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Information om Transkulturel Psykiatri, januar 2005

GENERELT

Apatiska asylsökande barn en gåta

Dagens Nyheter 18, januar 2005 / af Catharina Tunestad

Flera asylsökande barn i Sverige har under senare år drabbats av apati, men i andra länder är fenomenet okänt. I vår kommer en rapport om hur många barn det rör sig om.

Flera asylsökande barn som kommit till Sverige de senaste åren har drabbats av apati. Barnen har varken velat äta eller dricka något. Till sist har de slutat tala och blivit liggande, till synes utan vilja.

- I detta skede hamnar barnen på sjukhus och blir liggandes i en säng. Det har inte visat sig så lyckat, eftersom barnen tenderar att regrediera och föräldrarna passiveras genom att de fråntas sitt ansvar.

läs artiklen her : <http://www.dn.se/DNet/jsp/polopoly.jsp?d=145&a=367067>

Læge: Også apatiske asylbørn i Danmark

Ritzau januar 2005

Apatiske asylbørn er ikke kun et svensk fænomen. De børn ses også på asylcentre herhjemme.

Det siger cheflæge i Dansk Røde Kors' asylafdeling, Ebbe Munk-Andersen, lørdag til Ritzau, efter at det svenske nyhedsbureau TT tidligere på ugen skrev, at nogle asylsøgende børn i Sverige rammes af total apati.

Fænomenet har vakt undren i Sverige, fordi det drejer sig om børn fra bestemte områder, mens børn fra andre områder går fri. Den svenske undersøgelse har vist, at halvdelen af de apatiske børn kommer fra tidligere sovjetrepublikker og en tredjedel fra det tidligere Jugoslavien.

Men i Danmark ser man altså også disse børn.

- De apatiske børn er uden initiativ, triste og indadvendte, de er "gået ud i toppen", siger Ebbe Munk-Andersen. Han vurderer, at det meget ofte er stress og post traumatisk stresssyndrom (PTSD), der er årsagen.

Asylsökande barn med oppgivenessymtom

Igennem det meste af 2004 har der i de svenske medier været megen fokus på apatiske børn i asylfasen. Man har derfor oprettet en speciel funktion, der har til opgave at undersøge problemet. Denne funktion har nu en hjemmeside, der kan ses her : <http://www.sou.gov.se/barniasylproc/index.htm>

D-vitamin-mangel hos etniske minoriteter

Alment praktiserende læge Aase T. Jacobsen & professor Leif Mosekilde

Fra starten af artiklen

En 27-årig kvinde klagede over træthed, hovedpine og smerter i nakke-skulder-åget. Hun havde svært ved at gå på trapper og bære tunge indkøbsposer. Hun havde boet i Danmark i syv år, havde to børn og havde arbejdet som rengøringsassistent i det seneste halve år. Hendes påklædning var dansk. Hendes symptomer havde været til stede i et par år, men var forværrede efter starten på rengøringsarbejdet.

Værd at vide

Træthed og muskelsmerter forekommer hos mange patienter i almen praksis. Hos etniske minoriteter er klagerne langt hyppigere og desuden ofte mere diffuse end hos danskere. Mange klager over uoverkommelighedsfølelse og depression, enkelte over perifere paræstesier.

Ugeskrift for læger 167(1), 33-34, 2005

läs artiklen her : <http://www.dadnet.dk/ufl/2005/0105/VP-html/VP42777.pdf>

OM PSYKIATRI

OM TRANSKULTUREL PSYKIATRI

Behandling af traumatiserede flygtninge

KL-notat af 3. januar 2005. Notatet beskriver vilkårene for behandling af traumatiserede flygtninge.

Behandlingstilbud inden for sygehusloven

Behandlingstilbuddene til traumatiserede flygtninge med alvorlige psykiske, fysiske og sociale problemer, samt personer der lever sammen med en primært traumatiseret person, er under udbygning inden for sygehuslovens rammer, dels som opfølgning på økonomiaftalen fra 2002, dels gennem en ændring i sygehusloven.

hele notatet kan læses her : <http://www.kl.dk/325399>

Culture, religion frame care for Muslim patients

David Milne

Programs in Michigan are designed to be sensitive to cultural and religious issues that could impact the medical care of Muslim women in the United States and to address the unique treatment needs of torture victims from the Middle East.

