IMMIGRATION AND PSYCHIATRY: YUGOSLAV-BORN MINORITY IN VICTORIA

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YUGOSLAV IMMIGRANTS IN AUSTRALIA: GENERAL PRESENTATION

From available publications including censuses' data and various statistical and historical studies, the five appended tables define an image of Yugoslav immigration to Australia.

Table I shows three waves of Yugoslav migration. Tkalcevic (1979) describes the basis of this three-part divison in his representation of Croatian migration. The first immigrants came from coastal and insular regions of Croatia (Dalmatia). From 1947 to 1951, mostly displaced Yugoslavians immigrated who may have been political, economic or illegal emigrants, former members of Quisling formations, or people shunning military service, etc. After the early 1960's reasons for emigration were predominantly legal and economic, especially following a visit to Yugoslavia by the Australian Department of Immigration officials in July 1967 (The Immigration Planning Council, 1968).

Table I presents the number of Yugoslav-born immigrants irrespective of their nation heritage. Data include members of ethnic minorities in Yugoslavia: Albanians, Germans, Hungarians, Italians, Slovaks, etc., and does not include people of Yugoslav origin who came to Australia from Italy (Trst-Trieste, Gorica-Gorizia, Venezia Giulia) and Greece (Macedonians of the Vardar-Thessaloniki region). According to Price (1963) more than a half of migrants from the Florine and Kastor region in Melbourne consider themselves, Slav-Macedonians. McArthur (1983) states that Australia has a population of 230.000 people, including children born in Australia from one or both parents born in Yugoslavia. Tkalcevic (1979) believes there are close to 300.000 people of

Yugoslav origin in Australia. In another study, Price (1979) stated that in 1978 there were 221.000 people of Yugoslav origin in Australia. His projection for the year 2000 is estimated between 299.000 to 313.000. Data from Price (which will be important to later comparisons) summarize the ethnic origins of the Australian population in 1978: Total British 10.976.000; Italian 595.000; German 581.000; Greek 336.000; Dutch 219.000; Aborginal 142.000. The largest groups of Yugoslavian immigrants are Croatians and Macedonians.

Map 1 shows the distribution of Yugoslav population in Melbourne. The majority is presently concentrated in western working-class areas, though analysis of past distribution reveals a trend toward greater dispersal troughout the metropolitan area.

Though most Yugoslav-born immigrants have come from below-average educational levels, some have made significant academic and artistic contributions, enriching the Australian culture. For one list of well-known writers, painters, opera and ballet stars, and academics, etc., see McArthur (1983). There are many other artists, scientists, doctors, journalists, and sportists. Jupp (1981, 1984) believes that because of fragmentation and low levels of naturalisation, Yugoslav immigrants have not had much political impact at local levels, though in 1982 there were two Yugoslav-born members in the House of Representatives and Senate. According to his analysis, Yugoslavs in Melbourne voted for A.L.P.

In the seventies, a small number of pro-fascist extremists committing a series of terroristic acts caused a burst of negative sensationalism. Their activity has been described in various Australian studies, journals and newspapers (Wilton and Bosworth, 1987; Coxsedge, Coldicutt, Harant, 1982; Foster, 1986).

Other interesting statistical information pertinent to the sketch of Yugoslav immigration deserves mention. According to Storer (1985) the rate of divorce and separation in Yugoslavs was 6.4 (Australians - 8.5, Greeks - 3.5, Italians - 2.6) in 1984. The percentage of single persons in 1981 was 20.3 (Robinson and Pidgeon, 1986). Whitlock (1980) found low rates of drug offence in Yugoslav immigrants, the rate being 0.9 (New

Zealanders - 13.9, Australians - 3.3). Whitlock (1971) found as well that the rate of suicide in 1965-67 was high in Yugoslavs in Australia - 33.6 for men and 16.2 for women, whereas at the same time in Yugoslavia it was 17.8 and 7.7 respectively, and among the Australian-born population - 16.1 and 10.0. Francis's study of Migrant Crime in Australia, according to Wilton and Bosworth (1984) showed that crime levels of most migrant groups fell well below those of the Australian-born.

