd jobs. Nevertheless, I was determined to finish secondary school and go on to university.

After taking courses in history, geography, and literature, I decided to follow the family tradition of medicine, studying at the universities of Munich, Innsbruck and Vienna, from 1950 to 1956.

I always had to work to finance my studies, but I found time to be active in the socialist student movement of Austria. I acquired some proficiency in languages, which was useful in making contacts with student organizations abroad. On shoestring budgets, I made hitch-hiking trips throughout Europe, where I met people of many nationalities.

In medicine, I first was attracted to neurology, but soon became interested in psychiatry and was introduced to Freudian psychoanalysis. However, the lasting influence of my medical student years was that of Viktor Frankl, who I first encountered in 1954, in Vienna. Frankl guided me toward his logotherapy, a psychotherapeutic approach which I later found to be applicable in diverse ethnic-cultural groups.

Soon after obtaining my medical degree, I did a one-year rotating internship in Chicago, where I had relatives. This was followed by a year of residency at a psychiatric hospital in New York State. I attended M H Hollender's seminars in Syracuse, NY, and later found the old concept of hysterical psychosis, which he had revived, relevant to the transient psychotic reactions I described in African populations.

Before returning to Europe, I tramped through North and Central America, from Canada to Guatemala.

Back home in Austria, I decided to go to Switzerland for further psychiatric education, under the supervision of the renowned psychiatrist Manfred Bleuler, in Zurich. I spent three years in Zurich, training in psychiatry and epileptology, while also getting acquainted with the psychology of C.G.Jung. This was the beginning of my personal ties to Manfred Bleuler, who visited my wife and I in the 1970s, at our home near Vancouver, and after traveling with us along the Northwest coast to visit indigenous elders and healers, wrote the foreword to my book "Indian Healing".

Among the residents at the Burghoelzli Klinik in Zurich, I met a young Norwegian colleague named Louise Aall, who had just returned from adventurous years of medical experience in tropical Africa. My acquaintance with Louise would become a lifelong marital and professional association.

As our first joint venture, we traveled to Tanganyika (now Tanzania) to look after the bush clinic that Louise had founded for untreated epileptics, who had been forced to lead an outcast existence.

Today, the Mahenge Clinic for Epilepsy is a regional center for treatment and research, still supported and supervised by Louise, now assisted by our daughter Martica, a clinical nurse.

Even before our engagement, Louise and I had separately been in contact with Eric Wittkower, at McGill University in Montreal, upon learning of the new discipline of transcultural psychiatry. Immediately after getting married, in 1963, we sailed for Canada, to study under Wittkower's supervision. We had intended to stay in Canada only for post-graduate studies, but were soon intrigued by the prospect of living and working in

an emerging multi-cultural society. So we stayed on as "new Canadians", even though we had to re-take all our general medical examinations.

I lost my Austrian citizenship when I became a Canadian citizen. However, in 1997 the Government of Austria re-awarded my Austrian citizenship, on the basis of scientific achievement.

The time at McGill was the most interesting of my eight years of postgraduate training, mainly because of our association with the newly founded Section of Transcultural Psychiatric Studies under Eric Wittkower and Henry B.M. Murphy, who became our mentors and eventually our personal friends, as later did Raymond Prince.

I completed a M.Sc. degree in social psychiatry under H.B.M. Murphy.

After passing our specialist exams, Louise and I spent one year doing neuropsychiatric research, in a team that first described the positive psychotropic effects of carbamazepine.

Through Edward Margetts in Vancouver, whom we knew from Africa, the Director of Mental Health in British Columbia suggested that we develop psychiatric community and hospital services in the upper Fraser Valley, where hitherto no psychiatrist had practiced. This vast area of immigrant settlers and several "reserves" of Amerindian tribes, appeared to us an ideal place to practice cross-cultural psychiatry.

It was during those years, from 1966 to 1974, that we witnessed the cultural renaissance taking place among the Coast Salish Indians of British Columbia and Washington State, under the leadership of the surviving traditional elders and shamanic healers who, noticing our empathic interest, invited us to be participant observers of the revived Salish guardian spirit ceremonial.

We first reported on "Transcultural Psychotherapy with Salish Indians" at the 5th World Congress of Psychiatry, in Mexico City, in 1971.

On the basis of clinical experience with young indigenous people suffering from depressed mood and substance abuse with behavior disorder, I formulated the concept of anomic depression,, resulting from anomie; the loss of traditional societal norms, cultural identity confusion, and relative deprivation. I also documented the psycho-hygienic and therapeutic effects of the Salish spirit dance ceremonial.

My study of altered states of consciousness in the context of indigenous rituals paralleled the scientific interests of Joan Obiols, Barcelona, and Caesar Korolenko, Novosibirsk, who later became our collaborators and friends.

To obtain a theoretical framework for our work, Louise and I took graduate courses in anthropology and sociology at the University of British Columbia (UBC) and obtained MA degrees there.

Our observations were of interest to Claude Levi-Strauss, Paris, who we introduced to Salish ritualists and to the spirit dance ceremonial. Eventually we extended our work with indigenous peoples to the northern Northwest Coast and to Alaska.

In an effort to attract attention to the mental health situation of Canadian indigenous populations, I organized with like-minded colleagues, the Canadian Psychiatric Association's "Section of Native Peoples' Mental Health", which I chaired from 1970 to 1981. Our group won the cooperation of "First Nations" leaders and healers and convened "Transcultural Mental Health Workshops" in several Canadian provinces. American Indian representatives, and colleagues from the APA Task Force on American Indians, also participated in these ventures.

In 1974, Louise and I were invited to join the Department of Psychiatry at UBC, where I was active in teaching and supervision of residents, until becoming emeritus professor in 1996.

At the 6th World Congress of Psychiatry in Honolulu, in 1977, where we presented a paper on cross-cultural collaboration with traditional healers, HBM Murphy invited us to join the World Psychiatric Association's Transcultural Psychiatry Section, that he was organizing.

When Wen-Shing Tseng became its chairman, in 1983, I took over as Section secretary. I came to recognize Wen-Shing as one of the outstanding representatives of our discipline and worked closely with him to raise the profile of transcultural psychiatry.

Early in the 1980s, I became a member of the Society for the Study of Psychiatry and Culture, founded by Ron Wintrob, Edward Foulks and John Spiegel a few years earlier.

The 1980s and 1990s were years of my most

intensive involvement in the field of comparative cultural psychiatry. In these two decades I published three books and over 100 articles and book chapters. I also gave numerous invited lectures at universities and institutes in North America, Europe, Asia, the Pacific, and in South America, where I collaborated with Alberto Perales in Peru and Mario G. Hollweg in Bolivia.

In the early 1980s, we were introduced to societies of cultural psychiatry and ethnomedicine in German-speaking countries, through Wolfgang Pfeiffer, who had published one of the first textbooks of transcultural psychiatry. That began our collaboration with Ekkehard Schroeder, the editor of "Curare, and with Wolfgang Krahl, in the "Work Association Ethnomedicine" (A.G.E.M.).

I also renewed my contacts with Vienna University. Our friend Armin Prinz had founded the first European Department of Ethnomedicine at the medical faculty of the University of Vienna, where I later became guest professor of transcultural and ethno-psychiatry.

In 1986 I was appointed affiliate professor at the Department of Psychiatry, University of Washington, in Seattle.

I served as WHO Mental Health Consultant in Papua New Guinea in 1984 and 1985, as consultant to the Ministry of Health of the Kingdom of Tonga in 1987, and as Refugee Mental Health Coordinator of UNHCR in Thailand 1987-1989. In 1991, I presented a report to WHO on the role of traditional healing in the management and prevention of substance abuse.

I was elected chairman of the WPA-TP Section in 1993, serving until 1999. As editor of the "Transcultural Psychiatry Newsletter" I endeavored to expand its content and extend its distribution.

Colleagues in several countries helped me organize "International Symposia on Cultural Psychiatry": in 1993 in Rio de Janeiro; 1995 in Lahore and Chandigarh; 1996 in Madrid; 1997 in Rome; 1998 in Florianopolis, Brazil; and 1999 in Hamburg, Germany.

I was happy to see Goffredo Bartocci, who has made a significant contribution to our field, succeeded me as chair of WPA-TPS in 1999.

Looking back over the many years of my career in cultural psychiatry, as clinician, teacher, researcher

and administrator, I cherish the memory of the many colleagues all over the world who encouraged me and worked with me. I am confident they will also contribute to the continuing vigor of WPA,s Transcultural Psychiatry Section and to the growth of the newly founded World Association of Cultural Psychiatry.

### **Marianne C Kastrup MD (Denmark)**



I grew up in a family believing in the UN Human Rights Declaration, and the first book I recall being read to me was the UN children's book. As I grew up, pen pals from various parts of the world colored my views of my safe

middle-class upbringing in one of the world's most ethnically homogenous and peaceful societies; Denmark.

I was told growing up that all human beings were alike in dignity and rights. As a medical student I joined Amnesty International and worked for the charity movement, Abbe Pierre, to raise money for developmental projects.

