Cultural Psychiatry in Tel Aviv: How relevant!

Report of the First International Conference on Cultural Psychiatry in Mediterranean Countries, Tel Aviv, 5-7 November, 2012.

The First Mediterranean Conference on Cultural Psychiatry took place in Tel Aviv, Israel.

This conference was a great success. With about 200 participants, mostly from Israel but with also 46 participants coming from 13 other countries: Mediterranean countries, Europe, North America and Australia. It contained three intensive days of plenary lectures and symposia, and a very impressive film, “Waltz with Bashir.” The proceedings included 88 lectures, and there were 8 posters, which meant that nearly half of the attending persons were giving a lecture, as is always the case in real scientific conferences. Four parallel programs were running at the same time, which made it very difficult to choose which to attend. Inevitably, this report reflects only a part of the conference.

We were privileged that Afzal Javed (U.K.), the Section Secretary of the World Psychiatric Association, attended and opened the conference. He thanked the Local Organizing Committee and the Section for their efforts and their resoluteness in the organization of the conference. The opening lecture was given by Ron Wintrob (U.S.A.), co-chair of the conference. He gave a good definition of transcultural psychiatry: the comparative study of mental health and mental illness among different societies, nations and cultures, and the inter-relationships of mental disorders with cultural environments. He stressed the point that in the U.S.A. the minorities of today will become the majorities of tomorrow, rendering the Caucasian population a large minority population. This makes cultural psychiatry in the States more relevant: every psychiatrist has to deal with patients from quite different cultural origins. He focused on the need for cultural case formulation, in order to identify different explanatory models, different acceptance of care, different communication styles.

Kamaldeep Bhui (U.K.) looked at this statement from a British point of view. There is great emphasis on equality nowadays in the U.K. However, reduction of psychiatric beds goes together with increase of specialized prison beds: who is the winner here? Marginalization is always bad for mental health, but especially for young people. He stressed that refugees in the U.K. have a low use of mental health care, which is bad for their mental health. Cultural consultation services do benefit general mental health care, and result in a mean of 500 pounds in care costs. This means that we have to disseminate this kind of consultation.

Robert Kohn (U.S.A.) gave a lecture about Cultural Psychiatry in the U.S.A. In a literature search 3,655 abstracts were found concerning transcultural psychiatry in the U.S.A. in the last decades. Large epidemiological studies showed remarkable results: for example, the prevalence for depression is higher in Whites than in African Americans. Native Americans also show more alcohol addiction and post traumatic stress disorders. Asian Americans demonstrate lower levels of psychopathology. And there is a clear connection between self-perceived discrimination and psychopathology.

Francois Bourke (Canada, U.K.) developed this last topic in his presentation on migration and psychosis. He recently published a large meta-analysis of all the studies in this field, and concluded that the risk of migrants developing a psychosis is about three times higher than in natives. Post-migration factors are more important in this respect than pre-migration or migration factors. He mentioned a probable vitamin D deficiency, but also the lack of support because of low ethnic density, discrimination and maybe child abuse.

There was a symposium on cultural consultation in Canada. Laurence Kirmayer gave an overview of his service in Montreal. Many questions related to this service about different aspects of migrants and refugees and their home culture: so-called knowledge questions. Dilemmas about ethnic matching between therapists and patients and about the use of interpreters are quite often discussed. And there are questions about guidelines in primary care, which appeared on www.ccrirh.ottawa.ca.

Kirmayer stressed the point that different epistemologies are used by patients, depending on different ontologies of the person: egocentric, sociocentric, ecocentric and cosmocentric. This results in different healing modes, and different outcomes. For instance: the egocentric mode uses talking about the self, which results in more self-esteem and self-efficacy, while the sociocentric approach uses interventions in the family or community and attempts to result in harmonious relationships with others.

Cultural competence in clinical work, which is sometimes rather technical, would be better transformed into
cultural safety, according to Kirmayer. By this term he means: an understanding of the social, economic and political contexts, a respectful and inclusive relationship, a good communication method, and a recognition of diverse knowledge fields.

The film “Waltz with Bashir,” shown on the first evening of the conference, evoked many emotions. In this film, presented as a cartoon film for adults, Israeli soldiers explore their involvement and own trauma during the Lebanon war Sabra and Shatila massacre (where 3,500 Palestinians were killed in a genocide by Falangists, while Israeli troops surrounded the camps). The next day, in a plenary shared with Ahmed Hankir (U.K.), Eliezer Witztum (Israel) spoke about dissociation in PTSD patients, which occurs in about 5% of the patients he examined, and which can disrupt their memories.

Another discussion on dissociation came from Marjolein van Duijl (Netherlands) who studied this phenomenon in Uganda. Dissociation and possessive states are quite common there. They occur in the context of poverty, trauma and suppression. Possessing agents are seen as spirits of the dead who speak through the living, because rituals have not been performed. This can be seen as the result of unresolved conflicts which the spirits try to settle. Van Duijl thoroughly investigated the different symptoms of dissociative states. She concluded that the DSM-5 diagnosis of dissociative identity disorder has shortcomings which should be resolved in order to capture the dissociative state in Africa.

The Israeli anthropologist Yoram Bilu spoke about Dybbuk, a Jewish possession syndrome, very rare now, but quite similar to Djinn possession in Morocco. He stated that the Zar which occurs in Ethiopia is different: while the Dybbuk and the Djinn need exorcism, the Zar needs domestication! More news from Israeli researchers came from Rachel Bachner-Melman. She showed that orthodox Jews are more prone to eating disorders which relates to their obsession with food, on Shabbat evenings and celebrations, and the strict rules for its preparation.

Diddy Mymin (Israel) gave an interesting lecture on Eritrean women who entered Israel through the Sinai desert and requested refugee status. Many of these women had been raped, some by Eritreans, others by Rashaida men (the Bedouin smugglers). She interviewed 14 of these women. She found they had little need to talk of their experience, had a surprisingly good level of functioning, and only a threat of stigmatization if they became pregnant. Many of the babies were offered for adoption.

Silence as a coping mechanism is something which is more often described in African women. In the general discussion it was suggested that it may be a temporary fruitful coping.

Limore Racin (Israel) spoke about the voluntary return programs for the approximately 60,000 refugees in Israel from Africa. Voluntary return is a result of traumatization and flight problems on the one hand, and continuous post migration problems on the other hand. Many refugees tend to choose to return, but this is of course dependent on the security situation in their country of origin.

There were two well attended symposia focussing on spirituality and mental health. The first covered important issues in the protective effects of religion on mental health (Simon Dein and Kate Loewenthal). The second focused upon Judaism and mental health with lectures by Ron Wintrob, Micol Ascoli and Simon Dein.

The conference ended with a presentation by Eva Illouz, giving new perspectives on psychotherapy and its evolution within Western society. This provocative but challenging way of reconceptualizing our profession was representative of the general atmosphere during those very intensive three days.

The conference brought together researchers and clinicians from all over the world, and was a great start for more attention for cultural psychiatry in Israel itself. Israel is a real multicultural country, with inhabitants who originate in quite different countries, in addition to the large Arabic minority.

Appearing at the same time as the conference was a special issue of the Israel Journal of Psychiatry containing various articles on cultural psychiatry. Of great interest was the article by Khawla Abu-Baker about families of suicide killers during the intifada period, describing the respect they got, but also the bereavement they experienced. The conference in Tel Aviv was a small step towards paying attention to cultural differences, albeit to an audience that probably did not have to be persuaded. But every little step can bring a society forwards!

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