After arriving in Dearborn, Mich., from Iraq three years ago, Namah Hamoudi faced a "doctor dilemma." Although she speaks English well, doesn't wear a hijab (Islamic head scarf), and considers herself a thoroughly modern Muslim woman, she had trouble when it came to choosing a doctor.

"I need to feel at ease with my doctor," she told *Psychiatric News*. "I am more comfortable going to a female doctor who is also an Arab, like myself."

Hamoudi could have been speaking for tens of thousands of Middle Eastern women in the United States. While language is the main hurdle for many of them, more important are the unique cultural and religious barriers they run into when seeking health care that suits their special needs.

Middle Eastern women are reluctant to go to health care providers who do not speak their language or are not of Arab descent because they say there is a lack of sensitivity to their needs. "Arabic culture and practices within the Islamic religion make it awkward for us and difficult for an American doctor," Hamoudi said.

"Modesty demands that Muslim women to be fully clothed when in the presence of another man," she explained.

"We do not want to be touched by a man—not even a handshake

Psychiatric news 40(2), p. 13, 2005

hele artiklen kan læses her : <http://pn.psychiatryonline.org/cgi/content/full/40/2/13>

De fleste unge i Danmark trives godt - men unge indvandrere har ofte trivselsproblemer

Statens Institut for Folkesundheds hjemmeside 20. januar 2005 / af Karen Helweg-Larsen

Flertallet blandt de unge mennesker oplyser, at de trives godt, og de synes selv, at deres helbred er godt. Men en større andel af unge med ikke-vestlig baggrund oplever trivselsproblemer og vurderer selv deres helbred som dårligt sammenlignet med unge, der har dansk baggrund. I alt synes 14% af unge med dansk baggrund, at deres helbred kun er nogenlunde eller dårligt, sammenlignet med 20% af unge med familær baggrund i et ikke-vestligt land. Disse unge rapporterer hyppigere nervøsitet og angstanfald, og de har oftere oplevet at have tabt interessen for ting, som de normalt kan lide.

Oplysningerne stammer fra en stor spørgeskemaundersøgelse i 2002. Ca. 6.000 unge i 9. klasse deltog i 2002 i undersøgelsen om unges trivsel. Blandt dem var 11% enten selv eller deres forældre født i et ikke-vestligt land. læs artiklen her : <http://www.si-folkesundhed.dk/Aktuelt/Ugens%20tal/Unges%20trivsel.aspx>

Hjælp til traumatiserede flygtninge

Dansk Flygtningehjælps hjemmeside, 24. januar 2005

Traumatiserede flygtninge har særlig svært ved at blive integrerede i det danske samfund. De har ofte problemer med at følge et almindeligt integrationsforløb og magter ikke at følge en uddannelse eller komme ind på arbejdsmarkedet. Derfor starter Dansk Flygtningehjælp nu et særligt tilbud til de traumatiserede flygtninge i Ringsted og omegn.

Krig, politisk forfølgelse, tortur og tab af deres nærmeste giver flygtninge psykiske og fysiske problemer, som søvnbesvær, dårlig hukommelse, koncentrationsbesvær, angst og fysisk sygdom.

Derfor har en del af de traumatiserede flygtninge svært ved at få udbytte af de almindelige integrationsprogrammer. Dansk Flygtningehjælp åbner derfor efter ønske fra Ringsted kommune "Mellem Broerne". Et tilbud til flygtninge med traumer og psykiske vanskeligheder.

Flere af de omkringliggende kommuner har efterlyst et lignende tilbud. Den centrale placering midt på Sjælland gør det muligt også for andre kommuner at benytte tilbuddet, uden at det medfører lang transporttid og andre praktiske komplikationer for flygtningene.

læs hele artiklen her :

http://www.flygtning.dk/Enkel_nyhed.1120.0.html?&backPid=1119&cHash=92db9453c8&tt_news=204

Treatment should consider religious beliefs

Physicians who regularly treat Muslim patients offer the following advice for psychiatrists and others who may see these patients:

