World ▮ Cultural ▮ Psychiatry ▮ Research ▮ Review
OFFICIAL JOURNAL OF
WORLD ASSOCIATION OF CULTURAL PSYCHIATRY

Poster Session

(Posters are listed alphabetically by authors' last name)

Outcome of Treatment of Severe Mental Illnesses by Traditional Healers in Jinja and Iganga Districts, Eastern Uganda

C. Abbo *(Sweden/Uganda)*, S. Musisi *(Uganda)*, P. Waako *(Uganda)*, E. Okello *(Uganda)*, S. Ekblad *(Sweden)*

Introduction

The use of Complementary and Alternative Medicine (CAM), of which traditional healing is but a part, is widely acknowledged and growing both in developed and developing countries such as Uganda. In North America, Western Europe and other developed regions, an increasing number of patients are seeking out CAM practitioners for mental health care (1). The use of CAM approaches among individuals who meet DSM-IV criteria for any psychiatric disorder is significantly greater than in the general population (2). In Africa, the commonest form of CAM is traditional healing practices, which are deeply embedded in African traditional beliefs (3, 4). Because of what the community culturally perceives as the causation of severe mental illness, people there have close relationships with traditional healers, who often share the same community and culture. In addition, it has been found that patients with psychosis do not often go to primary health care facilities, preferring traditional healing practices (4).

Objective

To determine the outcome and associated factors of treatment of psychosis by traditional healers in Jinja and Iganga districts of Eastern Uganda.

Method

A cohort of patients with psychosis was recruited from traditional healers' shrines between January and March 2008 and followed up at three and six months. The Mini International Neuropsychiatry Interview (MINI Plus) was used for making specific diagnosis at the point of contact. For specific symptoms, Positive and Negative Symptom Scale (PANSS), Young Mania Rating Scale (YMRS) and Montgomery Asberg Depression Rating Scale (MADRS) were used to measure severity of schizophrenia, mania and psychotic depression, respectively. To measure outcome by noting general severity, the Clinical Global Impression (CGI) and Global Assessment of Functioning were used for assessments. The Compass Mental Health Index measured wellbeing. Mean scores of the scales were computed using one-way ANOVA for independent samples. Associations between outcome and categorical variables were examined.

Results

The differences between the mean scores of

the scales were all significant (P<0.0001). The Turkey HSD tests were also all significant at P<0.01 except for MADRS, where there was no significant difference between 3 and 6 months for depression severity. Over 80% of the participants used biomedical services for same symptoms in the study period. Patients with mania made up a majority. Schizophrenia negative symptoms improved better than positive symptoms. Significant associated factors were low socioeconomic status, early age of onset, longer duration of symptoms, positive family history, co-morbidity and severity of symptoms.

Conclusion

This study suggests that visiting traditional healers may be of some benefit for patients with psychosis, particularly those with negative symptoms and those who combine biomedical services and traditional healing**.** Further research is needed in the area of traditional healing outcomes**.**

References

Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, Kessler RC: Trends in Alternative Medicine Use in the United States, 1990-1997: Results of a Follow-up National Survey. *JAMA* 280:1569-1575, 1998

Unutzer J, Klap R, Sturm R, Young AS, Marmon T, Shatkin J, Wells KB: Mental Disorders and the Use of Alternative Medicine: Results From a National Survey. *American Journal of Psychiatry* 157: 1851-1857, 2000

Patel V: Explanatory models of mental illness in Sub-Saharan Africa. *Social Science and Medicine* 40: 1291-1298, 1995

Okello E, Musisi S: Depression as a clan illness (eByekika): An Indigenous Model of Psychotic Depression Among the Baganda of Uganda. *World Cultural Psychiatry Research Review* 2: 60-73 2006

Self–Harm in South Asian Women. A literature Review Informed Approach to assessment and Formulation

K. Ahmed *(UK)*, Rajesh Mohan *(UK)*, Dinesh Bhugra *(UK)*

Introduction

The rates of self–harm among South Asian women in the United Kingdom are higher than in other ethnic groups (Raleigh et al., 1990). Among younger South Asian women, the attempted suicide rates are 2.5 times those of White women and 7 times those of South Asian men (Bhugra et al., 1999a).

The reasons for this are far from clear and the factors involved need elucidating. However, there is evidence that socio–cultural factors may contribute more than psychiatric factors to self–harm among this patient group (Bhugra et al., 1999b). This highlights the need for assessing these factors to gain a better understanding of the patient's distress. Routine assessments of self–harm have been criticised for inadequately identifying cultural and social factors in ethnic minority patients (Hunt et al., 2003). Furthermore, there is still a need for improved cultural competence in healthcare professionals who may be ill-equipped to deal with such presentations comprehensively and sensitively.

Aims

In this study, we aimed to use literature review to gain a better understanding of the explanatory models behind self harm in South Asian women. We conjectured that the findings from this literature review could be used to inform a more culturally competent assessment of such women, thus enabling us to provide culturally appropriate interventions.

Methods

Using literature review, we identified factors associated with self–harm in South Asian women. These findings were used to guide the clinical assessment of an South Asian woman who had self–harmed using a personal narrative approach. Three independent clinicians analysed the narrative using qualitative techniques and identified important themes that gave an insight into the problems associated with the incident, arriving at a cultural formulation.

Literature review

- Searched the databases MEDLINE®, Ovid, and Embase to identify articles on factors associated with self–harm in South Asian women using the search terms: self–harm, attempted suicide, South Asian, women, and female
- Identified articles including published case reports highlighting cultural & psychosocial factors associated with self–harm in South Asian women

- Hand searched for cross-referenced articles
- Two researchers reviewed the articles and generated a list of factors linked to self–harm in South Asian women
- Factors were grouped into broad areas

Interview

- Identified a patient of South Asian ethnicity who had self-harmed following a review of the case register of a large inner city teaching hospital
- Conducted a recorded interview using our 'literature-review informed' approach
- The interview consisted of:
  - Open ended questions to explore the domains identified in the literature review
  - A standard psychiatric history
  - Questions from the Asian Cultural Identity Schedule (Bhugra et al., 1999c) to explore aspects of acculturation
- A thematic analysis of the interview transcript was performed by three independent psychiatrists to identify themes pertinent to the self–harm episode in this patient
- Themes that emerged were used to construct a cultural formulation of the self–harm episode

Asian Cultural Identity Schedule (Bhugra et al., 1999c) domains

- Religion
- Language
- Marriage & family
- Employment & housing
- Leisure activities
- Food and shopping
- Aspiration
- Self-attitudes

Results

Our literature review showed that various factors were associated with distress and resilience in this patient group. These can be divided into four categories: personal, familial, cultural and socioeconomic factors. Cultural factors included level of acculturation, forced marriages, the concept of izzat (family honour) and the social standing of women in Asian culture.

We used the factors identified from our literature review to guide the interview. This allowed us to conduct a more culturally informed assessment and to achieve a greater understanding of issues important to the patient.

Table 1: Factors associated with self-harm amoung South Asian women*

CATEGORY	FACTORS	IN THIS CASE
Personal	• Low self-esteem (Thompson and Bhugra, 2000)	✓
	• Social isolation (Rao, 1992; Kingsbury, 1994).	✓
	• Psychiatric diagnosis (Bhugra, 1999b)	✘
	• Personality disorders (Rao, 1992)	✘
	• Interpersonal difficulties (Ponnudurai, 1986)	✓
Familial	• Family conflicts (Gehlot and Nathawat, 1983; Bhugra & Desai, 2002)	✓
	• Conflict with spouses (Gehlot and Nathawat, 1983)	✘
	• Issues relating to children (Chew-Graham et al, 2002)	✓
	• Arranged marriages, rejection of arranged marriages and related marital problems (Merrill and Owen, 1986)	✘
	• Forced marriages (Chew-Graham et al, 2002)	✘
	• Problems in inter-racial and inter-caste relationships (Mahy, 1993; Bhugra, 1999b).	✘
	• Conflicts with in-laws Bannerjee, 1990; Ponnudurai 1986)	✘
	• Problems with mothers-in-law (Khan and Reza, 1998)	✘
	• Domestic violence and alcohol abuse in the family by males (Bhugra and Desai, 2002)	✘
		• Illness of family members • Gambling by male family members
Cultural	• Cultural conflict and poor acculturation (Bhugra,1999b; Merrill and Owens, 1986).	✓
	• Gender-role expectations (Bhugra and Desai, 2002)	✘
	• Inferior social standing of women (Bhugra and Desai, 2002)	✘
	• Inability to speak English (Chew-Graham et al, 2002)	✓
	• Misuse of religion to control women (Chew-Graham et al, 2002)	✘
	• *Izzat,* (personal or family honour) can be misused to force women to behave in a certain way. (Chew- Graham et al, 2002)	✘
Socioeconomic	• Poverty and financial problems (Chew-Graham et al, 2002)	✓
	• Unemployment (Bhugra, 1999b)	✓
	• Migration leading to socio-economic and political disadvantages (Bhugra and Desai, 2002)	✓
	• Discrimination (racism and sexism) (Chew-Graham et al, 2002)	✘

*Although these factors could apply to women of any cultural background, the familial and cultural factorsl are particularly pertinent to women of South Asian origin. References for the above can be obtained on request.
KEY: ✓ = YES/ FOUND IN THIS CASE ✘ = NO/ NOT FOUND IN THIS CASE.

Case formulation

Mrs. A., a 30-year-old woman of Bangladeshi origin living in London with her husband and three young children, was seen in the A&E department following an incident of self–harm. She had taken an overdose of her husband's anti-epileptic medication. The immediate precipitant of the self–harm episode was an argument with her brother after she discovered he stole money from their parents to finance his gambling habit.

At the time, Mrs A was struggling with multiple stressors; she was socially isolated and was struggling to cope with looking after her children. The poor health of her husband, who has epilepsy and psoriasis, and her mother, who has severe diabetes were further stressors. She was

very concerned about mounting debts, the possibility that her husband might not be able to continue working due to his ill health and on-going difficulties with her neighbours.

While in her late teens Mrs. A entered into an arranged marriage. She described her husband and in-laws as very supportive. The major conflict in her parental family was between her brother and the other family members due to his gambling.

Mrs. A. is a practising Muslim and wears the hijab (headscarf). She described religion as an important aspect of her life. She speaks in Bengali most of the time and felt her English was poor. She disapproved of her brother's Westernised habits and practices and was distressed by the inability of the family to influence his behaviour. Although Mrs. A. had lived in the U.K. for a number of years, her level of acculturation was not high, which may explain the dissonance in cultural values and the distress of dealing with her brother's gambling addiction.

Conclusions

It is important for caregivers interviewing South Asian women who have self–harmed to possess cultural knowledge and sensitivity. For example, an interviewer should be familiar with concepts such as izzat and be able to appreciate the impact of a gambling habit for a Muslim family.

Culturally competent assessments will help identify these issues, enable formulation of the problems within the cultural context, and inform culturally appropriate interventions. The findings of this case study may not be generalisable to other incidents of self–harm, but demonstrate how available evidence can be utilized to enhance the cultural competence of self–harm assessments in clinical settings.

Some of the areas identified in this paper will be useful to clinicians and researchers dealing with this patient group. Exploring these areas should allow clinicians to perform a more comprehensive assessment of self–harm in South Asian women.

References

Raleigh S, Buusu L, Balarajan R. Suicide among immigrants from the Indian subcontinent. *British Journal of Psychiatry*, 156: 46-50, 1990

Bhugra D, Desai M, Baldwin DS. Attempted suicide in west London, I. Rates across ethnic communities. *Psychological Medicine* 29: 1125-1130, 1999a

Bhugra D, Baldwin DS, Desai M, Jacob KS. Attempted suicide in west London, II. Inter-group comparisons. *Psychological Medicine* 29: 1131-1139, 1999b

Hunt IM, Robinson J, Bickley H, Meehan J, Parsons R, McCann K, Flynn S, Burns J, Shaw J, Kapur N, Appleby L. Suicides in ethnic minorities within 12 months of contact with mental health services. National clinical survey. *British Journal of Psychiatry* 183: 155-160, 2003

Bhugra D, Bhui K, Desai M, Singh J. Asian Cultural Identity Schedule: An investigation of culture and deliberate self–harm. *International Journal of Methods In Psychiatric research* 8: 212-218, 1999c

Discrete-Ethnic Characteristics of Prevalence of Neuro-Mental Pathology among Population of Tuva

I.A. Artemyev *(Russia)*

Accepted definitions of ethnopsychiatry differ not very considerably and are reduced to the following: ethnopsychiatry studies peculiarities of prevalence, clinic, course and outcome of mental diseases and disorders in this ethnos. This typical definition idem per idem means that this or that neuro-mental disorder may be understood taking into account ethnocultural aspect. Investigations are carried out as a rule within an ethnos that is understood as "historically have come into existence kind of stable social grouping of people represented by tribe, nationality, and nation" (Soviet Encyclopedia, 1984, p. 1555). Most often one comes to nothing more than study of interesting phenomenon within some "nation" while taxonomic compound what tribal groups maybe remains out of sight due to small definition of these taxons in historically formed to present time ethnos. On the territory of Siberian Federal Okrug simultaneously different – in ethnic and cultural regard –peoples little drawn together live and Russian-language population represents the overwhelming majority. Within the largest aboriginal peoples Buryats and Tuvinians are distinguished.

Republic Tuva, a national-state formation in composition of Russian Federation, geographically is situated in the center of Asia

with high specific weight of aboriginal population up to 66% and almost absolute compactness: on its ethnic territory 97% of Tuvinians live. Data about tribal composition of Tuvinians are of great interest from the point of view of formation of Tuvinian ethnos. In spite of that at present time in Tuva – center of Asia – there is not exactly defined tribal structure; tribal ethnonyms have been continued in the contemporary Tuvinian surnames derived from names of tribal groups what is used by contemporary investigators. Vast data have been obtained about character of settlement of bearers of Tuvinian ethnonyms at present time (Weinstein, 1972).

The most prevalent tribal groups covering more than 95% of population are as follows: soyan, mady, oorzhak, kuzhuget, todgi, choodu, irkit, mongush, salchak, tongak, tumat, kyrgys, uigur, tulush, telek, khertek, saryg, karzal, khuular, khomushku, khovalyg, sat, ondar, todot, derbet, olet, olp. The most ancient ethnonyms are telek, telengut, tolan, uigur, which origin is associated with period of Turk kaganats. Composition of contemporary Tuvinians has been entered by offspring of ancient Uigurs (ethnonym uigur) and Kyrgyz (ethnonym kyrgyz); ethnonyms mongush tongak, tumat, salchak, todgi indicate the role of medieval Turk and Mongolian tribes. However there are many disputable questions about origin of that or another tribal group as a whole authors notice that tribal composition of Tuvinians is characterized by mixture of compounding it ethnic components (Potapov, 1969).

We have carried out analysis of dispensary contingent of mentally ill in Tuvinian population of some rayons of Tuva, where as a source of information data of dispensary account served and namely surnames that were used as a "marker" of tribal belonging. Because surnames in Tuvinians as well as tribal belonging are traced according to male line development involved only males under dispensary account. We have drawn information of N. A. Serdobova (1971) about incidence rate of indicated families among Tuvinian population also we took into consideration influence of Russian language on formation of contemporary Tuvinian surnames and names (Bavuu-Syuryu, 2000). As a total we have distinguished 27 tribal groups which representatives were under dynamic dispensary observation for mental disorders.

As rating of significance of differences of distribution of patients and healthy persons in tribal groups we used criterion chi-square that in our interpretation indicates that mental disorders in tribal groups are of occasional character, i.e. in separately drawn tribal groups as ethnic taxons there is not "tropism" to disorders of psyche of its members hence risk of mental disorders at population level does not depend on tribal belonging.

Identification of incidence rate parameters (number of men with mental disorders per 100) in various groups has shown that in spite of considerable variability statistically significant differences of this index has not been found. Consequently, tribal belonging does not reflect itself on the incidence rate of mental pathology of its representatives. We have identified the value of this index in tribal groups compactly settled in some districts (kozhuunakh) of Tuva. So, in Bai-Taiginskaya population total incidence rate of three prevalent surnames (tribal groups) – irgit, salchak, khertek – has constituted respectively 14, 20, 22% or 54, 66 and 83% of total number of this group of surnames, documented on the territory of the entire republic. In many respects similar picture is observed in Barun-Khemchensky rayon (kozhuget, oorzhak, saaya, saryglar, khomushku), Dzun-Khemchensky (kara-sal, kuular, mongush, ondar, sat), in Ulug-Khemsky, Tandinsky, Todginsky rayons. In Bai-Taiginsky rayon incidence rate of mental disorders in above listed groups has constituted 0,61-1,1 ($p>0,05$); in Barun-Khemchensky – 0,56-0,75 ($p>0,05$); in Dzun-Khemchensky – 0,33-1,33 ($p>0,05$); in Tandinsky – 0,33; in Todginsky – 1,1. Differences of indices in groups dislocated in places of their compact living as well s living in other rayons appeared to be insignificant.

Consequently, incidence rate of mental diseases in Tuvinians belonging to various tribal groups in formed system of specialized assistance rendering appeared to be equal both under conditions of their compact living on the preferred for this group territory and to equal extent it is fair for other territories of Tuva which this tribal group is settled on.

We have studied prevalence and clinical structure of non-psychotic mental disorders in Russian and Tuvinian population living in Republic Tuva. During consideration of syndromal spectrum of borderline pathology (neuroses and psychopathies) in studied populations it appears to be that neurasthenic disorders were revealed in 1/3 both among Russians and Tuvinians living on indigenous territory. Compulsive states were revealed only in Russians (14 ± 4,6%). Hysteric neuroses in Tuva were not documented by local psychiatrists (this phenomenon we leave without comments). Concerning depressive (24 ± 9,3% и 20 ± 5,3%

P>0,05) and hypochondriac symptomatology (10 ± 6,5% и 11 ± 4,2%, P>0,05), here they were found equally in persons of both nationalities. In personality disorders we have not revealed also any substantial prevalence of those or other stigmata in patients of Russian and Tuvinian nationalities. However, for justice' sake, it is necessary to mention that paranoiac psychopathy in Russians was found twice as often than in Tuvinians. The greatest specific weight in both compared groups is occupied by psychopathies of excitable range (43 ± 9,0% and 38 ± 6,1%, P>0,05, respectively).

For total identification of differences of syndromal structure inherent in neurotic personality disorders revealed based on clinical picture in two considered ethnoses we regarded as appropriate an application of criterion *л* (Medik, 2003) as a rating of differences in distribution of signs (syndromes). It appeared to be that there are not sufficient grounds to think that syndromal distribution both in neurotic disorders and in psychopathies in studied Russian and Tuvinian populations differ reliably. It may be supposed that both ethnic populations according to set of distinguished syndromes do not differ between each other.

The above considered interrelationships of borderline disorders in representatives of two ethnoses in Tuva cover only contingents of patients under dispensary observation. For correction associated with specific national ways of behavioral response we have analyzed prevalence of neuro-mental diseases among adult inhabitants of one of rural human settlements of Tuva. Investigation carried out with census has covered 855 persons what has constituted 51% of the total adult population what has allowed identifying prevalence of non-psychotic disorders in population approximating to the real one. According to data of official dispensary account, non-psychotic mental disorders constituted 5,2 per 1000 of adult population. Additionally, during personal "household" examination we have actively revealed 3,5 per 1000 of the population patients with non-psychotic disorders needing psychiatric assistance. Persons suffering from borderline disorders but needing other than conventional dispensary observation forms of specialized psychiatric assistance have constituted 12,7 per 1000; organic central nervous system impairments — 45,0 per 1000. Thus, total index of prevalence of non-psychotic mental disorders for rural rayon of Tuva summarized both during active revealing the patients and independent search for psychiatric assistance has achieved the index 66,4 per 1000 of the adult population. However, this pathology was identified basically in Russian-language population. For subpopulation of indigenous population screening-methods of recognition of borderline disorders and "risk groups" appeared to be ineffective as a consequence of ethnocultural features, in particular, in aboriginal population of rural areas there is not self-recognition of neurotic symptoms and characterological personality disorders as well as fixation on complaints at neurotic level.

