

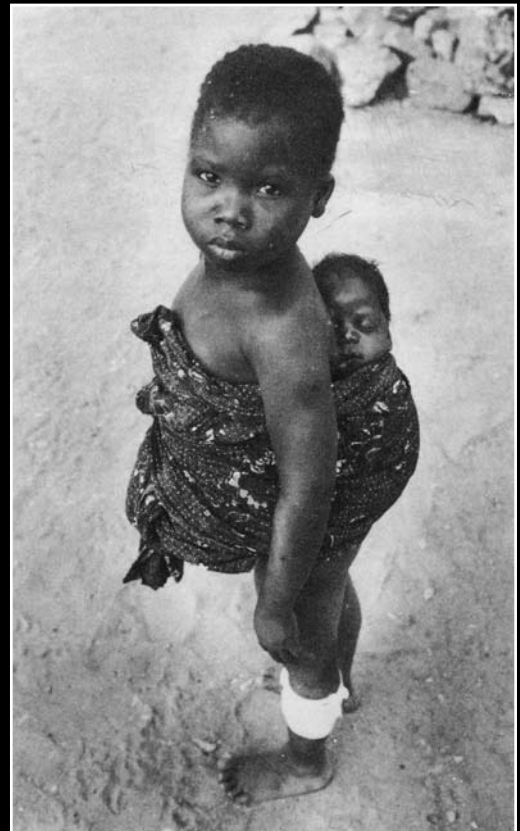
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Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

hrsg. von/edited by: Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM

## Medizinethnologische Diskurse um Körpermodifikationen im interdisziplinären Arbeitsfeld Ethnologie und Medizin:

- Body Mass Index
- Wellness
- Anabolika
- Mensch und Ding
- Tätowierung und Skarifizierungen
- Beschneidung von Mädchen und Frauen



**Zum Titelbild/Front picture *Curare* 36(2013)1+2: *Brauch und Ritual: Die Kinder werden nicht gefragt./ Custom and Ritual: The Voice of the Children is not Requested.***

Photo taken from the booklet of Terre des Hommes, 1977, on the occasion of a press conference in Geneva, Switzerland: «Les mutilations sexuelles féminines infligées aux enfants», with the following words:

*Tout enfant est unique, irremplaçable, / jamais vu sur terre auparavant / et que l'on ne verra jamais / sur terre ensuite. / Entité absolue et ultime d'humanité.*

*Each child is unique, irreplaceable, / never seen on earth before, / never to be seen again, / absolute and ultimate entity of mankind.*

**Die letzten Hefte:**

*Curare* 35(2012)3: „Wa(h)re Medizin. Zur Authentizität und Kommodifizierung von Gesundheit und Heilung“, hrsg./ed.: GABRIELE ALEX, BETTINA BEER & BERNHARD HADOLT

*Curare* 35(2012)4: Objekte sammeln, sehen und deuten. Die Sprache der Objekte

**Die nächsten Hefte:**

*Curare* 36(2013)3 zur Ethnobotanik und Ethnopharmakologie

*Curare* 36(2013)4 zu Themen aus der Transkulturellen Psychologie

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**Zeitschrift für Medizinethnologie  
Journal of Medical Anthropology**



**Herausgeber im Auftrag der / Editor-in-chief on behalf of:**

Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM  
Ekkehard Schröder (auch V.i.S.d.P.) mit

**Herausgeberteam / Editorial Board Vol. 33(2010) - 35(2012):**

Gabriele Alex (Tübingen) [gabriele.alex@uni-tuebingen.de](mailto:gabriele.alex@uni-tuebingen.de) // Hans-Jörg Assion (Dortmund) [hans-joerg.assion@wkp-lwl.org](mailto:hans-joerg.assion@wkp-lwl.org) // Ruth Kutalek (Wien) [ruth.kutalek@meduniwien.ac.at](mailto:ruth.kutalek@meduniwien.ac.at) // Bernd Rieken (Wien) [bernd.rieken@univie.ac.at](mailto:bernd.rieken@univie.ac.at) // Kristina Tiedje (Lyon) [kristina@tiedje.com](mailto:kristina@tiedje.com)

**Geschäftsadresse / office AGEM:** AGEM-Curare

c/o E. Schröder, Spindelstr. 3, 14482 Potsdam, Germany  
e-mail: [ee.schroeder@t-online.de](mailto:ee.schroeder@t-online.de), Fax: +49-[0]331-704 46 82

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**IMPRESSUM *Curare* 36(2013)1+2**

**Verlag und Vertrieb / Publishing House:**

VWB – Verlag für Wissenschaft und Bildung, Amand Aglaster  
Postfach 11 03 68 • 10833 Berlin, Germany  
Tel. +49-[0]30-251 04 15 • Fax: +49-[0]30-251 11 36  
e-mail: [info@vwb-verlag.com](mailto:info@vwb-verlag.com)  
<http://www.vwb-verlag.com>

**Bezug / Supply:**

Der Bezug der *Curare* ist im Mitgliedsbeitrag der Arbeitsgemeinschaft Ethnomedizin (AGEM) enthalten. Einzelne Hefte können beim VWB-Verlag bezogen werden // *Curare* is included in a regular membership of AGEM. Single copies can be ordered at VWB-Verlag.

**Abonnementspreis / Subscription Rate:**

Die jeweils gültigen Abonnementspreise finden Sie im Internet unter // Valid subscription rates you can find at the internet under: [www.vwb-verlag.com/reihen/Periodika/curare.html](http://www.vwb-verlag.com/reihen/Periodika/curare.html)

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ISSN 0344-8622

ISBN 978-3-86135-773-5

Die Artikel dieser Zeitschrift wurden einem Gutachterverfahren unterzogen // This journal is peer reviewed.



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herausgegeben von / edited by:  
EKKEHARD SCHRÖDER

