

Special Article

Psycho-socio-cultural rehabilitation in an ethnic subgroup: a 30-years follow-up

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Abstract Around 3000 Jews from the (former) Soviet Union have immigrated to Austria between 1970 and 1990; the local Jewish community, itself numbering 7500 souls, was faced with the problems of the newcomers and found its own calculated means to solve them; the story of the integration of the soviet Jews in Austria is depicted from the view of social and transcultural psychiatry in a 30-years follow-up, in order to show the relationship between migration as manifold pathogenic stress and protective measures to cope with it, thus indicating methods for psychohygienic patterns in transcultural integration. The data used in this report have been gathered from (1) the special out-patient service of the Vienna Psychiatric Hospital (heads: 1970-1990 P. Berner; 1990- H. Katschnig), subunit for transcultural psychiatry (head: A. Friedmann); (2) Jewish Community of Vienna (Dept. for Social Services, dept. for demography); (3) ESRA, Center for medical, social, juridical, psychological and psychiatric help of the Jewish Community of Vienna.

Key words: Migration, Jews, Soviet Union, Psychiatry, Integration, Acculturation

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HISTORICAL BACKGROUND The unrestricted settlement of Jews within the borders of actual Austria dates back to the early 19th century, when the “edict of tolerance” of Emperor Joseph II showed its effect; it led to their almost official recognition as the Jewish Community of Austria (Israelitische Kultusgemeinde, IKG) in April 1849, in a speech given by the young Emperor Franz Joseph I, and its official recognition in 1852, when a municipality law went into effect; therefore this year is seen as the year of the community founding. The fact that Jews were not anymore segregated before the law and found more or less open doors in all professions, schools and universities led to a steady immigration of Jews from the periphery of the Austro-Hungarian Empire. Effects of this development were a rise in the productivity of its capital, Vienna, in the flourishing of arts and technology and in a boost of medicine and jurisprudence. The First World War (1914-1918) heavily affected Austria, leading to an economic breakdown, to the loss of its Empire and to the installation of a fragile democracy; additionally, thousands of Jews from the outskirts of the former Empire came to settle in Vienna. When Hitler’s troops invaded Austria in 1938, the Jewish Community of Austria had around 183.000 members. In the following years, 60.000 Austrian Jews were exterminated and 120.000 fled the country.

After the Second World War the Jewish Community of Vienna was completely looted, devoid of all economic means and its infrastructure destroyed . Only a few hundreds of its former members had survived in the country and only a few thousand exiles came back from abroad. Thus, a new Community had to be built up again. This had to be done by the few survivors of the Nazi concentration camps in Austria and by those Displaced Persons (DP’s) from Eastern Europe who had survived and who had chosen not to stay in their former homelands, now under direct or indirect Soviet rule, but who had no energy left to continue their flight to other Western countries

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or to the State of Israel *in status nascendi*. In the following decades, the number of Jews living in Austria (1946: 4700) never grew over 10.000. Since the Austrian state did not restitute most of the *aryanized* (i.e. stolen) properties and did not help to rebuild the Community, the restoration work was slow and limited. It needed the growing-up of the generation of the Jews born after the war to energize this process. As a matter of fact, the post-war Jewish Community of Vienna has mostly been built up by immigrants from Hungary, Romania, Poland and Czechoslovakia, who step by step had integrated in Austria (Adunka, 2000).

Nevertheless, the future of the Vienna Jewish Community was insecure in the early 1970s, since the majority of its population was old, the gap due to the extermination under Nazi rule was big (almost no Jews born between 1935 and 1945) and the number of post-war-born Jews relatively small. Without additional immigration, previsions for the year 2000 calculated a Jewish Community with no more than 3500 members (Alternative No. 3, 1976).