Investigations carried out in various ethnic groups of urban population have shown that character of search by mentally ill for psychiatric assistance correlates with ethnic belonging. During study of clinical-demographic structure of group of non-psychotic disorders according to data of dispensary account it has been identified that at low total level of recognition of persons with borderline disorders in urban population patients of Tuvinian nationality addressed in single cases. During correlation in population of Russians and Tuvinians 3 : 1 specific weight of ill with neuroses Tuvinians has constituted 10% of all under account. Hence during study of dynamic of mental diseases and interrelationship of it with various social-economic factors it is necessary to take into account ethnocultural features of studied population.

Thus, existing organizing structure of psychiatric assistance does not take into account ethnic peculiarities of aboriginal population. In addition, cohorts selected as a result of selective function of system of prophylactic medical examination, - are not appropriate object for study of ethnopsychiatric problems. This is why, new methodological approaches to study of concerned topic are necessary.

Bibliography

Bavuu-Syurun MV. *Influence of Russian language on formation of the contemporary Tuvinian surnames and names* In: Popkov YV (Ed). *Ethno-social processes in Siberia: thematic collection.* Novosibirsk, Publishing House of SB RAS, 2000, p 204-205

Medik VA. *Sickness rate of population: history, state-of-the-art and methodology of study.* - M.: Medicina, 2003, p. 512

Potapov LP. *Sketches of folk way of life of Tuvinians.* – M., Nauka, 1969, p. 402

Serdobov NA. *History of formation of Tuvinian nation.* Kyzyl, Tuvinian Publishing House, 1971, p. 482

Sociological characteristics of urban population of Tuvinian republic (materials of research).- Novosibirsk, Nauka, 240 p. 1982

Weinstein SI. *Historical ethnography of Tuvinians*. M., Nauka, 1972, p. 314

Home Violence and its Influence on Mental and Physical Health, Psychocorrective Assistance

L.N. Avdeyenok *(Russia)*, E.V. Gutkevich *(Russia)*

The violence always was a part of existence of the human society. Its diversified manifestations can be seen in all corners of the world. Annually on Earth more than one million people perishes, and the even greater number receives physical injuries without a lethal outcome. There are many variants of definition of violence. WHO defines violence as: deliberate application of physical strength, valid or as the threat, directed against itself or other person, which result are (or there is a high degree of probability of it) physical injuries, a psychological trauma, deviations in development or various sort of damage. Use of physical strength should be understood, in particular, as absence of care, any kinds of cruel treatment (physical, verbal, sexual or psychological). The big share of violence is made at home, in family. Cruel treatment concerns this group of violence with children, violence over the intimate partner and cruel treatment with elderly. The majority of victims of such violence are too small (small children and teenagers), are weak or sick to protect itself. Others owing to the pressure rendered on them or influences of customs and traditions are compelled to keep silence and to speak nobody about the sufferings. Since the violence has appeared, there are also various systems: religious, philosophical, legal, social, medical and psychological, called to prevent or limit home violence. Any of them was not successful, but all have contributed to struggle against violence. Consequences of home violence can be reduced by means of educational programs for population, carrying out of preventive actions, carrying out of psychological lessons. The psychologists engaged in problems of home violence, experience difficulties with gathering the information on available violence. Frequently the fear of estimated judgment prevents clearing of the available problem situation connected to violence. Patients frequently do not wish to pronounce a similar situation, being afraid of consequences and being ashamed of behavior of the husband. The information is required, first of all, for the description of consequences of violence, understanding of what factors increase risk of violence over a victim, definition of efficiency of psychotherapeutic programs of prevention of violence. Sources of the information on matrimonial violence can be the separate persons indirectly concerning home violence (children, neighbors, grandfathers, grandmothers), medical workers, and also the information from law enforcement bodies and other significant persons for family (the girlfriend, the teacher). Even when the information is present, its quality can not satisfy to the purposes of research and development of psychocorrective programs, first of all long work with a victim of home violence therefore is required. Any factor separately is not capable to explain, why one person behaves aggressively, and another is not present. The home violence is a result of complex interaction of individual, group, social, cultural factors and factors of environment. One of significant factors is the personal factor which plays a determining role in behavior of the person. The psychologist analyzes the personal biography, relations in parental family, attitudes toward the child, personal characteristics of parents, style of education, the attitude toward the senior generation. Besides such factors as impulsiveness, a low educational level, abusing alcohol, and also marked in the person in past aggressive behavior and cruelty are taken into account. In other words, at this level the basic attention is paid to such features which increase probability that personality becomes either a victim of violence, or its originator. Numerous investigations show, that two models of violence are found: severe this is characterized by several forms of aggressive behavior simultaneously and growing and supervising behavior on the part of the offender; more moderate form when all members of family constantly feel frustration and irritation which from time to time are poured out in physical

aggression. Our investigations have shown, that women with who most severely address, usually not are passive victims, but apply active strategy to safety of children. A part of women show resistance, others seek safety in flight, the third try to keep the peace, conceding to requirements of the husbands. All these methods of avoiding of violence result in decrease of quality of life and deterioration of mental health. In the psychological plan in women the self-estimation is reduced, ability to take part in a social life of a society is broken, they frequently do not have access to the information, cannot receive the help from close and other significant persons. They are not capable, as follows, to take care of themselves and children or to find work and to be engaged in the career. The violence entails set of negative consequences for the health, shown as at once, and through long time. In victims of violence the risk also raises to have in the future bad physical and psychological health. To be a victim of violence is the same risk factor for of illnesses and unhealthy conditions, as smoking and abusing alcohol. The data of our investigations show, that women who have experienced physical and sexual cruel treatment in childhood or in mature years have bad health more often, than other women who have not experienced violence. In them psychological adaptation worsens, they get harmful habits which further raise risk of various diseases even more, including smoking, abusing alcohol and frequently drugs. Experienced violence puts women in group of the increased risk concerning depression, anxiety, phobias and panic disorders. In them physical apathy, a low self-estimation, passive suicide ideas, sleep disorders, the nightmares, repeating negative memoirs, sensation of the hostile attitude of the society, chronic painful syndromes, psychosomatic diseases, physical traumas, gastrointestinal diseases, irritable bowel syndrome is formed, etc. Influence of cruel treatment can be kept for a long time after its termination. The heavier is cruel treatment, the more is its influence on physical and mental health of the woman. We have surveyed and consulted 352 women who have undergone to domestic violence. From them in 78% surveyed social and family adaptation is sharply reduced. They constantly are in a condition of stress, very much is frequently hospitalized in various medical institutions, frequently call the ambulance. In conversation speak more often about suppressed mood and bad physical condition; cry much, in them decreases in feeling of self-esteem is frequently marked, low self-estimation, inability independently to make a decision. Frequently in them interpersonal relations with girlfriends, with fellow workers, with parents, with own children are broken. Search for psychological assistance demands from patients certain courage. Sometimes from the moment of fulfillment of violence over the moment of search for help a lot of time passes. The competent help of an expert will help to go through structurally happened and to turn from a victim of violence over the person survived violence. All forms and methods and techniques of work of psychologist are under construction so that to enable a victim of violence to understand that nobody tries to underestimate values of her difficulties and problems, but in them, these difficulties and problems it is possible and necessary to seek and find means for improvement of position. Thus, the patient is induced to seek her own resources of change as which acts both her past, and future, both memoirs and imagination, assisting to search for answers to problems in personal experience. Alongside with rendering for patients psychocorrective assistance, they need long emotional support, and also legal consultation.

The Role of "Folk Psychiatry" in Clinical Practice

L. Ban *(Canada)*, N. Haslam *(Canada)*, Y. Kashima *(Canada)*

Understanding the way lay people think about mental disorder is important to effective psychotherapy. In view of the fact that it is lay conceptions of mental disorder that determine whether professional help is sought, and that discrepancies in conceptions held by therapist and client have negative implications for treatment, research into lay conceptions is of crucial practical importance. Haslam's model of Folk Psychiatry (2005) offers a four dimensional schema of the way information about mental disorder is processed by lay people. According to the Folk Psychiatry model, people first demarcate normal from abnormal behavior through the process of pathologizing. This involves judging that the behavior to be rare (infrequent in the general population), incomprehensible (difficult to understand), and discrete (qualitatively different

from normal behavior). Once pathologised, Haslam contends that the behaviour is submitted to one of three explanatory frameworks. These are medicalizing, where illness is seen as biologically based; moralizing, were illness is attributed to the sufferer's poor character and conscious decision-making; and psychologizing, where unconscious processes are seen to underlie the behavioral abnormality. While offered as a universally applicable cognitive grid there is evidence for cross-cultural differences in the use of these frameworks. The current research examined whether different aspects of Haslam's model are culturally salient for people from Western (i.e., Australian) and East Asian (i.e., Chinese, Korean and Singaporean) culturally backgrounds. The results indicate that not only are certain frameworks differentially emphasized across cultural groups but the frameworks can have different meanings depending on the cultural belief system within which they are expressed.

Three studies explored the differential salience of Folk Psychiatry dimensions across cultural groups. First, the results indicate that the three pathologizing criteria were differentially emphasised as markers of abnormality. Specifically people with East Asian backgrounds perceived abnormal behaviour to be more rare and discrete while people from Western backgrounds perceived abnormal behavior to be more incomprehensible. These findings provide insight into help-seeking behaviour and how it may differ for people from these cultural backgrounds. Second, the results indicate that people with East Asian backgrounds moralize mental disorder to a greater extent. However there is evidence to suggest that moralizing in this context does not entirely conform to Haslam's moralizing framework. Instead this way of explaining mental disorder may refer to a "socio-moral" system of beliefs that may be somewhat unique to this cultural context (Hamilton, 1992; Kirmayer, 1989; Miller & Bersoff, 1992).

Finally the results indicate that people from Western backgrounds may normalize behaviour to the extent they find it psychologically understandable. While a similar effect was found in research conducted by Meehl (1973) and Ahn, Novick and Kim (2003) – who label it a "reasoning fallacy" – this research indicates that the effect may be unique to the Western cultural context, and that it does not occur among East Asians. While the clinical implications of this finding are unclear, "normalizing" mental disorder may reduce patients' motivation to seek help and actively participate in the recovery process. Overall, the findings of this research demonstrate that lay conceptions of mental disorder can differ significantly across cultural groups. In light of this, clinicians must be mindful of the various belief systems that clients from different backgrounds bring to psychotherapy.

References

Ahn, W., Novick, L., & Kim, N. Understanding behavior makes it normal. Psychonomic Bulletin and Review, 10, 746-752. 2003

Hamilton, V. Everyday justice: Responsibility and the individual in Japan and the United Sates. New Haven & London: Yale University Press. 1992

Haslam, N. Dimensions of folk psychiatry. Review of General Psychology, 9, 35-47. 2005

Kirmayer, L. Cultural variations in the response to psychiatric disorders and emotional distress. Social Science and Medicine, 29, 327-339. 1989

Meehl, P. Why I do not attend case conferences. In Psychodiagnosis: Selected papers (pp. 225-302). Minneapolis, MN: University of Minnesota Press. 1973

Miller, J., & Bersoff, D. Culture and moral judgment: How are conflicts between justice and interpersonal responsibilities resolved? Journal of Personality and Social Psychology, 62, 541-554. 1992

New Approaches within Medical Anthropology Applied to the Field of Migration

R. Bennegadi *(France)*, C. Paris *(France)*, U.A. Kalil *(France)*

Minkowska Centre has acquired a long and rich experience, over the past 50 years, in migrant and refugee mental healthcare.

We propose, thanks to the contributions of Medical Anthropology and Psychoanalysis, to put forward the notions of Clinical Cultural Competence and Social Cultural Competence to define the most adaptive therapeutic frame in psychotherapeutic situations.

Stress and Stress Resistance as Ethnocultural-Historic Phenomena

T.G. Bokhan *(Russia)* & N.A. Bokhan *(Russia)*

This article presents understanding of stress and stress resistance from positions of cultural-historic approach, introduces results of phenomenological investigation of difficult situations in representatives of youth of peoples of Siberia (Altayts, Buryats, Shorts, Khakases, Tatars, and Russians).

Key words
stress, stress resistance, cultural-historic conditionality, self-development, self-realization, difficult situation, meaning content, heterostereotypes, identification, distress prevention.

Problem of stress is a poly-disciplinary problem. For psychiatry that considers stress as one of factors conditioning formation of neuro-mental disorders of special significance is a task of understanding of stress as a psychological phenomenon. Its resolution in contemporary psychology is seen in considering the stress in cultural-historic context. This allows questioning what culture is transformed into human life world, what specifically does it change in an individual, in his/her mental resources and abilities guaranteeing stability in dynamic of life world, what difficulties of self-development are experienced by the individual, what traditional means of coping with stress are acquired by him/her. Cultural-historic approach allows considering the stress and stress resistance as phenomena accompanying the process of human self-development, self-formation. They are signaling about degree of success of transformation of culture into human life world. Stress is manifested ambivalently; it may be experienced as self-diagnosis of the person detecting new possibility of his/her development and possessing readiness for self-development (model of "eustress) and a an assessment of beginning destruction of the person who is not able to maintain his/her integrity in dynamic of life changes what is manifested in experiencing impossibility of self-realization (model of "distress"). Stress may act: 1) as a signal about disturbance of the process of life self-accomplishment, about state of the process of personality self-realization; 2) as reflection of appearing contradiction between actual images of the world reflected in consciousness of an individual and image of his/her life that needs a correction because it cancels corresponding to a new image of the world; 3) as an inner state of the person who overcomes formed behavioral ideas and stereotypes already not purposeful under new conditions of life and who identifies him/herself in his/her new meanings and values of being.

Relying on methodology of cultural-historic approach cross-cultural investigation of stress and stress resistance has been carried out. The investigation was entered by respondents at the age of 16-22 years – schoolchildren and students (representatives of nationalities living in Siberian region: Buryats, Russians, Tatars, Altayts, Khakases, Shorts, Yakuts); total number of respondents, teenagers, has constituted 970 persons. As a result we have presented the phenomenology of stress in teenagers of ethnic groups of Siberia (Altayts, Buryats, Khakases, Shorts, Yakuts, Tatars, and Russians) in the context of formation of the personality in various cultures and poly-cultural world. We have shown cultural-historic determinants of stresses meeting stages of formation of human consciousness as a culturally conditioned phenomenon.

With content-analysis of statements of respondents it has been identified that for majority of teenagers, appearance of difficult situations is real, well conscious evidence in their life – they were able to give definition of difficult situation, to present their own examples as well as to name difficult, in their opinion, situations of peers of other nationalities. Stressful, difficult situations for teenagers are real-characteristic problem situations of everyday life but not extreme, crisis situations or catastrophic events, the latter have been indicated singularly (earthquake, fire, catastrophe).

Meaning categories of difficult situations have been represented by two types: the first type is associated with impossibility of realization of strives typical for level of value consciousness: a) to be able to cope independently with difficulties, to influence and determine by him/herself the

outcome of events, to make independently decisions; b) to strive for communication of quality at the level of understanding what testifies to growth of possibilities of self-reflection and strive for self-expression in interpersonal communication; c) to be guided by idea about inevitability of difficult situations on the life way of the person and about necessity of their overcoming for realization of his/her aims and plans; d) to lay claim to personal appreciation in new acquaintances, in the society. The second type of meanings of difficult situations is associated with impossibility of realization of needs of levels of object and meaning consciousness: in dependence, in social support, in inner peace and absence of tension, in successes in learning activity, in comfort relations with parents and peers, in material security. Identified types show that stresses have dynamic of quality corresponding to levels of formation of the human consciousness in ontogenesis.

In the same time, in meaning content of stresses a trend is traced reflecting their cultural conditionality. So, in Russians as, to certain extent, representatives of West culture most frequently stressful situations are associated with difficulties of decision making and choice. While in teenagers of traditional cultures of Siberia (Altayts, Buryats, Khakases, and Shorts), representatives of East culture, the foreground is entered by problems in school, quarrels with friends, in family. Probably, for many representatives of youth of traditional cultures of no relevance are problems of choice, their own decision making because they are built and fastened traditionally in consciousness and behavior of youth. In this association one could suppose that if fastened in traditional culture values and ways of behavior will not be conscious independently and accepted by youth so in resolution of difficult situations under conditions of both traditional and poly-cultural space they can be used unconsciously and inflexibly thereby resulting in impossibility of self-realization and coping with problems. Indirectly, it is confirmed by incidence rate in respondents of traditional cultures of Siberia of such meaning category of difficult situation as "helplessness, absence of way out", while in respondents of Russian sample the second place according to incidence rate is occupied by categories "feeling, state", "barrier for overcoming" what testifies to some readiness to realization of appearing in stressful situations feelings and states, to their overcoming.

The investigation has distinguished heterostereotypes of difficult situations forming in youth through mechanism of identification: 1) complete identification without specification of content of difficult situations; 2) identification with his/her own specific problems in some areas of vital activity; 3) identification with his/her own experiences associated with difficulties of self-realization; 4) negative identification – national discrimination, difficulties in communication rising because of belonging to another nation; fights, quarrels between each other, with peers; drinking, drugs, smoking. Account for these types of identification in trainings of intercultural tolerance will allow forming in youth the readiness to effective transformation of difficult situations rising in poly-cultural environment.

Content-analysis of statements completing not complete sentences has distinguished meaning categories of attitude of respondents toward difficult situations: "experience of incidence rate", "possibilities-limitations of self-development", "feelings and states", "difficulties of interpersonal relations". Stress tension, thus, is conditioned by not only blocking of homeostatic but also heterostasic strives of respondents. These data allow speaking about cultural-historic changes in understanding of nature of stress. In this association, difficult situations may be considered not only as stressors provoking states of tension but also as integral fragments of human life associated with his/her self-development, self-perfection.

Most students in all national groups refer to incidence "rate" of difficult situations what may testify to experience of presence of difficult situations in everyday life of youth of peoples of Siberia. These respondents do not open for themselves their meaning content. Without thinking of meanings of difficult situations they can experience difficulties in coping with them and experience rate of their rise.

The second place according to incidence rate in Russians, Khakases and Shorts is occupied by meaning category "possibilities-obstacles for personal formation". Respondents associate difficult situations with possibilities of self-development, self-realization, self-understanding, self-respect, self-assertion, cognition of world, meaning of life, sensation of its completeness, and acceptance of life with its existential variability. Such meaning content has a cultural conditionality. It is manifested in that for sample of Russian respondents significance of such idea toward difficult situations may be associated with trends in Russian society associated with departure from dominance of collectively oriented values to values of uniquity of the individual, his/her activity and responsibility for building his/her own

life. For Khakases and Shorts as representatives of scanty nationalities assimilated in poly-cultural space of Siberian region of Russia, strengthening and growth of national self-consciousness is a condition of maintenance of traditional culture. In this association understanding of difficult situations as "possibilities-obstacles for self-development" is conditioned by relevant for them tasks of self-assertion, self-respect and self-understanding under new cultural-historic conditions.

The second place according to incidence rate in Yakuts, Buryats, and Altayts is occupied by category of "feelings and states". It reflects experiences of difficult situations as loss of control; rise of negative emotional and physical states; sensation of deadlock and hopelessness, isolation; loss of balance, harmony. Values of harmony are attributed by investigators to ones of values of traditional culture. Probably, representatives of these aboriginal cultures, more multiple and living on the united territory are troubled by tension of personal experiences and states. Their fixation and acuteness may reflect difficulties of self-formation under conditions of dominance of traditional values. Thereby, absence of self-reflection and efforts in self-change under new conditions of socio-cultural development may result in growth of stress tension both in traditional and poly-cultural environment, its negative consequences for personality and health.