Of course, statistical studies are inherently liable to various pitfalls. A more correct variation using age-specific groups could diminish the reported values, but an everyday experience with immigrants indicates that some of the values reported could be much higher than the statistics suggest. For example, one may contest the reported divorce and separation rates, but from clinical experience it seems that there are many immigrants who are either divorced or remarried.

THE NEW SURROUNDINGS

A better evaluation of emotional and pathological reactions of Yugoslav immigrants may be gained through an analysis of typical features of Australia as a host society. The most outstanding one is that generally the new country is highly urbanised in comparison with the immigrants' homeland. Only a few Yugoslavs live in rural areas of Victoria; most have settled in city regions which contrast significantly with the small villages where many were born and raised. From the immigrant's perspective, it is difficult to establish either close or informal bonds within a short time with their Australian contacts; as the Australian social customs and behaviours are distincly foreign to them, with the possible exception of pub social life. On the whole, Yugoslavian ways of socializing tend to be more open, less-guarded; they are accustomed to making informal or intimate connections with little effort. For many Yugoslavian immigrants, it takes years for them to realize a warm and friendly personality can be hidden behind the cool and inaccessible first impression of the Australian.

Of course, language difficulties play a significant role in the immigrants' isolation and alienation, which can be

particularly accentuated when they begin to loose touch with relatives and friends at home. Prejudices against foreigners also disrupt an immigrant's proper entry into new social circles, though reports differ as to the extent of the presence and effects of this prejudice (Al Grassby, 1984; Blainey, 1984; Encel, 1986; Markus & Ricklefs, 1985; Milne & Shergold, 1984; Western, 1983, etc.). Though prejudices are often kindled by affluent circles of society, prejudice behaviour is often coarser and more frequently expressed within lower occupational and educational levels, as shown in various public enquiries (Birrell & Birrell, 1981; Taft, 1972). Nevertheless, it is interesting to note that immigrants do not often complain about contacts spoiled by prejudices; instead, they form their own prejudices seeking revenge against their Australian counterparts - an exclamatory remark such as »wog« is returned by »kangaroo«. What generally hurts them more is the Australian indifference, and disrespect for their background. Martin (1971) argued that Australian attitude toward ethnic cultures was essentially one of non-recognition. Her observations can be deduced as well from Australian newspapers, radios and TV stations where foreign countries and non Australian parts of the world are rarely featured topics. Foreign news from abroad is sparse, even from New Zealand. An average Australian lives in an atmosphere of isolationism and ethnocentrism, he may only harbor vague apprehensions about the potential dangers of the outside world. In this atmosphere migrants begin to sense that their past is somehow unimportant and therefore compromise a valuable aspect of their self-identity.

In the face of this national indifference immigrants often try to create a more personable environment for themselves. In the case of chain migration, it is not difficult, as the newcomer can join his already settled local ethnic group. These informal groups, a kind of social »ghetto«, provide social interaction and a needed support group. The ramifications of this extended surrogate family can be dramatic. For example, it is not unusual that at wedding parties up to 300 guests are invited. Of course this represents an immense financial burden for those involved. Various social gatherings on a smaller scale are organized around religious feastdays. Through frequent,

traditional socializing, some Yugoslav communities have succeeded in preserving their original lifestyles through second and third generation. However, more often families and groups begin to disintegrate under the influence of immigration distress, especially when neurotic disorders, alcoholism or mental diseases have set in. In these cases, both the unhealthy and their relatives become increasingly isolated, with no one to turn to for emotional support or comfort in a time of crisis.

Although there are a variety of ethnic associations, such as welfare organizations and churches, immigrant participation in ethnic organizations is relatively low. People suffering from serious emotional disturbances or mental diseases, and their relatives show the least interests in ethnic activities. Often they do not know that such ethnic welfare organizations exist. When encouraged to join an ethnic group, they often express fear of becoming involved in some kind of political activity. In fact those who may be devoutly religious, abstain from Church, expressing beliefs that Church is more concerned with politics than with religion, or that the main interest of Church is to gather money. However, there are patients who adhere faithfully to church parctices. Sometimes new immigrants complain that they are not accepted into ethnic organizations wholeheartedly because closed circles of older generations have already formed. Small intrigues, petty ambitions and factionism may distort the intended role of ethnic organizations. In addition, sometimes ethnic organizations have a prejudice majority which discourage other ethnic group from joining.

