Transcultural Clinical Work and Research at Avicenne Hospital, France

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Plan

- Short history of the Avicenne Hospital and the ethnopsychiatric consultation
- Clinical work:
  - Population served and collaboration with other services (referrals and indications)
  - Services offered
  - Specificities of the group setting
- Research work (examples of on-going research)

Short history of the « Hôpital Avicenne »

- Founded in 1935 as the « Franco-muslim Hospital » in the north-eastern outskirts of Paris (where a high percentage of the population is from the Maghreb countries) and reserved to Muslim patients *(« pour les indigènes musulmans des colonies »)*
- Adjacent to it, the first muslim cemetary in the Paris region was inaugurated in 1937
- Clearly a hygienist and political decision to build this hospital far from the city centre (high prevalence of infectious diseases in the immigrant population)


Hôpital Avicenne

Cont.

- In 1961 the hospital became part of the Paris public hospital foundation (Assistance Publique) and opens to the general population
- In the 1970's it became the teaching hospital of the newly founded medical university of Paris 13
- In 1978 it changed it's name to « Hôpital Avicenne » after the famous oriental physician Ibn Sina

History of the ethnopsychiatric consultation

- In the 1980's Pr Serge Lebovici felt the need to serve better the immigrant population consulting at the department of child and adolescent psychiatry and had Toby Nathan start his ethnopsychoanalytic consultation
- Since 1989 Marie Rose Moro has taken over the consultation and T. Nathan opened a consultation service at the Université Paris 8 (Centre Georges Devereux)

Population served

- First, second and third generation immigrants.
- ¼ of patients from Magreb countries (Algeria, Marocco, Tunisia)
- ¼ from West Africa (Mali, Senegal, Mauritania, Guinea, Ivory Coast, Benin, Togo, Burkina Faso, Sierra Leone etc.)
- ¼ from Central Africa (Cameroun, Congo-Brazzaville, Democratic Republic of Congo, Angola)
- ¼ from all other countries (Turkey, Georgia, Tchetchenia, Afghanistan, Pakistan, India, Sri Lanka, China, and many others).

Cooperation with other services / referrals

- Patients are referred
  - from other physicians (GP or psychiatrists, sometimes other specialties)
  - from social workers
  - child protection services
- Follow up should be taken care of by initial care giver

Reasons for referrals

- « Language problems »
- Difficulties in understanding cultural specificities of illness presentation (idioms of distress)
- Diagnostic questions
- Compliance
- Psychotherapy taking into account an emic perspective
- Working with families in a culture-sensitive way

Services offered

- group sessions
- individual therapy
- parent infant therapy
- diagnostic and therapeutic advice to colleagues
- working sessions with professionals who need support in working with immigrant families
- training and information in transcultural issues
- forensic expertise

Working with children

- immigrant children have specific psychological vulnerabilities
- cultural practices have a protective effect
- there are interactions beetween the cultural framework and the psychic framework
- children of immigrants have to confront a twofold fragility: their own, linked to the cleavage on which they are structured, and their parents' linked to immigration.

Basic principles of transcultural psychiatry:

1) Universality in psychological functioning

2) All men and women are cultural beings. Cultural variations exist in child rearing practices, in expressions and explications given to illness as well as in health care seeking behaviour.

Three levels of analysis for clinical situations (M.R. Moro)[1]

- Ontological considerations concerning the sick person (who)
- Etiologies (why)
- Therapeutic logics (what to do)

[1] Moro M.R. (1994) Parents en exil. Psychopathologie et migrations, Paris, PUF, 2002.

Working in a group

- Developped by Tobie Nathan
- Facilitates the work on and with *cultural representations*
- Uses the *language(s)* of the patient
- Relies on a *multicultural team* of professionals
- Uses the *complementarist approach* of Georges Devereux

- Patients are invited to come with family or other person close to them
- Referring professionals are invited to assist

Language

We systematically work with interpreters who speak the patients mother language and who are trained to work in the specific setting of our department. Interpreters do not only translate what is said but they have the role of mediators between cultures. The analysis of representations of illness from a linguistic point of view is an important part of our work.

Multicultural team

Patients come to see a multidisciplinary group of psychiatrists, psychologists, social workers, nurses. This group fulfills three functions:

1. It is made up of many diverse representations of *otherness.*
2. *Holding.*
3. It materializes *the passage from one universe to the other.*