I joined Nobel Peace Prize winner Pater Pire's Peace University in Belgium and had wonderful social interactions with students from all over the world.

The feminist movement and political activities in the Social Democratic Party have been important parts of my life, and in medicine it was the community aspects that primarily interested me.

I was attracted to psychiatry for several reasons. One was an interest in women's issues. Another was a wish to increase the dignity and human rights of the mentally ill.

My mentor, Dr Annalise Dupont, the Director of the Danish psychiatric case register, gave me ample opportunity as a junior female doctor and paved my way into international psychiatry, along with Professor Erik Strömgen, who took me to WHO, where I participated in one of the WHO IPSS meetings.

The cosmopolitan atmosphere at the WHO meeting influenced my career.

Professionally and personally these were very formative years, enabling me to develop international professional networks, as well as friendships. I am now a member of the WHO Expert Advisory Panel on Mental Health.

On the personal level, I had become the partner of an Indian scientist who settled as a professor in Denmark and taught me more about culture than anyone else. Close contact with his family in India opened my eyes to a culture and way of life that has been dear to me ever since.

My psychiatric career was centered around Copenhagen, but with interests that had an international flavor.

Via Amnesty International I got in contact with Dr Inge Genefke, the founder of the work in Denmark with torture survivors. I was a volunteer examiner of asylum seekers, and had from its very start, close contact with the Rehabilitation and Research Center for Torture Victims.

As a member of the Danish Medical Association Ethics Committee, the human rights agenda further led to the establishment of interdisciplinary educational activities in Eastern Europe, with a focus on professional ethics and the rights of patients.

And I have been lucky that the European Council's Committee for the Prevention of Inhuman, Cruel and Degrading Treatment and Punishment has used me as an expert on a number of missions visiting prisons and psychiatric facilities around Europe, focusing on patients' rights and access to care.

From the beginning of my psychiatric career I have been active in international organizations and found it a challenge to be part of multicultural groups working for a common goal.

I was fortunate enough to be elected in 1996 to the Executive Committee of the World Psychiatric Association, where I chaired the Standing Committee Reviewing the Abuse of Psychiatry and received cases from many parts of the world.

Almost at the same time I decided to leave my position as Head of the Department of Psychiatry of Copenhagen University and become the Medical Director of the Danish Rehabilitation and Research Center for Torture Victims, with projects helping traumatized people in a number of countries.

After the reorganization of the Center I decided in 2001 to return to psychiatry and became Head of the newly established National Center for Transcultural Psychiatry at the Department of Psychiatry, Rigshospitalet, Copenhagen; with the aim to set cultural aspects on the psychiatric agenda.

Cultural issues are central in my work in the establishment of a Nordic Transcultural Network of Psychiatrists and Psychologists, as well as with my membership of the WPA Transcultural Section and now the WACP also.

I welcome the inauguration of WACP and look forward to fruitful collaboration with colleagues around the globe who share the same interests.

### **Laurence J. Kirmayer MD (Canada)**



My interest in cultural psychiatry has its roots in my family background. As the grandson of immigrants who came to Canada in the 1910s escaping pogroms in Eastern Europe, issues of identity and tradition, racism and justice, and

the riches and pleasures of cultural diversity were the topics of many conversations while I was growing up. I began my university studies in physics and mathematics, but discovered I had an aptitude for psychology and completed my undergraduate degree in physiological psychology at McGill. Among my teachers and mentors at that time were Dalbir Bindra, Donald Hebb, and Ronald Melzack. My undergraduate research was on state-dependent learning with drugs and ACTH in mice and electrical stimulation of the hippocampus in rats. This early exposure to research convinced me that empirical psychology could provide a firmer foundation than psychodynamic theory for psychiatry.

I planned to continue on to a doctorate in clinical psychology, but was persuaded that medical training would provide me with a politically more effective platform from which to address my concerns about the misuse of psychiatric power, which came from reading R.D. Laing and other writers on 'anti-psychiatry'. During my last year of medical school at McGill, I took a course on ethnopsychiatry from the medical anthropologist Margaret Lock, who had just come to McGill after completing her doctorate at Berkeley. The topic captivated me and it became clear that this was the direction I wanted to take. I went to the University of California at Davis for my residency in psychiatry. There I had the good fortune to meet the anthropologists Byron and Mary-Jo Good, who had just come from Harvard, where they were colleagues of Arthur Kleinman. With a consultation-liaison psychiatrist, Henry Herrera, the Goods established a cultural consultation service at

the UC Davis Medical Center, where patients received evaluations and treatment from a mixed group of clinicians and healers from the community, including a Puerto Rican *espiritista*, Mexican *curandera*, and an African American Baptist minister.

I returned to Montreal in 1980, completed a research fellowship and took a staff position at the Jewish General Hospital (one of five McGill teaching hospitals) as a consultation-liaison psychiatrist and researcher. My early research studies examined somatization in primary care. In a very congenial and fruitful collaboration with Jim Robbins, a medical sociologist now at the University of Arkansas, we developed an approach to somatization as illness behavior, with an emphasis on causal attributions and interpersonal processes.

Soon after my return to Montreal, I discovered that McGill had a Division of Social and Transcultural Psychiatry, then headed by Raymond Prince. At his invitation, I wrote a review article on culture and somatization for the journal he edited, *Transcultural Psychiatric Research Review*. I continued to learn medical anthropology by osmosis in the congenial company of an evening study group that included Margaret Lock, David Howes and John Leavitt.

Montreal at that time was also home to the Interuniversity Group for Research in Medical Anthropology and Ethnopsychiatry (usually referred to by its French acronym, GIRAME), founded by Guy Dubreuil of the University of Montreal and H.B.M. Murphy of McGill. At a time when linguistic tensions in Montreal ran high, it was an inspiring example of integration, in which both English and French were used freely, as suited the comfort of the speaker. With Guy Dubreuil, I took on co-editorship of GIRAME's journal, *Culture/Santé/Health*. My friendship with the anthropologists Gilles Bibeau (who was Chair of Anthropology at the Univ of Montreal) and Ellen Corin dates back to that time, and they have both been tremendously supportive, stimulating and challenging colleagues. In the late 1980s, GIRAME and its journal wound down as other forms of networking and collaboration took their place.

In the early 1980s, with the help of Margaret Lock, I undertook some brief fieldwork in Japan, but clinical and family responsibilities sidelined plans to continue. In 1989, I had the opportunity to do psychiatric consultations for the Inuit in the arctic

region of Quebec and this began an ongoing involvement in Inuit mental health and more generally with First Nations and other Indigenous peoples. Struck by the high suicide rate among young men, I began a series of epidemiological and ethnographic studies aimed at understanding the impact of internal colonialism and culture change on Inuit mental health. This led to a broader interest in and involvement with the mental health of indigenous peoples and, eventually, the founding of a National Network for Aboriginal Mental Health Research, which I co-direct with Dr. Gail Valaskakis, the Director of Research for the Aboriginal Health Foundation. Currently, I am leading a cross-national research program on resilience among Indigenous peoples, with colleagues from New Zealand.

In 1991, Raymond Prince retired and I took over the direction of the Division and editorship of the journal. *Transcultural Psychiatry Research Review* was the oldest journal in the field, but because it published mainly reviews of other articles, did not have much visibility outside its circle of devoted readers. I was mandated to make over the journal as a peer-reviewed publication and arranged to move from in-house publication to an arrangement with Sage (UK), a leading publisher of social science and other journals. This arrangement has allowed the journal to grow and to become an arena for current research work in cultural psychiatry. We remain committed to maintaining its diversity both in terms of the geographic origins of contributors and the many disciplines. As a journal that cuts across psychiatry, psychology, anthropology and other social sciences, it occupies a unique interdisciplinary niche.

Since the early 1990s, my thinking about culture and psychiatry has been strongly influenced by ongoing conversations with the medical anthropologist Allan Young, whose critique of the cultural construction of PTSD has provided a model for the careful ethnographic, historical and philosophical analysis of psychiatric research and practice. My clinical perspective owes much to my colleagues Jaswant Guzder and Cécile Rousseau. I feel extremely fortunate to have such innovative and committed scholars and clinicians as friends and colleagues. In addition to continuing work on Aboriginal mental health, healing and resilience, I am engaged in a range of other projects including on models of mental health services for multicultural societies, the use of the cultural formulation in cultural consultation, the conceptual integration of cultural and social neuroscience

research, and the role of metaphor in illness and healing. At the center of my work in cultural psychiatry are two fundamental concerns: the power of language and poesis to effect change in behavior and experience and the problems of empathy and alterity in clinical practice.

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### **Antti Pakaslahti MD, PhD (Finland)**



Being asked to contribute a short bio-sketch was an honour and a challenge. How was I drawn to transcultural psychiatry, presently my natural intellectual environment? What follows are some notes on my voyages in time and place, coincidences,

choices, perhaps ascending spirals.