Difficult situations as problems of "interpersonal relations" associated with conflicts, misunderstanding, quarrels, ill-disposed attitude in family, with surrounding people, peers are not indicated by Khakases and Shorts, are of small representation in Russians, occupy the third position according to incidence rate of categories in groups of Yakuts, Buryats, Altayts.

Phenomenology of difficult situations of youth of peoples of Siberia studied from positions of cultural-historic approach allows considering the stress as a cultural-historic phenomenon. Results of the investigation give orientations for organizing the distress prevention and correction among youth with account for revealed ethno-cultural and cultural-historic conditions of development; may be used by teachers, psychologists, psychotherapists in optimization of study process, interethnic communication, trainings of intercultural tolerance in poly-cultural environment of universities.

Effect of Spirituality Well-Being on the End of Life in Terminal Cancer Patients

A. Bovero *(Italy)*, D. Palmisano (Italy), F. Aitoro *(Italy)*, R.Torta *(Italy)*

Objective

This study examined the impact of spirituality on quality of life in a sample of terminally ill patients with cancer in hospice.

Methods

It was carried out by S.C.D.U. Psychoncology in hospice "Valletta" in Turin. Fifty patients were recruited with a life expectancy <3 months (Karnosky Performance Status<50). Patients were evaluated with the following Rating Scales: the Hospital Anxiety and Depression Scale (HADS), the Visual Analogue Scale (VAS), the McGill Pain Questionnaire (MPQ), the Brief Cope and the Functional Assessment of Cancer Therapy Spiritual Well-Being Scale (FACIT-Sp). Religiosity was measured with the following two questions: "Do you consider yourself a religious person" (yes/no) and "How often do you pray". All data analysis were performed using the Statistical Package for Social Sciences (SPSS 17.0; SPSS Inc., Chicago Ill.).

Results

Significant correlations were seen between spiritual well-being and depression and anxiety ($p<0.05$, $p<0.01$), positive correlations between pain and faith ($p<0.05$) and between some coping styles (religion, acceptance) and faith ($p<0.01$). The Independent Samples t-Test highlighted significant differences between the two groups (who prays/who doesn't pray) for anxiety ($p=0.05$), negation ($p<0.01$) and spiritual well-being ($p=0.05$). Additionally significant differences were shown between the two groups (participants with low spiritual well-being/participants with high spiritual well-being) for anxiety, depression ($p<0.01$), for the research of meaning and peace ($p<0.01$) and for some positive coping styles (religion, acceptance) ($p<0.01$).

Conclusion

These results showed the importance of culture at the end of life and suggested that spirituality may play an important role at improving quality of life among the dying.

Suicide Prevention. The Point of View of Italian Gays, Lesbians and Bisexuals

A. Buffoli *(Italy/Australia)*, E. Colucci *(Italy/Australia)*

Introduction

International epidemiologica studies demonstrate that gay and bisexual people are more likely to attempt suicide than the heterosexual counterpars. This study reflects the paucity of reserch about self-harm and suicidel behaviour in Italian homosexuals.

Method

590 Italian partecipants (498 M and 92 F) , 25-65 years old, who identified themselves as lesbian, gay or bisexual answered to an on-line survey hosted on an internet website.

Results

Data collected through the semi-structured questionnaire are compared for gender, geographical provenience and sexual orientation. More than 80% of the sample reported to have thought about suicide and 18.5% reported one or more suicide attempts. Participants living in rural areas in South Italy were at greater risk of suicide.

Self-Harm and Suicidal Behaviour among Adult Italian Lesbians, Gays and Bisexuals

A. Buffoli *(Italy/Australia)*, E. Colucci *(Italy/Australia)*

Introduction

The study of the meanings of suicide is generally an unexplored area and it is particularly so for homosexuals or bisexuals. A deeper understanding of the cultural representation of suicide can give a substantial contribution to the development of adequate suicide prevention/intervention strategies.

Method

590 Italian participants (498 males and 92 females), 25-65 years old, who identified as lesbian, gay or bisexual (LGB) answered to an on-line survey hosted on an internet website.

Results

Data collected through a semi-structured questionnaire are compared based on gender and sexual orientation. Participants attitudes towards suicide and its prevention, their beliefs on the differences between males and females suicide, and reasons for suicide in homo/bisexual people will be explored. The paper will also indicate the main prevention strategies suggested by the participants.

"Sexting" and the American Teenager

L.Chen *(USA)*

"Sexting" is the digital transmission of sexually charged text messages, pictures, and videos, usually by cell phone. Sexting is receiving widespread media attention in the United States, primarily because of the unforeseen legal consequences that have resulted when adolescents engage in this behavior. A typical example: a 15 year-old girl uses her cell phone to take a nude

picture of herself. She sends this photograph to her 17 year-old boyfriend. The boyfriend forwards the picture to several of his buddies. Several laws have been broken, and everyone involved is facing legal charges. The girl is charged with production, possession and distribution of child pornography. The boyfriend is charged with possession and distribution of child pornography. The friends are also charged with possession of child pornography, even though they did not seek out or solicit the nude picture of the girl, and did not know what they were opening when the message appeared on their phones saying that their friend had sent them a picture. Depending on which state they are in, the teenagers can be charged as minors or as adults, their charges may be considered misdemeanors or felonies, and they may have to register as sex offenders.

A recent online survey (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2008) of 653 teenagers ages 13-19, and 627 young adults ages 20-26, explored the prevalence of and attitudes about sexting among teenagers and young adults in the United States.

- 75% of teenagers and 71% of young adults said that sending sexually suggestive material can have serious negative consequences, yet
- 20% of teenagers and 33% of young adults have sent or posed on websites nude or semi-nude pictures or videos of themselves.
- 36% of teenage girls and 39% of teenage boys said it was common for nude or semi-nude photos to be shared with people other than the intended recipient.
- 22% of teenagers said that they are personally more forward and aggressive using sexually suggestive words and images than they are in "real life."
- 51% of teenage girls say pressure from a boy is a reason girls send sexual messages or images, whereas only 18% of teenage boys cited pressure from a girl as a reason for sexting.

The term "sexting" is quickly becoming part of the American vernacular. One barometer of sexting's relevance is the fact that a recent episode of the popular American television series, "Law and Order," featured a story about teenage sexting. Major media outlets e.g., The Wall Street Journal and CNN, discuss sexting; the American Civil Liberties Union has filed sexting-related lawsuits; and U.S. lawmakers are scrambling to introduce new legislature specifically addressing sexting. However, a search for "sexting" in PsychInfo and PubMed yielded no results. The topic merits attention from psychiatrists as well. The phenomenon of sexting raises many questions from a cultural and adolescent psychiatry perspective.

- Is sexting among adolescents within the realm of normal adolescent sexual exploration and sexual identity formation?
- Given that sexting if fairly common among American teenagers, can we think of it as a behavior that teens use to increase affiliation and affirmation with peers?
- The majority of adolescents seem to be aware of the possibility of adverse, unintended consequences of sexting, yet still engage in it. Could sexting be considered an example of adolescent risk tasking? Does it represent an example of what Elkind (1967) described as the "personal fable" of adolescence, i.e., the belief that one is unique, special, and invulnerable to the consequences of risky behavior?
- In a country that frequently glamorizes the sexuality of teenagers, e.g., sexually provocative photo spread of 16 year-old teen idol Miley Cyrus in Vanity Fair magazine, does American culture promote the sexualization of minors, and thus sexting?
- Although there have been media reports in other countries, including Australia and the United Kingdom, there is relatively little known about sexing around the world. How prevalent is sexting in other countries and cultures, and how do adults view it?
- Explicit photographs are yet another weapon some adolescents use to bully a peer. In 2008, an 18 year-old girl in Ohio committed suicide after the nude picture she sent to a boyfriend was distributed around school. She had been harassed by fellow students, and called a whore. What is the relationship between sexting, bullying, and school mobbing?
- In what contexts would it be appropriate to consider sexting a crime? Widespread distribution of the images? If coercion were involved? If the recipient of the image was a 37 year-old instead of a 17 year-old?
- What is the psychological impact of sexting on adolescents? What is the psychological impact of criminal prosecution and being labeled as "sex offenders"?

A discussion of sexting among adolescents requires consideration of developmental, legal, social, and cultural issues. The poster presentation will present information on the prevalence of sexting in the United States, the

myriad legal consequences of sexting and measures being taken by U.S. lawmakers to address sexting. The presentation will touch on key elements of adolescent development, including sexual identity formation, risk taking, and body image issues. Finally, the presentation will examine the role of mainstream American culture on the prevalence of and attitudes toward sexting, and question how prevalence and attitudes would vary in other countries/regions/cultures.

References

ACLU Sues Wyoming County D.A. For Threatening Teenage Girls With Child Pornography Charges Over Photos Of Themselves. Press release. ACLU.org March 25, 2009. Available at: http://www.aclu.org/privacy/youth/39151prs20090325.html Accessed May 16, 2009

Bialik C. Which Is Epidemic -- Sexting or Worrying About It? The Wall Street Journal. April 8, 2009. Available at: http://online.wsj.com/article/SB123913888769898347.html Accessed May 16, 2009.

Carty L. Parents get sext message. Brisbane Times. May 3, 2009. Available at: http://www.brisbanetimes.com.au/technology/parents-get-sext-message-20090503-aqzu.html Accessed May 16, 2009.

Elkind D. Egocentrism in adolescence. Child Development. 1967;38:1025-34.

Feyerick D, Steffen S. 'Sexting' lands teen on sex offender list. CNN.com April 8, 2009. Available at: http://www.cnn.com/2009/CRIME/04/07/sexting.busts/index.html Accessed May 16, 2009

Gavin P. Congress takes on 'sexting'. Politico.com. May 13, 2009. Available at: http://www.politico.com/news/stories/0509/22487.html Accessed May 16, 2009

Handy B. Miley knows best. Vanity Fair. June 2008. Available at: http://www.vanityfair.com/culture/features/2008/06/miley200806

Kazdin C, Ibanga I. The truth about teens sexting. ABC News. April 15, 2009. Available at: http://abcnews.go.com/GMA/story?id=7337547&page=1 Accessed May 16, 2009

The National Campaign to Prevent Teen and Unplanned Pregnancy, and Cosmogirl.com. Sex and tech: results from a survey of teens and young adults. 2008. Available at http://www.thenationalcampaign.org/sextech/PDF/SexTech_Summary.pdf Accessed April 24, 2009

Intrahospital Adaptation of Persons of Gipsy Nationality Suffering from Comorbid Mental Disorders

D.V. Chetverikov *(Russia)*, N.A. Bokhan *(Russia)*

In scientific investigations of last years various approaches to problem of a combination of various psychopathological and addictive phenomena, including ethnocultural approach are realized. Substantially ethnocultural specificity determines both clinical features of comorbid disorders, and opportunity of treatment and rehabilitation of patients. From numerous ethnoses living in Russia, the only migrating one is the gipsy which uniqueness as object of ethnographic researches it is caused by a number of reasons - absence of geographical frameworks in many respects, genetic, social and psychological closeness of population of the gipsy, endogamy (marriages inside social group), common language and culture, aversion of assimilation, "gipsy" laws which traditionally are higher than other legal frameworks etc. In these specific conditions psychopathological disorders are formed rather originally, in particular – addictive disorders. Criminological investigations of last years have shown, that in regional and inter-regional systems of illegal circulation of drugs sellers and consumers - sellers from ethnic communities from which are most appreciable the gipsy, Caucasians and also Tadjiks and Afghans are frequently occupied. Criminal activity of gipsy drug groups is expressed in illegal purchase, transportation, storage and subsequent selling of drugs. The gipsy in manufacturing and processing of drugs basically are not engaged, they package drugs for retail, is frequent for increase in volume of sold "goods" adding in a drug various substances or medical products. Gipsy women are more active, than men; participate in drug traffic which frequently is the important source of the income of family. The gipsy, however, are appreciable mainly in retail drug traffic and, despite of presence of gipsy communities in the majority of the Russian regions, are poorly represented at the level of inter-regional wholesale trade. The given circumstance facilitates access to drugs and, accordingly, is the reason of high level mental disorders.

For the purpose of study of intrahospital adaptation we investigated 56 gipsy, the gipsy

nationality, suffering from psychiatric disorders associated with chemical addictions and taking place treatment in specialized structures of Omsk Psychiatric Hospital.

Nosological spectrum of comorbid pathology is represented by syndrome of dependence on alcohol and mental disorders from schizophrenia (8 supervision), recurrent depressive disorder (10 supervision), organic disorders (3 supervision), and somatoform disorders (5 supervision). Syndrome of dependence on heroin in sample is comorbid with schizophrenia (6 supervision), with bipolar affective disorder (3 supervision), recurrent depressive disorder (4 supervision), and organic disorder (1 supervision); most frequently there were personality disorders - 16 supervision. Despite of so wide representation of various mental diseases we have estimated para-hospital features of patients.

1. Attitude toward mental disease.

In the given context we shall note, that practically all mentally sick persons of gipsy nationality differed by noncritical attitude toward disease what is connected mainly with external factors - fatigue, excessive substance use or their combination. Explanations of irrational character quite often sounded. It is necessary to note, that in described ethnocultural group attitude of relatives of the patient toward anyone with disease, even to somatic or infectious (the HIV-infection, hepatites) was rather original - after rather expressive reactions with verbal and motor excitation, lamentations, superfluous aspiration to performance of medical purposes, the behavioral component was very poor and was limited to the formal consent to treatment.

2. Cultural manifestation of mental pathology.

Mental disorders in cultural environment of persons of gipsy nationality were interpreted unequivocally negatively; moreover, presence of mentally ill relative long time disappeared from associates, as stigmatized a sort of search for specialized psychiatric help in gipsy environment it has been connected more often with urgent conditions. Other reason of search for psychiatric help was presence in the anamnesis of recently perfect socially dangerous actions and threat of criminal prosecution. In general the aspiration to manipulativeness in given ethnocultural groups is extremely expressed. During the slightest attempts of the medical personnel to limit the behavior of the patient directed on search and reception of substances, were observed poly-modal manipulative reactions where threats of physical violence, offers of money inconsistently sounded, simulation of physical diseases and etc.

3. Adaptation in the hospital environment in the gipsy is the lowest. Practically in some hours after hospitalization all patients irrespective of mental and somatic condition became the extremely suspicious, and later - motor and verbally active, made chaotic movements of enclosed character, entered causeless into conflicts with other patients and medical staff, substandard quarreled, threatened, demanded an immediate discharge, showing thus surprising persistence and uncompromising stand. The given phenomena were strengthened with presence of numerous relatives which practically did not depart from the patient, moreover were initiators intrahospital consumption of narcotic substances.

4. Compliance in persons of gipsy nationality is the lowest. If in other situations non-compliance is usually connected with let and frequently insolvent attempts to rationalize refusal of reception of psychopharmacological agents in this ethnic group we have faced unmotivated refusal. Patients categorically refused to accept psychopharmacological preparations, and similar refusal we met also in relatives of patients.

5. Reactance in the attitude toward psychopharmacological treatment.

We shall note, that expected effects of psychopharmacological preparations at mentally patients the gipsy met less often, as, however, in representatives of other east ethnoses (Armenians, the Turkmen, Tadjiks). By-effects and complications were found more often, especially during administration of traditional antipsychotics and tricycle antidepressants that also essentially reduced compliance of patients.

Specified paraclinical features of mental ill persons of gipsy nationality, in our opinion, will promote construction of effective clinical tactics in treatment of the given comorbid disorders. As possible alternative to traditional hospital approach in the attitude of mentally patients of gipsy nationality can be considered assertive methods of the organization of psychiatric help when patients receive necessary treatment directly in the camp which periodically visit psychiatrists and experts in addictology of specialized poly-professional team. Also, taking into account the above-stated features, work with leaders of camp ("gipsy barons"), unique persons who can really raise compliance of patients. Besides described

features allow expanding anthropological representations about closed enough migrating ethnos what are the gipsy.

Advertising God

F. Cieri (*Italy*)

At the end of october 2008, the British Humanist Association, has proposed an advertising campaign in the United Kindom, announcing their point of view on the religion question: *"There's probably no God. Now stop warring and enjoy your life"*. The idea was resumed in the United States with the slogan: *"Why believe in God. Be good for the sake of goodness"*. The advertising has found even in catholic Spain, but has been less successful in Italy, where it was promoted by the Italian Union of Rationalists Atheists and Agnostics (UAAR), with the slogan: *"The bad news is that God doesn't exist. The good one, is that you don't need one"*. The italian Catholic Bishops Conference President, Cardinal Angelo Bagnasco found out about the advertising and he immediatly wrote to the advertising agency that subsequently cancelled the campaign.

Let us just reflect, and allow reflection, on some of the issues that in our country are still taboo: the unjustified privileges of the Catholic Church, the existence of a "secular ethics" that is not derived from the ten commandments, the heavy influence of the clergy in matters as scientific research, euthanasia and abortion, that should not be decided by bishops appointed by the Pope. Here, as in the rest of Europe, society is becoming increasingly secularized, but the church remains very strong politically, holding parties hostage and influencing much of what happens in Italy.

Psychopharmacology, Genetic and Culture

F. Cieri (*Italy*)

One of the most interesting developments of cross-cultural studies concerns the genetic-investigation aim to the study of genotypic differentiation factors between different cultural groups, which results in variations on the phenotypic expression of proteins involved in interaction with drugs.

Thus, pharmacogenetics would find a prominent place within the study of ethnic variation (Ethnopharmacology) and cultural response to drug therapy, increasing knowledge on functions and neural structures culturally sensitive. The study of the different psychopharmacological treatment response by different ethnic groups (etnopsycopharmacology) represents an example of "good clinical practice" within those psycho-social intervention models that aim to reflect the cultural diversity of society in which developed.

Anthropological Research of Post Traumatic Stress Disorder in the City of São Paulo

J.D. da Silva (*Brazil*), D. Martin *(Brazil)*

Introduction

This text discusses the Post Traumatic Stress-Disorder (PTSD) in a context of the patients daily life and his relation with the society, in an urban

environment marked by a vast social inequality and a high index of violence. The investigation is carried out in the city of São Paulo with victims of urban violence involving a shotgun. The participants are PTSD diagnosed patients, treated in a specialized psychiatric outpatient service.

São Paulo is Brazil's biggest city. It counts up to 18 million people (SEADE, 2009) and is one of the countries most violent cities. The rate of homicides shows a drastic increase. Between1993 and 2003 the coefficient of homicides on every 100.000 grew from 38,92 to 47,95 (DATASUS, 2007), which shows an increase of more than 23% in ten years.

The aim of this study is to understand how this "mental suffering" is dealt with, by PTSD diagnosed patients considering the social cultural context. PTSD is a violence related mental health disorder being the principal mental health diagnosis of external cause. The relation between PTSD and urban violence is proved by a high index of PTSD in areas of dense population (Breslau et al. 1992). In the face of phenomenons of urban violence, violence against women and violence against children, the estimate of PTSD victims in Brazil is high (Kapczinnski, 2003). The rate of shotgun caused homicides in Brazil is one of the highest world wide (Waiselfisz, 2006).

There are only few international studies on PTSD and Culture, and in Brazil this one is the first. A qualitative study, based on the anthropology, was performed, including dense ethnographic observation, in-depth semi-structured interviews and the use of photography as a research technique (Martins, 2008).

Eight interviews with PTSD diagnosed patients (F43.1, ICD-10 – World Health Organization, 1997) were carried out within a period of 6 month (December 2008 – May 2009). The patients, five men and three women between 25 and 47 years old (average 34.7 years) with the majority of them having secondary school level and professions such as office assistant, bus driver, caretaker, police officer, journalist and physiotherapist, were contacted through the PROVE (Programa de Atendimento e Pesquisa em Violência). An outpatient service, connected to the research department of the Federal University of Sao Paulo (UNIFESP). All patients interviewed lived through traumatic situations with a shot-gun involved (either robbery or kidnapping), and are being treated by the above service for at least 3 moths.

