

Transcultural psychiatry



Special interest group



Transcultural Psychiatry Special Interest Group (TSIG)

Newsletter, Autumn 2022



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Message from the TSIG Chair

Dear all,

Another year has flown, and it has been filled with so many events. In the UK we still have had the impact of the pandemic and the NHS is doing its best despite the challenges. We also had the sad demise of Queen Elizabeth the second. She was the Queen for 70 years and her influence has been present far and wide. We also have had other major events such as the Ukraine war, the impact of climate change in many countries with floods, hurricanes and fires, so, we can argue that transcultural psychiatry is even more needed now than ever before.

I would like to thank all the members of the executive committee who have contributed to this newsletter and continue to use their expertise in their jobs and at events to promote and enable mental belated care based on the individuals' needs, including cultural needs. We have over 5000 members in our SIG and we welcome more contributions to our newsletter and do share your events.

We have been asked to talk about transcultural psychiatry at medical school events, training courses for therapists and it is excellent to see that there is an increase in the understanding that mental health services need to be flexible to meet the needs of our multicultural population, both in UK and abroad.

We also welcome very much the work being done on the NHS for both patients and staff to address health inequalities and we will contribute in all ways we can to this work.

We have an excellent conference planned on March 6th, 2023, and we are very excited to have this in person at the Royal college of psychiatrists building, so, we already hope to see you there. Many of us will also be at the International Congress is July 2023, so, we hope to see you there; this year it was great we get to meet some of you at the TSIG meet and greet at the international congress in Edinburgh this June.

We would urge more people to join our special interest group, as we are looking at ways to work more closely with other faculties and SIGs. We are especially keen to increase our membership and have your input to further develop transcultural psychiatry across the globe.

Dr Fabida Aria



Notes from the editor

After two years heavily influenced by the COVID-19 pandemic, this year people were finally able to meet and hold events face to face. This allowed for many to be able to enjoy the winter Olympic Games, a fantastic female football European tournament, a surprising Eurovision contest, as well as many academic and social events, including the RCPsych international conference. Unfortunately, this year has also brought dramatic changes and devastation for many across the globe. With the war in Ukraine, tropical storms in Southeast Africa, the monkeypox outbreak, deadly floods in Pakistan, protests in Iran, a European energy crisis, a potential economic recession, as well as the death of world leaders Shinzo Abe, Mikhail Gorbachev, and Queen Elizabeth II, events this year have impacted many, in many different ways. This shows the importance of being cultural savvy, of understanding how our cultural background and context can influence the way people interpret and respond to events, as this would allow us to better understand the people we treat and offer them a personalised care plan which consider their personal and unique context. The TSIG, was developed exactly to address this, to make sure clinicians develop an understanding of patients' and family members' cultures, to help in their care and treatment.

In this newsletter, we highlight some of the events organised by members of the TSIG executive committee, including our annual

conference, which included fantastic talks not only from speakers, expert on transcultural psychiatry, but also from all three officers from the RCPsych, Dr Adrian James, Prof Subodh Dave and Dr Trudi Seneviratne, who also acknowledged the importance of improving the skills and knowledge of psychiatrists regarding cultural issues, to better support patients across cultures.

This edition of our TSIG newsletter also include two very interesting pieces focused on issues which even though can affect anyone, they can have wider implications for people with different backgrounds and cultural contexts. First, we have a beautiful and reflective piece on loneliness, written by Dr Saadia Muzaffar, in which she speaks about the impact of the pandemic on people's feelings of loneliness and isolation. Then, we have another reflective and thought-provoking piece by Dr Ayesha Ahmad, on gender-based violence in asylum seekers, in which she highlights the importance of identifying silence as a way some communicate trauma, as this can have important implications for people to receive the right support and care. I hope you find this newsletter informative, but more importantly, inspiring, not only to become more culturally aware, but also to collaborate with the TSIG.