By nationality and mother tongue I am Finnish. My family background is a composite; a grandmother from the Stockholm French school, and elements of Russian and Scottish as well. As a boy, I spent a long period in war-torn France. Back in Helsinki, I attended the new French primary school – one of the post-war links between Finland with the West. At home, I listened to discussions in several languages, as my parents conversed with their guests in half a dozen tongues they learned in the course of their international diplomatic activities.

During my teenage years my father was posted to India and other Asian countries. From my boarding school in Mussoorie, the snow-capped Himalayas invited trekking and exploration. In addition to English, I learned Hindi. The intriguing complexities and cultural flavours of India made their indelible mark on me. I started to record my impressions in photography. After the years in India, I had shorter stays in Turkey and in Spain, with my parents. Transcultural riches; but also some identity diffusion for me.

Back in Finland, I studied Indian culture and languages at university, but I realized in time that future job prospects in this field might be very limited. I opted for medicine, another career attraction I had considered. However, I continued with my fascination with India as a sideline: tasting (and preparing) curries, hearing (and meeting) Ravi Shankar, learning Sanskrit, and translating Hindi poetry into Finnish (winning a small prize for that along the way). I was a fan of cinema, discovering Satyajit Ray.

As a young doctor specializing in psychiatry, I had an opportunity to return to India for several months. It was by car; through Turkey, Iran and Afghanistan. In India, I was once again subject to its exuberant charm. I talked Hindi and practiced my photography. I observed the tensions and paradoxes around unequally developing modernity. I sensed in many ordinary people their backbone of traditional culture and solid family bonds; despite the hardships of material poverty and life-crises. I wondered what kind of cultural and psychiatric research might exist on such issues?

In the 1980s, I submitted my doctoral dissertation on schizophrenia, with a follow-up study on protective and risk factors affecting outcome. The empiric material was from Helsinki, but included an extensive international literature review and discussion. Finding out about the WHO multi-centre studies, with their surprising results of a better outcome in schizophrenia in the developing countries, I pondered about what might be the role of culture, family and social networks in that improved outcome?

Soon afterward, I was assigned to a project starting new emergency services for acute psychotic patients in the community, near Helsinki. By then I had completed my training in psychotherapy and had gained some experience in community psychiatry. I wondered whether there was a workable alternative to the usual hospitalization of psychotic patients in crammed closed wards? Our multi-professional team began to offer family and group interventions in psychoses, on an immediate outpatient basis. Effective mobilization of supportive and healthy resources in patients, their families and social groups proved to be effective in stabilizing a number of problematic situations, without resorting to hospitalization. Later this emergency approach was also applied to crises involving suicide risk. A new family, network and community-oriented treatment “culture” was evolving.

I came across some ethnographic accounts of healing of mental problems in traditional societies. Rather than being excluded, the afflicted individuals became a centre of caring and attention by their relatives and fellow villagers. As cultural professionals of crisis solving, healers organized and led group sessions aimed at interpersonal healing and community reintegration. Had we western psychiatrists just started to do something similar - across distances in time, place and culture?

My next project started to take shape slowly in my mind, during vacation trips to India. Could I locate traditional healers in India and study their therapeutic approaches and techniques; perhaps even with video documentation, which I had been utilizing by then for over a decade?

Starting in the early 1990s, I participated in the meetings and symposia of the WPA- Transcultural Psychiatry Section. I plunged in to learning from the work of many well-known cultural researchers, surrounded by stimulating, and at times, fascinating discussions. All this helped me to develop and contextualize my transcultural field research ideas.

Ultimately, I arrived at the famous healing shrine of Balaji in Rajasthan, North India, where I could communicate in Hindi. Well-received locally, I embarked on a series of annual field research trips. I succeeded in finding a number of respected healers associated with this shrine. These were serious professionals who treated psychiatric and interpersonal problems in the culturally-congenial idiom of “spirit illness”. Their techniques consisted basically of family and group-oriented therapeutic interventions. I was able to obtain in-depth audio and video interviews of healers, patients, and their families. As many allowed me also to film actual healing sessions, I was able to assemble an extensive body of authentic field material for subsequent analysis. Direct field experience and later analyses revealed highly sophisticated and culturally relevant therapeutic techniques. To date, my results have been presented in transcultural psychiatry congresses, research papers and two documentary films. The second film, “Kusum”, has received several international awards. Further work on this subject is forthcoming.

I now feel that transcultural psychiatric research has become a unifying process for me, bringing together disparate life strands: linguistic attractions, some translation work, cultural curiosity, my attraction to India, visual documentation, psychiatric and psychotherapeutic investigation, professional and human interactions.

What about future transcultural projects? Some have started, including collaborative efforts in Finland, the Nordic countries and elsewhere – but that is a story for future telling.

### **Closing Reflections**

I hear a polyphony of voices in space and time. Every voyage involves both departure and return. My three year-old daughter is a fan of videos about

the Finnish Moomin family. The touching Moomins are curious and open toward all kinds of strangers emerging into their lives. Many become their friends. The Moomin father tries to put all this together in his memoirs. So, last week my daughter asked me to give her a big notebook and pencils. I asked: “what for”? She replied: “I want to write my memoirs”.

### **Recent and ongoing transcultural activities:**

- Associate Professor (docent) of Psychiatry; teaching transcultural psychiatry at the Universities of Oulu and Tampere, Finland
- Member of the WPA-Transcultural Psychiatry Section; Committee member, 1999-2002
- Editorial board member; Anthropology and Medicine,
- International advisory board member; Indian Journal of Psychiatry
- 2002- founder and chairman of the Transcultural Section of the Finnish Psychiatric Association
- 2003- founding member; Nordic Cultural Psychology and Psychiatry Network (CPPN); co-ordinator, 2005-2006
- Scientific Committee member & transcultural program co-ordinator, 28th Nordic Congress of Psychiatry; 16-19 Aug 2006
- Editor of the forthcoming issue of the Finnish Medical Journal, Duodecim; on transcultural psychiatry

### **Palmira Rudaleviene MD (Lithuania)**



I believe most psychiatrists would agree that psychiatry is a field of kings – a uniquely fascinating area offering psychiatrists the privilege of exploring the depths of human emotions and relationships. I believe that there can be no true approach to practising psychiatry without true love.

I was involved in a sabbatical programme under the guidance of Prof Vijoy Varma at the Postgraduate Institute of Medical Education and Research in Chandigarh, India, in 1995. During that time, Prof Varma organised the WPA-TPS Congress in Chandigarh and he asked me to give a lecture on Lithuanian psychiatry, since I was the only person there from Lithuania; a country that was unfamiliar

to most of the participants and did not exist on the world's map.

This is how my involvement with WPA-TPS and its activities began. I met very interesting and warm people, wonderful psychiatrists whose minds and visions were occupied with something extraordinary, unique and passionate. Their enthusiasm was infectious. In fact, the source of many important things that happened in my life was India, my love for India. People who have been closest to me throughout my life, including my family members (who try to accept and even appreciate the things I feel passionately about) were aware of this source of inspiration in my life and its impact on my work.

This phenomenon of my "love for India", which arose when I was 10-11 years old, has a long, rich and treasured history. I went to India for the first time in 1992, searching for similarities between Lithuania and India. I found a lot of them and I thought of them as precious jewels.

My mother was a doctor, but she did not support my choice to study medicine. She would tell me that if I became a doctor, I would never be able to have a private life, because other people's lives, their sufferings would have to take priority. On the other hand, my father was quite happy with my wish to go to medical school.

As for my own career aspirations, I gave myself two alternatives: if I won a gold medal in the secondary school final examinations, I would enter medical school, if did not – I would go to Moscow to study Bengali language and literature.

Both my parents were, and still remain, the main authorities and sources of inspiration in my life. Both of them were a steadfast example of free Lithuania's (before the Soviet occupation) intelligentsia, bright and loving. They embodied spreading humanism, optimism, high spiritual qualities and passionate commitment in everything they did. Their convictions ruled the daily life of the family and presented a source of inspiration and a compelling example of how one should remain true to one's ideals. I was also influenced at home with daily considerations and emotions that one day Lithuania would be a free and independent country again. My parents kept talking about this every day and I was full of these longings, perspectives and prayers. That is why it was so natural for me to accept it when the dream of an independent Lithuania finally became a reality in 1991. During

more than forty years Lithuania was under foreign occupation, but at home I was brought up as a free spirit. My parents would say: "Only people with a free spirit and pure mind could be healthy".

My mother would open our door to poor people and ask them to sit down at the dinner table beside me. As a child, I was afraid of them and kept silent, but I observed. My mother would tell me after they left; "Never ask for reward: God will reward you if you truly deserve it".

My close friends were familiar with my dreams: if I were a man I would become a pilot or a priest. As I grew up, I wanted to become a doctor.

My choice of specialising in psychiatry was made during my second year of medical studies – two years before our clinical exposure to psychiatric patients. I acquired my first knowledge about psychiatry when I became a member of the Students' Psychiatry Circle.

I obtained my MD from Vilnius University in 1979, and completed my psychiatric specialty training in 1980. I have continued to extend my knowledge and skills as a psychiatrist ever since that time.