Results

The research results at this moment are still incomplete. Although all patients accept the diagnosis of PTSD, during the interviews they predominately talk about their condition of being victims of violence than to recognise their disorder. Despite the missing comprehension of the nature of their disorder they all accept their diagnosis and medication.

The elaboration of PTSD is experienced by many of the patients only in the perception of their symptoms. The intense fear is perceived as tachycardia, sweating, vertigo or panic attacks in habitual situations. Some of the patients interviewed needed to pass lots of physical examinations before they would understand their problems being of a psychological origin. These patients only sought psychological help after having consulted various specialists such as cardiologists, neurologists or general practitioner.

Like the ethnographic observation and the interviews reveal was the violence not only experienced during the traumatic event which initially caused their disorder, but is constantly present in the patients perception. They identifies the violence in her/his daily routine and feels more vulnerable coping with the urban violence now, than before suffering her/his traumatic event. Many patients point out to always having been aware of the existence of violence in the city and to already having got used to it. The causation of the traumatic event is presented in an ambivalent discourse, being explained by the patient either on a social problematic or on a individual-religious basis (been predestined to the event).

All patients interviewed report a frequent and close contact with conflict areas i.e. live or work close to a "favela", where generally exists intense drug traffic, an often violent activity which makes many of the PTSD diagnosed feel threatened or uncomfortably. All of them report crime related fear when going out at night, or being confronted with the noise of ambulance or police sirens to the point of feeling extremely suspicious of passing motor cycles, associating them with a potential danger.

An other important aspect is the prejudice those patients' social life suffer due to their traumatic experience. The interviews reveal that the patients social relations both in private - (family, neighbours, friend) and in their professional life (work) undergo huge restrictions. Some of the patients interviewed still don't manage to carry on working as they identify various risk factors at their work, e.g. errands, bank visits, driving in traffic or interference with the poorer population.

The interviews also revealed a difference in the society's comprehension between the terms "victim of violence" or "PTSD sufferer". While patients were paid attention to when telling about their suffered violent experience, they were little understood when explaining their symptoms of disorder. All interviewed patients complain about the society's misunderstanding that the mere fact of having survived the incident gives already sufficient motivation to cure the trauma, and get back to normal live.

Conclusion

The discussion of the relation between PTSD and urban violence is more of collective character than individual. Since violence has entered the society in all parts and for all times, the patient's concern is more about his coexistence with the violence, which is omnipresent and of whose existence he already knew before, than about the treatment he's receiving or a possible cure of his disorder.

Brazil has no tradition of studies on violence. The existent literature obtains its most important contribution from areas like the Social Sciences, Psychology and Law. In the medical field, the studies on violence are principally based on mortality rates and injury rates. Although those categories give information on the magnitude of the phenomenon, they can't explain the problem of violence in its profundity.

In Brazil the diffuse and focused violence is generally known by its tragic and cruel effects, but its missing a satisfactory comprehension which explains the phenomenon. The country experiences a conflict situation difficult to classify. With a shotgun caused mortality rate comparable to countries in a warlike conflict, the country's classification escapes the definitions of common patterns of civil or international war.

Especially the emergency of the drug traffic, being largely responsible for the construction of a collective insecurity, is promoting a disorganisation in the traditional forms of sociability inside the urban lower class and stimulates more and more fear inside the middle and upper class (Adorno, 2002). In the populations point of view, the public authority's capacity to apply law and order has weakened.

In this context, for PTSD patients it is difficult to understand their disorder because the suffering of intense fear and panic is not purely a symptom of their disorder. It is widely spread already in the sociability of the in habitants of São Paulo, not as exaggerated as for PTSD patients, but existent. The patients comprehension of their disorder differs from the medical comprehension of PTSD. They express their disorder more in the sense of victimisation than by the narration of the actual symptoms.

References

Adorno S, Cardia N. Temas e Tendências: Violência. *Revista Ciência e Cultura*. SBPC, Ano 54, n. 1, julho/agosto de 2002.

Breslau N, Davis GC, Andreski P, Peterson E. Traumatic events ande posttraumatic stress disorder im am urbam populatiom of young adults. *Archives of General Psychiatry* , 48, 216-22, 1992.

Datasus Departamento de Informática do SUS / Ministério da Saúde (2007). Avaiable from:http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sim/cnv/extsp.def

Kapczinnski F, Margis R. Transtorno de estresse pós-traumático. *Rev. Brás. Psiquiatr*. (supl. I): 12-6, 2003.

Martins JS. *Sociologia da Fotografia e da Imagem*. São Paulo: Contexto, 2008.

Organização Mundial da Saúde. *Classificação de transtornos mentais e de comportamento da CID-10: referência rápida*. Trad. Gabriela Baldisserotto. Porto Alegre, Artes Médicas. 1997.

Seade. *Sistema Estadual de Análise de Dados Estatísticos. Informações dos Municípios Paulistas*. Available from: www.seade.gov.br/produtos/ perfil/ index.php 2009

Waiselfisz JJ. *Mapa da Violência 2006: Jovens do Brasil*. Organização dos Estados Ibero-Americanos para a Educação, a ciência E a cultura (OEI). Brasília, 2006.

A Psycho-Educational Intervention Applied to the East-European Patients with Various Mental Disorders and to their Families

F. Dingo *(Italy)*, E. Dall'Ara *(Italy)*, G. Guerrini *(Italy)*

Scientific trials have pointed out the effectiveness of the psycho-educational intervention on the clinical and social outcome of the serious mental disorders. The practical experience also suggests its use for dealing with the patients' and their families' needs. On this ground the Mental Health

Department (DSM) of La Spezia has put in action a FPI (Family Psycho-educational Intervention) program which has been financed by the European Social Fund (ESF).

The particular aim of the program FPI is to concur to the development of transversal skills according to the guidelines of the European Recommendation for the skills and competences of the active citizenship.

In this contribution will be illustrated the methodology and the preliminary results of this particular intervention.

The Family Psycho-educational Intervention (FPI) has a cognitive-behavioural ground and considers knowledge and information to be central. Therefore the fundamental element of the intervention is that of giving information about the characteristics of the pathologies, the relative available treatment and the learning of the effective and functional modes for coping potentially stressful situations, focusing the attention of the operators to the cultural and social communication abilities and problem solving.

The training began in the spring of 2009 and it will last 44 hours (22 meeting weekly or every two weeks). The first three meetings has been devoted to the evaluation and the preparing of the persons to train. They have been followed by informative group meetings devoted to the explanation of mental disorders, their aetiology and treatment. It has been explained in terms of a diathesis stress vulnerability and bio-psycho-social model. The psycho-educational training of the immigrant patients has been adjusted for cultural reasons. Therefore the patients are getting trained into the comprehension of the environment differences and intercultural skills in addition to the health literacy, the development of personal and social skills, the monitoring of proper emotions, the determination of the life goals and the use of problem solving.

The group consists of six patients of age ranged from 23 to 40 (with an average age of 34). Five of them come from East Europe and suffer from various psychiatric pathologies as schizophrenia, depression and borderline. The fundamental problem with this kind of group is the risk of drop-out. In addition to other reasons the economic, domestic, political and geographical precariousness causes the absence of their families in the training meetings.

Psychiatric Consultation Activities in the General Hospital to Migrant Patients

S. Ferrari *(Italy)*, C. Giubbarelli *(Italy)*, M. Rigatelli *(Italy)*

Psychiatric consultations to patients who experienced migration from non-western countries are challenging, due to specific problems: intertwining of social and psychic distress; problems in communication (differences in symbolism and cultural meanings); limited training of health professionals. The aim of this study was to describe systematically the activities of psychiatric consultation for migrant patients in a general hospital.

Methods

The database of the Modena Psychiatric Consultation Service (MPCS) was searched for patients of non Italian origin that were dealt with in the years 2006-2008. Socio-demographic and clinical data were collected by means of a structured culturally-oriented form (by Tarricone I and colleagues). Psychiatric consultations at the Accident&Emergency (A&E) were also counted and available clinical data collected and analyzed.

Results

Psychiatric consultations for migrants at MPCS have increased from 2.75% of total consultations in 2006 to 6.25% in 2008. Countries of origin are mostly Maghreb and East Europe. Females are slightly prevalent (55.4%), mean age is 39 yo. Reasons for referral were most commonly suspected depression, alcohol-substance abuse related problems and attempted suicide. 17% of total accesses to the A&E were from migrants: psychiatric consultation was asked for 1.1% of these (vs. 0.8% for Italian patients) and no differences as to the outcome of the consultations were found between migrants and Italians.

Conclusions

The increasing relevance of migration as a social phenomenon in northern Italy is reflected in the MPCS clinical experience. A systematic and culturally-oriented data collection may improve knowledge and management of migrant patients with psychic distress.

Exorcisme, Perversion or Infanticide? A cultural Approach to the Forensis Psychiatry

M. Ferretti *(Italy)*, F. Padalino *(Italy)*, A. D'Onghia *(Italy)*, E. Tricarico *(Italy)*, F. Dotoli *(Italy)*, A. Bellomo *(Italy)*, M. Nardini *(Italy)*

A case of "pseudo-exorcism" of a child is analyzed from two perspectives, the psychiatric-forensis one and the ethnoantrhopological one, in order to get a cultural intepretation of the instance.

Each single considered approach showed different dynamics, meanings and situations, underlighting that only the interaction among several but complementary points of view can give a complete undestending of the case.

The Ulysses Syndrome of Asylum Seekings in Puglia. New Results from a Survey

M. Ferretti *(Italy)*, I. Grattagliano *(Italy)*

Introduction

The circumstances in which many immigrants arrive today on the coast of Italy are characterised by their extreme conditions. Because of that, In touch with Achotegui we think that for millions of individuals, contemporary migration presents so severe stress levels that "...they exceed the human capacity of adaptation..." (Achotegui, 2005).

Objective

To check the possible interconnection among the stress limits experienced, the integration process and a series of symptoms from several areas of psychopathology known as Uliysses Syndrome; to explore if, changing context of recipient country, the Ulisses Syndrome' symptoms can change too ; to find the prevalence, types and predictors of this syndrome.

Methods

A survey with structured interview.

Participants

Multicultural adult immigrants/ asylum seeking at the first migration with symptoms of Ulysses Syndrome.

Setting

SPDC and other Departments of OO.RR.of Foggia requering psychiatric consultations for migrant guests.

Results

As we postulate a direct relationship exists between the stress the immigrants are under and their symptomatology. The interwies conducted in Foggia showed that in our country immigrants use to face a particular combination of symptoms then, according to our hypothesis, the real context of life changes the phenomenology of this syndrome.

Conclusions

It is obvious that with the situations of stress which these immigrants have to face, a greater risk of alcoholism, psychosis, etc. is foreseeable. The objective of intervention would be avoiding the worsening condition of those who suffer from this manifestation so that they do not suffer a standard mental disorder.

Primary Care and Mental Health Centres. What Care for What Migrants?

C. Giubbarelli *(Italy)*, S. Ferrari *(Italy)*, I. Tarricone *(Italy)*, M. Rigatelli *(Italy)*

Backgrounds and aims: Migration is a stressful process that can be associated with higher occurrence of mental illness. The correct identification and treatment of mental disorders are often difficult for general practitioners (GP) and also for psychiatrists. Additionally there are concerns regarding underutilisation of mental services and drop-out from treatment among migrants.
Methods: We have studied the migrant population attended to 2 Mental Health Centres (MHC), in the year 2007, and to 6 GP, during one month, in Modena. Socio-demographic and clinical data were collected by means of a structured culturally-oriented form.
Results: Countries of origin, in both MHC and GP samples, are mostly East Europe and Maghreb. 116 patients were referred to the MHC. The large majority are women (F/M: 77.8%/22.2%). Mean age: 38.76 years. 43.1% of patients are married. 41.3% doesn't work for pay and 28.4% lives with other people. 43.1% of subjects were migrated to find a work. There are linguistic difficulties in 12.9% of patients. The most frequent diagnosis are Psychotic disorders (33.6%), Mood disorders (31%) and Adjustment disorders (14.7%). Drop-out in the first 6 months of treatment: 16.4%.
36 patients were referred to GPs. F/M: 59.5%/40.5%. Mean age: 41.3 years. 66.7% of patients are married. 38.3% are unemplyed and 27.8% lives with non familiar people. 50% of subjects were migrated to find a work. Linguistic difficulties in 11.1% of patients. Out of 36 patients, 6 (25%) reported a psychiatric reason for the visit (often common mental disorders – CMD) but only in one case file is reported a psychiatric diagnosis. 11.1% of patients had almost a previous contact with a MHC

Ethnocultural Peculiarities of Patients on Example of Patients with Cardiovascular Pathology

T. Glushko *(Russia)*, I. E. Kupriyanova *(Russia)*, G. V. Semke *(Russia)*, A. Repin *(Russia)*

Contemporary system of healthcare functions in an instable, steadily changing world making increasingly growing demands to it. Policy of health care under contemporary conditions should take into account democratic and social-economic changes in the society as well as related processes of migration activation and revival of ethnocultural traditions.

Ethnopsychology studies facts, regularities and mechanisms of manifestation of mental typology, value orientations and behavior of that or another ethnic community, describes and explains peculiarities of behavior and its motives inside of the community and between ethnoses living in one geohistoric space.

Main principles of ethnopsychology are account of interests of races, ethnoses, nationalities and care of quality of their life and health care.

One of priority directions of scientific investigations of recent decades determining development of world psychiatry is interdisciplinary study of interrelationship of ethnocultural phenomena and basic indices of mental health of the population. Psychotherapy as an important not biological approach in treatment of mental disorders is closely connected with ethnocultural factors including occupying the main stream ethnic identity, self-perception, system of value orientations, images of mental health (Sayed M.A.//Soc. Behav. Person. – 2003. – Vol. 31, N4. – P. 333-342, Seeley K.M.// –

2004. – Shimoji A. et. al.)

Currently the fact is without doubt that cardiovascular pathology is one of the most prevalent diseases of adult population in the world. Association between psychoemotional factors and CVD was recognized during hundred years. Strong emotions, especially fear, anger and grief were since olden times associated with "angina pectoris" and "cardiac rupture". Already in early papers, both depression and anxiety associated with development of IHD and AH (Both-Kewley S, Fridman HS. 1987). Clinics of Cardiology Research Institute of SB RAMSci have a powerful modern therapeutic-diagnostic base and are an organizing-methodical center in control of cardiovascular diseases on the territory of Siberia and Far East.

The CRI according to its national structure is a poly-ethnic institution. Cardiologists increasingly often are interesting in detection and treatment of depressive disorders in their patients (Organov R. G., Olbinskaya L. I., Smulevich A. B. et al., Hemingway H, Marmot M. 1999; Rozanski A, Blumenthal JA, Kaplan J. 1999). Addressing specialists, patients with somatic symptoms of affective disorders usually receive the therapy directed at correction of physiologic functions and symptoms of the illness. However, without appropriate treatment of anxious-depressive pathology therapy is insufficiently effective.

Knowledge of clinic and principles of treatment of anxious-depressive disorders in cardiology is necessary in association with its high prevalence, differential-diagnostic value, influence on cardiovascular diseases and probable negative influence on prognosis of cardiological patient.

In section of ethnocultural evaluation of interrelations of a doctor and a patient we indicate differences in ethnocultural and social status of the therapist and patient as well related problems in diagnosis and treatment. We regard that tension in relations may be provoked by difficulties or inability to communicate in native for patient language, difficulty of removal or misunderstanding of ethnocultural value of symptoms, impossibility of definition of behavior of the patient both normative or pathological one.

Regional approach in resolution of the problem of mental health care of the population becomes one of the leading ones in investigations of Siberian scientists (Lotosh □.□. et al., 1981; Balashov P, P, et al., 1998; Semke V. Ya., 2002; Goldobina O. A., 2003). Namely ethnocultural approach allows evaluating impact on the organism of the man of many factors of the environment, prognosis on this basis of onset of diseases and thereby promotion of maintenance and strengthening of health of present generations as well as guarantee heath of future generations.

Problems of social, cultural and psychological adaptation for patients of clinics of CRI become not only priority but also vitally important. Everybody of them since the first days of hospitalization is confronted by multiple problems of adaptation to new conditions of the environment (acclimatization, language, and culture, psychological and social adaptation).

In our investigation we selected patients with affective spectrum disorders under therapy associated with various forms of cardiovascular system. Group of the investigation was entered by 70 persons.

Using clinical-psychopathological methods we have examined two groups of patients: 34 persons of Kazakh nationality and 36 of Russian one.

According to results of hospital scale of anxiety and depression (HADS) in Russians anxious symptoms from sub-clinical to clinically severe anxiety were revealed more frequently, in Kazakhs depressive manifestations predominated.

Russian patients are open, single-hearted, natural, and simple in behavior (up to simplicity), carefree, light-minded, insistent, not disciplined; more sensitive, curious, initiative and exacting. They more often doubt regarding correctness of administered to them treatment. Along this, they more willingly agree to take in psychotropic preparations. They are careless, inaccurate and negligent during filling in the test methodologies. They manifest quite often helplessness and submissiveness to destiny. They enough often do not observe recommended treatment, more seldom adhere to healthy life style. Thereby, they are less satisfied with results of their treatment. Consequences of such situation are repeated addresses of patients to medical institutions, repeated consultations of physicians of various specialties. They prefer hiding from the relatives the presence of diseases.

Mentality of one of the most ancient ethnoses of Central Asia – Kazakhs – was formed during millennia on the base of nomadic life style and general cultural spiritual complex. Every Kazakh knows 7 generations of his/her ancestors. Since childhood respect to familial structures is brought up, young generation is expected to by respectful and obedient.

In Kazakhs relative relations are closer and more multiple. Kazakhs are very sincere and trustful, devoted in friendship.

Islam having come on the territory of

Kazakhstan in the 9-10th centuries was not able completely remove shamanism, heathen beliefs associated with cult of fire, animals, plants, mountains etc. On holy trees Kazakhs up to present tie cloths in order to recover from illnesses and protect themselves from various troubles.

Kazakh patients are religious, constrained, and punctual, avoid confrontation. For Kazakhs of importance is professional trust in doctor. Self-opening to the doctor is perceived as demonstration of their own weakness and failure. Planned treatment they prefer concord with relatives, without willingness agree recommendations to take in psychotropic preparations. Search for psychiatric assistance is reduced to negative attitude of the nearest and fear of stigmatization. In most cases they perceive the illness as something available.

In the process of diagnostic search, formulation of diagnosis, definition of tactics of treatment and care we propose to take into account several levels of ethnocultural characteristics of a specific patient. During work with the patient we recommend distinguishing the most probable for the patient social stressors, sources of social support, success of his/her functioning. Of important value are stresses in the nearest of the patient as well as role of religion, family and the nearest in providing the subject and emotional support.

AGE Pathomorphosis of Depressive Disturbances

T.I. Ivanova *(Russia)*, S.S. Odarchenko *(Russia)*

Problems of investigations of depressions in many respects are complicated by phenomenon of age pathomorphosis, i.e. changes of clinically outlined forms of psychopathological conditions with the years. At children's age the clinical picture seldom happens steady and forms a picture of the outlined depressive attack. For the majority of children variability of semiology, a saturation plural rudimentary fluctuating symptoms, developing in complex and mosaic picture (Iovchuk N.M., 1989; Antropov Yu. F., 2001). Complexities of diagnostics of depressive disorders at children's age, is connected with that mental and physical development of personality of the child at the specified age is exposed to substantial changes, is more often for him/her typical is original disharmony and non-uniformity, disturbance of the physiological and psychological balance achieved at the previous stage of ontogenesis (Guryev □.□., Dmitriyeva T. B., Makushkin E. V., etc., 2007, Shevchenko Yu. S., Venger A. L., 2006).