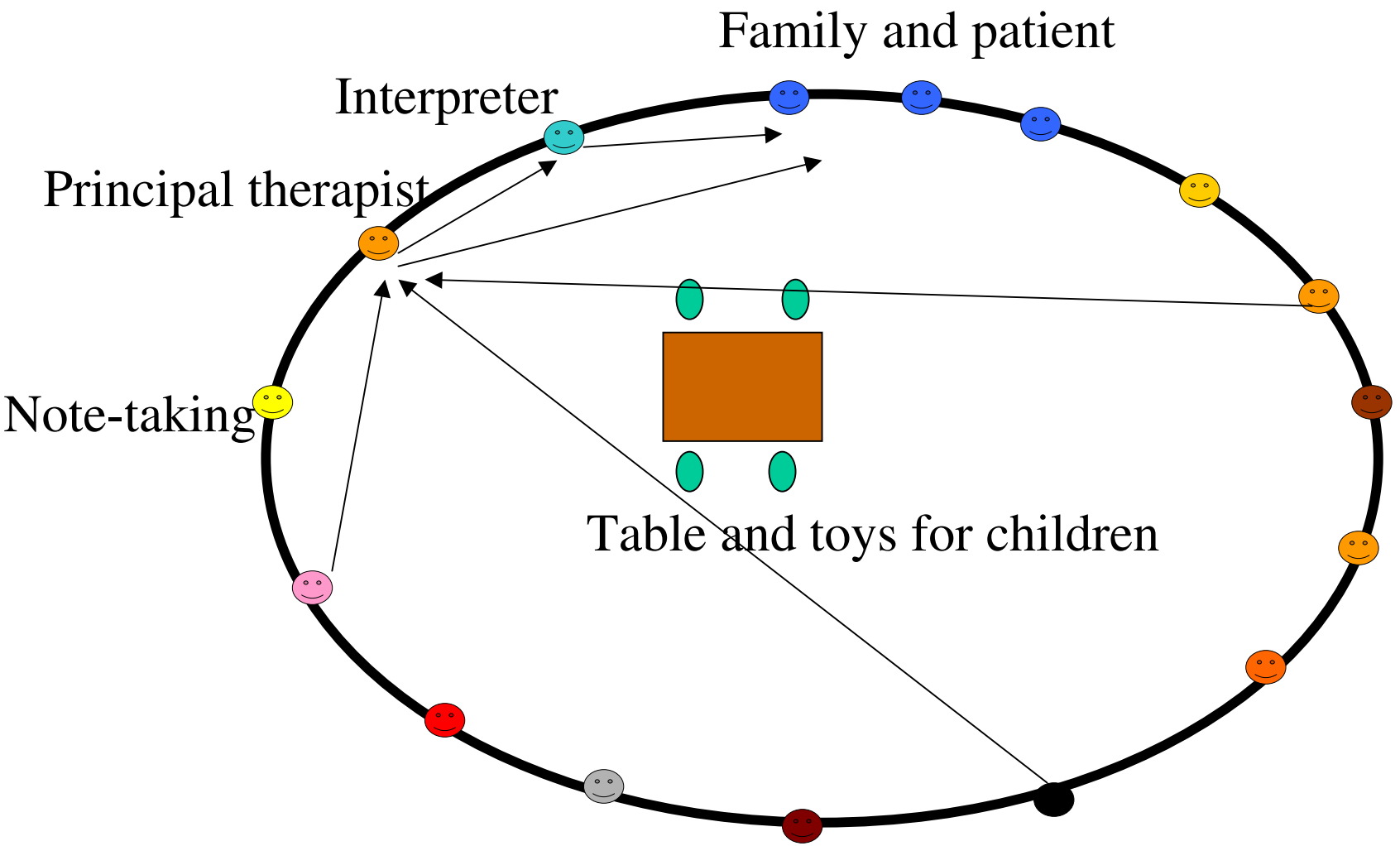
The team represents cultural diversity and functions as a « cultural frame ». Thus it facilitates the enunciation of traditional etiologies and the acces to representations concerning illness and therapeutics.

Complementarist approach

Our work is based on the principles of the complementarist approach of Georges Devereux[1] which postulates **a mandatory but never simultaneous use of the methodologies of different disciplines**, such as psychoanalysis, anthropology, psychology, linguistics, history, systemic theory, religious sciences etc.

[1] Devereux, Georges, *Ethnopsychanalyse complémentariste*, Paris, Flammarion, 1985

The group setting



Three axes structuring transcultural therapeutic work (G. Sturm):

- Therapeutic alliance
- Mediation
- Elaboration and « playing with cultural representations »

Case example

7 year old boy, family from DRC, diagnosed with pervasive developmental disorder, institution finds it difficult to work with family

* parents present explanatory model: sorcery
* work around alternative cultural models (transgression, ancestral spirit, special gift etc.) leading to a different consideration of the boy's place in the family
* narrative of the family and migration history allows for renewal of contact with family at home

Research work

- Illness representations and outcome in drug addictions (using Weiss' explanatory model interview catalogue)
- Mental health in asylum seeking families (attachment and narrative)
- Bilingualism and speech development
- Bone marrow transplantation in sickle cell disease and psychopathology
- Vulnerability and resilience in immigrant children

www.clinique-transculturelle.org