I have always been surrounded by wonderful people. My internship supervisor, Dr Danutė Požerienė, was a psychiatrist who loved her profession. This was unforgettable and infectious. She also possessed excellent pedagogical skills. I still remember the report she asked me to rewrite ten times, until every detail was perfect, and only then did she invite several colleagues and asked them: "Could anyone of you write such a good report?" Many years have passed since her death, but she is still alive in my heart.

Strict adherence to the prescribed methods and limits of innovative thinking were required during the Soviet times. Any creativity in clinical psychiatric practice was discouraged and ridiculed, and any deviation from standard procedure could become a reason for punishment. My thoughts of visiting India also could be diagnosed as delusional and bizarre (as were anyone's expressed desire to go to any country abroad). We all had to be very cautious in choosing what to say, how to say it and to whom to say it; or, as the case may be, when it was better to keep silent. This was the case with everyone who valued their lives and did not want to be sent to Siberia or simply "disappear". We all were expected to think the same way; otherwise "additional questions" and danger could arise.

Expression of true feelings and thoughts could be found only in the theatre and in literature. Nevertheless, Lithuanians were very strong in their spirit and able to preserve their best qualities.

K.P.Dave, Professor of Psychiatry in Bombay, was the person who was best able to explain to me the “pathogenesis” of my appearance in India. “You prayed for this every morning and evening since your childhood. These prayers created strong energy in the universe and the power of it touched my mind. You see, every day I receive many letters from all over the world and have no time even to open them. But your letter was opened and read and I invited you to Bombay – I performed an act which I would never have expected of myself. This was not a coincidence. It is evidence of order in the universe.”

Later I met other psychiatrists in India who told me much the same thing about my visits to India. I was convinced. This was not a delusion. Nor was it a hysterical craving for an unfulfilled need. This was an act of love. I broadened my view of life in India – who wouldn’t do it there? And it contributed a higher philosophical perspective to my interactions with patients. I learned valuable lessons and new responsibilities during the two months I spent in India doing a course in psychiatry at Sion Medical College in Bombay.

I came to Bombay with empty pockets, but was never in any need and was treated as a very special person. At the airport, when I was saying goodbye to Professor K.P. Dave and his wife at the end of my stay, I asked how and when I could repay him for everything he did for me. His answer was: “Do the same for others – the same way. This will be a reward to me and a sign of time not wasted”.

My professional development has also been greatly influenced by Prof Pierre Flor-Henry, in Edmonton, Canada. He showed me the highest standard of practice of psychiatry as a science and an art. I spent three sabbatical leaves, each of six months duration, under his guidance, at Alberta Hospital Edmonton. Presenting cases to Prof Flor-Henry was the most serious examination experience in my life. I never slept during the nights preceding these presentations, as I tried to ensure that my preparation was complete and accurate, down to the last word, and that my English would be sufficiently articulate, if not elegant in expression.

My supervisor at the Forensic Unit of AHE, Dr. Vijay Singh, was also exemplary in dealing with

patients. While observing his attitude and behavior with patients I learned a lot about clinical care. One of my colleagues told me that she wanted to educate her six children to be like Dr. Singh. What could be better recognition of his unique abilities?

I continued my quest for learning in different cultures by spending two months in Scotland, under the mentorship of Dr. Joe Bouch. For someone coming from the intellectually stultifying environment of a Soviet-dominated country, locked away for decades from the free exchange of ideas with physicians and scientists in other countries, it was an eye-opening and exhilarating experience to subsequently take courses at University College, London, and then at Harvard University.

My professional life has been further enlivened by participating in a number of WPA-TPS conferences over the past ten years. Discussions at these conferences with Prof Thomas Stompe led to my collaborating with him in his study of religious delusions. Later I joined his research project on suicide.

I have learned a great deal about psychiatric thinking and clinical care, and also about life in general, from my experiences in India, Canada and Britain. I have tried to apply what I learned, to improve the quality of psychiatric care in post-Soviet, independent Lithuania. Our nation is still going through a difficult process of healing from the decades of occupation and intellectual repression. We have to learn how to change past patterns of fear of innovation and change, and learn how we relate to patients as people with innate rights to compassionate care. We need to evolve our own, culturally-sensitive and humanely-based ways of relieving our patients’ fears and enhance their sense of well-being in a free and independent country.

In 2004, several colleagues and I inaugurated the Lithuanian Cultural Psychiatry Association (LCPA). The Association is unique because it includes psychiatrists, priests, lawyers and social scientists as full members. Most members are academics. Several have degrees in divinity and law, or divinity and medicine. The result is a lively interdisciplinary discussion on a wide range of topics.

LCPA has organized two international scientific conferences: “Love for One’s Neighbour is the Basis for Mental Health” (2004) and “How Spirituality Affects Mental Health” (2005). Both

conferences were held in the Lithuanian Parliament House and attracted a large number of participants.

Our LCPA is an affiliated organization of WPA, as well as of the newly created World Association of Cultural Psychiatry, and is a sponsoring organization of the First World Congress of Cultural Psychiatry, to be held in Beijing in September 2006.

Lastly, a few words about my family. My husband is a psychiatrist. My elder son graduated this year from Vilnius University with a MD degree. My younger son is finishing secondary school. Both sons have accompanied me to WPA-TPS' conferences and related meetings and are familiar with and admire its staff, ideas, and activities.

### **Hans Rohlof MD (Netherlands)**



Although the Netherlands is a rather small country, cultural differences in the country were rather great. Through the first half of the twentieth century, there was a great cultural distance between the Catholic south and the Calvinist north

and west of the Netherlands. So being born in 1950, with the very Catholic name Johannes George Boudewijn Maria Rohlof, in Hilvarenbeek, a small Dutch town next to the Belgian border, I experienced a sort of culture shock when I started medical school in the university city of Leiden, located in the Calvinist western region of the country.

Before that, my secondary education was in Tilburg, in the Catholic south of the Netherlands. I had a classical secondary education, as was usual in the Netherlands in those years, including Greek, Latin and three modern languages: English, French and German.

It was during my medical studies that I first encountered immigrants in the community: labourers from Morocco and Turkey. Being politically engaged at university, I was a member of the neighbourhood council in a sector of Leiden where a lot of migrants lived. I worked toward getting better living conditions and educational opportunities for the immigrant group.

In addition to Moroccan and Turkish immigrant groups, during that period a lot of people from the former colonies of the Dutch Antilles in the West

Indies and from Surinam, in northern South America, migrated to the Netherlands, and as a result, the country began to be more racially diverse. This process has increased steadily over the last four decades, to the extent that there are now about two million people of non-European origin in the national population of 15 million; that is, 7.5% of the total population of the Netherlands is foreign born.

After graduating from medical school, I started residency training in psychiatry at the psychiatric hospital of Leiden University, where I got experience in biological psychiatry as well as in different types of psychotherapy: cognitive behavioural, Rogerian, group dynamic, and analytic. My residency thesis was on group therapy with chronic pain patients.

When I became licensed as a psychiatrist, in 1982, I was offered a position at the city psychiatric hospital of 'Endegeest', near Leiden. A large proportion of the patients treated at this hospital came from the small fishing towns and villages along the North Sea coast. From 1985 to 1996, I worked as a psychiatrist in the outreach service of the Community Mental Health Centre, in the fishing town of Katwijk, one of the most closed communities in the country, where my cultural interest in psychiatry was further developed.

Not only did my patients from these fishing communities have strongly held beliefs in the influence of the devil, but also we as mental health workers had to cope with and work collaboratively with orthodox Protestant ministers, some of whom were strongly opposed to mental health care.

My interest in the growing number of immigrants and refugees in the Netherlands resulted in my appointment to the board of the local Association of Assistance to Refugees. Beginning in 1992, I was appointed as a psychiatrist at the Pharos Foundation in Amsterdam, a nationwide mental health program for refugees. There, my colleagues and I organized workshops and lectures about the mental health care of refugees. This experience led us to write several books and book chapters, and over fifty articles, about the mental health care of refugees and, more generally, about transcultural psychiatry; mostly in the Dutch language. In 1999, together with Mia Groenenberg and Coen Blom, I wrote a book about the mental health care of refugees. In 2002, Ria Borra, Rob van Dijk and I edited a book titled; Culture, Classification and

Diagnosis, that included a text in English of a culturally competent interview. In 2005 I edited a book about Group Therapy with Refugees.

Since 1999, I have had a position at Centrum '45; the national centre of expertise for the treatment of victims of persecution, war and violence. At the branch of Centrum '45 where I work, psychiatric treatment is provided to refugees from more than 45 different countries. The Centre has an education and research component, organized in collaboration with Leiden and Utrecht Universities. One of our research topics is somatization in traumatised refugees. The Centre is also a training institute for residents in psychiatry.

Working with refugees, you experience cultural issues in psychiatric care in your day-to-day clinical practise. As a result, my colleagues and I became convinced that the time had come to share this interest and experience with other psychiatrists.

