

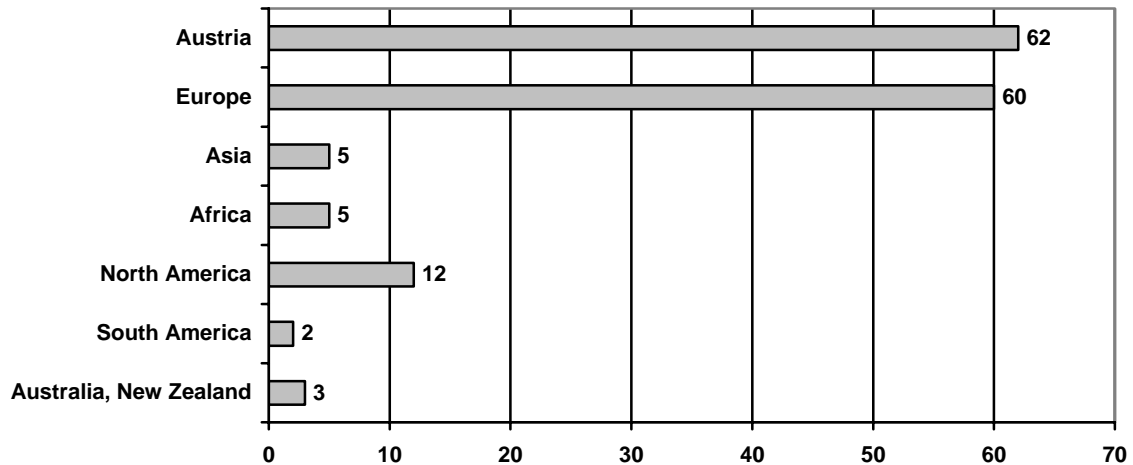


FUTURE DIRECTIONS OF TRANSCULTURAL PSYCHIATRY
Report on the WPA-TPS conference in Vienna, April 2006

Prepared by Thomas Stompe

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 (*Brendon, 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 years' 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.