Dr Emmeline Lagunes-Cordoba



Past TSIG activities 2022

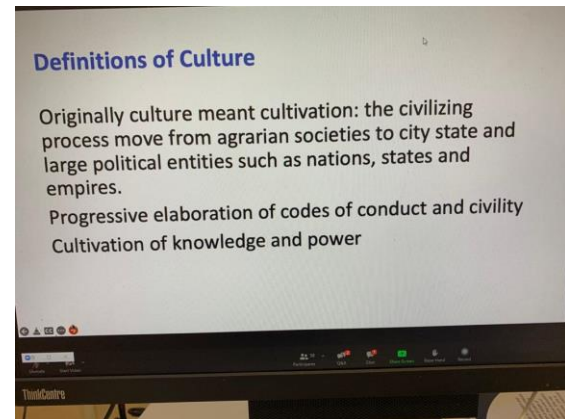
TSIG Annual Conference March 7th

Our 2022 annual conference was a huge success, as included excellent speakers who talked about a wide range of topics focused on transcultural psychiatry. After a warm welcome from Dr Fabida, Aria, Chair of the TSIG, Dr Adrian James, president of the RCPsych, opened the day, speaking about the importance of having a transcultural perspective in psychiatry, highlighting the ambitious international strategy the college is currently having. Mr Paul Rees, RCPsych CEO, also spoke about the importance of improving the wellbeing in workplaces, across cultures, highlighting how the RCPsych has made huge strides to improve the experience of patients and staff, how they are on track with the vision they set out and how the college has been recognized for these improvements.



We then had Dr Santosh Mudholkar, consultant in forensic psychiatry and a member of the TSIG executive committee. On his thought provoking talk titled 'Exploring structural racism in NHS through the lens of the British Empire', Dr Mudholkar discussed issues regarding history, colonialism and its impact over the years across the globe. This was followed by another powerful talk by Dr Raj Mohan and Dr Lade Smith, race and equality leads at the RCPsych, on 'Structural inequality and culturally informed care', in which they shared the work they had done trying to

address these issues, which again gave us a lot of motivation to work together to address inequalities that are experienced by our multicultural community.



The latter part of the morning had talks from Prof Subodh Dave, Dean of RCPsych who spoke about the need for applying a transcultural lens in psychiatry training, to ensure psychiatrists have the skills needed to support patients across cultures, as optimally as possible. We then had Prof Shanaya Rathod, who gave an excellent talk on 'Impact of cultural adaptations and interventions'; in which she shared the evidence on how interventions adapted to cultural aspects are more effective than having treatment as usual.

Our next speaker was Dr Mayura Desphande, consultant in forensic psychiatry and an expert on ethics, she also gave a thought provoking talk titled 'White man's ethics, multicultural Britain and the psychiatrist: Navigating moral ambiguity in clinical practice'. On this talk, Dr Desphande gave some examples where professionals views on 'what is best ' for patients may not be what is really best for patients in their view, highlighting how important is for clinicians to really think of all the aspects of care, paying especial

consideration of what the patient would want, mainly in those cases where they don't have capacity to be involved in their care.

The afternoon was also packed with very powerful talks, starting with Dr Trudi Seneviratne, RCPsych registrar, who talked about how the college can benefited from the work the transcultural special interest group and the International advisory committee have been doing raising awareness regarding how mental health can be affected and expressed different across cultures. She gave examples she had seen in the field of perinatal mental health, which is affected by cultural issues. Dr Seneviratne also talked about her interest in working together, in every possible way, to ensure better outcomes for all patients.

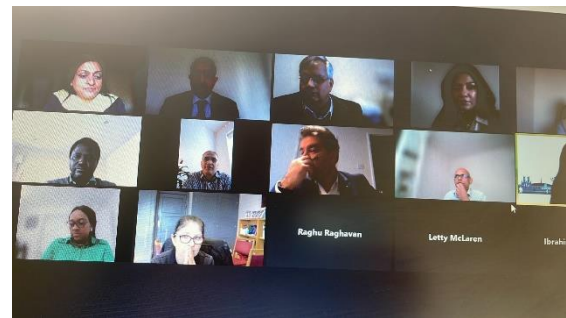
This was followed by another enlightening talk by Professor Meryam Schouler-Ocak on 'Racism and mental health in times of covid pandemic', in which she shared important literature focused on the impact of covid on people's mental health. Professor Dinesh Bhugra followed, speaking eloquently on 'Migration, cultural capital and acculturation', talk which was extremely well received, as he highlighted the importance of using all the assets available to us, including our expertise as clinicians from across various cultures.