With special frequency at late age act atypical depressions possessing long course which according to pathogenesis and semiology cannot be attributed with definiteness neither to only jet, nor to only endogenous forms (Zhislin S. G., 1964, Shternberg E. J., Lauter H., Zimmer R., 1984). During analysis of reason of occurrence of long depressions special additional factors, uncharacteristic for young age have been compelled to note the majority of authors. The attention is accented on biological changes of this period of life, contributing to pathological reaction (Zhislin S. G., 1956; Galenko V. E., 1959; Averbukh E. S., 1974; Helmhen H., 1986). The formed increased sensitivity caused by biological factors of ageing, as though is united with increase of characteristic for this age psychogenic situations.

For purpose of study of ontogenesis of depressive syndrome influence and clinical-dynamic structure of depression in children at the age 6 - 14 years (n=229) have been investigated psychotraumatizing and persons older than 60 years (n=181) taking place during treatment in child-adolescent and geriatric units of Omsk Clinical Psychiatric Hospital.

In genesis of children's depressive disorders the greatest value factors were mood disorders: perinatal pathology which have been not realized of increased social activity of the child, material trouble of family, absence of early socialization of the child, family – deprivation, disharmonious social relations of the environment of dialogue of the child, absence of the qualified medical aid at early stages of development of children, obstetric-gynecologic complications of mothers and pathological family education.

In genesis of depressive disorders in old men the following factors are allocated: an organic inconsistency of brain, sharp change of social status, retirement, absence of the nearest (family) environment, experience of situation of loss,

absence of the qualified medical aid, adverse family relations, alcoholization, premorbid properties of person and material trouble.

Among nurseries of depression the following clinical types are revealed.

Simple clinical type. It was characterized by mainly ideator disorders. The decreased mood was characterized by prevalence of long grief, sadness and divergence with aspiration to self-isolation, isolation. Children stated ideas about own inconsistency and unattractiveness. Decrease in school progress to full refusal of visiting school was marked. Manifestation of vegetative component of depression was characterized by disturbance of mode "sleep-wakefulness", eating disorders were marked, arose senestopathic complaints. Incidentally arose dysphoria-like disorders provoked by remarks of parents, with impellent anxiety, shout, cry, ridiculous threats and acts.

Dysphoric clinical type. In the given clinical variant it was observed sensitivity, irritability and atypical spiteful affect with discontent, irascibility on a background of ideator block and complaints on "bad", "malicious" mood. The affective background was gloomy and gloomy with absence of pleasure from any kind of activity. Actively stated ideas of unattractiveness. Children made illegal aggressive actions. The reason of hospitalization usually was suicide activity. The behavior had oppositional character. Children started to smoke, take alcoholic drinks and inhalants , were grouped with antisocial teenagers, refused visiting school. They ceased to watch themselves, escaped from a house, on the tramp.

Hypochondriac clinical type was characterized by massive somatoalgical manifestations - headaches, dizziness, unconscious conditions, weakness, slackness, pains in stomach, nausea, vomiting, absence of appetite or selectivity in meal and so forth. These indispositions were polymorphic, unstable, or, on the contrary, monotonous. Sleep disorders are often. Episodes of an indisposition interrupted flashes of irritability with ideas of death. Manifestations of asthenic symptom complex were staticized in first half of day, by the evening tearfulness, impellent anxiety, irritability accrued. The decreased mood was little differentiated and masked the common uneasiness of the child.

Anxious-phobic clinical type united cases with substantial manifestations of anxious-phobic semiology, masking depressive disorder. Condition was characterized not only by amplification of "physiological" children's fears, but also occurrence of the fears connected to sensation of threat to existence. The increased uneasiness of the child was accompanied by episodes of psychomotor anxiety. The vector of disturbing fears has been directed on habitual vital sphere of the child and accompanied by refusal of visiting school. In the evening occurred amplification of disturbing component with the advent of elementary hallucinations. Periodically these conditions alternated with affect of melancholy with complaints on "heavy feelings, a stone on soul", motor overexcitation with stereotyped movements. The moods of the child reduced a background have been submitted by grief and resentment. Children were languid, sluggish, constantly complained of weariness and drowsiness.

Autoaggressive clinical type. In the given variant of depressive disorders we qualified symptom complex, with prevalence of suicide tendencies. Distinguishing the given clinical variant from dysphoric type is connected with that aggressive behavior of the child is directed at him/herself. Autoagressive behavior was shown by self-damages and / either the individual or numerous suicide actions, carrying elaborate character. Children cried, blaming an environment in the condition, stated ideas of own unattractiveness. The gloomy mood was accompanied by isolation, intensity, discontent with self and associates, disturbance of mode of sleep-wakefulness and eating behavior.

Regressive clinical type. In the given variant pseudo-regressive symptoms which were expressed in a time suspension of development with the termination of updating of lexicon, purchases of new impellent functions, skills of self-service, more complex forms of game prevailed. Occurrence of enuresis or encopresis in children with already generated skills of self-service and disappearance of these disorders is marked, during disactualization of affective semiology. Arose puerile shade of behavior, children constantly demanded presence of mother or the tutor beside, moved, holding him/her for a hand, refused to go independently to school, afraid of dialogue with surrounding adults and children. School progress was decreased; they could not apply the acquired knowledge and frequently refused visiting school. Among children of elder children's age, there was demonstrativeness, sensitivity, excessive aspiration to cleanliness or refusal of hygienic procedures. The background of mood was characterized by adynamia, passivity, sluggishness, timidity, arose fears of the infantile maintenance, in conformity with which the behavior changed. Positive emotional events did not cause in them the

adequate emotional response.

The clinical characteristic revealed depressive symptom complex in patients at age more senior than 60 years was determined by the following variants.

Dissomnic type included all spectrum of sleep disorders: shortening or lengthening of sleep, difficulty falling asleep, night and early awakenings, dreadful dreams, disturbing, superficial sleep, absence of feeling of rest after sleep, decrease in quality of life after awakening, reduction of satisfaction by sleep, drowsiness during day.

Dyspeptic type. They are widely represented by functional gastrointestinal disorders - to pain in stomach, a heartburn, meteorism, heavy feeling in stomach, constipation or diarrheas, changes of appetite as reduction or increases, change of taste habits (excessive passion to sweet, sour, salty, etc.), change of viscosity of a saliva, dryness in mouth or salvation.

Anergic type; in the given type prevailing complaints were lack of will, slackness, laziness, apathy, chronic sensation of weariness. Usual activity has been complicated, it demanded constant volition .

Algical type. In this type dominating complaints were painful sensations of various localization, and also general indisposition, weakness, weakness, dizziness, heavy feelings in head, receptor disorders, first of all - paresthesias. Initial period was accompanied by numerous complaints of somatic character, fixed first of all in the field of head and heart. To the first, persistent headaches of holding apart, compressing, pulling character concern to the second palpitation, cardialgias, faults in work of heart. Thus, the given experiences carried clear senestopathic character.

Hypohedonic type was characterized by easing of pleasant feelings, decrease in pleasure from usual comfortable activity, events and environments, feebly marked reactions to pleasant stimulus, blunting vital sensations.

Carrying out of comparison of factors of formation of depressive disorders at child-adolescent and senile age, the certain similarity is revealed. So for both age groups great value in genesis formations of depression organic inconsistency of CNS, disharmony of family environment or has absence of it, social stresses determined by age surveyed, but having similar psychogenic value and material trouble. Clinical outline of depressive symptom during specified age periods, it is determined by variability of semiology, a saturation plural rudimentary fluctuating symptoms developing in complex and mosaic picture. Thus, being based on a principle of a psychological determinism according to which external behavioral manifestations are determined mainly by internal mental processes which, in turn, are determined by features and character of course of neurophysiologic processes in the central nervous system, during comparison of depressive syndrome at stages of early and late ontogenesis it is possible to reveal symmetry between them, once again, emphasizing necessity of multi-plan study of mental phenomena not only from position of static clinical phenomena, but also from position of mental development of the person – ontogenesis.

Clinical Characteristics and Colour Models of Neurotic Disorders in Slavs

I.S. Karaush *(Russia)*, I.E. Kupriyanova *(Russia)*

Despite of diversity of viewpoints on etiopathogenesis of neurotic disorders currently basic ones are recognition of leading role of intrapsychic conflict, consideration of the neurosis as a process in which mechanisms of development biological and mental, neurodynamic and personality, inappropriateness of cultural peculiarities and peculiarities of upbringing of the contemporary reality interact constantly.

There are many investigations where study of color preferences (more often with test of Luscher) as a single method or in the composition of a kit of tests testifies to a certain relevant state or peculiarities of personality traits – investigation of patients with HIV-infection (Sultanov & Khalilov, 2002), dementia (Rogers et al., 2007), schizophrenia (Henik & Salo, 2002; Kurylo et al., 2007), Alzheimer's disease (Yoshihama et al.,

2002) etc. However, parallels with other characteristics of mental health are not identified and color does not find its place in rehabilitation and therapy.

Aim of investigation – to study parallels between coming-to-be and unfolding of clinical picture of a neurosis, dynamics of indices of tension of psychological defenses, level of anxiousness, behavioral preferences and dynamic of attitude toward the color.

Object of the investigation were 70 patients of the Interdepartmental Mental Health Center at the age from 25 to 60 years (average age 40,5±0,5), predominantly of Slavic nationality. Investigated group of patients was characterized by proportional distribution according to sex, age periods, the group predominated with high education (83%), basic part of patients (72,6% of women and 43% of men) were married. The basic criterion of selection into the group of patients was presence of neurotic syndrome as a leading one in clinical picture.

As methods of investigation we used clinical-dynamic, clinical catamnestic clinical scales (scale of quality of life, the Hamilton Anxiety Scale, scale "Life style index") – study of psychological defenses, questionnaire of strategies of coping-behavior, test of Luscher, method of computerized color-bio-modeling, statistical method.

Increased interest in various diagnostic systems requires work with models that encompass all the necessary fields of significant information and formulate many-level schemes of diagnosis (Mezzich & Bergansa, 2005; Kazanovich & Borisyuk, 2006; Smith & Conrey, 2007). Of relevance is approach with account for gender and cultural peculiarities, for example, taking into account social, cultural role of a woman in correlation with characteristics of mental health and coping-behavior (Walters & Simoni, 2002). Investigations appear developing psychobiological model with use of computer methods allowing providing the individualization of obtained results (Kock, 2004).

For a patient with neurosis characteristic is existence of broad spectrum of intrapersonal conflicts, one of which as a rule is sex-role conflict. Experience of sex-role inappropriateness is induced by inefficacy of behavior on reaching of that or other aims confronting the personality. Traditionally Slavic mentality means a major role of a man in the family, normative stereotypes of behavior of a Russian woman may be submissiveness, inconsistency, dependence, and emotionality. Such accents in behavioral strategies of patients with neuroses as a choice by women "suppression of emotions" (use of this strategy is more typical for men what is associated with sex-role and cultural peculiarities of upbringing because in Russian society manifestation of emotions by men is interpreted as a weakness) and by men "embarrassment" (as a non-constructive strategy of coping) along with "active avoidance" and deprivation of adaptive strategy "optimism" testify to trend toward replacement of traditional sex-role position.

One of reason for high level of anxiety characterizing patients with neurotic disorders is presence of existential fears. Their essence always bears cross-cultural character; especially exactly their irrationality is manifested in ethnocultural specific of Slavic mentality for which prevailing of emotional perception of reality with relevant need for immediate affective response to psychogenic impact is typical.

Summing results of clinical methods of investigation, psychological scales, study of color preferences and color perception we have revealed some regularities typical for patients with neurotic disorders. Taking the object for study namely early forms of neurotic disorders, forming pathology we have recognized absence of significant differences in various forms of neurosis, however, reliable differences have been fixed during comparison of sexes.

We have identified color models of formation of neurotic disorders – totality of color preferences, clinical and social-psychological characteristics.

In women from color preferences we have distinguished predominant choice of violet in test of Luscher and predominance of negative spectrum of emotions, high level of indices (computerized color-bio-modeling) revealed with account for analysis of perception of color. Clinical picture is characterized by symptoms of basic forms of neurotic disorders. We have revealed reliable ($p < 0,01$ during $t = 5,03$) predominance in women of pathology of neurotic spectrum in relation to pre-nosological forms. From psychological; characteristics – high or middle level of anxiety, high level of tension of psychological defenses – "denial", "reactive formation", "repression", "regression", use of non-adaptive coping-strategies in emotional domain.

For men typical is predominant choice of brown, black in test of Luscher, broadening the range of negative spectrum of emotions, high level of indices (computerized color-bio-modeling). Clinical characteristics are characterized by symptoms of basic forms of

neurotic disorders. From psychological characteristics – high or middle level of anxiety, high level of tension of psychological defenses "intellectualization", "substitution", "projection", "denial", "reactive formation", "repression", "regression", use of non-adaptive coping-strategies predominantly in behavioral domain.

Color models served as a basis for creation of programs of color-correction and color-therapy.

Complex characteristic of patients with early forms of neurotic disorders including clinical picture, psycho- and sociometric scales allows finding individual approaches in therapy and prevention of indicated states for able-bodied population, various social groups. Presence in complex of methods of computerized color technology allows visibly characterizing basic or situative state of the patient, broadening the approaches of complex non-medication of early forms of neurotic disorders. We are planning dynamic investigations characterizing formation and dynamic of neurotic process in patients of various nationalities living on the territory of Siberia.

A Qualitative Study to Inform the Design of a Culturally Tailored Intervention for Persistent Postnatal Depression in British Women of Pakistani Origin

S. Khan *(UK)*, K. Lovell *(UK)*, N. Husain *(UK)*

Introduction

Postnatal depression/Maternal depression is a treatable disorder (Cooper & Murray, 1998), with the majority of depressive episodes after childbirth resolving spontaneously within 3-6 months (Cooper et al., 1991). However, a subset of women remain depressed beyond the first postnatal years, and research has linked depression during the child-bearing years to chronic depression (Cooper and Murray, 1995). Depression in the child bearing years contributes to relationship disharmony, domestic violence, neglect, separation, divorce, and may interfere with the positive environment needed for the successful transition to parenthood (Nettelbladt, Uddenberg et al. 1985; O'Hara 1986; Gruen 1990; Boyce 1994; Webster, Thompson et al. 1994; Fatoye and Fasubaa 2002; Leung, Kung et al. 2002). Based on current research, the strongest predictors of persistent postnatal depression are experience of depression during pregnancy, a previous history of depressive illness, recent experience of a stressful life event and those who perceive they have low social support (Robertson et al, 2004). Mild to moderate depression can be treated with talking therapies, such as Interpersonal psychotherapy (Spinelli et al, 2003) and cognitive behaviour therapy (CBT) (Appleby et al, 1997), and more severe depression can be treated with antidepressants (Wisner et al, 1997).

According to the National Institute of Clinical Excellence (NICE) guidelines (April 2007) women who develop a mental disorder during pregnancy or the postnatal period, should be given culturally sensitive information at each stage of assessment, diagnosis, course and treatment about the impact of the disorder and its treatment on their health and the health of their foetus or child.

According to demographic data from the Census in 2001 (National statistics online), the Pakistani population comprising 747,285 (1.3%) out of the 59 million, is one of the largest ethnic groups living in the UK. Studies on depression in Pakistani women date back to two decades. There are many barriers to accessing healthcare services for Pakistani women, whether is a reluctance to acknowledge mental illness due to perceptions such as "madness is incurable" Qureshi (1988), or the effect of cultural differences in the expression of depression, or language barriers (Fenton and Sadiq., 1990),.

A considerable number of studies have been conducted on depression in Pakistani women in general. However, to date, only a single study has looked into the effects of postnatal depression in Pakistani women living in the UK, and no study has looked at persistent postnatal depression.

Previous research in to both depression and persistent postnatal depression has almost exclusively considered Caucasian females and their experiences. The experiences of other ethnic groups, in particular South Asian depressed women (specifically Pakistani women) within the UK has not been thoroughly researched. These

women have different illness perceptions and therefore may have a poorer response to current treatments. Few studies have attempted to examine the role of eastern cures for depression (Wood, 2007), or to treat depression in Pakistani women living in Pakistan (Rahman, 2008). The SITARA study is one of the first of its kind to use a psychosocial intervention for the treatment of depression in Pakistani women living in the UK (Gater et al in preparation).

There is a clear need for treatments that are culturally tailored. The experience of immigrant womens need to be considered, as their interactions with, and access to, health care services, and opportunities for social networks and support may differ significantly from other groups. It is important to develop and evaluate treatments that can prevent the persistence of depression. Many women receiving antidepressants are unaware of psychosocial interventions. Previous studies have largely neglected the treatment received by Pakistani women living in the UK, whereas this study will examine the treatment of persistent postnatal depression of these participants.

This study intends to collect qualitative data from patients on their experiences of previous treatment for depression in the childbearing years. In order to further investigate this area qualitative interviews and questionnaires were used. Previous qualitative interviews with Pakistani women have provided some information for the persistence of depression, however further information was collected in the qualitative interviews and during the intervention.

Objective

The primary aim of this qualitative study was to undertake qualitative interviews to develop a knowledge base for the design of an intervention. Information from participants regarding underlying themes relating to their depression, past experiences of treatment of their depression, and their thoughts on a design for future intervention in the treatment of depression in the child bearing years was collected. This first phase would be used to develop a knowledge base for the design of an intervention to be delivered later.

Methods

Design

15 British women of Pakistani origin with persistent postnatal depression (up to 3 years) were recruited to take part in the study

Inclusion/Exclusion Criteria

British women of Pakistani origin, and over the age of 18, who meet the criteria for mild to moderate depression, following 2-3 years after birth. Exclusions will be women with diagnosed physical or learning disability or post-partum or other psychosis.

Ethical Approval

Ethical approval was granted by the local NHS research ethics committee. Written, informed consent was obtained from all the participants.

Qualitative Interview Format

The interviewer (SK) conducted the one-to-one semi-structured interviews, and the qualitative research was supervised by KL. The interviews were conducted in the homes of the participants, lasting approximately between 40-90 minutes. Following interviews, new questions were added to the topic guide which emerged as a result of the themes raised by the participants. All interviews were recorded using a Dictaphone and transcribed verbatim.

Results

Preliminary results from the qualitative interviews

- The participants were asked about the causes of their depression. The following themes were identified:
- Marital problems (being one of the main causes)
- Social isolation
- Loss of hope and future aspirations
- Poor physical health
- Lack of social support
- Past traumatic events (bereavement/ abortion/ previous marriages/ rape).

When further probed about the maintaining factors of depression, low self esteem was found to be the most prominent factor. Other causes were lack of self confidence and motivation and living in fear of past events and their punishment from God, and persistent guilt. The guilt was due to neglecting elderly parents and other family members, neglecting wifely duties, suffering in silence, having gone through an abortion, rebelling against parents and not being a good mother.

The main symptoms of depression were overeating, persistent guilt, poor standard of concentration, constant crying and agitation. Overall, help was not sought by a majority of the participants. When sought, the only source of help contacted was the GP. All of the fifteen

participants were given anti depressants. However, antidepressants were not generally complied with. The general opinion towards antidepressants was that they are addictive, cause drowsiness, not seen as the solution as the causes remain; "they just numb the pain, and transform people into robots".

Participant Expectations

Psychological help was welcomed by most of the participants. The general consensus was for group treatment. Most of the women felt it would help reduce social isolation and allow them to form new friendships with women who are in a similar situation. However, some women were hesitant to talk about their private affairs in front of unknown women and so preferred to be seen individually.

The type of help that was asked for was centred on confidence building, improving self esteem, emotional support, learning ways of relaxing, managing thoughts in a more positive and productive way. Women who were going through marital problems wanted marital therapy, however all were in agreement that the husbands would not welcome the idea and dismiss any kind of psychosocial help. Talking about problems was also seen as a cure in itself. It was identified as a way of 'lowering the burden of your chest'.

