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Short Paper

Transcultural Psychiatry: Specific Problems Related to Gender

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INTRODUCTION Women and men have different life conditions and biology. They are exposed to different traumata in life and may cope differently with life. Further, they may have different access to education and health services. It is thus of interest to consider whether there are gender differences in the working conditions and satisfaction of medical doctors in general, and psychiatrists in particular.

The medical profession

It is a well established fact that women take up an increasing proportion of medical students, and in several countries today female students outnumber male students. And yet, women may encounter particular obstacles during their medical training, and they have been found to report a higher amount of stress both as students and later after graduation during their medical specialization. The relatively higher suicide rate reported among female doctors may partly be related to such facts.

The psychiatric profession

On a global level, women comprise an increasing proportion both of psychiatrists in general and of psychiatrists in clinical leadership. Yet, few women are taking up leadership positions in international professional organizations and have till now had limited impact on the policies of the discipline worldwide.

PERSONAL CONSIDERATIONS From an early point in my life I have had a keen interest in women's issues in general. I was brought up believing in the UN Human Rights Principles that all are born with certain fundamental inviolable rights, and that men and women should be provided equal opportunities. I was lucky to grow up in a very loving and tolerant middle class family residing in one of the more peaceful corners of the world, namely Denmark. My country has during my lifetime been without severe political, economical or natural disasters, and the Nordic social-democratic welfare model was providing political stability and social support but also new opportunities for achieving educational goals in groups that hitherto had been deprived hereof.

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This climate deeply influenced my way of thinking and is till the present day the basis for my belief in a fight for social justice across gender and geography.
As a natural consequence I engaged in movements like Amnesty International, I became a feminist and was politically active as a member of the social democratic party.

Later as a medical doctor I decided to direct my attention more into areas where I could combine my ideology and beliefs with my medical knowledge. Thus I joined the Medical Group of Amnesty International and together with a group of female colleagues created a radical group on Medical Research on Women in which we critically analyzed the prevailing medical paradigms. We also worked in the Committee for Equal Opportunities in the Danish Medical Association and established a Women's Task Force in the Danish Psychiatric Association.
My professional life, outside the more traditional career pattern that I gladly became part of, got more and more characterized by an interaction between engagement in gender politics and human rights issues. The work in Amnesty International was focusing on the health and legal problems of asylum seekers and I decided to gain more insight in the mental health aspects of man made violence, a work that I followed over the years in several ways.
I became a member of the Danish Medical Associations Ethical Committee and later its Human Rights Group, and on several occasions I joined as an expert the European Council's Committee for the Prevention of Inhuman, Cruel Treatment and Punishment for visits in various European countries.
I got involved in international psychiatric organizations as a member of the Executive Committee of WPA (World Psychiatric Association) and a Board member of the AEP (European Association of Psychiatrists) and was fortunate to be elected as a chair of the World Psychiatric Associations Standing Committee for the Review of the Abuse of Psychiatry in 1996 and continued in the Committee till 2005.
As a female psychiatrist I have spent much time dealing with the working conditions of female doctors. I have written about the "Tarzan" syndrome that I experienced to be prevailing among many male doctors. And together with a colleague we compared female and male psychiatrists' career patterns.

CULTURAL CONSIDERATIONS Working with human rights issues through Amnesty International also gave insight in the conditions of asylum seekers in Denmark. I joined around 1982 a small group around Dr. Inge Genefke who founded the rehabilitative work for torture survivors in Denmark and I was in the following years very active working with the mental health consequences of man-made violence. Many offshoots materialized and a lot of it related to what kinds of problems did the persons coming for asylum exhibit and how to provide mental health services satisfying their needs.
As asylum seekers very often had another cultural background than the host population; it was natural also to look into cultural issues and the human resource development of staff to obtain sufficient cultural competence to handle the situation in a more globalized setting.
And this ultimately lead to my present position heading the National Centre for Transcultural Psychiatry.

Female Therapists

Within transcultural psychiatry, we as female therapists may have a special role towards our female patients, in particular refugees, as they frequently express many gender related problems.
Working as a female psychiatrist in human rights work and helping persons exposed to organized violence and torture, I have become aware of the need to provide comprehensive care to refugee women recognizing that many refugee women are subjected to other severe forms of abuse, frequently of a sexual nature. Further, they frequently come from societies where women's role is

primarily centered round the home. Such women may need particular attention when having to cope with the refugee situation in order to avoid that their particular needs are neglected in the host country when it comes to integration initiatives. Many migrant women may feel disempowered when coming to a new, frequently hostile environment, and therapeutic interventions should have empowerment as a goal helping such women to develop skills to gain control over their life without infringing on others rights.
To achieve this, we in transcultural psychiatry have to listen and support the proposals to solutions these women bring forward even if they do not coincide with our own ideas, discuss their solutions and try to understand their cognitive and emotional world view by building a bridge over cultural incongruences.