Professor Raghu Raghavan and Professor Santosh Chaturvedi spoke about their interesting work in India in their talk titled 'Mental health literacies, culture and wellbeing: why science is not enough', in which they shared their research on using theatre

and drama in communities in India to talk about mental health, and how this has helped engaging communities with mental health services.

In the end we had an interesting panel discussion with members of our executive committee and other diaspora groups, on how we can all collaborate more and work together to improve mental health across all cultures. Thanks to Dr Ananta Dave, Dr Shahid Latif, Dr Hasanen Al-Taiar, Dr Chinwa Obinwa, Dr Mojtaba Shiri-Feshki, Dr Vijitha Wickramasinghe, Dr Saadia Muzaffar, Dr Suraju Odeyemo, Professor Santosh Chaturvedi, Professor Dinesh Bhugra, Professor Raghu Raghavan, Dr Santosh Mudholkar, Professor Meryam Schouler – Ocak and Dr Sarwat Nauroze who participated in the discussions.



This was a brilliant ending to the day with a lot of optimism to work and develop transcultural psychiatry. Although some time has passed, we would like to once again thank all the speakers for their time, and to also express our gratitude to organisers at the RCPsych, especially Miss Letty McLaren who ensured we had all the technology and logistic aspects covered. The conference would not have been a success without the help of everyone in the executive committee, and the delegates who attended, to all of you, thanks you.

Dr Fabida Aria
Consultant psychiatrists
TSIG Chair.

Iraqi Mental Health Forum IMHF UK

Prof. Al-Uzri, Dr Sophie Johnson and Dr Al-Taiar in collaboration with Iraqi psychiatrists delivered a successful event on MHGAP training for doctors working in primary health (Red Crescent Society) from May 29th to June 3rd, 2022. This was a RCPsych project focused on providing supervision for primary care Drs in Iraq. As there has been great interest from Iraqi psychiatrists in UK to provide supervision to colleagues in Iraq. Many have registered with the RCPsych Volunteer Scheme to support this project.



Prof. Al-Uzri and Dr Al-Taiar, both members of the TSIG executive committee, had a meeting on July 22nd, to discuss the initiative to also provide online supervision for doctors in Iraq, so they can bring cases for clinical discussions. The aim is to meet once every two weeks with one supervisor from the UK meeting a number of doctors from Iraq, meetings which will be organised by the Red Crescent in Baghdad. We hope this project helps not only improve the links between psychiatrist in Iraq and the UK, but also better understand people's cultural backgrounds in Iraq; as our multicultural society in the UK, includes many individuals from Iraq who have migrated for many different reasons, including displacement and war, elements which need to be considered to provide a good treatment plan.

Dr Hasanen Al-Taiar
Consultant Forensic Psychiatrist



World Mental Health Day, 2022

To celebrate world mental health day, The British Pakistani Psychiatric Association (BPPA) arranged a mental health awareness roadshow in Lahore, Pakistan, on the 6th, 7th and 8th of October 2022. This event was supported by several international organisations, like the RCPsych, the British Council, the British Asian Trust, and other local Pakistani based organisations, like the Pakistani Psychiatry Society. In attendance from the RCPsych and the UK was Dr Shahid Latif, the chair of the BPPA; Dr Ahmer Malik, the treasurer of the BPPA, and Dr Yasir Malik, who is also an active member of the BPPA. Although they joined remotely from the UK, Dr Adrian James, the president of the RCPsych, and Dr Mohammed Al-Uzri, presidential lead for the international advisory committee, were able to address the audience, helping raise awareness about the importance of increasing mental health awareness.