Another reason for the lack of participation, especially of young people and second generation immigrants, stems from the adherence to absolete ethnic stereotypes. The supportive role of Church and the maintenance of faith and religious affiliation is hindered by outdated folklore and traditional elements which were relevant many years ago, but are now incompatible and inapproprite in everyday society. Friend and Sharpe (1973) wrote that it is a universal phenomenon that adolescents refuse to adhere to the rituals and observances of religious parents.

Conway (1977) writes that religious faith and firm beliefs in trancendental values have never been a significant part of

the Australian consciousness. Among the common characteristics of the Australian public outlook, he cites the pursuit of pleasure, utilitarianism, little interest in spiritual values, a traditional dislike for absolutes, lack of interest in philosophy, and an overall scepticism. White's (1981) historical survey of the evolution of the Australian psyche highlights long eras when mediocrity and philistinism were outstanding features of the culture. The migrant who faces psychological and spiritual atmosphere tends to react extremely: he may either exaggerate the traits he perceives in his fellow Australians or else revert to accentuating or fanatacizing a narrow range of past values and beliefs, which may spiral into a travesty of religious or nationalistic obsessions. Moreover, an emotional breakdown may follow that may lead to psychiatric treatment or the not uncommon consequence of the individual left to decay in some destitute boarding house.

Throughout the Western world, the pursuit of progress and economic prosperity predominate most people's mental and physical activity. Even though economic growth still appears to be flourishing, the ominous sense of the failures of the technological era can be unsettling. Naturalists warn us of the dangers of atomic plants and of increasing pollution. The oppression of the instability of sustained employment is omnipresent. Society's disillusionment in regard to these matters is perhaps reflected in the widespread compromise of moral and ethnical values leading to demoralisation, especially among the younger generation. When the migrant faces the height of western ways of life, because of his marginal position and greater vulnerability, he is more likely to fall prey to the dire consequences of demoralisation; this is especially true of second generation of immigrants. As a result, migrant parents can live in a constant state of anxieting, fearing for the well-being and a proper education of their children. This fear is indeed justified: self-centredness, primitive expressions of indulgence, addiction, suicide and delinquency, are spreading rapidly among immigrant youth. In addition, negative directions of social pressures are succeeding in transforming love making into a barren and sterile act. However, all these problems are evidently not »psychiatric« but social problems. They have been produced by social change

and a mutual misunderstanding between the social and cultural differences of immigrant and host societies.

PSYCHIATRIC AND MENTAL HEALTH ASPECTS OF YUGOSLAV IMMIGRANTS IN AUSTRALIA

Psychiatric morbidity and care in Victoria

Since a centralized, computerized patient register was established in 1969, there has been a sound database for psychiatric epidemological studies in Victoria. From the mental health statistics 1981/82 (Mental Health Research Institute, 1982), data have been tabulated regarding the psychiatric morbidity of Yugoslav immigrants. (See Tables VI, VII, VIII).

The data does not represent the private sector of psychiatric care; were it included, the frequencies of morbidity would be higher in Australian and probably the U.K./ U.S.A. groups, but the presentation of Yugoslav morbidity would not be significantly influenced. As mentioned previously, the diagnoses should be reassessed. At the very least, the statistics reflect trends in diagnoses rather than the actual distribution of diseases.

Distribution of Yugoslav-speaking professionals in health care

According to the Australian Yugoslav Welfare Organization (1986) and other sources there are in Victoria 16 non-psychiatrist doctors, 2 psychiatrists, 2 clinical psychologists and 1 sociologist who speak one or more Yugoslav languages. In previous years many Yugoslavs found employment in psychiatric hospitals as nurses, occupational therapists, aid-nurses and technical staff. According to Celestin (1987) in 1975, there were 18 registred Yugoslav-born psychiatric nurses in Melbourne, many of whom have since retired. At present, according to our questionnaire there are 28 Yugoslav nurses and nurses' aids, as well as numerous non-medical staff. Three nurses occupy leading positions (1 Director of Nursing, and 2 Vice-Directors of Nursing). Very important work has been offered by Yugoslav interpreters, two of whom worked with

the Mental Health Interpreter Service, and three with the Central Health Interpreter Service. There are still others in local hospitals and private agencies. One survey suggests that the prospects are good for medical professionals entering the work force who are proficient in Yugoslav languages. Tiller and Jones (1985) found that in one of medical faculties in Australia (Monash University Medical School), 17 students spoke (7 fluently, 10 usably) Macedonian, Serbo-Croatian or Slovenian languages.