The barriers identified to attending any kind of treatment sessions were stigma attached with mental health; therefore suggestions made to lower the stigma were regarding the approach to the treatment. It was suggested the treatment should incorporate a holistic approach with the mind body connection and the name of the intervention should reflect this. Lack of childcare is also seen as a barrier and attention should be paid to the practicalities regarding time restrictions. Therefore the sessions should take place in the mornings, with crèche facilities for babies and toddlers. It was emphasised that the person providing the intervention should have some knowledge of the Pakistani culture.

Summary of preliminary data

The qualitative interviews in this 1st Phase were conducted to in order to find out the type of intervention which would be feasible and culturally appropriate for persistently depressed British mothers of Pakistani origin. We tried to gauge the most suitable ways of delivering the intervention in terms of the setting, the name, the content, the duration, and the approach. Therefore the persistently depressed women showed an interest towards a more holistic approach to the treatment of depression. An intervention would need to be based on the principles of Cognitive Behaviour Therapy. The qualitative interviews showed a lack of empowerment in these women, both very low self-esteem and self confidence.

Currently the pilot intervention, a CBT based intervention for persistent postnatal depression in British women of Pakistani origin is being delivered.

Aspects of Psychotherapy of Patients with Comorbid Borderline Mental and Gastrointestinal Disorders in Siberian Region

A.K. Kostin *(Russia)*, V. Semke (Russia)

Psychotherapy is an integral part of complex treatment of psychosomatic disorders of digestive system. We use individual intensive integrative approach that always includes utilization of ethnocultural features of the patient, religious and cultural beliefs, and traits of the nuclear family. As it is well known, family factors are a main origin for development of patient's personality. In our investigation we examine structure of patient's family, abnormal patterns of upbringing, interrelationships between its members. We examined 150 patients (53 men, 97 women), middle age 40,4±4,5 years with peptic ulcer or/and irritable bowel syndrome. We found abnormal patterns of upbringing in 92,7% patients with psychosomatic pathology of gastrointestinal tract: the predominant types for the patients with hysterical personal traits were «idol of family» and «Cinderella» (39%, 15,9%; $p<0,05$), in patients with the other personal structure most common were types hypocustody (37,8 %) and combinations of abnormal patterns

of upbringing (18,9 %), (p<0,01). Most patients (62,0%) lived in a family with both parents, in 25,3% of cases parents were divorced, in 10,0% patients were brought up by one parent, in 2,7% of cases patient was brought up by another relative. Family with changed structure was identified in 6,0% cases – mother became a leader of the family that was characterized by traditions, hierarchy. Relationship between parents in 58,0% of cases was "serene and kind", in 28,0% children grew in atmosphere of frequent conflicts, in 3,3 % - systematic scandals, in 10,7% "serene, but cold". This factors help us to develop therapeutic process in a way of cooperation and mutual understanding, allows us reaching a complete recovery in 74,0% of cases and preventing re-hospitalization.

Depression among women living on the outskirts of urban centers in Brazil

D. Martin *(Brazil)*

This paper aims to discuss depression among women living in poor urban communities on the outskirts of Brazil. Depression seems to become especially important for Brazilian women living in urban areas once they are properly diagnosed as having this mental health problem or they simply acknowledge having this disorder based on vulgar information, regardless of whether there is a correlation between signs and symptoms. One approach to understanding female vulnerability to depression is to analyze the issue within its cultural context.

The experience of depression may be understood with relation to the cultural environment in which people are immersed (Manson, 1995). In Brazil, the study of depression focusing on the cultural context of women who suffer from the disorder is still relatively recent.

The present text aims to show the living conditions of women with a diagnosis of depression, focusing on the understanding of the disease in relation to local morality. The study was set up on the urban outskirts of Brazil's largest city, where poverty, social exclusion and violence coexist. This particular study setting resembles closely the outskirts of other big cities in Brazil with the same aforementioned conditions.

The study was conducted in Embu, a town located in the city of São Paulo metropolitan area (which has a total population of 19,058,889 inhabitants), 27 km from São Paulo's downtown (Martin, Mari & Quirino, 2007; Martin, Quirino & Mari, 2007a).[1] Embu is a tourist town characterized by crafts fair and the presence of artists who live and work in town, being also known as Embu das Artes. Except for this specific place, the surrounding neighborhoods are very poor. In 2004, Embu had a total population of 232,165 inhabitants and a rate of urbanization of 100%. Most of the houses in the city are small with concrete facing and were built by the owners themselves; there is also a great number of clandestine buildings and favelas. In 2003, the local homicide rate per 100,000 inhabitants was twice as high as that of the State of São Paulo as a whole (71 and 36, respectively) (SEADE, 2005).

A qualitative study was performed, including a dense ethnographic observation and in-depth semi-structured interviews (Oliveira, 1996). Sixteen interviews were conducted with women diagnosed with depression (F32 and F33, ICD-10 - World Health Organization, 1997) seen at a primary health care facility in Embu. The data collection was performed between August 2002 and January 2003 at the primary health care facility located in Jardim Santo Eduardo (the poorest area of the town), which provides psychiatric outpatient services. All women interviewed lived in Embu, were referred to a psychiatrist, were receiving treatment for depression (dually diagnosed), and were prescribed antidepressant medication. The interviewees aged between 20 and 57 years (mean age, 26.5 years). All of them had children and a low schooling

[1] *This study was conducted by the Department of Psychiatry of Universidade Federal de São Paulo.*

Dr. Denise Martin has received grant/research support from the State of Sao Paulo Research Foundation (FAPESP - Protocol number: 00/03329-3).

level.

Although all patients accepted the diagnosis of depression, they had not apprehended the real meaning of the disorder. They were usually unaware of the development of the disorder, as well as of a probability of cure. Some had already been diagnosed with depression by a health professional (cardiologist, gynecologist) in a previous occasion and were started on sedatives. Despite the lack of accuracy, all patients accepted this medical diagnosis as if, because the psychiatrist "named" their suffering, the disease would be legitimated.

The causes of depression

The interviewees had several explanations for its causes. The onset of depression is related to stressful life events, most of them due to external causes related to the environment in which they live, such as: unemployment, financial difficulties, victimization or witnessing murders, arrested relatives, and presence of drug traffickers and users. Other causes are related to their private life, such as: death of relatives, aggressions, partner's cheating, and alcoholism.

The term depression seems to be suitable for most of the life events described by these women, and may play a role in shaping their suffering experience. They are not to blame for their suffering. They are victims of a violent and increasingly unequal society.

Violence on daily life and gender relations

Ethnographic observation and interviews revealed that there are a small number of places available for leisure activities. Besides, since there is no urban planning, the few activities carried out in this area are often focused on the neighborhoods; however, neighborhood friendship ties are rare.

All interviewees reported a frequent and close contact with drug trafficking and, consequently, with the violence resulting from this activity. All participants reported the fear of having their children involved with crime, of walking in the streets late at night and of their neighbors in general, who might be criminals. The defensive routine of these women involves, basically, staying within their homes. Within this context, the scarce sociability of these women becomes evident.

Another important aspect was the inequality of gender relations. The interviews showed that the relationships of these women with their partners were marked by submission. Most women were economically dependent on their husbands, though the responsibility for raising the children was theirs. The interviewees complained about alcoholic husbands, about having to take care of everything by themselves (house, work and children), about the partner's aggression to them or their children, and lack of dialogue. Domestic violence is much cited in the literature (Giffin, 1994), and some studies have already associated domestic violence with mental disorders (Fischbach & Herbert, 1997).

Thus, when these women talked about the causes of depression, they were actually talking about daily suffering of poor people, gender inequality, domestic violence, poverty, unemployment, as well as close contact with drug traffickers and users. We can observe a displacement of understanding on the disease: from a biomedical conception, based on symptoms, toward a local conception, strongly rooted in experiences from the context in which the sufferers live.

True and false depression

Close family members, relatives and neighbors also reported their justifications for these women's experience with depression. The expression "depressed woman", in this place, had two meanings:

True depression: when the woman suffered a loss (for example, a murdered child), this suffering was recognized as true by the community. In these cases, the family and the community cared for and supported the woman in her suffering.

The children of the women interviewed died of different causes: drowning, murder, accident, etc... The fact that the mothers were ill was then understood and even justifiable from a community viewpoint: they were victims of a violent and unjust society. The disease was a consequence of the suffering they have undergone, thus they were supported by friends, relatives and neighbors. Some situations yielded only a partial support, since only a few people could understand these women's suffering.

For some people, being depressed depended on these women's personal will; therefore, their attitude was morally reprehensible. This latter perception of the disorder leads to another concept of depression, considering it as an illegitimate suffering or leading to wrong conceptions of madness. It was considered as a "false depression".

Our interviewees revealed remarkably difficult life experiences, such as relationship issues with their partners, who showed a particularly violent behavior, and problems with the local drug trafficking, also marked by extreme violence and

cruelty. Despite all the reasons above mentioned, these women's psychological suffering was not always acknowledged as a disease by the neighbors. Their condition was often described as laziness, madness or excuse. They did not receive support from relatives and acquaintances and were often lonely sufferers. In this case, depression was considered a moral issue, not a disease.

Kirmayer (1989) showed that a persistent disease is evidence of a failure in the control of emotions. If this is an involuntary failure, the person may be morally judged as not guilty, but mentally weak. Women whose "true depression" was acknowledged were not condemned by their behavior. As for women with "false depression", they were not mentally weak, since their failure in the control of emotions was considered voluntary, i.e., they were considered to have sought the problem they were experiencing, thus they deserved to be in such condition.

Conclusion

Depression goes beyond the pathological notion defined by biomedicine and allows comprising all the negative events of daily life. In the present case, these negative life events are expressed through the contact with criminality and drug trafficking, domestic violence and unequal gender relations. Effects are far-reaching, but a perspective on improvement is lacking. In face of that, daily suffering is hidden by a legitimate practitioner (the psychiatrist) who ends up justifying such suffering.

The focus moves from the undesirable life toward the disease explained by the psychiatrist, allowing a new experience by taking medication to soften suffering, since drug therapy appears as an objective approach to these women's suffering. When they simply talk about the disease, the objectivity of the treatment seems quite abstract, since they feel they are trying to find explanations which might justify, although without changing, their daily suffering.

The idea of depression embedded in common sense reveals the plasticity underlying the use of this term, both by the women, who attributed their suffering to their difficult life, and by the community, which morally judged these women who reported themselves as depressed.

The epidemiological data show an increase in local and international levels of depression. In Brazil, women from urban outskirts are likely to live in conditions very similar to those described in this study, if not in worse ones.

In the present study, depression justified all the misfortunes endured by the women interviewed, redefining a whole experience marked by suffering. Thus, it seems possible that in other settings, with a similar population and living conditions, depression may also occupy this significant place, the expression of a social drama.

References

Fischbach R, Herbert B. Domestic violence and mental health: correlates and conundrums within and across cultures. *Social Science and Medicine*, vol.45, n. 8: 1161-1176. 1997

Giffin K. *Violência de Gênero, Sexualidade e Saúde*. Cad. Saúde Pública, Rio de Janeiro. 10 (supl. 1): 146-155. 1994

Kirmayer LJ. Cultural variations in the response to psychiatric disorders and emotional distress. *Social Science and Medicine* 29: 327-339, 1989

Martin D, Mari J, Quirino J. Views on depression among patients diagnosed as depressed in a poor town in the outskirts of São Paulo, Brazil. *Transcultural Psychiatry* 44: 637-658, 2007

Martin D, Quirino J, Mari J. Depressão entre mulheres na periferia de São Paulo. *Revista de Saúde Pública / Journal of Public Health* 41: 591-597, 2007

Oliveira RCO. O trabalho do antropólogo: olhar, ouvir, escrever. *Revista de Antropologia*, São Paulo, USP, (39), 1: 13-37. 1996

Organização Mundial da Saúde. *Classificação de transtornos mentais e de comportamento da CID-10: referência rápida*. Trad. Gabriela Baldisserotto. Porto Alegre, Artes Médicas. 1997

SEADE (Sistema Estadual de Análise de Dados Estatísticos). Informações dos Municípios Paulistas.. Available from: www.seade.gov.br/produtos/perfil/index.pHp. 2005

Study of Motivational Levels in Relation to the Use of Psychoactive Substances and Spirituality

A. Martins de Souza Gonçalves (*Brasil*), S.C. Pillon (*Brasil*)

There are evidences of the relationship between spirituality and health and also that the

exercise of spiritual dimension has potential to stimulate positive changes among users of alcohol or other drugs, in the rehabilitation process. This study aimed to evaluate the relationship between spirituality and motivational levels (Transtheorical Model) among individuals who make harmful use or are dependent on psychoactive substances, in treatment or members of a group of mutual-help, and evaluate the performance of translated and adapted version of Spirituality Self Rating Scale (SSRS). The methodological design of the study is made on transversal type. A questionnaire was drawn up, containing sociodemographic information and motivation and spirituality scales - URICA and SSRS, respectively. The sample consisted of 138 (69%) males. Participating users were linked to a group of AA, a service of CAPS-ad and three Therapeutic Communities (evangelical, catholic and without religious ties). Amidst the results, it was found that the respondents had an average age of 39 years, catholics 71 (51.4%) and practitioners 83 (60.1%). The majority answered that the consumed psycoative substance for the last time was alcohol 65 (47.1%) and 49 (35.5%) use or used psychoactive substances for over 10 years, all or almost all day 90 (60,2%). The SSRS scale showed good index of reliability, with overall alpha of chronbach 0.8333, ranging from 0.7028 to 0.8878. There was no statistically significant relationship between spirituality and religious aspects. Most 84 (60.8%) considers spirituality different from religiosity. The motivational stages that showed association with spirituality were pre-contemplation, action and maintenance, through linear multiple regression analysis. The results make us reflect that the exercise of spiritual dimension in each stage can be considered to stimulate the individual to succeed in the process of behavior changing, in relation to the use of substance and rehabilitation in various contexts.

The scale SSRS can be recommended for use, despite its limitations. We conclude that there is a need of successive assessments of the processes involving the aspects of spirituality, in context of treatment and motivation in the behavior changing, in relation to abuse and dependence of psychoactive substances.

State of Mental Health and Personality Features of Women at Reproductive Age with Gynecological Pathology in Slavic Population

R.F. Nasyrova *(Russia)*, I.E. Kupriyanova *(Russia)*, L.S. Sotnikova *(Russia)*

Relevance

Nowadays interaction of social and natural factors, powerful man-made pressing on functional systems of the organism create substantial preconditions for worsening the health of the nation. The most threatening manifestations of crisis of demographic situation in Russia is depopulation reflecting in exceeding mortality above birth rate, in substantial reduction of quantity of able-bodied population and finely in weakening spiritual-moral potential (Semke, 1999, 2003). From these positions health of women is a significant compound of societal health.

It is very relevant that under contemporary conditions of intense burdens, intense rhythm of life, broadening the spheres of professional activity in association with continuous growth of social, economic, ecological, man-made and personality extremality the most typical mental state of women is stress. As a result of stress-induced reforms of nervous, endocrinal and immune systems a generalized influence of psychopathological symptoms on physiological homeostasis of the entire organism of a woman and especially her reproductive system emerges. It is very essential that at present major predisposition of women to depressive and anxiety disorders has been proved; in addition, neurotic disorders flow in them heavier and end with disability more often than in men. Along with this social-economic factors appear to be very relevant against the background of biologically conditioned pattern of decrease of resistance to stressor factors, increased sensitivity to minimal psychotraumatic impacts conditioned by social-everyday adaptation of women (Shevchik et al., 2002; Davydov & Lavrova, 2004; Sport, 2007).

Stratification of emotional stressful states in totality with genetic predisposition evokes psychosomatic disorder in reproductive system. In this association, it is important to note that among somatic diseases accompanied by mental disturbances gynecological pathology occupies significant positions (Mendelevich & Mendelevich, 1993; Semke, 1999; 2003; Bitzer, 2003). At present there is a concept of psychosomatic nature of gynecological diseases (Chandra & Ranjan, 2007; Neises, 2001). The basis of psychosomatic pathology is disturbance of mental adaptation and first of all interrelationship of somatic and mental state.

Aim of research

Study of psychopathological and personality features as well as quality of life in women at reproductive age with gynecological pathology of Slavic population.

Materials and methods

Object of research were 500 women at reproductive age (from 18 to 45 years) with gynecological pathology from Slavic population, average age has constituted 32,33±1,38 years. Distribution of gynecological pathology was as follows: N 70 inflammatory illnesses of ovaries - 140 (28,0%) women; D 25 leiomyoma of uterus – 110 (11,2%); N 80 endometriosis – 90 (18,0%); N 91 – absence of menses, scanty and rear menses 56 (11,9%); N 92 – excessive, frequent and irregular menses - 104 (20,8%).

The investigation used clinical-dynamic and clinical-catamnestic methods as well as the following psychological methodical tools: scale of level of reactive and personality anxiousness of Spielberg-Hanin, scale of alexythymia (TAS-26), Hamilton Anxiety Scale (HAS), scale of diagnosis of aggression of Bass-Darky (BDHI), scale "Rose of quality of life" (Gundarov, 1995), Social Adaptation Scale (Holmes & Rahe, 1967). Results of the investigation have been processed with standard kit of programs Statistica for Windows (2000, version 6.0).

Results and discussion

Analysis of level of mental health of women at reproductive age with pathology of reproductive system in Slavic population has allowed to distinguishing great percent (72%) of comorbid borderline mental pathology. In these female patients in clinical structure of mental disturbances symptoms of neurotic register dominated. According to diagnostic criteria of ICD-10 revealed mental disturbances included 4 clusters: neurotic, stress-related and somatoform disorders (F40-48) have been revealed in 51% of examined women; affective, predominantly of depressive spectrum (F32-34.1) – in 39%; personality disorders and behavioral disorders at mature age (F60-61) – in 6% and behavioral syndromes associated with physiological and physical factors (F50-52) – in 4%.

Distribution according to Nosology within every register was as follows. In cluster of "neurotic, stress-related and somatoform disorders" there were agoraphobia (F40.0) in 2%, social phobias (F40.1) in 2%, generalized anxiety disorder (F41.1) – in 2%, mixed anxiety and depressive disorder (F41.2) – in 15%, adjustment disorder (F43.2) – in 10%, hypochondriac disorder (F45.2) – in 5%, somatoform dysfunction (F45.3) - in 2%, neurasthenia (F48.0) – in 12%. The group with affective disorders was entered by patients with depressive episode of mild degree (F32.0; 15%), depressive episode of middle degree (F32.1; 12%), depressive episode of severe degree without psychotic symptoms (F32.2; 4%) and recurrent affective disorder of mild degree (F33.0; 8%). The third group included patients with personality disorders and behavioral disorders at mature age: hysteric (F60.4; 2%), anxiety (F60.6; 2%) and mixed (F61.0; 2%). In group of women with behavioral syndromes associated with physiological disturbances and physical factors, in 2% of cases we observed orgasmic dysfunction (F52.3), in 2% - dyspareunia of non-organic origin (F52.6).

Contemporary economic-political, social-psychological and ecological factors form stressful impact on the woman (Semke, 2003; Simalenkova, 2008). In women from Slavic population with pathology of reproductive system degree of stressful burden has constituted 261,11±11,87 scores according to scale of T.H. Holmes and corresponds critical level of resistance to stress. Analysis of sources of stress has demonstrated dominating position (62%) of familial stressors (divorce or separation of spouses without official registration of the divorce, reinforcement of proneness to conflict of relations with the spouse, problems with relatives of the husband, problems with children). Less significant role was played by problems at work and non-satisfactory housing conditions (45% and 28%, respectively). In one third of examined we have detected combination of various psychotraumatic factors prolonged in time. Evaluation of degree of severity of psychotraumatic events has revealed that severe stressful situations have constituted 21%, in other cases there was mental trauma of middle degree

of severity that also on opinion of the women "reflected" on state of her health. This fact demonstrates conditionality of mental disorders including environmental factors (predominantly psychogenias).