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- IGOR EBERHARD, M.A., Ethnologe (Wien) igor.eberhard@univie.ac.at – S. 46
- DEBORA LEA FROMMELD, M.A., Soziologin (Ulm) debora.frommeld@uni-ulm.de – S. 5
- KATARINA GREIFELD\* Dr. phil, Medizinethnologin (Frankfurt) greifeld@gmx.de – S. 153
- ASSIA MARIA HARWAZINSKI, Dr. phil, Islamwissenschaftlerin (Tübingen) ajidomo@web.de – S. 119
- JULIAN HÖRNER, M.A., Volkskundler (München) julian.hoerner@gmx.de – S. 17
- MARION HULVERSCHEIDT, PD Dr. med, Medizinhistorikerin (Berlin) m.hulverscheidt@web.de – S. 153
- EVA KANTELHARDT, Dr. med, Gynäkologin (Halle) eva.kantelhardt@medizin.uni-halle.de – S. 136
- INGRID KLEJNA, M.A., Ethnologin (Wien) i\_klejna@gmx.at – S. 36
- ECKHARDT KOCH\*, Dr. med, Psychiater (Marburg) eckhardt.koch@t-online.de – S. 155
- ALEXANDRA KRAATZ, Dr. phil, Ethnologin (Bonn) akraatz@googlemail.com – S. 156
- WOLFGANG KRAHL\*, Dr. med., Psychiater, Psychologe (München) drwkr@yahoo.de – S. 27, 144
- FRANK KRESSING\*, Dr. hum. biol., Ethnologe (Ulm) frank.kressing@uni-ulm.de – S. 134
- JOSEP MARTÍ, Dr. phil, Ethnologe (Barcelona) jmarti@imf.csic.es – S. 76
- MIKE MÖSKO, Dr. phil, Psychologe (Hamburg) mmoesko@uke.de – S. 138
- SIMONE PENKA, M.A., Ethnologin (Berlin) Simone.penka@charite.de – S. 138
- HANS ROHLOF, Drs. med, Psychiater (Amsterdam) h.rohlof@centrum45.nl – S. 140, 142
- EKKEHARD SCHRÖDER\*, Psychiater, Ethnologe (Potsdam) ee.schroeder@t-online.de – S. 4, 114, 152, 154
- THOMAS SUKOPP, Dr. phil, Philosoph (Siegen) sukopp@philosophie.uni-siegen.de – S. 122
- AZRA VARDAR, M.A., Ethnologin (Berlin) Azra.vardar@charite.de – S. 138

## Autoren der Reprints

- MICHEL ERLICH, Dr., Psychiater u. Ethnologe (Paris) – S. 109
- KLAUS FLEISCHER, Prof. Dr.med., Tropenmediziner (Würzburg) luitgard.klaus.fleischer@t-online.de – S. 97
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## \* Mitglieder der AGEM

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Redaktionsschluss: 12.04.2013, Redaktion und Endlektorat EKKEHARD SCHRÖDER  
 Die Artikel der *Curare* werden einem Reviewprozess unterzogen / The journal *Curare* is a peer-reviewed journal

## Final Conference of the Research Project “Mental Health and Migration” (Volkswagen-foundation), October 13-14, 2012, Berlin

AZRA VARDAR, MIKE MÖSKO & SIMONE PENKA

On Oct 13/14, 2012, Charité Berlin was hosting the conference “Mental Health and Migration” ([www.segemi.de](http://www.segemi.de)) where the latest results of a research project under the same name were presented to over 140 participants. The project is a cooperation between the Department of Psychiatry and Psychotherapy, Charité Berlin (Prof. Dr. Andreas Heinz, Dipl.-Psych. Ulrike Kluge, Simone Penka M.A., Azra Vardar M.A.), and the Department of Medical Psychology, University Medical Center Hamburg-Eppendorf (Prof. Dr. Dr. Uwe Koch, Prof. Dr. Holger Schulz, Dr. Mike Mösko, Dipl. Psych. Demet Dingoyan) and it was supported by international partners from the Marmara University in Istanbul, Turkey (Prof. Dr. Kaan Kora). The project was funded for three years (2009–2012) by the Volkswagen-foundation.

The research project comprised four main modules. In module 1 an epidemiological study assessing prevalence rates on mental disorders as well as health care utilisation of Turkish immigrants in Hamburg and Berlin was conducted. Module 2 focused on the assessment of explanatory models of mental illnesses and barriers to the German mental health care system faced by Turkish immigrants. Module 3 explored the assessment of the current status of Intercultural Opening of the mental health care system in one Berlin district. In module 4 a cross-cultural competence training for staff working in mental health care services was developed, implemented and evaluated.

Ahead of the presentation research results of the projects the conference in Berlin featured two invited lectures, one given by Dr. Naika Foroutan, head of the HEYMAT project at the Humboldt University Berlin and the second one presented by Prof. Dr. Uslucan, head of the Center for Turkish studies and professor at the University Duisburg-Essen. These lectures broadened the focus of the topic “Mental Health and Migration” towards themes as Islamophobia in Germany as well as psychological impacts of discrimination on members of minorities, thus pointing out at dimensions of society as a whole on mental stress in immigrant groups. In

the following, main targets of the study and preliminary results that were presented at the conference are described.

### Epidemiological Study

With the help of the Composite International Diagnostic Interview (CIDI) prevalence and comorbidity rates on mental disorders as well as on health care utilisation behaviour of Turkish immigrants was assessed. The data were collected in the Turkish community in Hamburg and Berlin. Two methods for recruiting participants have been used. The Turkish community in Hamburg was informed and sensitized ahead and during the field study by a wide local German-Turkish public campaign. With the help of a random representative sample several thousand Turkish households were contacted. As the response rate was far below the expectations some additional participants had to be recruited in Hamburg via face-to-face contacts.

In Berlin participants were recruited in face-to-face-situations on markets and the municipality, further supplemented by snowball sampling – an approach that became necessary due to more restrictive legislation on data privacy. The gained data of the Turkish sample could be compared to the up to date data of the Federal Health Survey for Adults in Germany (DEGS) conducted by the Robert-Koch-Institute. The prevalence rates of almost all mental disorders of the investigated Turkish sample seem to be significantly higher compared to the German population. In the upcoming month further sub-analysis will be evaluated and published.

### Explanatory Models and barriers to the mental health care system

In the second part of the study, explanatory models of mental illnesses were assessed. People with Turkish immigration background were compared to people without immigration background in Berlin and to Turkish people in Istanbul. Users as well as

non-users with diverse academic backgrounds and of different gender and age as well as professionals were interviewed using the Pile Sort method. It was shown that explanatory models had many structures that are common in all three groups, yet there were also important differences to be observed. For example, the linking of disease names to meanings, causes, cures and professional groups varied clearly between the participant groups. Furthermore, the results show that not only immigration background is an important factor on explanatory models but there is also considerable variation along the factors education and social situation.

To assess barriers to the mental health care system semi-structured interviews were conducted with users of psychosocial health care services with and without Turkish immigration background. Turkish users stressed the importance of psychiatric and psychotherapeutic services in mother tongue. Not only the language-barrier was important but also the assumed higher empathy of Turkish-speaking professionals. Furthermore long waiting lists were named as explicit barrier to psychiatric and psychotherapeutic treatment (in mother tongue).

### **Intercultural Opening of mental health care services**

Another focus of the Berlin study group was the assessment of the current status of Intercultural Opening in the mental health care system in the Berlin district Mitte where about 44% of the inhabitants have an immigration background and to further analyse the concept. By combining pre-existing instruments and conducting a consensus-oriented, expert-based Delphi process an assessment tool reflecting the intercultural opening in the mental health care offers in Germany from a broad perspective was de-

veloped. With the help of the assessment tool one representative of each mental health care service in Berlin-Mitte was interviewed. Furthermore, barriers in implementing the concept of Intercultural Opening were to be carved out by interviewing staff working in these offers. One result was that people with immigration background were underrepresented especially in the community mental health care system whereas e.g. general psychosocial facilities seem to better reach people with immigration background. Yet, especially for people who do not know German adequate access to the mental health care system in general is difficult. One reason seems to be the missing regulation about meeting the costs for translators.