- For Muslims, going to hospital is a family affair. It is not unusual for a patient about to undergo major surgery to be accompanied by a dozen or more relatives.
- Some Muslims may tend to be passive in the presence of authority figures. Women may defer to their husbands and usually ask their advice before making a decision.
- Husbands often need to be present and do most of the talking, describing symptoms and discussing treatment options. Another family member or friend may sometimes fill this role.
- When seeking personal information, explain why you need it.
- As an ice-breaker, consider engaging in small talk to gain the patient's trust.
- Ask about having a family spokesperson rather than communicating only with the patient.
- Control the tendency to be "frank" when communicating a grave diagnosis or a poor prognosis.
- Since the Koran forbids premarital sex, some women may be unwilling to undergo medical procedures such as pelvic examinations and Pap smears, if the procedures could damage the hymen.
- A woman is exempt from daily prayers and from fasting during menstrual periods and 40 days after childbirth. She is also exempt from fasting during pregnancy and when nursing if there is any threat to her or her baby's health. If fasting is obligatory during the month of Ramadan, missed days can be made up later when it is more convenient

Psychiatric news 40(2), p. 13

læs hele artiklen her : <http://pn.psychiatryonline.org/cgi/content/full/40/2/13-a>

Udgifterne til behandling af asylansøgere er steget

5. januar 2005

På trods af at asylansøgertallet er faldet, er sundhedsudgifterne steget kraftigt. De rå tal og en tolkning af dem kan ses i en rapport fra Udlændingestyrelsen fra oktober 2004:

Analyse af udviklingen i udgifterne til asylansøgenes sundhedsbehandling

rapporten kan læses her : <http://www.inm.dk/imagesUpload/dokument/Analyse.pdf>

På baggrund af rapporten er der den 5. januar en del indlæg i dagspressen, hvor det fremgår, at fra 2001 til 2003:

- er asylansøgerantallet faldet fra 12500 til 2700
- er sundhedsudgifterne steget med 40%
- er opholdstiden i asylcentre steget fra 313 til 804 dage

Politiken :

Langsommelige asylsager koster dyrt : <http://politiken.dk/VisArtikel.iasp?PageID=352102>

Berlingske Tidende

Jeg havde problemer, inden jeg kom til Danmark, men det er blevet langt værre :

<http://www.berlingske.dk/indland/artikel:aid=523768/>

Røde Kors: Asylsøgere har mere brug for lægehjælp : <http://www.berlingske.dk/indland/artikel:aid=523748/>

Udgifter til syge asylsøgere eksploderer : <http://www.berlingske.dk/indland/artikel:aid=523746/>

LITTERATUR

ELEKTRONISKE TIDSSKRIFTER

Mental health care in South Korea

Psychiatry and geriatric psychiatry in Romania

Mental health services in Uganda

Some cultural aspects of the Arab patient-doctor relationship

Ovenstående artikler kan læses i det nyeste nummer af International Psychiatry : Bulletin of the Board of international Affairs of the Royal College of Psychiatrist. Tidsskriftet kan læses her :

<http://www.rcpsych.ac.uk/college/spcomm/IP7.pdf>

ARTIKLER

Apathy and depression in cross-cultural survivors of traumatic brain injury

Samir Al-Adawi, Ph.D., Atsu S.S. Dorvlo, BSc, M.A., Ph.D., David T. Burke, M.D., M.A., Charles C. Huynh, M.D., Loyal Jacob, M.A., Ricardo Knight, M.D., P.T., Mrugeshkumar K. Shah, M.D., M.P.H. and Ala'Aldin Al-Hussaini, M.D., Ph.D.

Abstract

The disturbance of motivation and its relationship to depression continues to spark contradictory findings among European and North American populations. Could a cross-cultural study shed some light on the situation? This study aims to detect the prevalence of apathy and to test whether the Apathy Evaluation Scale (AES) can spot the presence or absence of depression in survivors of traumatic brain injury (TBI) in Oman. Eighty subjects who sustained a TBI were given an Arabic version of the AES and were also interviewed with the semistructured Composite International Diagnostic Interview (CIDI). The authors found that the incidence of apathy and depression among Omani people who sustained TBI is similar to that reported elsewhere. The AES has poor discriminatory power in identifying cases of depression. These findings emphasize the importance of developing assessment tools that are culturally sensitive in light of the rising incidence of TBI in developing countries such as Oman.