Stress is always associated with experience of potential threat in totality with cognitive assessment of relevant personality resources as insufficient for its overcoming. In this association dominating and obligate element of stress is anxiety that acts as one of the important links of pathogenesis of somatic disorders. Average group index testified to predominance of moderate level of anxiousness in these female patients and reached in average 18,95±1,03 scores according to Hamilton scale (HAS). The greatest incidence and severity in structure of mental disturbances were reached by mental anxiety (in average in group – 11,34±0,56 scores). Among symptoms of mental anxiety the highest indices have been documented according to parameters: "anxious mood" (2,34±0,23 scores), "depressive mood" (1,89±0,18 scores) and "tension" (1,93±0,16 scores). Neurovegetative cluster of anxiety was also high and has constituted 2,96±0,18 scores. Somatic manifestations of anxiety were significant and have constituted 7,23±0,52 scores.

Personality features of examined women were characterized by presence of severe anxious radical (in average in group - 48,76±1,35 scores). High induces of personality anxiousness demonstrate presence of a neurotic conflict. In addition, we have registered high indices of reactive anxiety (43,51±1,29 scores) in examined female patients. Obtained data demonstrate selective sensitivity and predisposition to stressor impact in examined women.

Alexythymia contributes substantially to manifestation of psychosomatic disease due to pathogenetic relation with adaptive possibilities of the organism against the background of stress. Investigation of alexythymia as a personality trend able to determine exhaustion of means of self-regulation and rigidity of adaptive-regulator mechanisms has documented "intermediate" values of this index in this contingent (68,12±1,38 scores according to scale TAS). In examined alexythymia bears secondary character and is conditioned by fear against emotions and strive to their blocking.

Aggression and hostility are psychological; factors that are associated with state of somatic health. Study of level of aggression in women with diseases of reproductive systems from Slavic population has documented the following predominating forms of aggressive behavior: feeling guilty (74,35±3,91% according to scale BDHI) and insult (68,57±3,25%), what demonstrates presence of restrained aggression and suppression in herself of reaction to frustrating outer impact. High index of hostility (12,08±0,43) during comparatively low index of aggressiveness (16,10±0,97) positions hostility as socially accepted way out thanks to mechanism of somatization. In indicated aspect of interest are data of correlation analysis that has shown positive associations of index of hostility with severity of vegetative disturbances ($r=0,47$ during $p<0,0001$), level of alexythymia ($r=0,43$ during $p<0,005$), anxiety ($r=0,38$ during $<0,05$), and in particular, its mental compound ($r=0,37$ during $p<0,05$), personality ($r=0,46$ during $p<0,0001$) and reactive ($r=0,35$ during $p<0,05$) anxiousness, as well as negative associations with subjective evaluation of satisfaction with health ($r=-0,52$ during $p<0,0001$) and spiritual needs ($r=-0,39$ during $p<0,05$).

Mental and physical health is interrelated with quality of life. Quality of life is a sociometric characteristic and possesses quantitative indicators characterizing degree of adaptation of the personality. Of greatest vulnerability in these women were criteria "health" (1,59±0,08 scores), "inner peace" (1,72±0,09 scores), "rest" (2,03±0,14 scores) and "sexual life" (2,21±0,09 scores). Enough logical in our opinion are revealed correlation associations between criterion "inner peace" and subjective evaluation of parameters "work" ($r=-0,37$ during $p<0,0001$), "sexual life" ($r=0,36$ during $p<0,05$), "rest" ($r=0,38$ during $p<0,05$), "material position" ($r=0,36$ during $p<0,05$), as well as correlations between criteria "sexual life" and "work" ($r=-0,34$ during $p<0,05$). Interpreting this fact it should be mentioned that notion of mental and physical health as an indicator of adaptation depends not only on peculiarities of stressing situation and personality characteristics of an individual but also on appropriateness of used model of coping with frustration. Presented data demonstrate priorities of social success in examined women to the prejudice of stability in somatic sphere.

Conclusions

Comorbidity of borderline mental disorders and gynecological pathology complicating severity of state of women from Slavic population decreasing adaptive abilities substantially worsen quality of life and efficacy of therapy. Obtained data ground necessity of creation of highly effective therapeutic and preventive strategies, used in these disorders inn psychiatric and

gynecological practice. Developed differentiated preventive, therapeutic, rehabilitative psychopharmacological and psychotherapeutic programs of correction of mental disturbances in women with reproductive system pathology from Slavic population will allow improving social and clinical prognosis substantially heightening quality of rendered medical assistance.

Investigation has been performed within Grant of President of Russian Federation for state support of young Russian scientists (№ of Grant MK-3743.2008.7).

Clinical Peculiarities of Late Depressions Comorbid with Dementia in Persons of Slavic Nationalities

S.S. Odarchenko *(Russia)*

Problem of depressive disorders in later life is one of the most relevant problems of the contemporary psychiatry. In multiple scientific investigations of recent years, high level of associated forms of affective pathology of later life has been shown. During significant number of investigations concerning various sides of the problem of affective disturbances, issues of age pathomorphosis have drawn comparatively little attention. Comorbid correlations in late depressions have been studied insufficiently. Role of age, personality and ethnocultural factor in formation of pathology is considered unilaterally, without account for significance of biological and social-psychological influences in this period. Variety of factors determining course of depressions of later life actualize problem of their not only psychiatric, but also somatic and neurological comorbidity. During increase of age against the background of forming intellectual-mnestic decrease as we as dementias of Alzheimer and non-Alzheimer type, affective disorders are found more frequently, and above mentioned processes of mental retardation substantially change the dynamic of these disturbances.

In order to study clinical peculiarities of late depressions comorbid with dementia we have examined 51 patients of Slavic nationality suffering from depressive disorders. Nosological distribution is as follows:

1. Dementia in Alzheimer's disease with yearly onset (F00.0.) – 5 patients (9,8%).
2. Dementia in Alzheimer's disease with late onset (F00.1.) – 9 patients (17,6%).
3. Vascular dementia with acute onset (F01.0.) – 7 patients (13,7%).
4. Multi-infarction dementia (F01.1.) – 6 patients (11,8%).
5. Subcortical vascular dementia (F01.2.) – 2 patients (3,9%).
6. Vascular dementia, not specified (F01.9.) – 6 patients (11,8%).
7. Dementia in Pick's disease (F02.0.) – 2 patients (3,9%).
8. Commotion syndrome F07.2.) – 14 patients (27,5%)

Introduced data show that mostly often in depressions of later life comorbid with dementia commotion syndrome is found. This, in our opinion, confirms accepted viewpoint about presence of remote consequences of craniocerebral injuries in the kind of little progressing atrophic process. The second in frequency cause of formation of similar states is Alzheimer's disease, with its frequency in women being higher than in men – 12 (23,5 %) and 2 (3,9 %) patients, respectively what corresponds to earlier obtained data about prevalence of Alzheimer's disease. The rest cases of dementia are associated with various variants of disturbances of brain circulation of atherosclerotic genesis. Only in two cases we could diagnose Pick's disease.

Despite of sufficiently broad spectrum of diagnostic rubrics comorbid with depressions of late life both dementia and affective disorders had a certain clinical similarity in all patients of this group. Here affective symptoms were determined by predominantly depressions of apathic and abulic character with intellectual-mnestic decrease and possible Dysphoric inclusions.

A peculiarity of depressive disorders in dementia was absence of depressive complaints of patients, this is why, signs of depression were identified based on objective rating – presence of lowered mood, loss of interests, decrease of activity, heightened fatigue, low self-esteem, pessimistic vision of the future. In two cases of depressions comorbid with dementia of

Alzheimer's type we have revealed suicidal actions. Inherent in depressive disorders lowered ability to concentration and attention is so typical fro degenerative process proper that it is impossible to regard it as manifestation of only depression.

Affective background in this group was characterized by prolonged (up to several weeks or months) decrease of mood. Patients noticed almost constant fatigue and depression, presence of hard thoughts, feeling of lack of any prospect of existence, difficulties in decision making, absence of feeling of joy, feeling of discomfort. During constantly lowered affective background separate episodes of getting deeper the depression were observed, that sometimes alternated with periods of relatively plain mood.

Severity of depressive syndrome in this group has been distributed as follows: mild depressive episode – 12 persons (23,5 %), moderate depressive episode – 34 persons (66,6 %), severe depressive episode – 5 persons (9,8 %). Depressive episodes of mild and moderate severity according to ICD-10 differed in degree of lowering of the mood and severity of other manifestations – heightened fatigue, loss of interests and ability to experience feeling of joy, low self-esteem, and absence of self-confidence; in moderate degree of depression we revealed ideas of guilt and self-humiliation, thoughts of death, sleep and appetite disorders. In clinical picture of severe depressive episodes in addition to described manifestations there were symptoms of motional restlessness reaching sometimes the degree of agitation however these symptoms carried short-term character.

Other symptoms of depression such as difficulty in fulfillment of social functions, household, professional difficulties may not be taken into account during identification of depth of depressive syndrome comorbid with dementia because cognitive disorders being obligate manifestations of dementia proper result in social-household disadaptation. Despite of that depressions in patients with dementia have not enough distinctive syndromal appearance, distinguishing various types of syndrome proved to be possible. As a whole, structure of depressive syndrome in the course of disease changed little, although representation of those or other depressive symptoms could fluctuate.

We shall mark that in a half of patients (26 persons – 50,9 %) we have revealed dysphoric inclusions in structure of affective disorders. Similar depressions had various halftones of emotional-behavioral manifestations. They were characterized by gloomy (monotonous or with some fluctuations) mood with submergence in to the circle of their own experiences, strive for seclusion, refusing of contacts. Grumbling affective background, non-satisfaction with the surrounding and malevolent toward them attitude were accompanied by not persistent complaints toward the nearest, recalling insults, ideas of references with reproaching of the acquaintances in insufficient attention, undeserved insults, forgiveness of their past merits and underestimation of their significance in resolution of family problems.

Gloomy mood periodically was interrupted by episodes of negativism and hostility and in some cases was accompanied by ideas of detriment and robbing. In some cases dysphoric affect reached the significant degree of severity and was accompanied by episodes of aggressive behavior with brutality. Dysphoric disorders carried a halftone of irritability and proneness to conflict: constant readiness to initiate conflicts resulted in quarrels with neighbors or with not acquainted people, and loud reproaching the surrounding was accompanied by swinging with arms, assault with fists, "insisting on their rights". All that could be accompanied by tears of hostile or helpless insult little systematized ideas of robbing and demands to return they say robbed things. However, we did not observed deep, prolonged psychotic disorders in this group. During development of dysphoric reactions in patients, senestopathic and phobic disorders, insult regarding insufficiency of attention and rendered assistance were actualized. In three cases we have noticed dysmorphophobic disorders in the kind of constant preoccupation about state of skin of the face, non-satisfaction with his/her face, fixed examination of it in the mirror, palpation of skin, frequent counseling and treatment.

In the other group of patients (25 patients) adynamic symptoms in the kind of apathy or asthenia prevailed. Apathic depressions (9 observations) were characterized by nasty mood, poverty of affective experiences, vacant stare, hypo- or amimia, hypodynamia, hypoabulia, absence of incentives, absence of initiative, absence or extremely difficultly revealed feeling of incapacity. In depressions with asthenic manifestations (16 persons) we noticed heightened fatigue, general weakness; patients lie in bed too long. Experiences had altruistic trend, in statements apologies for troubling, requests not to take care about the patient sounded, strive to attract attention to her/him was absent.

In parallel with depressive disorders in this group in 18 patients we observed confabulator

disturbances. They did not influence the state of affective background but sometimes confabulator ideas of robbing were accompanied by anxiety that was explained by imaginary disappearance of things or products of nutrition. In 16 cases against the background of depressed mood and anxiety, states of amnesiac confusion with disorientation in surrounding persons, place and time, insecure orientation in place and situation, motional restlessness, fussiness, search for relatives or lost they say things occurred. States of amnesiac confusion were usually preceded by change of stereotype of life, for example, during admission in hospital, move to new place of living, in cases of addition of somatic diseases.

In more that a half of patients (32 persons – 62,7 %) in the course of disease we noticed also deeper depressive disorders, however, their length did not exceed 2-3 days, and more often fluctuated from several minutes up to several hours. Sometimes, episodically repeated depressive and anxiety disorders flew against the background of not purposeful motional agitation. In other cases, behavior reflected strives to hide and run from the surrounding people or attempts to defend against imaginary threat, we noticed aggressive reactions and brutal actions. Such states could be accompanied by feeling of fear or horror.

Rough disturbances of memory and intellect made impossible any productive contact with the patient what complicated revealing of depressive symptoms proper and assessment of their role in structure of syndrome. As a whole, depressive disorders at this stage were determined by not deep apathoabulic symptoms without circadian fluctuations and by motor retardation. Against the background of leveling the personality features stereotypization and fade of affectivity as a whole occurred.

Trends of the Contemporary Family Development in Russia

V.P. Pirogova *(Russia)*, N.D. Bukreyeva *(Russia)*

Regular and occasional shifts in development of the society undermine foundations of traditional family, characterize directedness of familial life. Modern family differs from traditional one by social-demographic characteristics, socio-cultural problems, and psychological features. New quantitative and qualitative parameters of the family condition also specific of performed by the family functions, especially reproductive and educational ones.

Economic reforms, freedom of the individual activity change the society. There have been appeared the rich, the poor, the beggary, the unemployed. And if for former society types of family were typical such as family of a worker, family of a collective farmer, family of an intellectual, so in the contemporary society one can distinguish many new types: family of a millionaire, businessman, street sellers, an unemployed, where with traditional familial problems (upbringing of children, domination in the family) new problems of sociocultural, psychological plan appear.

Children in the family of businessmen have a sufficient material provision, much pocket money but often remain without care of adults, are deprived of spiritual-moral communication with parents due to absence in them of time. In the family of an unemployed there are their own problems: abrupt falling of the authority of the father in eyes of children, because he can not support the family and does not mean a strong man anymore. In the child feeling of security is destructing. In the family insecurity, fear for future fell. Of great interest are families of farmers where children earlier than in other family are involved into labor activity. Every new type of the family gives rise to their own specific problems.

In its development the family impetuously goes from many children to few children. After 1987 birth rate became to fall abruptly, death rate of the population became to heighten. Many childless families have appeared. Currently in Russia one-child family predominates. Family with few children, especially one-child one is unique. It has many difficulties and, first of all, associated with upbringing of a single child. Unigeniture negatively influences on the character of the child, on child-parental relations.

From the beginning of the 70-th distinctive trend of increase of number of children born beyond the registered marriage is observed. In 1970 every tenth newborn appeared beyond the marriage. In women up to 20 years every fifth birth – beyond the marriage. In the country number of extramarriage relationships has

increased, families of single mothers where one of the most important factors of upbringing is absent – father. High portion of extramarriage births is typical for Siberia, Chechen-Ingushetia.

New structure of the family is conditioned by exactly manifested processes of its nuclearization. From 50 to 70% of young spouses want to live separately from parents. On one side, this affects favorably the young family because in it adaptation to new roles, conditions of life goes quickly, dependence on parents is lesser, and this promotes formation of responsibility. But on the other side, such a family loses systematic help of parents especially in period of birth of the child when it is especially needed.

Nuclearization is typical for development of the family in the entire world. For example, English, American families are neolocal, i.e. adult children almost always are separate from parents. In the family process of egalitarianism of the family and democratization of intrafamilial relations between spouses, parents and children is observed.

Also other (alternative) families appeared. This is a family where a man having wife and children and supporting them at the same time has a mistress and also supports her. Both families know about existence of each other. Such a form of the family has obtained the name "family – concubinage". Families became often so where husband and wife live in separate flats. This is so called Goodwin-marriage.

Although in the modern family relations between husband and wife are built according to principle of interchangeability where rigid attribution of duties is absent, in it trend of traditionalism of family roles in their patriarchal meaning takes shape: attribution to woman of the role of only keeper of home, mother and father – role of breadwinner. This is associated with two moments: first, appearing in the society rich men can support their families and the wife becomes only housewife, second, reduction of the production first of all has an impact on women, having left them without work. Having closed everywhere children's preschool institutions are replaced fully by maternal care, area of service destructing is compensated by increasingly broadening home duties in women connecting them to family and taking away the entire free time.

Heightening of the general level of well-being of the society, adjusting all branches of the industry of consumption, perfection of children's preschool institutions and etc. will allow not going toward de-emancipation of the woman, forced traditionalism of the family. Thereby family must have all the conditions for free choice of form of its vital activity.

Analyzing vital activity of the family in the contemporary situation it is necessary to mention some formalization if family relations when family life is built on performance of duties without special mental expenses, when in family material problems are accentuated, when in communication of the family there is not warmness, care, attention. Formalization of relations is accompanied by emotional rejection of parents from children that manifests as moral-psychological opposition of fathers and children.

Family in Siberia reflects cultural style of life of that ort another scanty people.

According census of All-Russian center of study of public opinion, 65% of asked have mentioned that basic role in their family is played by their family. 26% have called this role of the family sufficiently significant.

Family in life of the person is one of major values.

Regional and Ethnic Features of Non-Psychotic Mental Disorders in Patients Exposed to Minor Doses of Radiation

V.A. Rudnitsky *(Russia)*, V.Ya. Semke *(Russia)*

In group of participants in liquidation of the accident on Chernobyl atomic power station we have identified organic non-psychotic mental disorders overlapping with somatic diseases and immunologic disturbances. In that cohort of patients we revealed prominent level of social disadaptation, decreased life duration and quality. Climatic and geographic conditions of Siberia, regional man-made and environmental troubles, adverse social and psychological situation in this group of patients worsened course of mental disorders. In patients from Caucasian and Asian ethnic groups we revealed more stabile structure of social interrelationships, as a sanogenic

resource (stable families, professional environment), that result in higher level of social adaptation and more favorable clinical dynamic of mental disorders. In patients from other ethnic groups in case of stable social connections course of disorders was more favorable. We developed programs of rehabilitation, consisting of psychopharmacological, psychotherapeutic, physiotherapeutic and immunorehabilitative complex. We used individualized approach by means of grouping patients with the same clinical, constitutional, biological and social and psychological traits, with assessment of pathogenic and sanogenic resources. Social activities in this group of patients were very important. Activities of medical and social care will promote more effective rehabilitation and allow increasing quality of health care to patients exposed to minor doses of radiation.

Benefits of Religious Coping Differ by Genes and Culture. An Analysis of Serotonin Receptor Polymorphism 5-HTR1A in European Americans and Koreans

J. Sasaki *(USA)*, K. Heejung *(USA)*

The way people use and benefit from religion may be impacted by both genetic and socio-cultural factors, as well as the interaction of genes and culture. Specifically, research suggests that the use and benefit of religious coping may vary depending on group membership (Sasaki & Kim, 2009), and recent contributions in gene-environment research suggest that genetic predispositions to stress reactivity (e.g., having two G alleles in a serotonin receptor polymorphism called 5-HTR1A; Huang et al., 2004) may also play a role in how religion helps people to cope. For example, research has shown that African Americans have higher levels of religiousness than European Americans (Pargament, 1997), and religious involvement also seems to be related to well-being for African Americans more strongly than for European Americans (Ferraro & Koch, 1994; St. George & McNamara, 1984). One proposed explanation for this finding is that religion is especially helpful to those who have been socially oppressed or face particularly difficult circumstances (Pargament, 2002). An additional and yet untested possibility is that religion is most helpful to those who are genetically predisposed to be sensitive to stressors in the environment. In the present investigation, 118 European Americans and 137 Koreans completed a questionnaire on coping and well-being and also gave saliva samples for DNA analysis. Results showed that Koreans were more religious and also lower in overall life satisfaction than European Americans. Although religiosity did not predict life satisfaction or health symptoms for European Americans, religiosity predicted greater life satisfaction and less negative health symptoms for Koreans, and particularly for those who were genetically predisposed to be stress reactive (i.e., those with two G alleles in 5-HTR1A). The results of this study have implications for how religion may impact physical health and psychological well-being in different cultures.