CONCLUSION We need to discuss various strategies to overcome the inner as well as outer obstacles preventing women from fulfilling their potentials. Among the possible ways to reach this, the discussion will focus on establishment of mentorship programs, assertive training programs in the educational system, psychoeducational initiatives directed towards families, explicit focus on gender perspective in recruitment policies, establishment of task forces on gender issues in national and international organizations, dissemination of gender related information in relation to working conditions, life situations and career possibilities. These are some of the challenges of our profession.

SUGGESTED READINGS

Arcel L, Genefke I, Kastrup M. The psychological consequences of torture and persecution. In: Sartorius N et al. (Eds). *Psychiatrie der Gegenwart*. Berlin, Springer Verlag, 2000

Arcel L, Kastrup M. War, women and health. NORA, 12: 40-47, 2004

Basoglu M, Jaransom J, Mollica R, Kastrup M. Torture and its consequences. In: Gerrity E, et al. (Eds). *Mental Health Consequences of Torture*. New York, Kluwer Academic/Plenum Publishers, 2001

Engdahl B, Kastrup M, Jaransom J, Danieli Y. The impact of traumatic human rights violations on victims and the mental health profession's response. In: Danieli Y, et al. (Eds) *The Universal Declaration of Human Rights: Fifty Years and beyond*. New York, Baywood, 1998

Genefke I, Kastrup M. Psychological and physical abuses, torture: A man-made disaster. In: Boer J, Dubouloz M (Eds). *Handbook of Disaster Medicine*. Amsterdam, International Society of Disaster Medicine, 2000

Jaranson J, Kastrup M. Psychological consequences of torture and persecution. In: Christodoulou G (Ed). *Advances in Psychiatry*. Vol II. Athens, Betapress, 2005, pp 155-161

Jaranson J, Kinzie D, Friedman M, Ortiz D, Friedman M, Southwick S, Kastrup M, Mollica R. Assessment, diagnosis, and intervention. In: Gerrity E, et al. (Eds). *Mental Health Consequences of Torture*. New York: Kluwer Academic/Plenum Publishers, 2001

Kastrup M, Arcel L. Gender specific treatment. Gender specific treatment of refugees with PTSD. In: Wilson J, Drozdek B (Eds). *Broken spirits The treatment of traumatized asylum seekers refugees war and torture victims*. New York, Brunner and Routledge, 2004, p.547-71.

Kastrup M, Genefke I. Educational aspects in the preventive work against torture. In: Christodoulou G, Lecic-Tosevski D (Eds). *Preventive Psychiatry*. Karger Books, 1999

Kastrup M, Lunde I, Ortmann J, Genefke IK. Victimization inside and outside the family: Families of torture consequences and possibilities for rehabilitation. PsychCritique: the International Journal of Critical Psychology and Psychoanalysis, 2: 337-349, 1987

Kastrup M, Petersson B. Working conditions of male and female psychiatrists. Acta Psychiatrica Scandinavica, 74: 84-90, 1986

Kastrup M, Willadsen J. Kønsfordeling i lægestanden. [Sex distribution in the medical profession]. Ugeskr Læg, 14, 4: 907-910, 1982

Kastrup M. Abuse of psychiatry. Acta Psychiatrica Scandinavica 101, 399: 61-64, 2000

Kastrup M. Career and work patterns of male and female psychiatrists. In: Seva A. (Ed.) *The European Handbook of Psychiatry an Mental Health*. Barcelona, Antropos, 1991

Kastrup M. Human rights violation: A challenge to the psychiatric profession. Psihijatrija Danas (Psychiatry Today), 29: 5-18, 1997

Kastrup M. International comments on multiaxial issues. In: Mezzich JE et al. (Eds). *Culture and psychiatric diagnosis. A DSM-IV perspective*. Washington, American Psychiatric Press, 1996

Kastrup M. Mental health consequences of war: gender specific issues. World Psychiatry, 5: 33-34, 2006

Kastrup M. Psychiatry and the death penalty. Journal of Medical Ethics, 14: 179-183, 1988

Kastrup M. The psychiatric profession and its human rights aspects: Should they vary according to culture? Die Psychiatrie, 2: 147-52, 2005

Petersson B, Garde K, Kastrup M, Luggin R, Mogensen B, Vange B (Eds.). Kvinden i psykiatrien. Kbh, Reitzel, 1989

Petersson B, Kastrup M. Gender and mental health: An epidemiological perspective. In: Jablensky A (Ed). *Epidemiological psychiatry*. London, Bailliere Press, 1995

Vesti P, Helweg-Larsen K, Kastrup M. Preventing the involvement of physicians in torture. In: Jaranson J, Popkin M (Eds). *Caring for victims of torture*. Washington, American Psychiatric Press, 1998

Vesti P, Kastrup M. Psychotherapy of torture survivors. In: Basoglu M (Ed). *Torture and its consequences - current treatment approaches*. London, Cambridge University Press, 1992

Vesti P, Kastrup M. Refugee status, torture and adjustment. In: Freedy J, Hobfoll SE (Eds). *Traumatic stress: From theory to practice*. New York, Plenum Publishing, 1995

Vesti P, Kastrup M. The role of mental health professionals in assisting refugees. In: Freedy J, Hobfoll SE (Eds). *Traumatic stress: From theory to practice*. New York:,Plenum Publishing, 1995