The study could show that the Intercultural Opening was not implemented comprehensively because of reasons like refusal and lack of knowledge as well as structural and systemic reasons. For example, missing financial resources prevent the use of translators and translation of information material in different languages. Another reason is that some services are explicitly against the implementation of Intercultural Opening, because of its focus on "immigration background" that is considered discriminating and segregating.

### **Cross-cultural competence training**

The intervention module of the research project – a cross-cultural competence training for staff working in mental health care services – was developed by the Hamburg study group in close cooperation with the Transcultural Centre of the St. Göran's Hospital in Stockholm (Sweden). The implementation of the training took place at the Parkland-Clinic for Psychosomatic and Psychotherapy in Bad Wildungen, an indoor mental health care institution with a



**Azra Vardar**, anthropologist/political scientist M.A. was research associate in the project "Mental Health and Migration" at the Clinic for Psychiatry and Psychotherapy, Charité Campus Mitte Berlin. Her interests are immigration to Germany, explanatory models of illness, barriers to the health care system for immigrants.

e-mail: [Azra.vardar@charite.de](mailto:Azra.vardar@charite.de)



**Simone Penka**, anthropologist/educational scientist M.A. worked as a social worker in the Clinic for Psychiatry and Psychotherapy, Charité Campus Mitte Berlin and was PhD student and research associate in the project "Mental Health and Migration". Her interests are cross-cultural approaches in health and social care and barriers to addiction aid institutions for immigrants.

e-mail: [Simone.penka@charite.de](mailto:Simone.penka@charite.de)

specialised treatment program for Turkish speaking patients. Staff of all groups of professionals (from senior physician to cleaning lady) attended the voluntary training. The training covered six themes: disambiguation, migration and mental health, cross-cultural communication, critical incidents and cross-cultural sensitive diagnosis. A section about regional geography of Turkey was the result of a needs assessment of all staff members ahead of the training.

The core instrument of the evaluation was the "Cross-cultural competence in health care" (IKG-27) questionnaire. Additionally patient outcome as well as an anthropological field study was conducted.

The results of the study project will be published soon. Some preliminary results have been published as a Supplement of the *European Psychiatry* (Eur Psych, Migration and Mental Health, Vol. 27, supplement 2, Elsevier, June 2012). If you are interest-



**Mike Mösko**, Dr. phil., psychologist, psychological psychotherapist, head of the study group on psychosocial migration research at the University Medical Center Hamburg-Eppendorf. The research focus is on migration and health in regard to epidemiological aspects, health care quality of patients with a migration background and the development of cross-cultural sensitive instruments and interventions.

Universitätsklinikum Hamburg-Eppendorf  
Institut für Medizinische Psychologie  
Leiter Arbeitsgruppe Psychosoziale Migrationsforschung  
Martinstraße 52 • 20246 Hamburg  
e-mail: mmoesko@uke.de

ed to obtain more information in advance please contact:

Projekt „Seelische Gesundheit und Migration“ der VW-Stiftung  
c/o Dipl. Psych. Ulrike Kluge  
Klinik für Psychiatrie und Psychotherapie, Charité Universitätsmedizin, Campus Mitte  
Charitéplatz 1, 10117 Berlin,  
e-mail: ulrike.kluge@charite.de

## WPA International Congress Prague, October 17–20, 2012

HANS ROHLOF

The recent international congress of the World Psychiatric Association had much to offer on the field of transcultural psychiatry. The focus of the congress was "Access, Quality and Human Care", which is an important item in the care for ethnic minorities and in International Psychiatry. The congress was median large with about 1800 participants, mostly from Europe, but also with 125 colleagues from the U.S.A. and even 65 from Australia. Psychiatrists from German speaking countries were underrepresented, with by example not more than 42 Germans. This is a pity because the congress offered a lot of interesting lectures and workshops, also for young professionals.

The German WOLFGANG GAEBEL reported about a large international survey on stigma in the psychiatric profession. Stigma on psychiatric care and on psychiatrists prevents good care, is the general idea. It enlarges patients delay, and makes the risk on early drop out greater. Psychiatry is viewed as not scientific enough and too remote from other medical specialties. Also others, and even psychia-

trists themselves, are regarding psychiatric treatments as having limited success. Gaebel showed comparisons in which these ideas are clearly proved to be wrong. His take home message was that we should stop discriminating ourselves, and regard ourselves as valuable colleagues in relation to other doctors. According to NORMAN SARTORIUS, the former president of the WHO, we should also stop devaluating our patients, and start focusing on the positive sides of their lives. Interesting in this respect is that younger psychiatrists experience more stigmatization and a higher burden. Staying longer in the profession makes psychiatrists probably less vulnerable! Or have vulnerable colleagues left the profession already?

V. SVAB from Slovenia reported about a study about discrimination in schizophrenia, in different countries. Surprisingly, there is less discrimination in the developing countries then in the developed ones. Reasons for that are still unclear, but probably the assumed exogenic origin of schizophrenia



in developing countries, like influence of ghosts or bewitchment, are primary to this phenomenon.

The other side of stigmatisation is that patients once they have arrived in mental health care are quite satisfied with the help they get. A. NAWKA from the Czech Republic showed that inpatients from different countries are quite satisfied with the staff, and with the treatment they get, without great differences between the countries. This asks for permanent information on how effective psychiatric help is and on how great the satisfaction. Involving more former patients would be a good idea?

Apart from international comparisons there was much attention on the psychiatric care for patients from ethnic minorities in Western countries. RON WINTROB (U.S.A.) stated that in the case of refugees, practical needs are generally met, but emotional needs not. Psycho-education is a starting point for psychiatric care, and should be offered to all refugees, given the great percentages of psychopathology among them. This should have a place in language courses and other immigration schooling.

MARIANNE KASTRUP (Denmark) gave a lecture about Cultural Psychiatry in the Scandinavian region. She pointed out that there is a common issue in Scandinavian countries about the relations between people, based on fairness, equality and solidarity. This is also valid for immigrants. Migrants in Scandinavia have a lower use of mental health care, but are higher in numbers in involuntary admissions and forensic sentences. In the second generation there are relatively more suicides.

Remarking is that post-migratory stress in refugees is higher in those who stayed in Denmark than in those who went back (to Kosovo). 65% of the refugees were dealing with pain complaints, probably connected with psychopathology. And apathy was very frequently found in refugees children, most presumably connected with depression in their mothers.

HANS ROHLOF showed similarities in The Netherlands. In this country 11% of the population is of non-Western background. He mentioned the research in which a perceived discrimination and less social support are connected with more psychopathology. Mental health care use is increasing among migrants, but thresholds are remaining. In refugees the use of mental health care is very low, and even lower in asylum seekers. There are some experiences with special programs for migrants. An adaptation of Interpersonal Therapy for migrants made the dropout rate lower. EMDR for refugees seems feasible, but if the effects are higher than stabilization is not yet clear. In The Netherlands specialised services for migrant patients by migrant therapists exist, but till now there is no proof that patients do better with that kind of help.