This event was a huge success, attracting important local TV and media coverage. Organisers were invited to a number of TV channels in Pakistan, in which they presented the roadshow and the importance of mental health, highlighting issues like early intervention, prevention, promotion of mental health, the importance of having a holistic approach treatment, and even the impact of stigma. The roadshow also represented an opportunity for people to ask questions to professionals regarding medication and other forms of treatment for mental health, which shows the importance of keep on running this type of events.

Dr Shahid Latif
Consultant psychiatrists



Other events and activities

The British Indian Psychiatric Association (BIPA) Silver Jubilee Conference

The British Indian Psychiatric Association (BIPA) hosted this year its silver jubilee conference, in Coventry at the end of September. The three-day conference was well attended and centred around an excellent and varied academic programme, with speakers from India, Pakistan, Australia and Sri Lanka. Dr Ananta Dave, consultant psychiatrist and BIPA's president, not only opened the conference welcoming speakers and attendees, but she also did this dressed in beautiful traditional wear, something that many more did through the whole duration of the conference.



Overall, speakers spoke of their personal experiences, projects, research, innovation and entrepreneurship. For example, Professor NN Raju, the president of the Indian Psychiatric Association (IPS) spoke about the vision for a collaboration between BIPA and the IPS. The first day ended with the founders' dinner, which was an honour to have attended in the company of founders and past presidents of BIPA. This was a warm evening with personal stories, insights and vision for our community, in which gratitude and recognition was given in the form of a traditional shawl that is draped around the shoulders.

The second day saw a packed academic programme including different workshops, one of which I chaired along with Dr Pavan Joshi, titled 'LGBT Mental Health - our patients and us'. This was a very interesting interactive workshop, that included Dr. Sameera Jahagirdar's own journey as a transgender doctor. Another highlight of the conference was the AGM which was not only well attended, but it also represented an excellent opportunity to hear from members and share ideas and start to make future plans.



The BIPA silver jubilee conference was a fantastic opportunity to network, dress up and dance. The dancefloor was filled whilst songs from all over India played. The conference also provided an opportunity for different diaspora organisations to come together and pledge to work together to address recent media coverage of abuse within mental health unity. Dr Ananta Dave led on the signing of this historic statement between diaspora associations.

I really valued the opportunity for the different groups to come together and unite. I was inspired by our outgoing and incoming presidents Dr Anata Dave and Dr Bhavana Chawda and was reassured by the growing success of BIPA and the warmth of the BIPA family.



Dr Donna Arya
Consultant forensic psychiatrist

Visit to the Faisalabad Medical University in Pakistan (FMU)

I visited Faisalabad Medical University Pakistan (FMU) and met with the Vice Chancellor Prof Dr Zafar Chaudry in my role as General Secretary of the Punjab Medical College (FMU) Alumni UK. In that visit I discussed with Prof Dr Zafar Chaudry the Alumni projects, the new cabinet team has been working on, including the financial assistance for medical students (FAMS) of FMU and support for new doctors arriving in the UK. I was appreciated for my contribution to the above work and honoured with a shield by Prof Dr Zafar Ali Chaudry.

I had a further meeting with Dr Sumera Ehsan Head of Department of Medical Education & Dr Atia Anwar to discuss how training experience of trainees in Pakistan can be improved. It was very well perceived and agreed that Alumni will organise webinars and make informative videos on topics of common interests in collaboration with the medical education department of FMU for the students and trainees that would help them understand

both countries cultural values that define the disease process and disease outcome. It will of more value for the student who wish to pursue their medical careers in the UK.

These meetings with leaders of medical education in Pakistan, are an example of the importance of collaborative work between different cultures and countries, something the TSIG has been promoting since its inception. I hope to see more collaborations like this in the future, as we, members of the executive committee of the TSIG, believe diversity and collaboration are key elements to improve mental health services, wherever they are.

Dr Saadia Alvi

ST6 Addiction Service ERP/ General Adult Psychiatry



Open invitation

We welcome the work done by diaspora organisations, and we hope to have member from more diaspora organisations to share summaries of their events. We would love to add them to our newsletter to help promote the excellent work they do in the UK and abroad and help inspire our readers and learn more about transcultural psychiatry.