Journal of neuropsychiatry and clinical neurosciences 16(4), 435-442, 2004

Building a bridge between attachment and religious coping: tests of moderators and mediators

Pehr Granqvist, Department of Psychology Uppsala University Sweden

Abstract:

Coping studies show that people often involve God in coping. Attachment studies suggest this should be particularly true for people with an insecure history, who use God as a surrogate figure to regulate distress (compensation hypothesis). The present questionnaire study is the first investigation of perceived attachment history and religious coping. It was tested if an insecure history is linked to involving God in coping, if parental religiousness moderates the association, and if religious coping mediates the link between an insecure history and compensatory religiosity characteristics. Results from 197 participants, from different religious and non-religious groups in the central parts of Sweden, supported the compensation hypothesis (i.e., an insecure history was linked to involving God). This support was moderated by parental religiousness. At low parental religiousness, religious coping mediated the association between an insecure history and compensatory religiosity characteristics. The Discussion proposes further cross-fertilization of attachment and religious coping

Mental health, religion & culture 8(1), 35-47, 2005

Comparing sex inequalities in common affective disorders across countries: Great Britain and Chile

Graciela Rojas, Ricardo Araya and Glyn Lewis'

Abstract

Most studies throughout the world have found that women report more psychological symptoms than men. Much less is known about possible variation between countries in the magnitude of these sex differences or the factors contributing to the increase of risk among women in countries with different levels of development. This study aimed to compare sex differences for common affective disorders (CAD) between Great Britain and Chile based on two large urban cross-sectional psychiatric household surveys that used similar methodology. Women in both countries reported more CAD than men but Chilean women had an increased risk in comparison to their British counterparts, a difference that became larger as symptom severity increased. Of all the main explanatory variables included in the analysis—education, employment status, children at home, marital status, and social support—the only statistically significant interaction that could account for this increased risk was education, with an increasingly larger risk for women with lower levels of educational attainments in Chile compared to Britain. Education is a powerful socio-economic indicator that is difficult to revert later in life, especially in countries where opportunities for women are less forthcoming, and it might act as powerful reminder of social entrapment.

Keywords: Women; Mental disorders; Inequalities; Great Britain; UK; Chile

Social science and medicine 60(8), 1693-1708, 2005

Cultural differences in conceptual models of depression

Alison Karasz, Department of Family Medicine and Community Health, Albert Einstein College of Medicine, 3544 Jerome Avenue, Bronx, NY 10467, USA

Abstract

Members of ethnic minority groups are less likely than white middle class people to seek professional treatment for depression and other mental health problems. One explanation is that the former conceptualize depressive

symptoms as social problems or emotional reactions to situations, while the latter are more apt to view depression as a disease requiring professional treatment. Though considerable evidence supports this hypothesis, it is rarely explored directly through cross-cultural comparisons. The present study compares conceptual models of depressive symptoms in two diverse cultural groups in New York City (USA): 36 South Asian (SA) immigrants and 37 European Americans (EA) were presented with a vignette describing depressive symptoms and participated in a semi-structured interview designed to elicit representational models of the symptoms.

Results indicate pervasive differences in representational models across the two groups. SA participants identified the "problem" in the vignette in largely social and moral terms. Suggestions for management and health seeking in this group emphasized self-management and lay referral strategies. EAs, by contrast, often proposed alternate, sometimes contradictory, explanatory models for the depressive symptoms. One model emphasized biological explanations ranging from "hormonal imbalance" to "neurological problem." The second model resembled the "situational stress" or "life problem" model described by SAs.

The implications of these findings, and directions for future research, are discussed.

Keywords: Depression; Cultural differences; Illness representation; Conceptual models; USA
Social science and medicine 60(7), 1625-1635, 2005

Cultural identities and cultural congruency: a new model for evaluating mental distress in immigrants

D. Bhugra

Abstract

Objective: Societies and cultures have been described as being individualistic or collectivist (also called ego-centric or socio-centric). Similarly individuals are idiocentric or allocentric.

Method: Using migration, migrants, ethnic minorities, collectivism and individualism, four databases of Embase, Medline, PsychInfo and Social Sciences abstracts were searched. Other key words included mental disorder, mental distress, psychiatric and psychological disorders. In addition, hand searches were conducted from the relevant books, monographs and secondary references.

Results: Migration, cultural identity and mental distress are linked. In addition, social support can provide a buffer against mental illness. Other vulnerability factors in migrants include the type of society they originate from and the type of society they settle in.

Conclusion: When individuals migrate from one type of culture to another it is likely that depending upon their own personality traits (along with their biopsychosocial vulnerabilities) may develop psychiatric disorders. The cognitions and idioms of distress will be influenced by cultural factors. The clinicians must take into account cultural background when planning any interventions to enable a stronger therapeutic alliance.