There is not much similarity with the mental health care situation in Sub Saharan Africa, where about 700 psychiatrists (of which 500 in South Africa) have to take care of about 870 million people. SOLOMON RATEAMANE from South Africa told about this. A vicious cycle of poverty, war and lack of health care makes the live hard for the population. Governments are however beginning to put mental health care on the agenda, since they notice that proper care can have a positive influence on the moral.

Sections of the World Psychiatric Association, among which the Transcultural Section, are starting to combine their efforts in organising courses and conferences. AFZAL JAVED, the Sections Secretary, is a great supporter of this. The Transcultural Section is preparing a conference on Religion, Culture and Psychiatry together with the Section on Religion and Psychiatry. The WPA is a large organisation but made out of some enthusiastic individuals who are willing to educate, and propagate their research, programs and insights.



**Hans (J.G.B.M.) Rohlof, M.D.**, is psychiatrist and researcher at Centrum '45 in Oegstgeest, The Netherlands, at the National Institute for Psycho-trauma Treatment and Research. He has an official function in the training of residents in psychiatry. His specialisation is the diagnosis and treatment of traumatised refugees. He is one of the founders of the Section of Transcultural Psychiatry of the Netherlands Association of Psychiatry. Since August, 2012, he is the Chair of the Transcultural Section of the World Psychiatric Association. His list of publications shows more than 80 articles, books, and book chapters about transcultural psychiatry and about refugees. His research topics concern somatization, treatment effect and cultural diagnostics.

Head of the Outpatient Clinic for Refugees, Centrum '45, National Dutch Psychotrauma Centre  
Rijnzichtweg 35 • 2342 AX Oegstgeest • The Netherlands  
e-mail: h.rohlof@centrum45.nl, websites: www.rohlof.nl and www.centrum45.nl

## First International Conference on Cultural Psychiatry in Mediterranean Countries, Tel Aviv, 5–7 November, 2012

HANS ROHLOF

The First Mediterranean Conference on Cultural Psychiatry took place in Tel Aviv, Israel. Before the conference took place, there were many protests by non-members of the Transcultural Section about the place of the conference, since they considered Israel and the Israel Medical Association as detrimental for the health and health care of the Palestinian people. The Board of the Section published an official statement stating that the conference would be open for everybody, that colleagues from Arabic countries were especially welcome, and that the conference would be pure scientific. The conference was a great success. With about 160 participants, mostly from Israel but also some from other Arabic countries, it contained three intensive days of plenary lectures and symposia, and a very impressive film, "Waltz with Bashir." The participants were holding 88 lectures, and there were 8 posters, which meant that the majority of the attending persons were holding a lecture, as it is always the case on real scientific conferences. Four parallel programs were running at the same time, which made it very difficult to choose which to attend. As usually, this report is only one side of the conference.

AFZAL JAVED (U.K.), the Section Secretary of the World Psychiatric Association, opened the conference. He thanked the Local Organising Committee and the Section for their efforts and their resoluteness in the organisation of the conference. The opening lecture was held 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 interrelationships 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 to a large minority population. This makes the cultural psychiatry in the States more prominent: every psychiatrist has to deal with patients from quite different cultural origins. He further focused on the need of cultural case formulation, in order to identify dif-

ferent explanation models, different acceptance of care, different communication styles.

KAMALDEEP BHUI (U.K.) looked at this statement from a British point of view. There is a great impact on equality nowadays in the U.K. However, reduction of psychiatric beds goes together with increase of specialised prison beds: who is the winner here? Marginalisation is always bad for mental health, but especially for young people. And 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 for 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: the prevalence for depression is higher in Whites than in African Americans, for example. Native Americans also show more alcohol addiction and post-traumatic stress disorders (PTSD). Asian Americans demonstrate lower levels of psychopathology. And there is a clear connection between self-perceived discrimination and psychopathology.

FRANCOIS BOURKE (Canada, U.K.) worked further on 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 to develop 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 by low ethnic density, discrimination and maybe child abuse.

Also, 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.uottawa.ca](http://www.ccrirh.uottawa.ca). Kirmayer stressed the point that different epistemologies are used by patients, depending on different ontologies of the person: egocentric, socio-centric, eco-centric and cosmo-centric. 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 socio-centric 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 recognition of diverse knowledge fields.

The recent film "Waltz with Bashir" (2008) which was shown on the first evening of the conference, evoked many emotions. In this film, which is presented as a cartoon film for adults, Israeli soldiers are exploring their former involvement during the Lebanon war of the Sabra and Chatila massacres (1982), where 3.500 Palestinians were killed in a genocid by the Lebanese Christian Phalange, while Israeli troops surrounded and illuminated the camps.

The next day ELIEZER WITZTUM (Israel) spoke about dissociation in PTSD patients, which occurs in about 5% of the patients he examined, and which can disturb the memory.

Another discussion on dissociation came from MARJOLEIN VAN DUIJL (The 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

(plural Dibbukim), a Jewish possession syndrome, very rare now, but clearly connected with the 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 Sabbath evenings and celebrations, and the strict rules on the preparation.

DIDDY MYMIN (Israel) gave an interesting lecture on Eritrean women who entered Israel through the Sinai desert, and were asking a refugee status. Many of these women have been raped, some by Eritreans, others by Rashaida men (the Bedouin smugglers). She interviewed 14 of these women. She found no need to talk, a surprisingly good functioning, and only a threat of stigmatisation when they developed pregnancy. 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 discussion was stated that it may be a temporary fruitful coping.

There are about 60,000 refugees in Israel from Africa and LIMORE RACIN (Israel) spoke about the voluntary return programs. Voluntary return is a result of traumatised and flight problems on the one hand, and continuous post migration problems on the other hand. Many refugees tend to make a choice for return, but this is of course dependent of the safety situation in their country of origin.

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

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 in fact a real multicultural country, with inhabitants who were born in quite different countries. It contains a large Arabic minority, too. A major outcome of the conference was a special issue of the Israel Journal of Psychiatry, containing different articles on cultural psychiatry. Of great interest was the article by KHAWLA ABU-BAKER about families of suicide killers in the intifada pe-

riod, describing the respect they got, but also the bereavement.

Much can be said about the difficult political situation. After the conference a short war broke out between Israel and the Gaza strip resulting in citizen casualties on both sides. The ceasefire after a week brings promises for a future solution of the

Israel-Palestinian conflict, but many fear more years of troubles. The conference in Tel Aviv was a very little step towards attention for different cultures, and that among people who probably did not have to be persuaded. But every little step can bring a society forwards!



