

## Professional Integration and Re-Education for Immigrant Psychiatrists: A Personal Perspective “*Docendo Distimus*”

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**Abstract:** To be a good psychiatrist, aside from being knowledgeable, one must acknowledge and be constantly aware of the importance of ethnic customs and cultural differences. Psychiatrists who emigrated from the former Soviet Union to Israel, who were raised and educated in totalitarian systems, must develop the flexibility necessary to disengage from preconceptions and learn to flourish in a democratic society. The acculturation process is mutual, and native Israelis need to acquaint themselves with all aspects of Russian history and culture, in order to bond with their immigrant colleagues. At the same time, ethnic sensitivity and sincere involvement in all aspects of Israeli culture are crucial for the immigrant's development of a sense of security in the psychiatric profession and for developing the rapport necessary for treating native Israelis.

For many years, psychiatry in Israel was **eclectic**. Its character, its essence and its methods were determined not only by professional developments in the world, but — mainly — by the orientation of the leading psychiatrists. They received medical education abroad — in different countries and by various schools, they brought their knowledge back and they implemented it in the field.

### Professional Education/Knowledge in Psychiatry

Experience shows that **acquiring professional knowledge** or missing knowledge is the minor problem in the whole process. For the vast majority, acquiring knowledge is just a function of self investment and of the investment of teachers and supervisors. The evidence for that is the fact that the decisive majority of the new immigrants complete their residency. Since the massive entrance of immigrants from the Commonwealth of Independent States to residency, the percentage of success on exams increased as compared to those who succeeded previously (1). There is no contesting the fact that knowledge alone is not always enough to pass an exam and to finish residency and it is never enough to be an acceptable psychiatrist, a specialist at a reasonable professional level. This, in fact, is the true

goal of residency, of raising and establishing the next generation of psychiatrists.

### Challenges Facing the Immigrant Psychiatrist

In order to properly use knowledge, additional components are necessary — mainly the personality of the psychiatrist himself. It is not enough to acknowledge the importance of being familiar with ethnic customs and the cultural differences between different ethnic groups; during treatment the psychiatrist must constantly be aware of them. It is not enough to recognize the basic values of the different populations, and their different attitudes regarding therapist–patient–family–environment relations; one has to identify, respect and empathize with them (2).

In order for this to happen, psychiatrists must be involved in the cultural life of the country, of the communities and the environment where they function (3). This is the main difficulty of the immigrant psychiatrist in general and of immigrants from closed countries in particular. The difficulty is always there. Its degree depends on the degree of flexibility in thinking, the presence or absence of the ability for alternative thinking, the ability to disengage from preconceptions and to see life events, patients' behaviors and expressions of illness from

different points of view. One of the most important characteristics of a successful immigrant psychiatrist is his ability to “**change his mind**.”

This is especially difficult for immigrants from totalitarian countries and for persons who come from societies where the collective came before the individual (4). The struggle is twofold: he or she must relate to patients and other staff members who are from different ethnic-cultural backgrounds. Second, professional behavior in a democratic society is different from that which was customary for those who grew up and were educated under totalitarian conditions. Education and environmental influences of many years make an impression on everyone. A stereotype of “Homo Sovieticus” is created. Of course, there are people with miniscule expressions of the phenomenon, there are those who are “cured” quite quickly, but turning the “Homo Sovieticus” into a Western person is always a process and sometimes a long and difficult one.