Although there had been some interest in cultural psychiatry and some conferences had been held on this topic, especially on working with immigrants and refugee populations in The Netherlands, there was no national organization that focused on cultural issues in psychiatry. In 2001, Ferdinand Thung ( who died in 2005 ), Pim Scholte and I founded the Dutch Section on Transcultural Psychiatry, and brought together Dutch scholars and practitioners in this field. The chair and co-chair of the Section are Joop de Jong and Frank Kortmann, who are professors of transcultural psychiatry at the universities of Amsterdam and of Nijmegen.

The Section on Transcultural Psychiatry has to date organised three national conferences, including discussions about the place of culture in psychiatric research and education, and has published a report on scientific progress in transcultural psychiatry. The Section also has an e-mail newsletter that serves as a forum for people interested in cultural psychiatry issues. Another part of the Section's activities is its involvement in the Scientific Committee of the Netherlands Psychiatric Association, which is responsible for the scientific programme of the annual meetings of the Association.

The Section has 120 members, 100 of whom are psychiatrists and the other 20 are medical anthropologists, psychologists and other mental health professional staff.

In 2006, the Section on Transcultural Psychiatry of the Netherlands Psychiatric Association wants to encourage its members' participation in the rapidly growing international organisations of cultural psychiatry, such as their involvement in the WPA-Transcultural Psychiatry Section conference in Vienna, in April, and in the 1<sup>st</sup> World Congress of Cultural Psychiatry in Beijing, in September.

As Secretary of the Section, it is my responsibility to maintain communication within the Section, and between the Section and other organisations interested in cultural psychiatry. A central part of this task is maintaining contact through the World Wide Web. My initial training in website design enabled me to build a website for the Section, linked to my personal website: [www.rohlof.nl](http://www.rohlof.nl). The website of the Netherlands Association for Psychiatry also publishes news about the Section, in Dutch: [www.nvvp.net](http://www.nvvp.net)

### **Thomas Stompe MD (Austria)**



At first sight, the interest of an Austrian in cultural psychiatry seems to be hard to explain. Although Austria has a certain tradition in anthropology (the school of Father Wilhelm Schmidt), - having no indigenous populations and no colonies - it has not developed a tradition in culture psychiatry.

So this interest must have evolved along other – atypical – pathways. Since my pre-school years I was fascinated by old or “strange” cultures, a fascination that has stayed with me my whole life. After finishing school, I first planned to study cultural history, but after a few months time to think about my professional future, I decided to study medicine, knowing even then that I wanted to become a psychiatrist.

When I started medical school in Vienna, psychiatry was for me a synonym for psychoanalysis. Reading (more or less) the complete works of Sigmund Freud, Totem and Taboo made me curious, but also left me feeling helpless. During the next several years, I was preoccupied with books by Mario Erdheim, Paul Parin, Paul Morgenthaler and Maya Nadig, relating psychoanalysis to anthropology, and planned to undertake research in ethno-psychoanalysis in the future. So, after my graduation in medicine, I started my training at the Psychiatric Clinic of

Vienna University. At the same time, I began to study anthropology and undertook my own psychoanalysis.

From 1989-1991, I spent three years of my training in a rehabilitation centre for schizophrenic patients, an experience which has had an ongoing influence on my professional and scientific career. Dealing with these patients stimulated my interest in the psychopathology of psychoses; an interest, which has continued to motivate my clinical and research activity ever since.

In 1990, I met Dr Haroon Chaudhry from the University Clinic in Lahore, Pakistan. He has completed part of his training in psychiatry at the University Clinic in Vienna. In 1992 we decided to establish the “Vienna research group in cultural psychiatry”. During the following years, I have been able to visit Pakistan four times, to coordinate our collaborative research projects.

Our first published research findings generated considerable interest in the scientific community. Our collaborative research group has expanded over the years, and now comprises psychiatrists from eight countries; Austria, Poland, Lithuania, Georgia, Pakistan, Ghana, Nigeria, and Namibia.

Since 1994, I have been working in close cooperation with Dr Alexander Friedmann, head of the Transcultural Outpatient Department of the Psychiatry Clinic of Vienna University, who is mainly treating psychiatric disorders among refugees and migrants from former Yugoslavia, the former USSR, Turkey, and Sub-Saharan Africa.

Since 1994, I spend half of my working time at the High Security Göllersdorf, Hospital, a facility for mentally ill offenders deemed to be not guilty by reason of insanity. Under the influence of my mentor, Dr Hans Schanda, the head of the High Security Hospital, forensic psychiatry has become an important part of my scientific interests.

Following an invitation from Dr Haroon Chaudhry to come to Lahore in 1995, I attended my first annual meeting of the WPA-Transcultural Psychiatry Section. In 1997, I met Dr Goffredo Bartocci, with whom I share a fascination in religious issues in cultural psychiatry. As a consequence, I became a “natural” part of the transcultural psychiatry conferences organized by him after that first meeting in Lahore.

In April 2006, I have the honour to organize the annual meeting of the WPA-Transcultural Psychiatry Section in Vienna, in cooperation with the Society for the Study of Psychiatry and Culture. The general theme is “Future directions of cultural psychiatry”.

I hope to see all of you at this conference in Vienna.

### **Sergio Javier Villasenor Bayardo MD (Mexico)**



I was born in 1960 in the historic Guadalupe neighborhood of Guadalajara, Mexico. My father was a businessman, and my mother is a teacher and athlete. My maternal grandfather was a physician and a professor at the

University of Guadalajara. Some of my uncles were physicians too, and that must surely have had something to do with my decision to study medicine. I started medical school at the University of Guadalajara in 1980, the same year my father died.

I did my internship at the Fray Antonio Alcalde Hospital in Guadalajara, where I would return ten years later as a staff psychiatrist. In 1987 I took a national exam to be eligible for psychiatry specialization. I was successful, and became a resident at the Fray Bernardino Alvarez Psychiatric Hospital in Mexico City, under the direction of Dr. José Luis Patiño Rojas. While I was a resident, I founded a journal, *Revista del Residente de Psiquiatría*, which was very successful during its five-year run of publication.

In 1991 I started advanced training in consultation/liaison psychiatry at the Mexican Institute of Psychiatry, and finished at Hôpital Saint Antoine in Paris, thanks to the support of Dr Yves Pélacier. Dr Pélacier and Dr Jean Garrabé opened the doors of both science and culture for me in Paris.

Fascinated by the intensity of academic life at the Social Sciences Graduate School (EHESS) in Paris, I began a new cycle of studies in social anthropology and ethnology in 1992, this time under the mentorship of Prof François Raveau. I completed a Master's degree, and then went on for a PhD. I completed my doctoral dissertation on ethnopsychiatry, under the supervision of Prof Christian Duverger. My doctoral dissertation; *Vers une Ethnopsychiatrie Mexicaine: la médecine*

*traditionnelle dans une communauté Nahuatl du Guerrero*, was published in France in 2000, thanks to the unanimous support of my thesis committee.

While I was in Paris, studying for my PhD in ethnopsychiatry, I did further clinical specialty training in alcohol and drug addiction at the University of Paris V “René Descartes”, under the supervision of Dr Yves Pélucier.

My current academic positions are; Professor of Psychiatry and Professor of Anthropology of Health, at the University of Guadalajara. I supervise research projects in the PhD program in Public Health Sciences, as well as many undergraduate and graduate thesis projects.

I am concurrently head of the inpatient psychiatry department of the Fray Antonio Alcalde civil hospital in Guadalajara, a research professor at the University of Guadalajara, and a member of the SNI (Mexican National Research Network).

I am currently working along three lines of research: ethnopsychiatry, medical anthropology and liaison psychiatry. I have taken part in medical research projects since 1982, including; “Elaboration of the concept of bouffée délirante”, “La médecine Nahuatl à l’époque précolombienne”, “An ethnopsychiatric study on the persistence and transformation of explanations and modes of indigenous treatment of mental disorder in some Nahuatl communities in the Alto Balsas”, “A comprehensive study of risk factors in Type II diabetes patients”, “Towards an ethnopsychiatry of western Mexico”, “Recent oral history of the Fray Antonio Alcalde civil hospital”, “An ethnopsychiatric device for indigenous migrant workers”, and “The history of psychiatry in Jalisco, Mexico”.

I have been fortunate to be invited to become a member of many scientific associations, including the Jalisco Psychiatric Association, of which I am President, and the Transcultural Psychiatry Section of the World Psychiatric Association. In 2001 I was appointed honorary professor of the Institute of Spanish-speaking Psychiatrists. I am a founding member of the Ethnopsychiatry Section of the Mexican Psychiatric Association and of the Latin American Psychiatric Association. I am an active member of the Mexican Academy of Science and of the Mexican Association of Psychiatry.

Always interested in the dissemination of science, I have served on the editorial boards of the *Journal of the School of Medicine of the University of*

*Colombia*, *Vertex* (the *Argentine Journal of Psychiatry*), *Psychopathology* (Journal of the Institute of Spanish-speaking Psychiatrists), and *L’Evolution Psychiatrique*. I am also the founding editor of *Investigación en Salud*, an indexed journal of the University Center for Health Sciences of the University of Guadalajara and the civil hospital of Guadalajara.