**Hans (J. G. B. M.) Rohlof, M.D.**, is psychiatrist and researcher at Centrum '45 in Oegstgeest, The Netherlands, at the National Institute for Psycho-trauma Treatment and Research. He has an official function in the training of residents in psychiatry. His specialisation is the diagnosis and treatment of traumatised refugees. He is one of the founders of the Section of Transcultural Psychiatry of the Netherlands Association of Psychiatry. Since August, 2012, he is the Chair of the Transcultural Section of the World Psychiatric Association. His list of publications shows more than 80 articles, books, and book chapters about transcultural psychiatry and about refugees. His research topics concern somatization, treatment effect and cultural diagnostics.

Head of the Outpatient Clinic for Refugees, Centrum '45, National Dutch Psychotrauma Centre  
Rijnzichtweg 35 • 2342 AX Oegstgeest • The Netherlands  
e-mail: h.rohlof@centrum45.nl, websites: www.rohlof.nl and www.centrum45.nl

## 4<sup>th</sup> International Symposium “Mental Health in Developing Countries – Global Mental Health”, 10<sup>th</sup> November 2012 in Munich

WOLFGANG KRAHL

According to the WHO ([www.who.int/mental\\_health/mhgap/en/index.html](http://www.who.int/mental_health/mhgap/en/index.html)) neuropsychiatric disorders or substance use disorders are common in all regions of the world. While 14% of the global burden of disease is attributed to these disorders, most of the people affected are living in low-income countries and do not have any access to the treatment they need, many are stigmatized with prejudice and social exclusion. This leads to serious psychological, physical, social, and economic damage. At least 20%–30% of patients in developing countries who visit primary care facilities suffer from one or more neuropsychiatric disorders. Particularly noteworthy are chronic illnesses such as: depression, substance dependence, schizophrenia, epilepsy and dementia. Attempts to introduce mental health on the agenda for global public health are progressing only slowly. Mental health services should not be a privilege available chiefly to rich countries; mental health is of enormous importance in low income countries both for the individual and for their societies.

To create awareness about mental health issues in low income countries *i.nez—International Network for Cooperation in Mental Health* organized together

with the *Global Mental Health Group* at Department of Psychiatry, Ludwig Maximilian University of Munich and the *Center of International Health—LMU* the 4<sup>th</sup> International Symposium “Mental Health in Developing Countries—Global Mental Health.” The symposium was held on the 10<sup>th</sup> November 2012 in the Department of Psychiatry of the Ludwig Maximilian University of Munich.

The Symposiums first speaker MARKOS TESFAYE (Department of Psychiatry, Jimma University, Jimma/Ethiopia) stressed in his talk *Education for improving human resources in mental health—An Ethiopian example* how important it is for his country to train mental health workers. He mentioned that the lack of trained mental health professionals has been found to be the most important limiting factor in developing mental health services in developing countries and that Ethiopia is not an exception. After a psychiatry residency program started at Addis Ababa University in 2003, the number of practicing psychiatrists in the country increased from 11 to a total of 44 in 2012. Nonetheless, most psychiatrists remained in the capital city whereas 85% of Ethiopia's population of approx. 90 million lives in the

countryside. In the context of limited number of doctors applying to pursue psychiatry Jimma University started a graduate training program for non-physicians in collaboration with national and international institutions among them the Center of International Health and the Department of Psychiatry of the Ludwig-Maximilian-University Munich in 2010. The idea is that these graduates with a Master of Science in Clinical and Community Mental Health should be enabled to run acute in- and outpatient care at regional and primary hospitals; also that they should provide supervision and support for Primary Health Care workers and that they get involved in mental health service planning and management at the regional health bureaus.

NORBERT MÜLLER (Department of Psychiatry, Ludwig Maximilian University of Munich) talked about *The Master of Science in Clinical and Community Mental Health in Jimma, Ethiopia—The German perspective*. He stated that since 2010, the Global Mental Health Group at the Department of Psychiatry, University Munich has been supporting the Master program in Ethiopia in order to improve psychiatric treatment and care. Academic staff from Munich was sent to teach the first batch of students. The first five master students graduated in 2012 and another 20 students—two of them from Somaliland—are presently attending the master program. Further support from the Ludwig Maximilian University, will be provided by annual summer schools which will deepen psychiatric skills and knowledge; in addition problem- and patient-oriented exchange will take place. Further projects of the Global Mental Health Group include cooperative research projects and the implementation of a rehabilitation farm for psychiatric patients.

MATHEW VARGHESE (National Institute of Mental Health and Neuro Sciences (NIMHANS, Bangalore, India) gave an overview about *Dementia—Perspectives from Developing Countries (India)*. He demonstrated that because of demographic changes around the world, developing countries like India, China, and Latin America would have the largest elderly population in the world. The Dementia India Report 2010, estimated that there were 3.7 million persons with dementia in India in 2010 and that this number would double in the next 20 years. The main caregivers are family members and they need support and training to deal with this problem due to sparse public health services. M. Varghese had an interesting explanation about the reason why the prevalence

of dementia in most of the developing world is less than the developed world. The lack of assessment instruments to evaluate cognition and the shorter survival may be reasons for the underestimation. Also the culture views cognitive decline as a normal part of ageing and the deterioration in executive functions needed in diagnostic criteria like the DSM IV is not evident in the developing world.

While geriatric psychiatric problems are relatively new on the agenda for mental health in developing countries, child and adolescent psychiatric problems have been recognized already beginning some years earlier. REINER FRANK (Prof. emer. Department of Child Psychiatry, Ludwig Maximilian University of Munich) spoke about the curriculum development for postgraduate education: *The process of implementing child psychiatry in Jimma, Ethiopia*. Postgraduate training relies on clinical experience of patients at childhood age seen mainly in the outpatient department. To handle child patients some easily available material is necessary such as paper and pencil, paints, building blocks or puzzles. The purpose is to get in contact by means of playing, to offer an occupation and to get an idea in which way children are able to use the material. R. Frank stressed that for most problems encountered in children local resources are needed—family, school and community. He also highlighted the importance of advocacy which is effective only when the target audience is asked to do something. Mobilizing people means asking them to become part of the solution. Child psychiatry is still in its infancy in Ethiopia and needs time to develop. Follow up is necessary to monitor the growth of capacities in child psychiatry within the department and for the Masters of Science in Clinical and Community Mental Health going back to their region of origin to practice in a primary hospital. R. Frank had prepared some video clips about his work with children in Ethiopia which were very well received by the audience.

Another account about the problems encountered by children in Ethiopia was given by SANDRA DEHNING and ANDREA JOBST (Department of Psychiatry, Ludwig-Maximilian University Munich). *Trauma in Street Children in Jimma, Ethiopia* was their topic and they presented the preliminary results of a study. It is well known that Street children experience disproportionately high rates of trauma and posttraumatic stress disorder (PTSD). Their study examined traumatic events and symptoms of PTSD among homeless youth in Jimma, Ethiopia. Street

children (N =89), mean age 13.7, were recruited from an organization providing services to homeless youth (Facilitators for Change). The results indicate that 84% of respondents had experienced a traumatic event and 32% met criteria for PTSD. They discussed the implications for culture-sensitive screening and intervening with traumatized homeless youth across service settings.