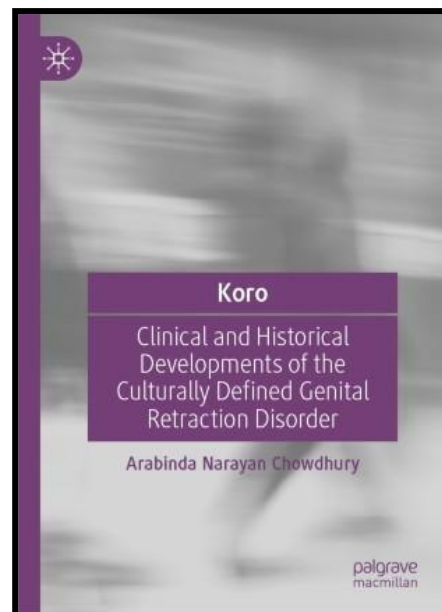


Culture, thoughts and words

KORO: A CULTURE-BOUND SYNDROME

Koro, a culture-bound syndrome, has been reported in the medical literature since 1895. However, Koro appears in classical Chinese medical texts which dates from 403-221 BC, which suggest its presence dates beyond the end of the 19th century. Despite Koro is primarily a South-Asian phenomenon, since the 1970s, Koro has also been reported in Western countries, which has led to more interest in understanding this phenomenon. However, the impact of Koro, has caused at least 21 Koro epidemics, which have been reported in the literature since 1902, this means hundreds, if not thousands of people have been affected by this cultural-bound syndrome.

To better understand the Koro phenomenon and its impact on the general population, Professor Arabinda N. Chowdhury personally studied four large Indian Koro epidemics since 1982, trying to address the wide and intense debates on the culture-boundness of Koro. Accumulating all the available published reports (of last 126 years) on both sporadic and epidemic Koro, Professor Choudhury recently published a book on Koro (518 pages- Palgrave Macmillan), which may be an interesting read for all those who have an interest in transcultural psychiatry.



“On Loneliness, during the pandemic and after.”

“There is a loneliness in this world so great that you can see it in the slow movement of the hands of a clock”

Charles Bukowski

Loneliness was the theme of the world mental health day this year for a reason, as this had already been reported as a major public health concern, even prior to the Covid-19 pandemic. The pandemic not only exposed the gaps and health inequalities that already existed, but it also highlighted the importance and impact of social connections and support networks on an individual’s ability to cope with challenges.

According to the Campaign to End Loneliness report (1), based on the data from the Office for National Statistics, more people in Britain are now chronically lonely than before the pandemic. The results indicated that 3.3 million people are lonely “all or most of the time” (chronically lonely) compared to 2.6 million people in 2020. The figures also highlighted that younger people are more likely to feel lonely than older people.

I write about this as I have been struck by numerous stories of patients, colleagues, friends and neighbours who echoed my own thoughts of loneliness through the pandemic. A friend doctor, who was a single parent and the carer of a child with a disability, struggled without family support, as she bore the financial burden of being the breadwinner and single parent to her children. Whilst working on the frontline in the NHS, she did not feel able to share her vulnerabilities or thoughts with people around her, especially her fears of contracting Covid-19 and passing it to her child who suffered from COPD and asthma. Due to the lockdown’s restrictions, she lost the support of friends who could visit or help, she described this as the most lonely and vulnerable period of her life. Like her, many others experienced similar feelings of loneliness and isolation.

Many international medical graduate doctors, who normally travel to their home countries once a year, or every few years, to meet parents and family, were unable to travel due to lockdown restrictions. Many, due to Covid-19, lost their loved ones abroad and missed attending funerals and being with their family, which interrupted their grieving process, increasing their feelings of guilt for not being with their family, and causing further feelings of isolation. Some said that they could not discuss this at work for fear of being seen as less resilient than others, and some did not talk about it as they felt they had a greater sense of duty to look after their patients than to reflect on their own grief.

Loneliness can be described as “a subjective, unwelcome feeling of lack or loss of companionship, which happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want” (Perlman and Peplau, 1981). However, there are different types of loneliness:

Emotional loneliness is the absence of a significant other with whom a close attachment or meaningful relationship existed (a partner or close friend).