The new Mental Health Act (State of Victoria, 1986) encourages the establishment of mental health services that will emphasize the various religious, cultural, and language needs of persons who are mentally ill, and that intend to train ethnic persons in the provision of mental health services. Unfortunately, the regionalization of servicies left western Melbourne's (mostly working-class) health care services catering for the bulk of Yugoslav population with an insufficient number of psychiatric beds. In this region the number of beds per 1000 people was 0.37 in psychiatric hospitals, an utterly insufficent amount to support the mental health needs of the population. Occupational therapy was given way to various forms of group therapy. As most of group therapy is verbally oriented, it cannot reach migrant patients who are inproficient in English.

Psychologic reactions to stress

In discussions with Yugoslav general practitioners in Victoria, they indicated that the following complaints are most frequent among their Yugoslav patients with psychogenic reactions or states: tiredness, restlessness, anxiety, depression, irritability, agitation, aggression, sleep disturbances, lethargia, somatic complaints, pain, feeling of weakness and unfitness for work, loss of confidence and paranoid ideation. They considered anxiety and depression as the most common disturbances among immigrants. Meanwhile, daily circumstances most frequently attributed to the rise of psychogenic reactions during immigration were: maladjustment to the new environment, stress due to the heavy workload, unsupportive community, unrealistic materialistic expectations, separation

from family, work and traffic accidents, difficulty finding jobs, and little or no social life. The frequent factitious disorders they ascribed to the epidemiological spread of compensation issues resulting from the ruling social regulations and conditions. Most clinician's stated that the percentage of psychogenic reactions and states was 20% of their entire casuistry. One doctor reported that his percentage was as high as 50%. Ten percent of their patients have been referred to public psychiatric clinics, and up to 15% have sought help from private psychiatrists. The psychiatrists treated them with higher doses of psychotropic drugs than the practitioners.

My own observations of psychogenic disorders is limited to patients who have sought help in psychiatric clinics and hospitals in western parts of Melbourne. The following is a description of a consecutive series of 20 psychoreactive disorders referred to the Yugoslav ethnic psychiatric service. Table IX reports data on demographic and clinical characheristics of the sample.

From our observation, the clinical picture of psychoreactive disorders was essentially the same in Australia as in the country of origin. The only differences were found in the frequency and intensity of some features. Jealousy and suspiciousness were common features in clinical presentations. The patients' symptomatology was often exaggerated and rasistant to change. Patient histories generally revealed that increasing emotional tension and distress observed in the patient had led to an increase in medication. It appears that the failed communication between the doctor and the patient was subverted with an exchnge of medication. In four cases high doses of neuroleptics had been administered for a prolonged period of time and in three cases reversible extrapyramidal side effects had developed. Often a combination of drugs from using more than one class of medication was prescribed concurrently. For instance, one patient had received prothiaden 175 mg, chlorpromazine 200 mg, diazepam 15 mg and benztropine 4 mg daily. In most cases the patients hesitated or refused to lower dosages or give up medication. In particular, the suggestion of reducing benzodiazepines was met with stubborn resistance. Often the patients complained and protested a reduction in medication even before a withdrawal

reaction had set in. Two patients have been repeatedly admitted to psychiatric hospitals and in both cases up to 20 applications of ECT had been administered. In one patient who had attempted several suicides, a lobotomy had even been considered.

Psychoreactive disturbances often emerged in partial connection with increasing marital disharmony, which is itself a common outcome of the impact of the new life and environment. Moreover, the psychogenetic disturbances and marital disharmony often assumed the pattern of a negative spiral, creating vicious circles of mutual estrangement. However, divorce was surprisingly rare in our sample. The first relations to suffer are usually friendly bonds between fellow-countrymen. One of our patients related that on her arrival in Australia, 16 families formed a closely linked social group. During their stay, the group slowly disintegrated as people became more and more egocentric and envious of one another. Nervous disorders further discourage social interactions, visits among friends and acquaintances become increasingly rare leading ultimately to a painful and nearly total isolation.