Starting in 1975, a Jewish NGO tried to improve the situation of the soviet-Jewish immigrants community and asked for help in dealing with medical problems, since the immigrants had no social insurance in Austria. The author, then, was founding a Jewish doctor's network and offered free medical assistance.. He started gathering data, extensively interviewing each patient and the members of his family as well. In 1989 (Friedmann & Knapp, 1989), a first report was submitted to the Jewish Community of Vienna. In that same year, the author was nominated head of the Commission on Social Affairs of the IKG, and went on collecting and evaluating data, now with the help of the administration of the IKG. In 1994, he founded ESRA, a multi-professional center for social assistance with an out-patient clinic for social psychiatry, psychotraumatology and general medical care. The word ESRA has two meanings, depending from how it is written in Hebrew: it means "help" or "assistance", or, it is the name of the biblical prophet who gathered the Jews in the *Babylonian Diaspora* and brought them back to their Israel homeland. This name was chosen for that center because it symbolized as well social integration as help to individuals. It might be of importance to notice, that IKG, the Vienna Jewish Community, in accordance to the Austrian laws, is the only Jewish community and representative body for Jews in Vienna. It hosts different congregations, organizations and groups, takes care of the archives since 1852 and administrates the biographical, economical and social data of every single Jew living in Vienna.

TRANS- AND IMMIGRATION OF JEWS FROM THE SOVIET UNION In the years 1970-1990, around 300.000 Jews transmigrated through Austria, after having got the permission to leave the USSR. 95% of them went to Israel, the others mostly to the USA. 3000 former Soviet Jews remained in Austria or came back from Israel. After 1990, due to the restrictive immigration policy of Austria, the Jewish immigration from former USSR stopped.

The immigrating Jewish population was not at all a monolithic group: 65% came from Central Asia (Uzbekistan, Tajikistan, "Boukharic Jews"), 25% from Georgia ("Gruzinic Jews"), 5% from the Caucasic region (Chechnya, Dagestan, "Gorski Evrei") and 5% from the Western part of USSR (Russia, Byelorussia, Ukraine, Moldavia) (Table 1). This means that 95% of the Jewish immigrants were *Sephardic* Jews, whose general and Jewish culture was very different from the *Ashkenazic* Jews' culture from the Western USSR and of Austria. Additionally, they came from an Islamic-Asian region where they had lived for centuries, so they became a minority within the Jewish minority in Austria. None of the newcomers spoke German, most of them had professions not usable in Austria or subjected to legal restrictions (like medical and other academic professions) (Friedmann et al., 1993).

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Furthermore, many of the newcomers had been subdued to the assimilatory policy of the Soviet-Communist system, thus had lost a part of their Jewish culture and religion, but not the experience of being repeatedly victims of segregation and discrimination.

While most Ashkenazic Soviet Jews were in the average older and had no or only a few children, the Sephardic immigrants came as whole families, showing mostly three generations and had at least three, in some cases even more than five children (Friedmann et al., 1993; Demographic data from IKG, 1990; 2000; 2006).

Tab. 1: Comparing the different parts of the Jewish Community of Vienna:

	Local community	Immigrants from former USSR			
		West-USSR	Georgia	Caucasic region	Central Asia
Numbers	5000	~150	~750	~100	~2000
Religious type	Ashkenazic	Ashkenazic	Georgian-Sephardic	Gorski- Sephardic	Boukharic- Sephardic
Average religiosity	+++	+	++++	++++	+++++
Traditionalism	+++	+	++++	+++	++++
Cultural background	European Urban Christian	Russian Urban Orthodox Communist	Georgian Urban Orthodox	Caucasic Partly urban Aseri-Turkish Muslim	Asiatic Partly urban Pharsi/Turk/Mongolian Muslim
Average age	50,3	59,8	44,8	39,0	31,3
Av. family size ^{a)}	3,8	3,2	7,2	5,1	10,3
Languages	German English Language of country of origin	Russian Some Yiddish	Russian Georgian Hebrew	Russian Chechen Some Hebrew	Russian Boukharic (Pharsi) Some Hebrew
Educational/ occupational level	20% academics 40% employees 30% retired 10% housewives	20% academics 30% employees 40% retired 10% housewives	5% academics 20% employees 40% commerce 15% retired 20% housewives	25% employees 60% commerce 10% retired 5% housewives	5% academics 25% manufacturers 45% commerce 25% housewives

The Jews from European USSR...

- ♦ have been strongly subjected to Soviet assimilatory policy,
- ♦ were extensively subjected to the Nazi anti-Jewish extermination programme,
- ♦ suffered high losses as soldiers in the Red Army
- ♦ still have quite strong emotional ties to the communist system.

As far as they have children, most of them still live in former Soviet republics or in Israel.