Acta psychiatrica scandinavica 111(2), 84-93, 2005

Distribution of symptoms of conduct disorder and antisocial personality disorder in Turkey

Orhan Dogç ana Zuhâl Öndera Selma Dogç anb Gamze Akyüza, Departments of Psychiatry, Cumhuriyet University Medical Faculty, and Cumhuriyet University School of Nursing, Sivas, Turkey

Abstract

Background: A variety of conduct disorder (CD) symptoms are seen together as a symptom cluster. Among CD symptoms there are serious and stubborn antisocial behaviors: lying, swindling, running away from home/school, destructiveness, arson, kidnapping women, sexual abuse, and armed robbery. The objective of this study was to discover the relationship between CD and antisocial personality disorder (APD) and the distribution of the symptoms of these disorders.

Sampling and Methods: The research sample consisted of 994 individuals between the ages of 18 and 65 years in Sivas province. Subjects were given the Diagnostic Interview Schedule-III-R (DIS-III-R) APD subscale.

Results: The lifetime prevalence for CD and APD was found to be 21.03 and 3.02%, respectively. In both disorders the percentage of men was higher than for women. The comorbidity of both disorders was found to be 14.35%. The most frequently seen CD symptom in normal society is 'lying', but in those with CD 'initiates a fight several times' is the most frequently seen symptom. In those with APD the most frequently seen symptom is 'truant from school several times'.

Conclusions: Identifying risk factors in children could be an important step in preventing the progression of CD and APD.

Key Words Conduct disorder - Antisocial personality disorder - Diagnostic Interview Schedule-III-R
Psychopathology 37(6), 285-289, 2004

Ethnic differences in patterns of suicide across the life cycle

Steven J. Garlow, M.D., Ph.D., David Purselle, M.D., and Michael Heninger, M.D.

Abstract

OBJECTIVE: The authors analyzed suicide across the life cycle of different ethnic groups in an urban population equally divided between blacks (44.6%) and whites (48.1%).

METHOD: Two data sets were used: 1) all suicides in Fulton County, Ga., from January 1994 through December 2002 and 2) all U.S. suicides reported by the National Center for Injury Prevention in 1999 and 2000.

RESULTS: The population rates for suicide in Fulton County were 1.22 per 100,000 black females, 10.74 per 100,000 black males, 9.89 per 100,000 white females, and 21.04 per 100,000 white males. In Fulton County, age at completed suicide was more than a decade lower in blacks than in whites. The median age of black victims was 32 years, with an interquartile range (IQR) of 23–45, and the median for whites was 44 years (IQR=31–58); the difference was significant. The mean ages of victims who were black (mean=36.1 years, SD=17.0) and of "other" race (mean=35.7, SD=14.3) were significantly lower than the mean for whites (mean=46.2, SD=18.5). The national data were similar, but minorities accounted for an even smaller percentage of suicides. Median age at completed suicide for African Americans nationally was 34 years (IQR=24–45) compared to 44 years (IQR=32–58) for Caucasians.

CONCLUSIONS: African Americans commit suicide at rates much lower than those for whites, but they do so when much younger and they have a narrow, age-defined window of vulnerability. Age-specific psychopathological processes and protective factors may define suicide risk for each demographic group.

American journal of psychiatry 162(2), 319-323, 2005

Experiences of racism among African American parents and the mental health of their preschool-aged children

Margaret O'Brien Caughy, ScD, Patricia J. O'Campo, PhD and Carles Muntaner, MD, PhD

Objectives We examined the relationship between parents' experiences of racism and children's well-being and the influence of the residential neighborhood characteristics on this relationship.

Methods. African American families were recruited from Baltimore neighborhoods. Parental measures included racism experiences and coping. Neighborhood measures included demographic characteristics, social cohesion, and social climate. Children's mental health was assessed with the Child Behavior Checklist. Analysis was performed with multilevel modeling.

Results. Parents who denied experiences of racism also reported higher rates of behavior problems among their preschool-aged children. For families living in neighborhoods characterized by fear of victimization, parents who actively coped with racism experiences by confronting the person involved or taking some sort of action in response to racism reported lower rates of anxiety and depression for their preschool-aged children.

Conclusions. Experiences of and responses to racism among African American parents have important effects on the well-being of their young children.