I have published 6 books, 54 articles in national and international journals, and 10 book chapters. My most recent book is; *The Drunkenness of the Divine – A Culture-Bound Syndrome: from trance by possession and “el costumbre” to collective hysteria*.

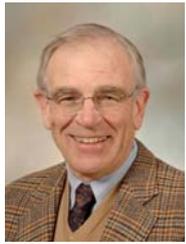
I also co-authored the GLADP (Latin American Guide for Psychiatric Diagnosis) of the Latin American Psychiatric Association. I published *Los hijos del fraile* (“The children of the Friar”) in 2003, and *La psicología en la obra de Juan Rulfo* (“Psychology in the works of Juan Rulfo”) in 2001. The University of Guadalajara published my book; *La Misoginia: El Odio al Origen* (“Misogyny: Hatred of One’s Origin”), in 1998, and *Encuentros Franco-Mexicanos de Etnopsiquiatría y Psiquiatría* in 1994.

I have participated as a lecturer at over 90 scientific congresses in Mexico, Guatemala, Costa Rica, Cuba, Colombia, Argentina, Brazil, Uruguay, Venezuela, Austria, Germany, France, Portugal, Egypt and Japan.

I have been a guest professor at the Intercontinental University in Mexico, the Université de Picardie in France and the University of Carabobo in Venezuela.

In recent years I have been honored by becoming a member of the Mexican Academy of Science, president of the Jalisco Psychiatric Association, receiving the 2005 research award of the Medical College of the Jalisco Medical Association, the 2004 “Premio Jalisco” in Health Science in the specialty of psychiatry, awarded by the University of Guadalajara, and the Enrique Díaz de León Award of the University of Guadalajara for outstanding professional work in hospital medical care, in 2003.

### Joseph Westermeyer MD (U.S.A)



Growing up in Chicago, I observed that neighborhoods, schools, and even churches harbored diverse immigrant groups – among them my mother’s parents who had emigrated from Ireland. Despite this variety, my own experience

hued narrowly to the few groups in which I held membership. At age seventeen four of us classmates undertook an odyssey unusual for the 1950s, traveling from Minnesota (to which my family had relocated) through several states of the west and south, reaching as far as Texas. Filled with youthful egalitarianism, we were first shocked, then angered and saddened by the segregation and inequities in our country. Summer work on construction crews brought me to close quarters with “displaced persons” from World War II and with emigrants from rural areas of our own country. Early on, the capacity of group affiliation to protect and succor on one hand, while excluding or restricting on the other hand, became one of life’s great mysteries.

Entry into the University of Minnesota Medical School precipitated a break from my own ethnic origins. First faculty and students, then patients and their families served as entrees to other ethnicities. These contacts were not evanescent: they involved long periods spent in mutual study, work, play, and pursuit of understanding. In our early course on physical diagnosis my first patient was a Chippewa man, a teacher and decorated veteran, who lay dying in his prime. This chapter in my life, begun in an effort to acquire skill and knowledge, deepened both my confusion and my curiosity regarding cultural similarities and differences.

Several years later, while practicing general medicine in the midst of several ethnic neighborhoods in St. Paul, I matriculated as a student, and then a graduate student in anthropology. Initially a diversion for my afternoon off duty, it soon became a passion. My teachers and mentors had each left their ethnic-group-of-origin at some point to live among a people entirely different from their own, often in a strange land, requiring that they learn a new language. Although this group of sojourners had few answers to the mysteries that drew me, they were familiar with the terrain. They had words to describe the phenomena of ethnicity that rang true. Although their models sometimes defaced the reality that I was trying to

discern, they were engaged in the pursuit. Over the ensuing decade I took their courses, sought their guidance, and (insofar as time permitted) learned their craft.

In the midst of this stage, the desire to leave my own culture for a time and live in another become increasingly urgent. After considering a score of options over a year, I ultimately joined the Public Health Division of the U.S. Agency for International Development. My assignment to a rural health program for internal refugees in Laos ideally suited my purposes – and more. That two-year experience, halfway around the globe from my home, introduced me to two puzzles that have engaged me since that time. One of these mysteries was addiction and the other was the individual response to mass disaster and violence.

Returning to the United States, my next enterprise involved three years of psychiatry residency, with another year of statistics, epidemiology, and advanced course work in anthropology and sociology. This return to the academic setting, after medical training, medical practice, and field experience, provided a unique opportunity to integrate these experiences, while simultaneously acquiring psychiatric skills and knowledge. Tutelage from academic psychiatrists, social scientists, and epidemiologists – each of whom knew little about the other – required that I seek or invent bridges to span the gaps in their perspectives and understandings.

Upon my completion of formal training, the faculty in psychiatry at the University of Minnesota invited me to join them. That department and institution have greatly supported and facilitated my work in addictions psychiatry and in the psychiatric sequelae associated with violence and social tumult. As professor of psychiatry and adjunct professor of anthropology, I have been able to consult with the U.S. Agency for International Development, the World Health Organization, and various public health ministries and medical centers. Grants from the National Institute of Drug Abuse, National Institute of Mental Health, National Institute of Alcohol Abuse and Alcoholism, Veterans Administration Health Services Research, State of Minnesota, Minnesota Medical Foundation, and several other foundations have supported these efforts. Colleagues, students, research coordinators and assistants have joined in endeavors that would have been impossible if attempted alone.

Although my two major areas of interest (addiction and victimization) appear unrelated, in fact they possess many similarities. I have been Machiavellian in selecting methods of study. These have ranged from single case reports to epidemiological studies involving over a thousand people, from use of psychological tests and psychiatric scales to ethnographic observations, from cross-sectional studies to decade-long diachronic studies, from simple observations to treatment-outcome.

Discovering and affiliating with clinicians and other investigators in cultural psychiatry has brought exceptional rewards, while also affording challenges to favored-but-unfounded beliefs. These contacts began at a symposium of the American Psychiatric Association, where I had the privilege of presenting a paper in the company of Ron Wintrob and several other cultural psychiatrists. It continued at the annual meetings of the Society for the Study of Psychiatry and Culture. Projects with the World Health Organization (sponsored by Drs. Norman Sartorius and Awni Arif) over two decades led to affiliations and studies that could only occur under international aegis. Regardless of study or setting, these colleagues strove to understand, to serve, and to bridge differences through our shared humanity.

The common features that weld us, as colleagues, are not easily discerned. We come from many ethnic, linguistic, religious and other backgrounds. Our medical training and experiences might have bound us to an extent, although many colleagues have been clinicians from other backgrounds as well as social and behavioral scientists. Common features included having adjusted to life in another culture, having worked clinically serving people from that culture, often having learned the language and shared the life way of that people. Many of us have undertaken studies of psychiatric disorder away from clinical settings – another unique and demanding experience, given the obstacles facing an outsider seeking to study stigmatized conditions.

On a personal level, I am fortunate that Rachel Moga Westermeyer decided (after some serious negotiations) to accompany me to Laos and on many journeys since. Her warm social relationships have often facilitated my professional (and more formal) relationships. She has been a constructive editor and writing coach. Her experiences and those of our two children in other societies have often corrected my gender- and age-driven myopias. Likewise, the five Hmong children who

joined us for several years, following the deaths of their parents and our friends Her Tou and Joua Lo, have taught vicarious lessons on loss and transcendence that unfold day by day.

**Division of Social and Transcultural  
Psychiatry  
Department of Psychiatry  
McGill University  
Montreal, Quebec, Canada**

The Division of Social and Transcultural Psychiatry, under the direction of Dr. Laurence J. Kirmayer, is a network of scholars and clinicians within the Department of Psychiatry, Faculty of Medicine, McGill University, devoted to promoting research, training and consultation in social and cultural psychiatry.

The Division traces its history to 1955, when Drs. Eric Wittkower and Jack Fried set up the Section of Transcultural Psychiatric Studies as a joint venture between the Departments of Psychiatry and Anthropology at McGill. In 1956, they began a newsletter to bring together an international network of clinicians and researchers interested in exchanging information and observations about the effects of culture on psychiatric disorders. The list of people involved in this early network includes a veritable ‘who’s-who’ of cultural psychiatry, as well as such key figures in psychological anthropology as George Devereux and Margaret Mead. The newsletter subsequently became *Transcultural Psychiatric Research Review* and, in 1996, *Transcultural Psychiatry*—an interdisciplinary, peer-reviewed scientific journal, published by Sage (UK). Among the many scholars of cultural psychiatry who taught at McGill in the 1950s and 60s were Norman Chance, Henri Ellenberger, H.B.M. Murphy, Raymond Prince, Jean-François Saucier, and Ronald Wintrob. In 1981, a Division of Social and Transcultural Psychiatry was formally established to integrate research and teaching in these fields.

Drs. Wittkower, Murphy, Prince and other members of the Division conducted path breaking research on a wide range of topics, including: cultural variations in psychiatric disorder and culture-bound syndromes; cross-cultural and cross-national epidemiology of psychiatric disorders; cultural variations in illness beliefs and healing practices; patterns of psychoactive drug use (alcohol,

cannabis, coca); attitudes toward the mentally ill; and the healing functions of trance and religious experience. Members of the Division were instrumental in establishing cultural psychiatry as a field of study recognized by American and Canadian Psychiatric Associations and H.B.M. Murphy founded the World Psychiatric Association - Transcultural Psychiatry Section in 1970.