The Jews from Georgia, Caucasia and central Asian USSR...

- ♦ have been spared to a very high extent from the soviet assimilatory policy,
- ♦ have not been confronted with anti-Jewish extermination programs,
- ♦ suffered average losses as soldiers of the Red Army
- ♦ never had a communist orientation.

In most of the cases, their families are united in Vienna. Their lifestyle is very conservative and can be compared to that of the Vienna Turkish population (~180.000) (Statistik Austria, 2006).

PSYCHIATRIC PROBLEMS As a matter of fact, at first the Jewish Community of Vienna did not show any reaction but neglect and indolence to the growing number of immigrants from the former Soviet Union. Its attention was drawn to the problem only as the first Soviet-Jewish criminal cases were dealt with by Austrian courts and by Austrian media. The original helplessness of the Community in dealing with that new problem might have been the reason why its leadership was ready to hear the advises from Jewish social psychiatrists who were the first to study the problem from a scientific angle and to develop methods to solve it.

At a very early stage (1975), a group of psychiatrists (including the author), psychologists, social workers and teachers had started an interdisciplinary cooperation in studying the problem – one of the results of their work is a huge documentation collecting social, religious, cultural, economic, educational and demographic data concerning the immigrants, following indications concerning the morbidity risk and their causal factors among migrants (Malzberg & Lee, 1956; Friedmann, 1985; Rack, 1985; Salvendy, 1985). These data, later, were merged with the data of the IKG.

In November 1986 the WHO-Charta of Ottawa stated that migrants are to be considered as a »vulnerable group« which should be entitled to special priority in public health strategies, in strengthening health promoting policies and of social networks, but also in improving knowledge and motivation for “health aimed behaviour”. The concepts of health policies are to be developed at all levels, aiming at the (psycho-) social integration under consideration of the special needs migrants show.

In 1989, the leadership of the Jewish Community was given a report of an analysis of the perspectives of integration chances and risks concerning the immigrants from USSR (Friedmann & Knapp, 1989). Some of the results of that study and its follow-up done in two centers (“ESRA” and the Vienna University Hospital, where the author is working) since then can be summarized as follows:

1. Drug abuse of illegal drugs and the risk of delinquency

Generally, it concerned young people and was seen more among people of non-european culture. Among these, it concerned mainly the group which underwent a *second* emigration, the one from Israel to Austria, and especially if this emigration did not correspond to the wishes of the youngsters.

Different binding models showed to be of influence: The better the former integration of the youngsters in Israel was, the higher was the risk of drug abuse in Austria (and probably in any other country). And: the stronger the identification with Israel as the legitimate homeland of the Jewish people, the higher the risk of drug abuse after leaving it. If the motivation to join the core of the family (parents or grand parents) wherever was stronger than the bindings to Israel or/and its society, the risk of drug abuse was lower (Friedmann et al. 1989; 1997, 2004), see Tab. 2.

Tab. 2: Substance abuse among former soviet Jews in Austria (Friedmann, 2004)

		Nicotine	Alcohol	Tranquillizer	Cannabinoid	Cocaine	Opioid
Ashkenazi	>40 y	40%	35%	30%	-	-	1%
	<40 y	15%	-	2%	2%	<1%	2%
Boukhari	>40 y	15%	15%	5%	-	<1%	-
	<40 y	5%	5%	-	15%	10%	2%
Georgian	>40 y	20%	25%	15%	-	<1%	-
	<40 y	5%	10%	15%	20%	15%	2%
Caucasian	>40 y	15%	5%	10%	-	<1%	-
	<40 y	10%	8%	5%	20%	15%	6%

The figures include the cases with daily or almost daily use of the substances and do not include occasional consumers.

The results of that survey showed that the coping pattern of abusing drugs in the examined immigrated population did not depend so much on the fact of emigration, but on the imbalance between emotionally contradictory binding types produced through migration.

2. Incidence and prevalence of psychiatric illnesses

In the first decade (1970-1980), the prevalence of new cases of psychiatric illnesses (mainly functional psychoses) among Soviet-Jewish immigrants to Austria was up to 35% higher than among the Jews of Vienna and – data adapted – among the general Viennese population. A closer

look to the data showed, however, that in the first 3 years after their arrival, more than 2/3 of the cases concerned the Jews originated in the Non-European part of the USSR, while up to 85% of the Jews of European-Soviet origin got sick 5 years after their arrival (Friedmann & Vyssoki, 1997, see Fig. 1, 2 and 3; Friedmann & Rieder, 1994).