References

Ferraro KF, Koch JR. Religion and health among Black and White adults: Examining social support and consolation. *Journal for the Scientific Study of Religion*, 33, 362-375. 1994

Huang Y, Battistuzzi C, Oquendo MA, Harkavy-Friedman J, Greenhill L, et al. Human 5-HT1A receptor C (-1019)G polymorphism and psychopathology. *International Journal of Neuropsychopharmacology*, 7: 441-451, 2004.

Pargament KI. *The psychology of religion and coping: Theory, research, practice*. New York, Guilford,1997

Pargament KI. The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry* 13: 168-181, 2002.

Sasaki J, Kim H. At the intersection of culture and religion: A cultural analysis of the effect of religion on control. *Manuscript in preparation.*

St. George A, McNamara PH. Religion, race and psychological well-being. *Journal for the Scientific Study of Religion* 23: 351-363, 1984

Depressive Disorders among Elderly in Nurse Care Department in Siberian Region (Russia)

N.I. Shakhurova *(Russia)*

Background

Investigations of recent years describing possible ways of assistance rendering to an individual in late life confirm necessity of taking into account of complete clinical picture including its biological, mental and social aspects.

Principle of palliativeness in the contemporary understanding is not reduced to oncological pathology and is distributed on the other diseases in which recovery is impossible. Observed demographic trends of present time allow validly admitting that death from chronic noninfectious disease including cancer already is not considered as unnatural and not justified interruption of human life in the period of its prime but rather as one of usual and inevitable outcomes of biological life of an individual in declining years.

Because nowadays style of familial life with joint living of several generations practically disappears what facilitated in the past the final stage of life of incurable patients and old members of the family so providing the worthy for an individual departure heightens significance of palliative direction in structure of the entire modern medicine.

According to Venice Declaration (2006), adopted by European Association of Palliative Care (EAPC) on advancement of global initiative on scientific investigations in the field of palliative care as an important fact not only development of clinical services but also scientific-investigative and educative aspects of palliative medicine are recognized.

Objective of investigation

To study typology and incidence rate of affective disorders as well as possibilities of use of psychodiagnostic scales for rating of degree of severity of depression and efficacy of psychopharmacotherapy in elder patients with combined somatic pathology at nurse care department.

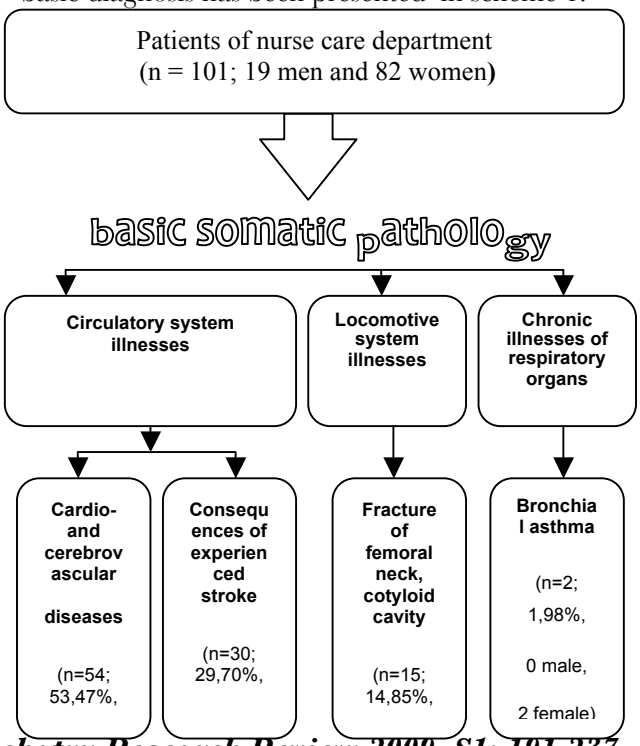
Material and methods of investigation.

Under observation group of patients of the nurse care department was (101 persons, of them 19 male and 82 female, average age 75,21±8,2 years), with complex combined somatic pathology, being in the hospital in association with necessity of assistance rendering or validation of medical documents into nursing home. Investigation was entered by patients older than 60 years able to understand the text of proposed psychodiagnostic questionnaires and willingly to answer them. Criteria of exclusion were severe cognitive disorders (less than 20 scores according to Mini-Mental State Examination, MMSE); disorders of consciousness, aphasia, neuro-sensory poor hearing, psychotic forms of organic impairment of CNS, severe diseases of inner organs at the stage of exacerbation and decompensation, progression of chronic heart failure.

In order to conduct screening of depressive disorders we have used HADS (Hospital Anxiety and Depression Scale) and GDS-15 (Geriatric Depression Scale-15).

Results

From total number of patients under treatment at the nurse care department women in 76,8% of cases were admitted predominantly for conducting the treatment activities and 41,2% of men – for validation into a nursing-home (p=0,09289).
Study of structure of diseases of inner organs as a basic diagnosis has been presented in scheme 1.



The largest group of 84 cases (83,17%) was constituted by 16 men (15,84%) and 68 women (67,33%), with cardio- and cerebrovascular pathology with high and very high risk of cardiovascular complications.

From total number of patients with cardio- and cerebrovascular pathology we have distinguished a subgroup of patients – 3- persons (35,7%), attributed to rubric "Consequences of cerebrovascular illnesses" as consequences of experienced acute disturbance of brain circulation.

It should be mentioned that cerebrovascular diseases as consequences of experienced brain impairments (acute disturbance of brain circulation in anamnesis), confirmed by objective data significantly more frequently were observed in men needing permanent care who have constituted 11 cases (57,89%) in group of men and 19 cases (23,17%) – in group of women ($p<0,05$), what is an important medico-social factor for selection of patients and performance of organizing activities of palliative care.

Analysis of medical documents and study of conditions and level of social support of patients has shown that namely men after experienced strokes (in presence of pareses, paralyzed extremities) were potential candidates for transition into a nursing-home.

Locomotive system diseases were found in 15 (14,8%) patients (in 3 men and in 12 women).

As a basic diagnosis in two women (1,98%) we revealed bronchial asthma of mixed form, high degree of severity with frequent relapses and severe disturbances of function of outer respiratory system.

High risk of development of vascular complications was determined by presence of the other significant risk factors and associated diseases. As associated pathology in 29,7% of studied cohort of patients (n=30) diabetes mellitus (DM) of type 2 was diagnosed, thereby incidence rate of DM in men (n=4) constituted 21,05%, in women (n=26) 31,71%.

All 101 patients has an accompanying background cerebrovascular pathology in the kind of discirculatory encephalopathy of stage II-III стадии, being adverse risk factor for development of vascular complications.

According to data of clinical-psychopathological examination associated with somatic diseases disorders of depressive spectrum were diagnosed in 66 patients (65,3% of cases).

In 35 (34,7%) patients we revealed organic non-psychotic disorders whose mental status was qualified by psychoorganic syndrome with appearing intellectual and physical asthenia, decrease of cognitive functions not reaching degree of dementia.

Revealed depressive disorders were qualified according to following nosological rubrics: (F06.36) organic affective (non-psychotic depressive) disorder - 35 cases (34,65%); (F 3) current depressive episode - 10 (9,9%), recurrent depressive episode of MDD - 11 (10,9 %), dysthymia - 10 (9,9 %) cases of the total number of examined patients.

Analysis of interrelationship and comparative characteristic of incidence rate of affective disorders in geriatric patients indicates statistically significant differences between groups depending on basic somatic pathology ($p=0,03529$). Major part of cases of affective pathology (53,03%) has been presented by OAD. Maximal incidence of OAD (66,67%) was observed in patients with consequences of cerebrovascular illnesses in the kind of residual phenomena of stroke. In patients with cardio- and cerebrovascular diseases (IHD, HI), locomotive system diseases of traumatic genesis and conditioned by pathological fractures, OAD was revealed in 48,57% and in 44,44% of cases, respectively.

Recurrent episode of MDD in total group was found in 16,67% and was the most significant in patients with pathology of locomotive system (44,45%) and diseases of CVS (20%). Dysthymia and current depressive episode were observed in equal portions in the total group. Dysthymia was revealed in 28,57% of patients with consequences of stroke in 11,43% with pathology of CVS. Current depressive episode – in 20% of patients with diseases of CVS, in 11,11% - with pathology of locomotive system, in 4,76% - with consequences of cerebrovascular complications.

In clinical structure of affective disorders we have distinguished five leading psychopathological syndromes qualifying mental status of patients: depressive, anxious-depressive, subdepressive, and depressive-hypochondriac, dysphoric.

Depressive syndrome was observed in 44 (42,57%) patients and was characterized by decreased background of mood, inability to distract from burdensome experiences, absence of interest in the surrounding, tearfulness, sleep disturbances, fixation on psychotraumatic circumstances during their presence, pessimistic evaluation of their past and future. Insight toward perception of their state was present partially, basic part of patients believed that in their position there is nothing "pleasurable", at the same time hoped for antidepressant therapy.

Anxious-depressive, depressive-hypochondriac and dysphoric syndromes were found in 5 (7,92%) cases, in 7 (5,94%), in 10 (8,92%) cases, respectively and had additional phenomenological clinical manifestations what has allowed distinguishing them into indicated groups.

In the case of anxious-depressive syndrome the structural component of depression were symptoms of anxiety in the kind of inner restlessness, tension, inability to relax, constant expectation of bad news. Nevertheless, during evaluation of clinical picture in these patients as a whole we have not revealed isolated forms of anxiety disorders.

Depressive-hypochondriac syndrome additionally was characterized by such features as preoccupation with state of their own health, heightened attention to details of examination, changes of treatment, strive to elucidate in the doctor details about his/her disease that are probably hidden from the patient. Circle of interests of such patients is entered by reading of medical and scientific-popular literature, his/her own interpretation of the information with account for individual biological peculiarities of the organism that was well studied by the patient. According to attitude toward other patients being in room these patients not seldom occupy protecting position explaining peculiarities of course of illnesses, causes of its appearance, sharing information about methods of treatment with folk and other agents.

Dysphoric syndrome has been distinguished by us in association with presence in mental status of patients of such manifestations as irritability, aggressiveness, anger, heightened sensitivity to every outer irritant. Patients expressed multitude of resentments according to various occasions, sometimes provoked conflict situations in the room involving other patients. Emotional background was characterized by dreary-malign mood with captiousness, querulousness, inclination to threats.

In the group of patients with non-diagnosed affective disorders (35 cases; 34,65%) mental status was qualified by psychoorganic syndrome with appearances of intellectual and physical asthenia, decrease of cognitive functions not reaching degree of dementia.

As a result of clinical-psychopathological investigation and rating the mental state of patients with somatic diseases we administered psychopharmacotherapy with antidepressants of the first choice. Comparative analysis of efficacy of antidepressants with various mechanism of action has shown statistically significant decrease of level of severity of depression up to sub-clinical its manifestations irrespective from class of the preparation.

Conclusions

Thus, among patients of nursing carte department the most multiple group of 84 cases (83,17%) was constituted by patients with circulation system pathology with high and very high risk for development of vascular complications. Performed investigation has shown a high (65,3%) incidence of disorders of depressive spectrum in elder patients of geriatric hospital. Screening revealing of depressive disorders with the help of Psychodiagnostic questionnaires reaches important aims such as objectification of clinical diagnosis of mental status and efficacy of psychopharmacotherapy, attention of doctors-internists to non-psychotic psychiatric pathology of elder patients, promotes more empathic response of secondary staff to emotional needs of incurable patient.

Among reached clinical effects of antidepressant therapy of greatest significance are getting milder of depressive and anxious symptoms, improvement of somatovegetative functions (normalization of sleep, heightening of the appetite, reduction of alalgical manifestations), maintenance of balanced mental and somatic state of patients influencing on their quality of life.

Problems in Treating Roma Diagnosed with Psychosis (SCH)

Z. Stevanovic *(Russia)*

The first reference to the Roma people in Serbia is found in a 1348 document, by which Stefan Uroš IV Dušan of Serbia, Emperor of Serbs and Greeks donated some Gypsy slaves to the Monastery of Prizren.

Today, however, most Roma speak the dominant language of their region of residence. Most Roma refer to themselves as Rom. In the

Romani language, Rom (man) derives from the Sanskrit dom (man). Wherever they arrived in Europe, curiosity was soon followed by hostility and xenophobia. Like the Jews, they were sentenced to forced labor and imprisonment in concentration camps. In Communist Eastern Europe, Roma experienced assimilation schemes and restrictions of cultural freedom. The Romani language and Roma music were banned from public performance in Bulgaria. Worldwide, there are an estimated 8 to 10 million Roma, most of whom reside in Europe. Although the largest Roma populations are found in the Balkan peninsula.. Most Roma speak Romani, an Indo-Aryan language likely derived from Sanskrit. The traditional Roma place a high value on the extended family. Both men and women often marry young; there has been controversy in several countries over the Roma practice of child marriage. Roma social behaviour is strictly regulated by purity laws ("marime" or "marhime"), still respected by most Roma and among Sinti groups by the older generations. This regulation affects many aspects of life, and is applied to actions, people and things. Roma have usually adopted the dominant religion of the host country. In the southern Balkans, the Roma are split into Christian and Muslim populations. Roma religion has a highly developed sense of morality, taboos, and the supernatural, though it is often denigrated by organized religions. In the Balkans, the Roma of Macedonia, Kosovo (Southern province of Serbia) and Albania have been particularly active in Islamic mystical brotherhoods (Sufism). Roma in European population centers are often associated with petty crime such as pickpocketing, utilizing a variety of deceptions and tactic.In Serbia Roma often live in depressed squatter communities with very high unemployment, while only some are fully integrated in the society. Although some Roma still embrace a nomadic lifestyle, most migration is actually forced, as most communities do not accept Roma settlements. They usually remain on the margins of society, living in isolated ghetto-like settlements. Only a small fraction of Roma children graduate from secondary schools, although during the Communist regime, former Yugoslavia forssed all children to attend school, and provided them, like other citizens, with all required basics such as textbooks and the compulsory uniform. The reasons include that Roma avoid non-Roma because they traditionally consider them "mahrime" (spiritually unclean), avoid them out of fear of persecution, still live in shacks (usually built ad hoc, near railways) and beg on the streets. In Kosovo, the Roma are seen by many Albanians as being allied with Serbian national interests. During the Yugoslav wars, Roma were often victim to discrimination . Their low status on the job market and higher unemployment rates cause poverty, widespread social problems and crime.

Up until now, experience of the Clinic for Mental Protection in Nis indicate that Roma rarely ask psychiatrists for help. They have high tolerance for psychotic symptoms of their diseased. They come to a psychiatrist only when the diseased manifests with extreme anxiety and aggressive behavior. Sometimes up to ten years pas until the diseased asks for psychiatric help. They accept alternative forms of treatment (mages, fortune-tellers) more often, which is in correlation with 'magical' ways of thinking present in their culture. When they begin the treatment, they irregularly come for controls. Medicamentous compliance is low, which often results in worsening of the disease. They think that having a psychiatric disease is a shame, so they often concede families although their partner is unaware of their disorder. Their educational level and bad economic status make cooperation in the process of treating a lot harder.

Socio Epidemiological Characteristics of Roma People Admitted for Treatment in Psychiatric Hospital in Gornja Toponica

Z. Stevanovic *(Russia)*

The Romani people are an ethnic group with origins in South Asia (India). Worldwide there is an estimated population at least 15 million Roma. The official number of Roma people is disputed in many countries, because many Roma often refuse to register their ethnic identity in official

census for fear of discrimination.

When the Roma people arrived in Europe, curiosity was soon followed by hostility and xenophobia. They were subject to ethnic cleansing, forced labor, and in Eastern Europe Roma experienced assimilation schemes and restrictions of cultural freedom. Many Roma have faced discrimination and prejudice from both private groups and national Governments.

In this poster socio epidemiological characteristics of patients admitted in Special Psychiatric Hospital in Gornja Toponica in the period between 1995 and 2008 have been observed. Patients with serious psychiatric conditions from southern and eastern Serbia (approximately 2,5 million people) are admitted in this hospital. Percentage of Roma people in this area is about 1,96% (by the census from 2002.). Majority of the population are Serbs, but there are other national minorities (Albanians, Bulgarians, Romanians, Bosnians, etc.).

Between 1995 and 2008, 19961 patients have been admitted to the hospital. From these 19961, 578 were Roma, which make 2,89% of admissions. Most of the Roma are admitted with diagnose of Schizophrenia and other similar disorders (F20- F29) - 42,01%, while in the second place come disorders caused by the usage of psychoactive substances (F10- F19) - 33,7%. Like with other nationalities admissions of men (68,51%) are more common then admissions of women (31,49%). Percentage of unemployed Roma people, and Roma without any income is much higher (74,55%) than of other nationalities (25,29%). There are also differences in marriage status. Most of the treated Roma were married (47,41%) while most of the other patients were not married (44,41%).

The Roma are suffering the worst health conditions of the industrialized world together with some of the worse health problems associated with the third world. The proportion of Roma living in poverty exceeds 75% in countries throughout the region.

Trauma and Vulnerability to Trauma in Asylum Seekers and Refugees in Italy: the experience of Padova

L. Zaninotto *(Italy)*, C. Cremonese *(Italy)*, N. Campagnola *(Italy)*, P. Zanibon, *(Italy)* A. Ferrandino *(Italy)*

Introduction

The Italian Protection System for Asylum Seekers, Refugees and Humanitarian Protection Beneficiaries is coordinated by a Central Service in Rome, and managed by Local Authorities. In Padua a joint effort was activated between local authorities and the Psychiatric Service of the University Hospital, in which psychiatric consultants regularly supervise social workers operating in the Protection System, and provide psychiatric assistance for the asylum seekers. The high prevalence of psychiatric morbidity in traumatized refugees and civilian populations is well established[1]. However only few studies have focused on the possible role of cultural and psychological factors in the development of PTSD or other psychiatric conditions in these populations[2,3]. Our purpose is to determine the prevalence of a clinically evident psychiatric condition among refugees and asylum seekers, and to define the role of cultural and psychological factors on the development of trauma symptoms.

Subjects and Methods

Participants were recruited among refugees and asylum seekers from the local Protection System. All subjects were interviewed using standard diagnostic interviews: HTQ [Harvard Trauma Questionnaire], HSCL-25 [Hopkins symptom checklist-25], WHOQOL-bref version [World Health Organization Quality of Life] and TPQ [Tridimensional Personality Questionnaire] Participants also underwent a specific interview (DSM-IV-appendix IX) for the cultural formulation of the diagnosis.

Results

In the 2006-2008 period, 48 Asylum Seekers (85% males) were received in Padua; 59% of them immigrated from West Africa, 23% from the Horn of Africa region.

In the same period, Psychiatric Services were activated for 13 asylum seekers. The main symptoms referred by patients and social workers were somatoform and behavioural disorders (particularly aggressiveness). After psychiatric

evaluation, 38% of them received a PTSD diagnosis, while the other 62% received MDD, and Adjustment or Somatoform Disorder diagnosis.

Conclusion

While almost every asylum seeker has lived through stressful or traumatic life events, the prevalence of PTSD in this population is quite low. From our clinical practice, psycho-social (as family situations) and personality factors may have a strong influence on the psychopathological outcome and the quality of life of these patients.

References

Mollica RF. Waging a new kind of war: invisible wounds. *Scientific American* 282: 54-57, 2000

Elklit A, Christiansen DM. Predictive factors for somatization in a trauma sample. *Clinical practice and epidemiology in mental health* 5: 1; 2009

Roberts B, Ocaka KF, Browne J, Oyok T, Sondorp E. Factors associated with post-traumatic stress disorder and depression amongst internally displaced persons in northern Uganda. *BMC Psychiatry* 8: 38, 2008