GEORG RIEDER (Department of Neurology, Traunstein District Hospital) who has been working in different African countries as a physician had been asked by the Symposium organizers to prepare a talk on *Allowances: incentive or hindrance?* He discussed the issue in a very balanced way. It is his experience that participants of training workshops, of field research and of development projects expect, NGO/donor agencies to offer per diem allowances for attendance or cooperation. The basic question is, whether allowances should be paid in development work, specifically in volunteer based community projects? He discussed the advantages of Per Diem Allowances: Basically they should cover work related expenses only. Beyond that, they encourage training, increase staff motivation, offer an additional source of income, and they cover opportunity costs of volunteers. He also looked at the disadvantages of Per Diems: They might create conflict among staff/community volunteers; work plans might be based on per diem maximization; they are costly for donor agencies, and they foster manipulation of work practices; finally people might expect payment for every activity. Training allowances may have a specifically negative impact: They are paid as compensation for time spent in a training workshop or seminar, which transforms “capacity building” into “income generation”. He concluded that donors as well as volunteers have to ask themselves whose agenda they are serving. If it is the agenda of a NGO or an institution, then people are justified in asking for payment. If it is a project that communities are implementing themselves, they should participate without payment, as the results of projects, trainings, or research should be remuneration enough.

PETER KAISER (Zentrum für Psychiatrie, Winnenden) gave a presentation on *Considering local human resources - mental health in the developing as well as so called developed world*.

He talked about his experiences in Burma as well as in Germany. Mental Health Services should be community based. Prevention and treatment do need specialists, trained in diagnostic and therapeutic

skills. In developing countries, brain-drain (internal as well as the migration to other countries) poses a problem that is difficult to counteract. One possibility—promoted by the WHO—may be the “task shifting.” The delegation of responsibilities of physicians to medical assistants with a minor medical education (physician assistants, community health workers etc.) is a common response to the shortage of medical professionals, especially in rural and poor urban areas. P. Kaiser used his own experience in Burma to illustrate the hardship of implementing and promoting mental health services. He also discussed the shortage of psychiatrists in the region where he is responsible for psychiatric services, and he asked the question if task “task shifting” might be needed as well in Germany.

TARA CHACKO (Zeitgeist—Centre for Personal & Organizational Development, Bangalore, India) gave an account on the *Psycho social impact of globalization on Employees in India*. Since the Indian economy began its journey towards Globalization in the early 1990s enormous changes in the social and cultural environment took place. While globalization has resulted in providing new employment opportunities it has also brought changes in the working environment and the way work is carried out. These changes create new opportunities and challenges for employees which have both positive and negative effects on their psycho social wellbeing. Among the negative aspects on mental health Chacko reported increased depression and anxiety, feeling of not having accomplished much in life, low self-confidence and self-esteem, anger outbursts, suicide attempts, increased interpersonal conflicts. She then showed how these problems can be tackled through psycho social intervention programs at multiple levels with awareness programs, crisis intervention, counselling services and training.

KLAUS HOFFMANN (Zentrum für Psychiatrie Reichenau) talked about *Psychotherapy in the developing world—What can be done and who should do what?* He demonstrated that psychotherapy or what is called psychotherapy in the Western world is a powerful and effective help for many people worldwide: For about one fifth to one fourth of all therapy consultations, it is the appropriate answer. Psychotherapy therefore should be implemented in primary care and become open for dialogue with traditional and faith healing groups and systems. In Hoffmann’s opinion psychoanalysis, mainly group analysis, can be well adapted to specific economic

and cultural settings and taught to nurses and general practitioners. The same applies to behavioural techniques, especially in trauma therapy. Experienced psychotherapists have important tasks in supervising primary health care workers and local networks including traditional and faith healers, priests, and local officials.

In his talk about *Forensic Psychiatry in developing countries* HERBERT STEINBÖCK (Department of Forensic Psychiatry, Isar-Amper-Klinikum München-Ost) explained the definition, the history and the social function of forensic psychiatry in highly industrialized countries. He cited the mental health act and the measures of improvement and security as two examples of forensic psychiatry in civil and in penal law respectively. He stated that the rights of persons with disabilities are part of the human rights. Even mentally ill offenders are disabled persons in need of special protection in courtroom and detention. Their rights are part of the rights of disabled persons, and thus of human rights. Therefore, the promotion and protection of the rights of persons with disabilities—offenders or not—is not a question of goodwill or luxury but of human rights. Steinböck came to the conclusion that regarding ethics and forensic psychiatry mental health workers have to promote 3 issues: ethical awareness of the patients' human rights in professional education as well as in everyday practice, political claims for mental health legislation and political claim for sufficient resources not only because of technical reasons but because it is a question of human rights.

In the last lecture of the Symposium WOLFGANG KRAHL (Department of Forensic Psychiatry, Isar-Amper-Klinikum München-Ost) reported about his experiences in *A country without psychiatrists—Somaliland*. Somaliland is a Sunni Muslim society that is based on clans. There is a large nomadic popula-

tion and high numbers of internally displaced people, many of them traumatized. Somaliland declared independence from Somalia in 1991. Somaliland has only two small public inpatient psychiatric units. Since there are no psychiatrists in Somaliland, the psychiatric patients are treated by nurses and general practitioners. The conditions in the psychiatric ward of Hargeisa Group Hospital were formerly described as poor but improved over the last years. Most of the psychotropic drugs listed in the Essential List of Drugs WHO are available in the hospital. To improve psychiatric services in Somaliland, the Dean of the medical faculty, of the Hargeisa-University, Dr. Derie had requested a workshop on "Basic Mental Health." Most of the 20 participants of the workshop had many years of clinical experience and were eager to contribute actively in the workshop. At the end of the three day workshop the participants (doctors, nurses and social workers) were asked to make suggestions on: "How to improve mental health services in Somaliland." The results included everything that is important in a low-income country to deliver good psychiatric services.

The Symposium had about 130 participants many of them from Africa, Asia, South America and Eastern European countries it was also attended by postgraduates of the Center of International Health—LMU PhD-Program. The organizers received an enthusiastic feedback and were asked to organize another symposium. The 5<sup>th</sup> International Symposium „Global Mental Health—Mental Health in Developing Countries“ will take place on the 9<sup>th</sup> November 2013. The venue of the symposium will be again the Auditorium in the Department of Psychiatry of the Ludwig Maximilian University of Munich. (Details about the program of the symposium and the registration will be announced on the website of AGEM.)



**Wolfgang Krahl** (born 1947) consultant psychiatrist, worked from 1978–1981 in Malaysia's largest mental institution – Hospital Bahagia. Back in Germany he was involved in a Bavarian state mental hospital to introduce community orientated psychiatric care. From 1992–1997 he was employed in the department of psychological medicine University Malaya as an Associate Professor. Presently he is attached to the Isar- Amper-Klinikum München Ost, Department of Forensic psychiatry. Academic and clinical interests: substance dependence, depression, schizophrenia, community psychiatry, psychosocial rehabilitation, transcultural psychiatry, mental health in developing countries.