American journal of public health 94(12), 2118-2124, 2004

Family, activity, and stress reactions in exile

Birgit Lie, Nora Sveaass, Dag Erik Eilertsen

Abstract

The possible protective effect of family and activity (including work and employment training) on posttraumatic reactions in traumatized refugees living in a host society was explored. A total of 966 refugees participated in the study, the majority of whom had been exposed to war and/or torture trauma prior to arrival in Norway. The study sample consisted of two groups: one had been referred to a psychiatric outpatient clinic for evaluation or treatment, the other consisted of refugees interviewed in connection with a health examination upon arrival in the municipalities to which they were allocated. The study showed that presence of family and employment/training had positive effects on posttraumatic symptoms regardless of level of traumatic exposure. But the results also showed that the higher the level of exposure to traumatic events, the stronger the effect of family (spouse and/or children) seemed to be. The study illustrates the importance of implementing psychosocial measures with special emphasis on activity and strengthening of family systems, in the integration of traumatized refugees in a host community.

Keywords:

refugees, posttraumatic symptoms, exile, psychosocial factors, family, work, community,

Community, work and family 7(3), 327-350, 2004

Flygtninge - fejler de noget?

Speciallæge Lone Deibjerg Kristensen & sundhedsplejerske Grethe Hjul Mandrup, Almen praksis, Kjellerup

Resume

Introduktion: Formålet var: 1) at undersøge helbredstilstanden hos børn og voksne flygtninge med henblik på tidlig sygdomsopsporing og behandling, 2) at undersøge, om et generelt tilbud om screeningsundersøgelse ved ankomsten til Danmark kunne gennemføres i almen praksis og 3) at undersøge, om det var hensigtsmæssigt at gennemføre den i et samarbejde mellem sundhedsplejen og almen praksis.

Materialer og metoder: Undersøgelsen bestod af en retrospektiv opgørelse af resultaterne af helbredsundersøgelser, der omfattede 55 flygtninge og familiesammenførte til flygtninge tilflyttet Kjellerup Kommune i perioden 1.1.2000 -1.1.2002.

Resultater: Alle tog mod tilbuddet om helbredsundersøgelse, og der var stor tilslutning til opfølgning. 64% af de undersøgte havde en eller flere sygdomme eller tilstande, der krævede nærmere undersøgelser, hvilket var en overraskelse, da tidligere undersøgelser har vist, at omfanget af somatiske sygdomme hos asylansøgere svarer til, hvad man ser i almen praksis i Danmark [1-3]. Alle børn (25 i alt) og hovedparten af de voksne havde krisereaktioner og psykosomatiske tilstande, men dette er ikke bearbejdet i herværende artikel, selv om det også har stor betydning for sundhedstilstanden [3-5]. Det er det store antal somatiske fund, der findes interessant [6]. Langt de fleste børn havde ikke gennemført vaccinationsprogrammer.

Diskussion: Integrationsopgaven har været udlagt til kommunerne i fem år, men der er fortsat ingen retningslinjer for sundhedsundersøgelse og vaccinationstilbud. Undersøgelsen støtter antagelsen om, at tidlig sygdomsopsporing, vaccination og behandling er vigtig [6, 7]. Det blev en god erfaring at gennemføre screeningerne i almen praksis i et samarbejde mellem sundhedsplejen og almen praksis. Metoden kan anbefales og giver samtidig flygtningene en god indføring i det primære sundhedsvæsen.

Ugeskrift for læger 167(4), 392-396, 2005

læs artiklen her : <http://www.dadlnet.dk/ufli/2005/0405/VP-html/VP43263.pdf>

Male body image in Taiwan versus the west: *Yanggang Zhiqi* meets the adonis complex

Chi-Fu Jeffrey Yang, Peter Gray, Ph.D., and Harrison G. Pope Jr., M.D., M.P.H.

Abstract

OBJECTIVE: Body image disorders appear to be more prevalent in Western than non-Western men. Previous studies by the authors have shown that young Western men display unrealistic body ideals and that Western advertising seems to place an increasing value on the male body. The authors hypothesized that Taiwanese men would exhibit less dissatisfaction with their bodies than Western men and that Taiwanese advertising would place less value on the male body than Western media.