In recent years, with the changing composition of Québec society, Division members have come to focus their attention not only on international mental health, but equally on the mental health problems of immigrants, refugees, Aboriginal peoples and the many ethnocultural communities that comprise the Canadian mosaic. Canada has been called "the house of difference" and, owing to its high proportion of newcomers and explicit policy of multiculturalism, is ideally suited to developing mental health research and models of practice to address cultural diversity. The study of psychiatric theory and practice itself as a cultural construction is also a major focus of research. A strong tradition of open collaboration across disciplines has made it possible to link qualitative ethnographic research, psychiatric epidemiology, cognitive social psychology, and social studies of science.

There are three main research centers associated with the Division: (1) the Culture & Mental Health Research Unit of the Sir Mortimer B. Davis-Jewish General Hospital (Director: Laurence J. Kirmayer); (2) the Psychosocial Division of the Douglas Hospital Research Centre (Director: Suzanne King); and the Immigrant and Refugee Children's Mental Health Research Unit of the Montreal Children's Hospital (Director: Cécile Rousseau). Researchers and clinicians who devote a major portion of their time to cultural psychiatry include Drs. Ellen Corin, G. Eric Jarvis, Danielle Groleau, Jaswant Guzder, Toby Measham, Lucie Nadeau, Duncan Pedersen, Cécile Rousseau and Allan Young. Current research at these units includes projects on: the impact of racism on the mental health of immigrants; school- and community-based interventions for mental health promotion among immigrant and refugee children; the cultural shaping of psychotic experience; social determinants of resilience among Indigenous peoples; the use of psychopharmaceuticals by adolescents; social and cultural determinants of treatment adherence; models of mental health services for multicultural societies; the cultural and historical analysis of the relationship of culture, trauma and memory in

psychiatric theory; evaluation of the cultural formulation in DSM-IV; and the development of an international consortium for cultural consultation.

A grant from the Canadian Institutes of Health Research funds a Strategic Training Program in Culture and Mental Health Services Research which offers postdoctoral fellowships and support for graduate students who wish to learn how to integrate social sciences perspectives into psychiatric research. The Division offers an M.Sc. in social and cultural psychiatry.

In the 1950s, McGill had many international trainees in psychiatry and their experience and concerns were a major driving force behind the development of research and training in cultural psychiatry. From the 1960s onward, it became more difficult and expensive for foreign trainees to study in Canada. To encourage international exchange, in 1995, we began the Annual McGill Summer Program in Social and Cultural Psychiatry. Every year, during the month of May, we host 30-40 students (including trainees, graduate students, academics and clinical practitioners from both mental health and social science backgrounds), who take part in courses and workshops in cultural psychiatry, psychiatric epidemiology, qualitative and quantitative research methods and community-based participatory research presented by faculty from McGill, as well as guests from other universities. In 1999, we began an annual Advanced Study Institute in Cultural Psychiatry, which follows the summer program in early June and focuses on a different topic each year. The themes of past institutes have included: the politics of trauma; the mental health of Indigenous peoples; models of mental health services in multicultural societies; psychotherapy in a creolizing world; stigma and the dynamics of social integration; and refugees and forced migration. These Advanced Institutes have become a meeting place for colleagues from around the world who enjoy the informal academic setting that allows intensive exchange.

Over the last 25 years, the Division has continued to thrive and grow as a unique setting for research and training in cultural psychiatry. In the years to come, cultural psychiatry will move from the margins to the center of concern, spurred on by findings in cognitive social neuroscience and the demands of migration in a globalizing world. In addition to its importance for advancing psychiatric theory and providing effective care, cultural psychiatry can contribute to the important project of building

pluralist civil societies that respect both cultural diversity and human rights. We are confident McGill will continue to play an active role in meeting this challenge.

### For more information

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### Web links

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<http://www.mcgill.ca/tpsych/>

*Transcultural Psychiatry*  
<http://tps.sagepub.com/>

Annual Summer Program and Advanced Study  
 Institute  
<http://www.mcgill.ca/tpsych/training/summer/>

National Network for Aboriginal Mental Health  
 Research  
<http://www.mcgill.ca/namhr/>  
 Cultural Consultation Service  
<http://www.mcgill.ca/ccs/>

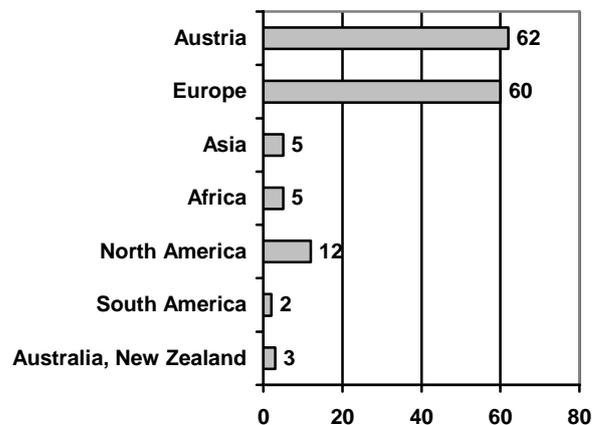
## Future directions of Transcultural Psychiatry; Report on the WPA-TPS conference Vienna, Austria 18-20 April 2006

### Thomas Stompe MD

The spring 2006 meeting of the World Psychiatric Association – Transcultural Psychiatry Section was organized and hosted by Thomas Stompe and his colleagues at the Vienna University Psychiatric Clinic 18-20 April. The obvious historic and cultural attractions of Vienna, especially in springtime, combined with the overall theme of the conference on “Future Directions of Transcultural Psychiatry”, attracted participants from all over the world to register for the conference. The total number of 149 registrants makes this conference in

Vienna one of the best attended of any the Section has held.

Participants in the WPA-TP Section Conference; Vienna, Apr 18-20, 2006



After the final symposium, comprising a total of over 100 presentations, one has to ask: do we now have a clearer idea about the direction transcultural psychiatry will/should develop? To cite Roland Littlewood: “Quo vadis transcultural psychiatry?” Before trying to answer this question, it is necessary to reflect on the history of our field of study. This task was undertaken by *Wolfgang Jilek, Alexander Boroffka* and *Gerhard Ortwein-Swoboda* in the first symposium of the Vienna conference, on the “History of Transcultural Psychiatry”.

One can distinguish three broad areas of research in cultural psychiatry:

- (1) Cross-cultural–comparative psychiatry
- (2) Ethnopsychiatry
- (3) Migration psychiatry

Each of these areas has been addressed in the symposia that comprised the 2006 WPA-TPS conference in Vienna.

### Recent development of cross-cultural- comparative psychiatry

Since Kraepelin’s time, transcultural psychiatry has developed three more or less separate professional and scientific facets. Until the late 1970s transcultural psychiatry was dominated by cross-cultural comparative studies. This scientific direction aims to investigate the aetiological and pathoplastic influence of cultural pattern on symptoms, syndromes and diseases. By means of this kind of investigation it is simultaneously possible to isolate stable areas of psychic illnesses and diseases, the morbidity-specific “core” of mental disorders. This tradition was carried forward

by important researchers like Kraepelin, Murphy and Wittkower.

The climax was reached in the early 1970s with the International Pilot Study of Schizophrenia. This investigation, organized and performed by the WHO, has set new methodological standards, defining strict criteria, especially for the reliability of cross-cultural-comparative research. Currently the *Vienna Research Group on Cultural Psychiatry* (Austria: Thomas Stompe, Gerhard Ortwein-Swoboda, Kristina Ritter, Susanne Bauer, Alexandra Strnad, Norbert Benda, Martin Letmeier, Alexander Dvorak; Pakistan: Haroon R. Chaudhry; Ghana: Sharon Gschaidler; Nigeria: Sunday Idumedia; Poland: Hanna Karakula, Anna Grzyzwa; Lithuania: Palmira Rudaleviciene; Georgia: Nino Okribelashvili) is trying to revive this tradition of research by undertaking cross-cultural-comparative studies on various aspects of schizophrenia, major depression, obsessive-compulsive disorders, PTSD and suicidal behavior (Vienna Conference Symposia 16, 20, 22, 24). But the renaissance of this kind of comparative studies is also being done by other researchers, who presented their results in this year's TPS conference; including *David Lester* (suicide), *David Cooke* (psychopathy), *Maria Mutzik* (postpartum depression), *Gabriele Fischer* (cocaine use in Europe), *Martin Aigner* (somatoform disorders).

#### ***New challenges for cross-cultural-comparative psychiatry***

Surveying the broad range of studies in this field of research, some perspectives on challenges for the future development of this direction of transcultural psychiatry emerge:

(a) Reflections of the philosophical, epistemological and linguistic basic conditions.