Isar-Amper-Klinikum München-Ost  
Ringstr.60 • 85540 Haar  
e-mail: drwk@yahoo.de

## The International Migrants Day 2012. A Report from 18<sup>th</sup> December in Hannover.

DAVID BRINKMANN

Proclaimed by the UN in 2000, by now the *International Migrants Day* is an event that is internationally celebrated and held yearly, giving occasion for conferences concerning topics related to migration and/or migrants in society. On December 18<sup>th</sup> the *International Migrants Day 2012* in Germany took place in Hannover Congress Centre, this year's motto being: "Yes, we can—Mehr Gesundheit, Bildung und Arbeit für alle!"

The key issues of this year's conference were health, education and civil commitment of migrants in society, taking into consideration concepts of diversity-management, national integration strategies ("Nationaler Integrationsplan") and the effects of demographic change onto society. The main host of the conference was *Ethno-Medizinisches Zentrum Hannover e. V.* (EMZ, [www.ethno-medizinisches-zentrum.de](http://www.ethno-medizinisches-zentrum.de)) with its founder and director RAMAZAN SALMAN. Further institutions were involved in the organisation as Institut für transkulturelle Betreuung, BKK-Bundesverband and the pharmaceutical company Sanofi Pasteur, among others.

The conference was introduced by two keynotes and had six panels, so called "Dialogforen", of which four simultaneously took place in the afternoon, and a closing plenum. Additionally, so called "Markt der Möglichkeiten" was open for the 800 participants of the conference providing information about the activities of several institutions in Hannover dealing with issues of migration. The invited speakers and participants came from different sectors of society: politics of government and opposition, experts representing the domain of health and education, scientists and researchers as well as representatives of migrant organisations and artists, who all contributed to the conference. Previously to the programme, several people were awarded for special commitment in the field of integration, as is done every year on the conference.

After some welcoming words by BERND STRAUCH, mayor of the city of Hannover, Prof. Dr GISELA FISCHER, chairwomen of EMZ, and Dr ALFONS SCHRÖER, representative of BKK, two keynotes were held, at first by PHILIPP RÖSLER, FDP (Freie

Demokratische Partei) politician, vice-chancellor and Federal Minister of Economics and Technology, and then by SIGMAR GABRIEL, chairman of SPD (Sozialdemokratische Partei Deutschland): Firstly, Philip Rösler emphasised the significance of migrants in German economy, especially regarding self-employment. He referred therefore to the initiative "Gründerland Deutschland". Furthermore he praised the dually structured education system, yet called out for facilitated issue of visa, also for less qualified migrants. Whereas Philipp Rösler spoke of a "welcoming culture" ("Willkommenskultur") or "culture of participation" ("Teilhabe-Kultur"), Sigmar Gabriel focused on the term and notion of a "culture of recognition" ("Anerkennungskultur") in the second keynote. In his opinion, existing inequalities and conflicts are less a problem caused by cultural differences but rather the result of socio-economic inequalities. As examples he referred to the German health care system and system of civil servants ("Beamtensystem") since barriers were much higher for migrants than for non-migrants, he stated. Furthermore amendments were necessary and urgent, concerning dual citizenship and the electoral law.

### Panels

The first panel *Integrationsgesellschaft—Erfolgsmodell oder Utopie?* was opened by a speech by ALFONS SCHRÖER, representative of BKK Bundesverband. As Schröer stated, the Company Health Insurance Funds ("Betriebskrankenkassen") facilitate access to health care and prevention for minorities such as migrants. This is by promotion of initiatives like the MiMi (migrants for migrants) project by EMZ, which complement the strategies of prevention set up by Federal Government. APOSTOLOS MALAMOISSIS, episcopal vicar of the Greek Orthodox Metropolis of Germany in Bavaria, then outlined the history of migration of Greeks to Germany as an example for successful integration. Next, writer and essayist, ZAFER ŞENOCAK, critically drew attention to the terms "migrant" and "migra-



tion background” and “German identity” referring to the gap between their meanings in everyday life and in discourses led by experts. Migration, Zafer Şenocak pointed out, was an individual experience that is characterised by change, alteration, move etc. Therefore migration background was closely linked to individual biographies and manifold concepts of a “German identity”. As a result conventional concepts had to be reconsidered. Finally, he called for a more distinct differentiation that takes into account the actual living conditions of migrants. MIKOLAJ CIECHANOWICZ followed by presenting the work of the scholarship programme of Deutschlandstiftung, whose head he is. The panel was closed by Prof. Dr. OLIVER RAZUM, dean of the Faculty of Health Sciences of the University of Bielefeld and expert in the field of epidemiology. In his speech on health and migration he referred to studies examining health care utilisation by migrants and stated that, in particular, rehabilitation and prevention programmes were utilised below average. Partly, it was the result of cultural insensitivity on part of staff, he argued suggesting improvements. People working in the health care sector sometimes felt overburdened and/or helpless. Because of the great heterogeneity of migrant communities and therefore very diverse needs in regard to health care, solutions could not be found by creating specific services Razum stated, as he assumed a threat of culturalisation. He rather suggested providing a chance to benefit from available services, in terms of diversity management. In the subsequent discussion, which was moderated by EKREM SENOL, publisher and editor-in-chief of MİGAZIN, the difficulty of differing needs was brought up once again. Furthermore the arguable definition of “migration background” was discussed. Zafer Şenocak pointed to the necessity to consider individual biographies, whereas Oliver Razum emphasised socio-economic factors when referring to participating chances for instance in the health care system.

Preceding the **second panel** which coped the **topic education, training and further vocational qualification**, AYGÜL ÖZKAN, Minister of Social, Women, Family, Health and Integration Affairs of Lower Saxony gave a brief outline of the ministry’s measures concerning education, employment and social life in relation to migrants. She referred to the ministry’s considerations of launching a language development survey including children from the

age of three. Further measures were the improvement of regulatory framework for the recognition of migrant’s professional qualifications (“Berufsqualifikations-Feststellungsgesetz”), the training of intercultural parent facilitators (“Eltermoderatoren”) and integration pilots (“Integrationslotsen”) or the implementation of Islamic religious education in schools. Despite of these measures she demanded further advancements within in the meanings of a „culture of recognition“ (“Anerkennungskultur”).

At the beginning of this panel, CIGDEM UZUNOGLU, representative of the Foundation of German Economy presented the project “Zeig, was du kannst!” (“Show what you can!”), an initiative to assist adolescents during their last year at school with the aim to facilitate their career entry, regardless of their socio-economic status. In the next presentation, STEFAN BIRKNER, Minister of the Environment, Energy and Climate Protection outlined the state government’s political guidelines concerning education in respect to migrants. The main aim was to improve migrants’ participation in the German economic system. As important factors in order to overcome existing barriers, such as insufficient language abilities, he pointed out upbringing, education and vocational training.