METHOD: The authors administered a computerized test of body image to 55 heterosexual men in Taiwan and compared the results to those previously obtained in an identical study in the United States and Europe. Second, they counted the number of undressed male and female models in American versus Taiwanese women's magazine advertisements.

RESULTS: In the body image study, the Taiwanese men exhibited significantly less body dissatisfaction than their Western counterparts. In the magazine study, American magazine advertisements portrayed undressed Western men frequently, but Taiwanese magazines portrayed undressed Asian men rarely.

CONCLUSIONS: Taiwan appears less preoccupied with male body image than Western societies. This difference may reflect 1) Western traditions emphasizing muscularity and fitness as a measure of masculinity, 2) increasing exposure of Western men to muscular male bodies in media images, and 3) greater decline in traditional male roles in the West, leading to greater emphasis on the body as a measure of masculinity. These factors may explain why body dysmorphic disorder and anabolic steroid abuse are more serious problems in the West than in Taiwan.

American journal of psychiatry 162(2), 263-269, 2005

A multidimensional meta-analysis of psychotherapy for PTSD

Rebekah Bradley, Ph.D., Jamelle Greene, M.A., Eric Russ, B.A., Lissa Dutra, M.A., and Drew Westen, Ph.D.

Abstract

OBJECTIVE: The authors present a multidimensional meta-analysis of studies published between 1980 and 2003 on psychotherapy for PTSD.

METHOD: Data on variables not previously meta-analyzed such as inclusion and exclusion criteria and rates, recovery and improvement rates, and follow-up data were examined.

RESULTS: Results suggest that psychotherapy for PTSD leads to a large initial improvement from baseline. More than half of patients who complete treatment with various forms of cognitive behavior therapy or eye movement desensitization and reprocessing improve. Reporting of metrics other than effect size provides a somewhat more nuanced account of outcome and generalizability.

CONCLUSIONS: The majority of patients treated with psychotherapy for PTSD in randomized trials recover or improve, rendering these approaches some of the most effective psychosocial treatments devised to date. Several caveats, however, are important in applying these findings to patients treated in the community. Exclusion criteria and failure to address polysymptomatic presentations render generalizability to the population of PTSD patients indeterminate. The majority of patients posttreatment continue to have substantial residual symptoms, and follow-up data beyond very brief intervals have been largely absent. Future research intended to generalize to patients in practice should avoid exclusion criteria other than those a sensible clinician would impose in practice (e.g., schizophrenia), should avoid wait-list and other relatively inert control conditions, and

should follow patients through at least 2 years.

American journal of psychiatry 162(2), 214-227, 2005

Psychology and religion: mapping the relationship

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Abstract:

A sceptical attitude towards religion remains dominant in many circles in mainstream psychology. For example, most theories of human development omit to mention spirituality at all. With some notable exceptions, many mainstream psychologists describe themselves as materialists with a belief that there is nothing beyond our bodies and our mental worlds, however meaningful they may be to us in the here and now. However, there is one domain of psychology that has for many years accepted a more positive stance towards religion and religious experience. Many of the great movements in counselling psychology were grounded in the strong religious or spiritual faith of the leader. The discipline of counselling psychology, with its emphasis on the practitioner as scientist, has actively taken account of spiritual experience rather than religious experience as a means of promoting healing and emotional well being in clients. The present article proposes that the interface between psychology and religion has constructive implications for the therapeutic work of practitioners and that counselling psychology has been particularly influential in leading the way towards a greater interest on the part of psychologists in the nature and purpose of religious experience by focusing instead on the phenomenon of spirituality.

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Psychopharmacology : cross-cultural psychopharmacology : a current clinical perspective

Edmond H. Pi, M.D. and George M. Simpson, M.D

Fra starten af artiklen

During the past four decades the population of the United States has become increasingly multiethnic and multicultural. Physicians increasingly need to understand the role of ethnicity and culture when diagnosing and providing psychiatric care to ethnically, culturally, and linguistically diverse populations. The field of cross-cultural psychiatry and psychopharmacology has grown immensely to help meet this need. Cross-cultural psychopharmacology seeks to determine whether differences exist between ethnic groups in their response to psychotropic medications, as well as the reasons for such variations, including genetic, biological, environmental, and psychosocial factors. Interest in this area has been piqued with the discovery of genetic polymorphisms in the cytochrome P-450 (CYP) enzyme systems that are responsible for metabolizing most psychotropic medications. However, research studies examining the cross-cultural aspects of psychotropic medications have often yielded conflicting findings, and many questions remain unanswered.