After 15 years, the ratio of incidence of psychiatric illnesses among former Soviet Jews approached the ratio of the general Viennese population.

Figure 1. Growth of the Soviet-Jewish community in Austria

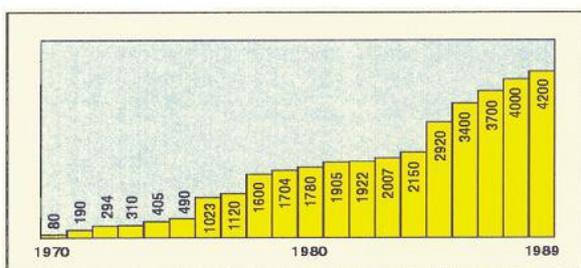
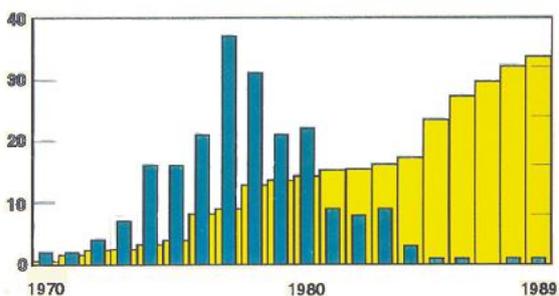
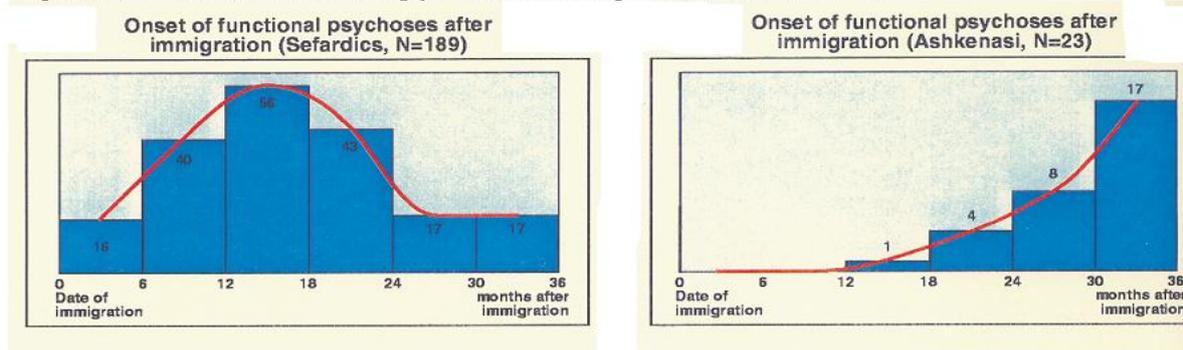


Figure 2. New cases of functional psychoses



Yellow columns: growth of the Soviet-Jewish community in Austria (as seen in Fig. 1)
 Dark columns: number of cases with functional psychoses

Figure 3. Time of onset of functional psychoses after immigration, Sefardi/Ashkenazi



These interesting findings found their explanation in the following facts (Friedmann & Vyssoki, 1997): Jews of Asian origin considered themselves as totally foreign to the European culture and had no illusion concerning the problems they would face with their immigration. From the first small group in Vienna on, they had a tendency of congregating and of building a “protective ghetto” within which they could “feel at home”. In the 1989 *Enquete*, the less emotionally burdened term of “protective cocoon” was used to depict the avoidance patterns concerning the cultural shock. From a psychohygienic point of view, that kind of behavior can be compared with the way gardeners transplant trees, not only sparing the roots, but taking care of taking the earth surrounding them (Friedmann & Knapp, 1989).