In his presentation, the Commissioner of Integration of Schweinfurt, HARALD MANTEL, pointed out the importance of the personal social network in the process of education and vocational choices. People with different cultural backgrounds, he stated, sometimes had different ways of valuing diverse forms of education. For some migrants education in school was very important whereas vocational training often was disregarded. He added, that parents should be considered as important partners in the vocational counselling of their children and should therefore be provided with information about the German educational system. To this end, the city of Schweinfurt implemented an initiative adapting the “multiplier”-focussed approach of the MiMi-project, originally developed by the EMZ.

SEDA RASS-TURGUT, head of “Team Integration” of Osnabrück, then spoke about the opportunities of young migrants to get access to vocational training. Compared to non-migrants they had more difficulties in beginning vocational training, even with equal qualifications. This was especially true for people with a Turkish or Arabic migrant background. Among the reasons she supposed the

*Gastarbeiter*-Stigma and the way enterprises organize the recruitment. As a consequence and in addition to the cooperation with parents and vocational guidance, she saw the need to provide information and stimulate processes of intercultural opening to strengthen young migrants' position in the labour market.

As Rass-Turgut, KLAUS OKS, representative of Federal Employment Agency, pointed to the poor situation of migrants in the labour market in comparison to non-migrants. Unemployment rate was twice as high as for non-migrants, he stated. On the one hand the promotion of the Federal Employment Agency aimed targeted qualification and improving migrants' language abilities. On the other hand, Oks also saw the necessity to facilitate the process of acknowledgement of foreign professional qualifications. In the closing debate the participants discussed the unexpected results of a study ("Muslimisches Leben in NRW") which showed, that the number of unemployed, yet well-educated Muslim migrants was increasing.

While panels 4–6 dealt with topics such as the role of migrants in politics, civic and social involvement and economy, **Panel 3** focussed on health and migration, entitled *Gesundheit und Pflege—Interkulturelle Öffnung als Chance?* Two speeches had to be cancelled: Prof. Dr. JAN İLHAN KIZILHAN, Villingen-Schweilingen, was to speak about treatment of war refugees, and Tiran Danieljan was to present a project on psychiatric care. Therefore LISA STAHL, scientific assistant at the University of Bielefeld opened the panel with a speech on the health care utilisation by elderly Turkish migrants. In the beginning she presented some general data and information on migration. She continued with some theoretical considerations on the term "age", on the one hand, and pointed out the importance of the distinction between subjective and objective health, on the other hand. Based on current data it could be observed that elderly people made use of health care services below average, due to barriers of access to the health care system. She therefore suggested the implementation of diversity management in order to ensure health care services which are adequate to the needs of people. By the implementation of the aforementioned approach a creation of health care services which are sensitive to migration aspects would be possible without disregarding the diversity of individual needs. In the

following discussion it was first of all pointed out, that the approach of diversity management did not consider social aspects such as e. g. social strata. It was therefore claimed to expand the approach in this respect. Besides it was stated that traditionally existing, strong family ties as a support system are more and more perishing.

The next speech dealt with the decision of the Cologne regional court (Kölner Landgericht) in May 2012 and the following debate on male circumcision and was held by FABIAN WEISSBARTH, Public Affairs Officer at "American Jewish Committee Berlin" and "Lawrence and Lee Ramer Institut für Deutsch-Jüdische Beziehungen". He emphasized that the circumcision should not only be considered as a medical matter but also a religious and social topic. From his point of view it was a debate on a so long never before questioned practice and he therefore rose up the question whether or not a society is able to bear cultural differences. In this context Fabian Weißbarth criticised the generally represented perception of Jews and Muslims as *fellow citizens* ("Mitbürger") and hence locating them somewhat outside of society. He stated to have observed anti-Semitic and anti-Muslim tendencies in the debate which were covered under the guise of Humanism and medical terms. In critically analyzing media and its rhetoric one could even assume subtle accusations of child maltreatment. Fabian Weißbarth finally ended in the slightly exaggerated comment, freedom of religion was to mean freedom without religion.

The following discussion turned out to be brief however emotional. Besides it was announced that in addition to religious and social motivations hygienic aspects also played a key role in male circumcision.

Next, FLORENCE SAMKANGE-ZEEB of BIPS-Institut für Epidemiologie und Präventionsforschung, Bremen, focussed on the question, what teenagers with and without migration background knew about sexually transmitted diseases (STD). The results of the enquiry carried out in eight schools in Bremen (N= 1.148 male and female pupils, with and without migration background) showed, that HIV was altogether well-known, whereas other STD were not—knowledge of pupils without migration background was slightly of minor degree. Girls were generally better informed than boys. According to the enquiry pupils get the knowledge mainly from biology

classes, followed by instructions by their mothers. Concluding Florence Samkange-Zeeb stated that schools are important multiplier of knowledge about STD, however pupils had to be informed about other STD than HIV. Afterwards the role of other sources of information, such as the internet, and suitable methods of instructions were discussed.

In the last presentation of the panel, Prof. Dr. GISELA FISCHER and AHMET KIMIL, vice-director of the EMZ, outlined the main concepts and recent developments of the MiMi-project. The aim of the project was to improve migrants' access to the health care system by training migrants as multipliers and providing information in different languages. Due to the success of the project, the concept was already implemented in other European countries and expanded to other fields than health care, such as education, labour, the financial sector etc. The EMZ also considered the founding of a MiMi-academy, as Kimil stated.

In the conference's final discussion, RAMAZAN SALMAN criticised the fact, that there was much discussion about migrants and with migrants but not enough between migrants about the topics of the conference. He therefore encouraged migrants to interchange knowledge and information about successful access to the benefits of the society. In

addition, the participants of the discussion claimed that migrant organisations should be included in decisions and thereby consider them as "trailblazers" for a successful integration. Furthermore language as an important identity marker and the promotion of a bilingual education were discussed.

The one-day conference covered a wide range of topics and brought together many different experts and institutions, related to the field of migration. The packed programme left only little time for profound discussion and reflection, particularly about crucial terms like "integration" – that seemed somewhat out of fashion – or the problematic yet widely used and reproduced dichotomies such as migrant and non-migrant or even migrant and "Biodeutsche(r)"!



**David Brinkmann, M.A.**, is a social anthropologist and studied in Bonn in the fields of the Americas, linguistics and archeology. He conducted field research in Southern Mexico. Main interests: medical pluralism, liminal spaces, revitalization movements, transcultural psychiatry and migration. He is member of AGEM.

e-mail: boni.brink@gmx.de

## Forum Migration Gesundheit Integration

herausgegeben von: Ramazan Salman, Prof. Dr. Gisela Fischer, Prof. Dr. İlhan Kızıllan, Dr. Thomas Hegemann, Dr. Dorothea Grieger & Prof. Dr. Hans-Peter Waldhoff

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