Social loneliness is the lack of a wider social network of friends, neighbours or colleagues.

Existential loneliness is described as a universal aspect of the human condition which expresses the separateness of the person from others.

Loneliness can also be a **transient** feeling that comes and goes.

It can be **situational**; for example, only occurring at times like Sundays, bank holidays or Christmas, which has been described by many of our patients who find Christmas a particularly difficult time due to be single, living alone, or not having close relationship with their families.

Often, loneliness can be **chronic**; meaning an individual may feel lonely all or most of the time, which has been reported by people in a range of situations such as people who have experienced trauma at an early age, people with autism, or when certain groups feel marginalised from the society they live in, such as single parents, people with a mental health condition, living in a care home, LGBT and BAME groups, being unemployed, and those with disabilities or poor health, and even those who are in authority roles due to isolation from peers.

A study from the British Red Cross into loneliness in the BAME community (4) found that 49 % of those who had experienced discrimination at work or in their local neighbourhood, reported feeling lonely more frequently, than those who had not had these experiences (28%). Similarly, 67% of respondents felt they did not belong in their community and reported they were always or often lonely, compared with just 16 per cent who felt they did belong. This study also found that people from BAME backgrounds felt less able to access community activities and support. These results highlight the need for each individual to have a sense of belonging, as well as feel valued and safe within their community. In addition, other factors that triggered further loneliness were cited as racism, discrimination and xenophobia.

Young people and adolescents struggled through the pandemic when schools closed, as they lost their social connections and the only option to learn became home based. Unfortunately, many did not have access to a laptop or internet to learn from home, which caused an interruption in their learning at school, leading to loss of confidence and self-esteem. The lack of opportunities to socialise with friends and peers also added to isolation, especially for those who lived in abusive households or did not get on well with their families, and had relied on friends, pastors, or teachers at school.

Loneliness brings with it health costs and wider implications for healthcare services. Loneliness and social isolation have been associated with a higher incidence of cardiovascular diseases (CVD), higher healthcare use, and worse health outcomes even after controlling for conventional risk factors of CVD (5). Loneliness has also been associated with an increased risk of coronary heart disease (29%), stroke (32%) and overall mortality (43%) rates (6).

One of my patients, a 63-year-old widower who lives alone, reported that attending church on a weekly basis had been his lifeline, and the sense of belonging and social connectivity had helped him through his years of loneliness as a widower. He felt ‘a deeper sense of betrayal when the lockdowns and restrictions took away my only hope. I was suicidal at one point.’ These narratives and stories of individuals were not captured, and there is evidence suggesting that due to loneliness, he will be at an increased risk of cognitive decline or dementia (7).

Another patient story is that of a 25-year-old gentleman with moderate learning disability and autism, who finds change by virtue of his condition extremely difficult, used to look forward to his brother’s weekly visits, and would engage in healthy activities during the week such as yoga and creative arts therapy. Each of these added resilience and meaning to his life; however, were taken away during the pandemic. Sadly, this led to severe depression, and engagement in behaviours such as head banging, cutting his wrists and throwing objects at the staff in his care home. Although the restrictions have lifted, his assigned nurse reports that regaining his trust will take time and that his recovery has been setback. These are just some of the narratives of many individuals who experienced fear, uncertainty and loneliness through the pandemic, and many who continue to experience it after and struggling to rebuild their lives again.

show that there is a need to promote social prescribing in the community, and for commissioners and policy makers to work in collaboration with each other, and for services to be equitably distributed. This will require a genuine interest and research into groups that have been identified as being at higher risk for loneliness.

As psychiatrists, let us help people to unfold safely, especially those who need a better sense of belonging and are feeling lonely. This may require us to step forward to help design policies, engage in research with vulnerable groups, promote and design social prescribing interventions, work with local businesses, charities and community leaders, as well as address housing and unemployment, setting up social activity groups; however, this list is not exhaustive.

We, as humans, are all meant to be connected, and if there ever was a better time to start rebuilding those connections again, it is now.

"So many people are shut up tight inside themselves like boxes, yet they would open up, unfolding quite wonderfully, if only you were interested in them."