On the other hand Jews of European-Soviet origin considered themselves as part of the European culture and thought their integration to be easy, since they were able to understand German, speaking Yiddish (which is the *lingua franca* of the Ashkenazic Jews and is rooted in medieval German) (Vizner, 1985). Neglecting the possibility to congregate in the early days after their arrival to Vienna, they looked for individual ways of integrating, but marginalized soon and fell into deep despair as they realized this and lost their illusions (Kovrigar, 2002). It can be said that that group had no cultural shock, but underwent a social one. That group started its organized

congregation more than 15 years later than the group of Jews of Asian descent and in the first years, its congregational life was characterized by inner struggles, reflecting the variety of former political affiliations and of different experiences undergone in the USSR. In the decade since 1995, the situation has stabilized and the inner climate improved with the establishment of a common view of the present situation of the members of this group.

RESPONSE AND MEASURES OF THE COMMUNITY Confronted with growing numbers of crises, cases of criminal behaviour, drug abuse and deteriorating mental health, and after getting informed by the scientific studies mentioned above, the local Jewish community decided to take affirmative action (Hodik, 1989-1999):

- ♦ It raised its budget for social affairs by 220%, in order to be able to answer immediate urgencies; at the same time, the number of full-time social workers on the payroll of the Community was raised from 1 to 4.
- ♦ Thus, the community “showed flag” and succeeded to be seen as a center of solidarity and help. Its new training courses in German language were soon accepted.
- ♦ The newcomers were invited to join the community as members and were given active and passive voting rights (1980), thus enabling them to take profit from the community infrastructure.
- ♦ The Vienna Jewish nursery schools and schools – there are two – immediately opened their gates to the children of the immigrants, helping the latter with additional teachers in learning German.
- ♦ As a tangible sign of respect of the traditions and the specific ritual needs of the newcomers, a Sephardi Community Center with prayer halls for the different traditions was built and handed over to the representatives of the immigrants in self-administration (1983, 1990). The salary of a Sephardi rabbi was subsidized.
- ♦ A special center for medical, social, juridical, psychological and psychiatric help was installed (“ESRA”) in 1994, the outpatient services and medication being for free. Most of the services were offered in Russian, Yiddish, German and in Hebrew language. It may be of interest to mention that progressively these services were also used by needy members of the community without integration problems, which promoted the integration between newcomers and long-time Viennese. Within that center, a coffee-house and meeting place was opened. To answer to the social needs of the older immigrants from the Western USSR, who were less successful in learning the German language, a club was founded, subsidized and handed over to its members in self-administration.
- ♦ Within the institution of “ESRA”, social workers could (and still can) address a special commission of the Community, when financial aid is urgently needed for pauperized individuals or families. For the time being, these funds number half a million US-\$ per year; in addition, a special fund takes charge of the school fees for needy families, thus securing a high educational level for their children, independently of the financial means of the families.
- ♦ In order to cope with deficits in vocational/professional training, a special school for psychocultural integration and professional training was built and opened its gates in 1997. Until 2006, 1400 youngsters and young adults underwent this training system. In up to 80% of the cases, unemployment could be eradicated and prevented.

OUTCOME AND RESULTS The first easily remarkable result of the psycho-socio-cultural integration programme described above was a drastic reduction of delinquency among younger immigrants which even sank below the level in the general population (<1 %). Concerning drug abuse, the number of cases could not be reduced very much, but an ongoing rise of the number could be prevented. We have the empirical impression that this downgrading was the effect of the

stabilization of the immigrant society at an acceptable level, producing some kind of new “feeling at home” at least within the own minority. It took a little longer to come to a reduction of the incidence of psychiatric illnesses among immigrants, especially since they came in several waves. Nevertheless, our survey over thirty years shows a final decrease of new cases of psychiatric illness down to the level of the general population (except for older people and holocaust-survivors). The school system, which is used by the immigrants children to an extent of 85% (general Jewish population: 55%) succeeded in reducing analphabetism among immigrants from 8% down to zero. From former 15% of baccalaureates, a rate of 28% could be achieved and from former 6% of academics a rate of 18%, which almost reaches the rate of the Vienna non-immigrated Jews. As a fringe benefit for the nursery schools and the schools, the important rise of the number of the pupils helped to secure the existence of those institutions. Together with the schooling programme, the professional school which is aimed at giving training for non-academic professions (electronics, communication technology, bank business, orthopedic mechanics etc.), the level of unemployment among youngsters could be reduced to less than 5%, which even shows a better result than in the average general population, and a tremendously better performance than for non-Jewish immigrants. Additionally, it has highly promoted emancipation processes among female trainees, which can be seen as a clear sign of integration and has also been favoured by the understanding help of the involved rabbis.