### **Totalitarian Trained Psychiatrists Practicing in a Democracy**

In a totalitarian system of education and training, the collective comes before the individual. One is educated to serve society, the public, and to do so while forfeiting personal needs with personal benefits. The good of the public is determined by a handful of people — managers and leaders who may do as they see fit, with no public criticism, no public discussion, and no expression of opinions or examination of results. A well-bred person typically educated in such a system may choose either blind obedience, believing that “those on top” know, or conversely, total lack of faith in all aspects of the government — and lack of recognition of any authority. There are, of course, passageways between these two extreme algorithms, but basically, obedience to the opinion of the “bosses,” with no opposition, usually prevails, since opposition could be dangerous. There is no benefit in trying to understand, and sometimes it is even necessary to obey absurd and illegal decisions. For immigrants from totalitarian countries, even for those who have a theoretical understanding of democracy, there is no democratic life experience, their knowledge is theoretical and the democratic way of thinking is foreign to most of them. Thus, the immi-

grants from totalitarian countries should be taught basic principles of democracy. This is necessary for psychiatrists as a professional value since the job of psychiatrists involves peoples’ behaviors, and evaluation of these values. We are supposed to compare concrete behaviors to normative behaviors expected in concrete situations.

It is not possible to do this adequately without the ability for alternative thinking. The change of mindset from totalitarian to democratic is the core issue. It is not possible to learn — with due respect — customs and cultures of various ethnic groups from the judgemental point of view of a Soviet-raised person. A person who was trained to think that there is only one way to behave, one correct ideology, cannot accept an alternative view, but rather can only denounce it, pass judgement and demand from the other to desist. A person who was educated that there is only one norm cannot identify with many norms and cannot see multiple norms as legitimate (5). It is clear that in the totalitarian way of thinking the only correct model for therapist-patient relationships is the paternalistic model and the option of talking to the patient at “eye level” exists only as an exercise to create a relationship and not as a means for a partnership.

We present a number of additional issues that require change: In totalitarian society, the **study of medicine** includes the teaching of scientific doctrines which are often dictated attitudes. There is limited access to worldly knowledge as opposed to the academic freedom, pluralism and the Western orientation in Israel. In the **study of psychiatry** the basis is biological, clinical and pathological. There is rejection of psychoanalysis and psychodynamics, and psychotherapy is not based on clinical psychology. The attempt to understand shows that the immigrant residents have no problem learning the knowledge that they did not receive in their native country, and they don’t even have difficulty passing the examinations. However, how many of them indeed implement their new acquired knowledge when they become specialists in psychiatry? It is not surprising, since “Homo Sovieticus” was trained to study and pass exams with material that they recognize as “nonsense” — they were all tested many times on Marxist philosophy, for example, but very few believed in what they were studying.

The **professional aspects** and organization of the health system were completely different in Soviet Russia. Ethical norms, therapist-patient relationships are in fact dictated in both countries, though differently. In Israel medical organizations have a very significant influence on determining these norms, though vastly different from acquiescence of the physicians to the dictates of the government. These differences need to be emphasized in the residency process, via special ethics seminars.

It is very difficult to translate the concept of “team work” into Russian and, apparently, not by chance. This is the accepted work method in the modern world of psychiatry. The principles of team work must be learned in an educational curriculum and not merely by chance experience in medical practice.

The problems of **acclimation and absorption** cannot be ignored. This too has significance in the education of the reasonable specialist.

A new immigrant has less equal status than an Israeli:

- In Russia, work was guaranteed; here you must look for it independently.
- In Russia, salaries were equal; here physicians belong to a preferred group of wage-earners, but need to work much harder in order to attain the standard of living appropriate to the status, and the temptations are greater.
- In addition, language difficulties and general “immigration” problems have an effect.

### The Process of Becoming Israeli

The Israeli does not have all of the above, and out of good intentions to help, he sometimes takes a paternalistic position with the immigrant and thus — sometimes — instead of helping, degrades and/or insults his Russian peers. On the one hand it is a known stereotype — someone who always knows best, and willingly tells the newcomer what to do, but that does not help the new member of society, who has to learn to make decisions independently.

Many immigrants see the non-recognition of their specialty and skills as an insult to their self-respect, and their self-confidence declines. Resistance leads to idealization of the past, and in the best case, acclimation with no identification and internaliza-

tion. This, of course, is not a good way to change ways of thinking or learning new norms — it is simply a type of mimicry.