Sylvia Plath

Dr. Saadia Muzaffar
Consultant psychiatrist



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Translating Transcultural Psychiatric Reflections on Disclosures of Gender-Based Violence: How to go beyond the 'mother tongue' of trauma

Humanitarianism dominates the responses to gender-based violence (GBV) and there is a false perception as a result that confronting experiences of GBV in wartime is a division of psychiatry that is beyond the boundaries of national health systems. Similarly, the notion of 'refugee culture' to describe the traumas encountered by those who have fled conflict settings is an alienating terminology that distinguishes the persona of a refugee to be of a particular cultural group. These are a few of the challenges when translating disclosures of GBV into psychiatric frameworks, which are dominated by a medicalised foundation of trauma. In this reflective piece, I recount my experiences of working with disclosures of GBV within the medico-legal structure of a claim to seek asylum in the United Kingdom.



I have found that a thread throughout the many and varied stories that I have received and analysed based on the responses and reception of the language used by the person seeking asylum to express their experiences is the idea that the disclosure has occurred 'too late'. There is a contradictory element here. On the one hand, the trauma associated with GBV experiences is being acknowledged to be so

prominent that there is an expectation that the person would be able to and, indeed, should, reveal all the details to support their claim that asylum is required. On the other hand, there is a silencing of the voice that is holding the words or at least containing the language that is yet to be spoken. The reasons why such disclosures of GBV are not spoken are the source of reflection for this article.

Whilst psychiatric frameworks standardise the ways that symptoms Post-Traumatic Stress Disorder (PTSD) are assessed and diagnosed, there is little space for reflexivity of the meanings or nuances of the stories that such symptoms are considered by health professionals to be rooted in. In this sense, "as a result, no 'single traditional representation of rape' exists which transcultural psychiatrists can utilize when trying to provide assistance. The meanings ascribed to experiences of sexual violence are reconstructed dynamically and refer both to symbolic materials from the culture of origin and to the new conditions of existence experienced by refugees in exodus" (Atlani and Rousseau, 2000, p. 10).

Thus, when translating silences, or other forms of language, that discloses GBV, there is a risk that the person is shrouded by their cultural identity at the same time as closed into the necessity to conform to rigid definitions of both meanings of culture and of trauma. The chasm, if any, between GBV and trauma needs to be navigated carefully. Failure to achieve the balance of walking through the narration of the way a person is making sense of the ruptures in their life-story with the power of a diagnosis to affirm their trauma and in turn, to validate their need to be granted refugee status, is a

potential life or death risk factor. In my experience, the stories of GBV among asylum seekers rarely emerge to the surface at the point that both legal or health professionals try to assist and intervene, and the silence is often prolonged as a survival strategy in the context of a harmful socio-cultural awareness and understanding about how the person would be perceived and treated if their story is witnessed. Bringing wartime GBV into the clinical setting is another form of battle and one that carries the weight of the person's story.



As we continue to consider ways that we can translate silences and culturally rooted meanings of disclosures of GBV, a transcultural psychiatric perspective helps to magnify the hidden to become the seen. We must find ways to perceive, hear, bear witness, and receive

stories of psychological suffering because of wartime GBV within the structures and delineations of psychiatry that reach the discourse of the cultural narrative of the person. These are stories of the silenced, and silence within writing and from speech is difficult to translate in clinical socio-cultural paradigms that prioritize such expressions.

We can improve by understanding new words and new forms languages that hold the 'mother tongue' of trauma and their translation is where the first steps of healing can be undertaken.

Reference:

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Dr Ayesha Ahmad
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St George's University of London

Future events

Transcultural Special Interest Group Annual Conference 2023, RCPsych. March 6th.

Join us at our 2023 TSIG annual conference which is planned to be a face to face event. Please add this date to your calendar and join us to hear great talks, focused on transcultural psychiatry.

RCPsych International Congress 2023, July 10th – 13th, Liverpool, UK.

The RCPsych International Congress will be the first face to face congress organised by the college, this will take place in Edinburgh in June 2022. Save the date.