In our sample, there were 9 traffic or work-related accidents which led to 7 cases involving compensation issues. In all seven of our cases, a genuine anxiety reaction was observed, which became increasingly aggravated as the compensation procedure was protracted.

The majority of our patients were already addicted to benzodiazepines. Part of this problem stems from the conditioning of society which is addicted to surrogate chemical regulation for problems of behaviour and emotional control. In this evironment, it is common to merely accept the »disease« the patient brings, together with an expectation that a drug can be prescribed to alleviate the individual's suffering; in this realm, the patient often turns a deaf ear to consultation and supportive psychotheraphy.

The author's experience with reactive disorders of immigrants suggests that there are various explanations why reactions are often so disruptive and exaggerated. In a figurative sense, personal traits which have either dried up like a transplanted tree or aberrantly over-grown. Unfortunately it is

often the good that dries up, and the bad breaks out in full bloom. Latent faults in one's character are brought to light. Meanwhile as the family becomes the only arena of social life due to the imposed isolation of immigrants, the familiy dynamic is challenged to a point of punishment. The family as s symbol of warmth, and the last refuge eventually is wrecked by the forces of tension, dissent and confrontation. The final result is often marital separation and divorce. The spouse of the patient becomes the scapegoat or the escape valve for the sufferer's tension and anxiety.

Although in some cases immigration becomes a training ground for tolerance and patience, more often, it represents an arena of hatred and aggression, which is demarcated by anxiety, tension, fatigue, somatic accompaniments, and minor illnesses and accidents, all of which give further rise to secondary enxiety depressive states. The gates are wide open for various kinds of surrogate solutions, all of them addictive in character: money, food, sex, alcohol, drugs, extremism, assimilation.

Within the study of the effects of immigration, rates of suicide and chronic alcoholism deserve special attention. Unfortunately, my own studies in Australia thus far have not afforded me the resources to conduct the broader sociological and psychological study these problems require for a proper understanding. The previous chapter indicates that there is a higher frequency of suicide in Yugoslavs in Australia than in their country of origin. Whitlock's (1971) findings point out that susceptibility to suicide was not the same in all nationalities; The Yugoslav rates ranged higher. However, London (1986) found that in England, suicide was lower among immigrant minorities than among the native population. The Mental Health Research Institute in Victoria has gathered some interesting data regarding alcoholism among various groups of the population (Table VI). Based on a rate of patients treated per 100.000, alcoholism among Yugoslavs was reported higher than in any other immigrant group. The relatively high percentage of alcoholic hallucinosis and paranoid psychoses in our particular study indicates that alcoholism among Yugoslavs is indeed a serious problem.

Overrepresentation of schizophrenia

The Mental Health Research Institute (1982) published the following rates of schizophrenia (per 10.000 at risk) for the state of Victoria: Yugoslav males (40.8), Australian-born males (16.2), Yugoslav females (45.4), Australian-born females (15.5.). These data inspired our study, aimed at finding out whether the reported increased rate of schizophrenia in Yugoslav-born immigrants has a reasonable diagnostic basis.

Our study sample consisted of 50 Yugoslav-born immigrants living in the catchment areas of two psychiatric hospitals in the suburbs of Melbourne. Each patient had a diagnosis of schizophrenia at the time of reassessment. During the study period, approximately 23.000 Yugoslav-born persons were living within the catchment areas of the two hospitals. In accordance with the Mental Health Research Institute's statistics (1982), the expected cases of schizophrenia in the study area would be 99. Therefore the selection of 50 cases for this study represents a sufficent basis for analysis.

The reassessment was conducted in the patients' native language, Croatian, Serbian or Slovenian, as the case demanded. Every attempt was made to reduce the factors that could have led to diagnostic misassessment.