Finally, the mere existence of European-Caucasian-Boukharic mixed marriages and the slow increase of its number (2005: > 5%) gives the picture a light but characteristic touch: Such marriages were considered to be impossible in the first two decades of this immigration, since the sociocultural gaps between immigrants and Austrian Jews, and between Georgian, Caucasian and Boukharic groups, seemed unbridgeable. Field studies of the IKG-Commission for Social Affairs repeatedly done on the level of life quality and self-esteem (2004) among immigrant families showed an obvious improvement: On a scale from 1 (=excellent) to 5 (=bad), the results show that the rates rose from 1980 (~ 4) to 1990 (~ 3) to 2003 (~ 2). The only subgroup, where these rates could not be seen to that extend were older people without children, most of them with a West-USSR-background. Today the psycho-socio-cultural integration of the Jews from the former USSR in Austria can be considered as subculturally excellent, within the local Jewish community as very good and within the general population as good and friction-free.

Moreover, the Jewish Community of Vienna has taken direct profit from the immigration: first, it stopped the slow, but obvious reduction of the number of its members and was provided with a growing number of young people, thus securing the future of its demography; second, the critical mass needed to vitalize its educational programme was reached, securing the future of the Jewish schools; third, the encounter of different ways of Jewish life and culture has invigorated Jewish identity, which is a known international problem for religious communities. Finally, the growing number of Sephardi-Ashkenazi mixed marriages shows a reduction of Jewish emigration from Austria which was common before because of the lack of coreligionist potential partners.

PERSPECTIVE Speaking in general terms, we can say that the integration of immigrants of very different backgrounds in a new surrounding and in a new society is possible. At least for the group we have accompanied and depicted, the term “melting pot” was as incorrect as the term “mixing salad”. We owe our progresses in that field to a combination of several measures: (1) the interest and readiness not to ignore the newcomers, (2) the understanding that a problem cannot be solved through rejection, (3) the acceptance of the politically responsible people to feel the new responsibilities, concerning as well the established than the new population, (4) an optimistic and visionary approach, (5) the respect for the values of the newcomers and a restriction of tendencies to assimilate them against their will, (6) and to show that respect through attitudes, behavior and action.

Obviously, a positive and fruitful integration needs a group of already integrated people feeling at least a certain solidarity and identification, and big enough to afford and to do the work. And finally: If the welcoming subsociety itself is not socio-culturally integrated in the general society, such an immigration will not be integrated as well, but become part of a parallel society, subcultural and bare of any empowerment. It is clear that such a situation would produce further segregation, psychological slums and breed aggression.

We have quite detailed information on the integration processes within the Turkish immigrant society in Austria and in Germany (Friedmann et al., 1998; Cerci, 2001; Settertobulte, 2001; Salman & Tuna, 2001; Friedmann & Kayhan, 2006). It is a society which can be compared to that of the sefardi soviet-Jewish immigration and shows similar socioeconomical conditions. In that society, all surveys show a very poor integration, although it exist from the early 1960ies; there are practically no Turkish community structures besides praying halls in Austria and Germany, and no tendencies of the long-time residents to help newcomers.

In Germany of the 1990ies, there was a program of admitting a large immigration of Jews from the former USSR; although the Federal Government provided and still provides these immigrants with large funds, the integration processes did not come to a successful stage yet: the concerned Jewish communities of Germany still struggle with the outcome of their new situation. In no case, these communities developed a functioning integration system and an aim-oriented strategy.

It must be clear that integration of groups of foreign culture requires the learning of the language of the majority population and a readiness to an open encounter, as an orientation towards economic participation through vocational training, joint enterprises and economic counselling. In the concept of the Vienna model, counselling added a training course in social competence, like understanding non-verbal signals, local rules of politeness and of transgender communication.

The experiences gone through during the years integrating the soviet Jews in Austria and the lessons learned by doing so are used today in special teaching courses for medical students, psychotherapists, policemen and health managers in Austria. Thus, this integration model could have become an adaptable pilot project for other minorities and immigrants.

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