This task demands the processing of important current directions in philosophy, such as philosophy of mind. *Christian Postert* introduced the impact of the ideas of William Ornam Quine, one exponent of the analytical philosophy, for the construction of intercultural hermeneutics. The second important direction of modern philosophy, valuable for cross-cultural-research, was represented by the German philosopher *Bernhard Waldenfels*, in his lecture about the "Doubled Otherness in Ethnopsychiatry".

(b) Definitions of the objects of knowledge.

The preconditions for the validity and reliability of epidemiological or phenomenological studies in cultural psychiatry are exact structural definitions and concepts of diseases, syndromes or symptoms. Comparative psychiatry needs definitions that do not depend on culture and therefore should be appropriate for all cultures. That's why the *Vienna*

*Research Group on Cultural Psychiatry* has endeavored to sharpen some concepts of mental symptoms before starting the empirical research. In the WPA-TP Section meeting in Providence (USA) in 2004, Susanne Bauer has introduced a concept of hallucinations basing on Karl Jaspers and Manfred Spitzer. This year *Gerhard Ortwein-Swoboda* presented a definition influenced by analytical philosophy (*Brendom, Sellars*).

Future efforts will be necessary to adopt our definitions and concepts of culture, ethnics and religion to the new developments of scientific fields such as ethnology, anthropology, cultural history and sociology. In practical terms, the personal networks of members of the WPA-TP Section, SSPC and WACP should be increasingly used to establish joint studies on these topics.

#### **Ethnopsychiatry**

Ethnopsychiatry investigates issues such as the characteristics of mental disorders, illness knowledge, stigmatization, indigenous treatment methods and related subjects, in single cultures or in specific ethnic communities within countries. This branch of transcultural psychiatry was represented at the Vienna conference with 23 presentations. In the symposium on "Culture Bound Syndromes" *Wolfgang Jilek* pointed out that some of these disorders, like Koro, may occur in various cultural contexts. *Fakhr El-Islam* (Egypt) and *Cesar Korolenko* (Siberia) elaborated on the cultural and social meaning of several culture-bound syndromes of their countries. This year's symposium on "Religion and Psychiatry" dealt exclusively with ethnopsychiatric issues too. Other examples for the ethno-psychiatric traditions were the presentation of *Mischa Engel* on the phenomenology of Ayahuasca experience, and the research reports of *Mitchell Weiss* about stigma of mental illness in West Bengal and *Louise Jilek-Aall* about sociocultural aspects of epilepsy in East Africa, the video documents about traditional healing in Nepal (*Dagmar Eigner*) and India (*Atti Pakaslathi*) and the valuable documentation of the history of Nigerian psychiatry presented by *Alexander Boroffka*.

#### ***New challenges for ethnopsychiatry***

(a) Archiving of descriptive data, audiotapes and movie-material for future investigations. In our era of globalization and assimilation processes, these documents are important snapshots that should be made available for further cross-sectional and longitudinal comparisons.

(b) Adaptation and increasing use of scientific methods for analysis and interpretation of these data going beyond mere description (semiotic and linguistic analyses, content analysis, grounded theory, behavioural biology etc.) and elaboration of knowledge of the cultural and ethnic background.

(c) Integration of new topics of clinical psychiatry like quality of life and research on cultural resilience.

### **Migration psychiatry**

More than 30 presentations pointed out the great importance of this branch of transcultural psychiatry that deals with issues like the psychic disturbances of migrants caused by the stressful experiences inherent in the process of acculturation. *Lopez Gastroman* presented research on mental health problems of the growing community of Hispanics in Madrid, *Katharina Behrens* and her colleagues tried to clarify the role of cultural attitudes and communication problems for the treatment of migrants in a psychiatric day clinic, *Cornelis Laban* et al introduced their data on quality of life of Iraqi asylum seekers in the Netherlands. Two symposia dealt with legal issues associated with mentally ill migrants. Another symposium, organized by *Martine Verwey*, addressed European countries' refugee policies and the impact those policies on the experience of mental health care for migrants. The current dilemma of immigrants, refugees and asylum seekers from Muslim North Africa and from Sub-Saharan Africa to Europe was the topic of the inaugural WPA-TPS chairman's panel discussion on current issues in cultural psychiatry. The subject was selected because of the worldwide attention generated by the rioting in France in Nov 2005 that generated lively discussion throughout Europe and around the world on the issue of cultural integration versus cultural exclusion and alienation of immigrants over several generations.

Presentations in the panel discussion addressed these issues in France, Spain, the Netherlands, Austria and Malta (*Rachid Bennegadi, Joan Obiols, Joop de Jong, Thomas Stompe and Charles Pace*).

### ***New challenges for migration psychiatry***

(a) Reflection of the role of professionals engaged in this field. This issue was discussed in two symposia in Vienna on male and female career development this year.

(b) The importance of ethics for a culturally sensitive psychiatry. This topic was discussed by *Solvig Ekblad, Johanna Tamm and Palmira Rudaleviciene*.

This report started with the question as to the future direction of transcultural psychiatry. Presentations at the conference discussed a number of dimensions of that question. Observers of the rapid growth of the field of cultural psychiatry over the past two decades have been astonished at the continuing redefinition of the field in both its research and clinical dimensions. The only answer to the question about the future of cultural psychiatry that seems justified by experience over these past twenty years is that the scope and dimensions of our field, like Einstein said about the universe, are going to continue to expand. We have reason to be confident that continuing illumination of the field, as expressed in the greater understanding of human behavior in all its complexity, will accompany the continuing expansion of the universe of cultural psychiatry.

## **Report of Nordic Psychiatric Conference**

**Antti Pakaslahti MD, Ph.D.**

CPPN, Finnish co-ordinator

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The 28th triennial Nordic Congress of Psychiatry was held in Tampere, Finland, August 16-19, 2006. The Congress attracted participants from all Nordic and Baltic countries, and from 28 countries overall.

For the first time, the Nordic Congress of Psychiatry included a full-day program on transcultural psychiatry during each of the three days of the Congress. In fact, transcultural issues comprised 15% of all Congress symposia.

The transcultural program was initiated and planned by the Nordic "Cultural Psychology and Psychiatry Network" (CPPN) – founded in Stockholm in 2004 and consolidated at the next meeting, in Copenhagen, in 2005. Dr. Antti Pakaslahti, (Finland) served as the transcultural co-ordinator for the CPPN program, as well as for the Scientific Committee of the Congress. Dr. Henrik Wahlberg (Finland/Sweden) and Dr. Tapio Halla (Finland) served as local transcultural program coordinators.

The transcultural psychiatry program covered topics such as; "Transcultural tools for clinical practice", "Transcultural psychiatric research in Nordic countries", "Scandinavian cooperation with developing countries" and "Mental health of ethnic minorities – old and new".

A state-of-the-art review of transcultural psychiatric research and clinical practice in the Nordic countries was presented. The symposia were well attended and drew praise from clinicians and researchers in other fields of psychiatry,; leading many Congress participants to conclude that transcultural psychiatry had now become an important and inspiring field within Nordic psychiatry.

A broader public will also have access to transcultural psychiatry content of the Congress, by way of the scientific programs on the main Finnish television channel this autumn, that can be seen in all Nordic countries. The broadcast is based on interviews with leading Nordic transcultural psychiatrists, that were recorded during the Congress in Tampere.

The rapidly growing CPPN will continue to develop and coordinate Nordic clinical, educational and research activities in transcultural psychiatry.

The next CPPN meeting will be held in May, 2007, in Uppsala, Sweden, co-ordinated by Dr. Manuel Fernandez:

([manuel.fernandez.gonzalez@akademiska.se](mailto:manuel.fernandez.gonzalez@akademiska.se)). The meeting will coincide with the festivities commemorating the 300th anniversary of the birth of the Swedish botanist, zoologist and physician, Carl von Linné.

**Announcement of Japanese Society of  
Transcultural Psychiatry (JSTP) ,  
WPA-TPS and World Association of  
Cultural Psychiatry (WACP) joint  
meeting in Kamakura, Japan; 27-29  
April 2007**

**Fumitaka Noda, MD**

On behalf of Japanese Organizing Committee for this JSTP-WPATPS-WACP joint meeting, it is a great pleasure to welcome you to this conference, being held in Kamakura, Japan. The scenic view of the meeting site, Shonan village, and its carefully designed accommodations will surely satisfy you. The main language of the conference is English, but simultaneous translation will be available, so you can enjoy Japanese speakers' presentations as well. You can enjoy academic presentations, as well as tours of historic Kamukura, that is often called

'little Kyoto'. If you prefer the atmosphere of big cities, Yokohama and Tokyo are only one hour from Kamakura by train.

The main purpose of our conference in Kamakura is to advance the concept of establishing friendships and working relationships between colleagues East and West. The theme of the conference is " The new era of Transcultural Psychiatry: Advancing collaboration of East and West".

I expect many colleagues around the world will be interested in the location and in the theme of this conference and will, accordingly, be tempted to come to Japan to participate with us, 27-29 April 2007. We are eagerly waiting to welcome you to Japan, and to Kamakura.

Congress Homepage is:

[www.shonan-village.co.jp/wpatcp.htm](http://www.shonan-village.co.jp/wpatcp.htm)