Getting Israeli citizenship at the moment of arrival in Israel does not turn one into a citizen in one’s soul, because there is still no sense of belonging. This is true especially for the last wave of immigration which was not ideological and idealistic as were the previous waves of immigration. The sense of identification with the country was created in an assimilative process that includes entrance into and active participation in social life.

This process is most important in turning the psychiatrist into an Israeli specialist in psychiatry. The personality of the psychiatrist is a component no less important than knowledge and skills for the creature called a “reasonable psychiatrist.”

Ritsner et al. (6) claimed that: “simultaneous to acquiring the accepted therapeutic attitudes, the importance of instilling cultural information and cultural sensitivity to immigrant physicians... the deeper their familiarity with all aspects of Israeli culture, the greater the sense of security in their professional work.”

A good doctor is one who is a good partner to a person throughout his life. A doctor who does not involve himself in his surrounding social and cultural life cannot be a partner in someone else’s life, nor to a patient (7, 8).

Many immigrants withdraw to a familiar culture and do not experience Israeli culture and Israeli social life. Some do it out of fear of not understanding, or of being ridiculed, and some do not accept the culture as their culture. Sometimes it comes from the mistaken thought that to experience Israeli culture means to forfeit their previous culture. That is not true! Other ethnic groups who arrived in Israel maintained and still maintain their culture and their customs. Integration into new social and cultural life leads to enrichment of life and expansion of horizons.

Sometimes rejection is out of fear of losing self identity and/or cultural identity without acquiring a new culture. Again, it does not need to be changed, it needs to be added (9)

Avoiding contact with Israelis is often the outcome of antagonism following the Israelis’ unwillingness to broaden their horizons. Sometimes the

Israelis' astonishing ignorance regarding anything having to do with the former Soviet Union causes the immigrants to feel insult, scorn, and the sense that in fact it is the Israeli culture that is primitive. Many Israelis don't know that, unlike in the United States, where all of the states are American, the Soviet Union was made up of totally different states. The language of the Latvians is not Russian; the Ukraine and Kazakhstan are not only separated by many kilometers, they also have no cultural similarities; Uzbekistan is a Muslim state as opposed to Christian Armenia; and fur coats are not worn in every region in Russia. The number of movie houses and theaters in Novosibirsk is greater than that in Jerusalem. Even Russian literature is not only Chekov, Dostoyevsky and Tolstoy, and very few Russian girls are light-headed blondes. This ignorance is sometimes expressed with total self assurance. There is no doubt that a country where 20–25% of its inhabitants speak Russian should teach its citizens various aspects of Russian culture. There is no doubt that the Israeli psychiatrist (not the immigrant) must learn about the culture of this ethnic group. Here is an excellent opportunity for mutual learning, for interaction and mutual inspiration, which was previously expected among professionals. The time of mutual fear has passed, and the time for integration has arrived.

A no less important issue and, it turns out, in many ways a decisive issue is the language. We are not talking about learning a language for communication or routine work. The subject at hand is language as an alternative way of thinking, as a cultural expression, as an expression of the character of the nation, as an expression of a common experience (especially slang). It is not incidental that not every expression can be translated from language to language. There are things that cannot be expressed in another language. Chiswick (10) reported a study performed in the United States on Jews who arrived from the former Soviet Union. The immigrants who made more use of the English language declared higher income levels than those who preferred the use of the Russian language. To think in Hebrew is to "be in," that means to feel the nation and to feel citizenship. Those who changed their language most probably succeeded in changing their mindset.

To think in the language in which you are conversing is a measure of integration. When speaking Hebrew with a patient while thinking in Russian, it is almost impossible to create a bond of compassion, because the direct line of communication between patient and therapist is broken. Rich language is part of the inner wealth of a person. A good psychiatrist has inner wealth that enables him to connect to his patients and his environment.

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