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Psychosocial support for war-traumatized child and adolescent refugees: evaluation of a short-term treatment program

Heike Möhlen , Peter Parzer, Franz Resch, Romuald Brunner

Abstract

Objective: The purpose of this study was to evaluate a newly designed psychosocial treatment program for war traumatized child and adolescent refugees. The program was designed to reduce emotional distress and improve psychosocial functioning.

Method: Ten young Kosovan refugees (mean age 13.3 years) residing in Germany participated in the manual based intervention program. This multimodal program consists of individual, family and group sessions using a psychoeducational approach beside trauma and grief focusing activities, creative techniques and relaxation. Kind and severity of traumatic experiences were gathered by interviewing the child and their caretakers using the Harvard Trauma Questionnaire (HTQ). Psychiatric diagnoses (Schedule for Affective Disorders and Schizophrenia for School-Age Children, K-SADS) were assessed prior to the intervention. Post-traumatic symptomatology (HTQ), emotional problems (Diagnostic System for Psychological Disorders, DYSIPS) and the overall psychosocial functioning (Child Global Assessment Scale, CGAS) were assessed before and after the 12-week intervention.

Results: Following the intervention the degree of overall psychosocial functioning increased substantially in 9 of 10 participants. Furthermore, post-traumatic, anxiety and depressive symptoms were reduced significantly. The rate of post-traumatic stress disorder (PTSD) diagnoses fell from 60% to 30%. The number of patients with PTSD and a high rate of comorbid symptoms (depression and anxiety) as well as a history of severe traumatization remained at 30%.

Conclusions: This study suggests that the psychosocial treatment program specified for war traumatized adolescents may be useful for the relief of psychiatric sequelae and for an improvement in overall psychosocial functions, but not for the subgroup of severely traumatized patients with complex psychiatric disturbances.

Religion, spirituality, and posttraumatic growth: a systematic review

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Abstract:

A search of the published literature identified 11 empirical studies that reported links between religion, spirituality, and posttraumatic growth. A review of these 11 studies produced three main findings. First, these studies show that religion and spirituality are usually, although not always, beneficial to people in dealing with the aftermath of trauma. Second, that traumatic experiences can lead to a deepening of religion or spirituality. Third, that positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are typically associated with posttraumatic growth. Important directions for future research are suggested that centre on the need for more fine-grained analysis of religion and spirituality variables, together with longitudinal research designs, that allow more detailed exploration of the links between religion, spirituality, and posttraumatic growth.

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Traumatiserede flygtningefamilier

Edith Montgomery

Fra starten af artiklen

Når den praktiserende læge møder flygtningefamilierne i sin konsultation, er det vigtigt at understrege, at disse først og fremmest er familier, og dernæst flygtninge. Lægen bør dernæst være opmærksom på, om forældrene har været udsat for tortur, og udviser nogle af de karakteristiske symptomer herpå. Er det tilfældet, bør børnenes situation undersøges nærmere, og om nødvendigt medtænkes, når forældrene henvises til behandling.

Familier, der har fået asyl i Danmark, har ofte en fortid præget af vold, afsavn, usikkerhed og angstfuld venten. Forældrene har valgt at flygte fra områder med krig eller anden form for organiseret vold ud fra et ønske og et håb om at skabe en bedre fremtid for sig selv og deres børn i et andet land. At de er havnet i Danmark, er ofte en tilfældighed.

Efter ankomsten til Danmark, og den første lettelse over at flugten er lykkedes, skal de igennem en lang og usikker ventetid i danske asylcentre, inden de kan komme rigtigt i gang med en ny tilværelse. Efter at familierne har fået asyl, vil de møde andre typer af belastninger i det danske samfund. Om end de har fået lov til at blive, så bydes de ikke altid ligefrem hjerteligt velkommen.

Familierne vil derfor i resten af deres tilværelse i Danmark let komme til opleve afvisning, nedsættende bemærkninger, mistro og udskillelse fra den danske befolkning. Deres uddannelser kan ofte ikke bruges her, sproget er vanskeligt at lære, arbejdsmarkedet er svært at komme ind på, de store børn er kommet bagud i skolen etc. Der er således mange stressende livsforhold, der skal overkommes, samtidig med at de skal håndtere deres traumatiske fortid.

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