Diagnostic reassessment resulted in the confirmation of schizophrenia in only 13 of the 50 patients (26%). In the remaining 37 cases (74%), the following diagnoses were made: 8 affective psychosis and/or affective disorder; 4 symptomic psychosis; 8 reactive psychosis; 3 involutional paranoid state; 1 paranoia; 3 paraphrenia-like states; 9 alcoholic hallucinosis and alcoholic paranoia; 1 compensation neurosis.

Of the 37 cases in which schizophrenia was not confirmed, 35 showed no signs of schizophrenic personality deterioation; two had only residual symptoms. Ten of the 37 cases were found to have predominant mood abnormality with obvious or accentuated depressive or hyperactive/manic episodes, indicating an affective disorder. In many cases, previously described »flatness of mood« and/or »withdrawal« (noted in the patients' files) was not presented during the assessment. Interviews in the patient's native language often disclosed a warm personality. The reexamination indicated that the patients had probably

been merely misunderstood in previous clinical consultations. Moreover, language difficulties in the past also appeared to have been incorrectly related to, and recorded as, first-rank Schneiderian symptoms.

The reassessment identified several factors that can result in diagnostic difficulties in regard to the assessment of immigrants. These include: 1.) the lack of a common language between the clinician and patient; 2.) the common use in clinical practice of a broad vaguely defined concept of schizophrenia; 3.) the misinterpretation of suspicious behaviour and paranoid symptoms which occur frequently in immigrants; 4.) the clinician's unfamiliarity with the patient's culture leading to the attribution of psychopathological behavior to culturally appropriate responses; and 5.) the influence of neuroleptic side-effects, which can cause pseudo-praecox Gefuhl.

These findings cast doubt on the validity of previous reports of high rates of schizophrenia in Yugoslav-born immigrants.

OUR PATH: AN ILLUSTRATION

Yugoslav-born poets and writers in Australia have contributed to many publications, both in English and in their own languages, relating their own experiences to the universals of human experience. The collection of poems and prose, **Our Path**, (Dubovcanin O. ed., 1986, Melbourne: The Association of Yugoslav writers in Australia and New Zealand) provides for our purposes an interesting and invaluable depiction of the destiny of migrants. It is a persuasive collection of writings dealing with the hardships of the new paths that the migrants are forced to take when they are far removed from their homeland. Each author takes a personal approach to various issues of immigration, writing about the effects that this new life has had on them and their own fellow countrymen. Many of the works express sadness and loss, while only few are more optimistic; all are genuine and sincere. Their poetic language has a humanistic advantage over impersonal scientific analysis. The following quotations should add another vivid and illustrative dimension, to our previous professional approach.

The poet Dubovcanin laments in her poem *My Grammer*: *» ... Why do you ask about brutal movements in your shoot's pulsation?/ ... Truth would be too heavy for you./ Don't ask.../.«* (299). In her poem *Our Path* the communication gap and the following disintegration and isolation are aptly described: *»...Here and then/ your ears are rent by »wog«/ and many are hindered by unknown language's veil,/.../ And I see many,/ enfeebled, despondent beings/ who've been* ***broken by unknown language's wand****/ with self-hypnosis,/ like little white conies/ they go deeper into more hidden nooks./«* (11-13). Later in the work, she continues to depict the quarrels which begin to destroy families and communities: *»And somehow,/ in some other hole,/ white teeth are gnawing./ And- brother to sister growls./ And - painful are their blows./ And - kin avoids kin./ The words bristle the skin./«* (13). Her story, *Mother's children*, (237-263) is even more tragic. It portrays the consequences of blind nationalism and narrow-mindedness, which so often emerges in immigrants. Katarina Kerry concludes her glimpse of uprootedness with this thought: *»We are forgetting what is ours... and we will never learn that which is foreign.«* (93). Sparovec gives us an account of constant tension and restlessness that riddles an immigrant's experience: *»...Following numerous illusions, I'm losing faith in myself. I'm becoming vigilant. I know that the nightmare of vertigo awaits me should I relax. I must continually engage in some activity, yet the spirit is evading me. ... I'm not at the end of my strenght, battling with every thing around me.«* (153). Out of tension workaholism arises. Cuk describes the tragedy of a successful businessman who lost his family and his wealth because of his addiction to and resulting exhaustion from work. (*Materialists*, 115-148). Greed is another vice spawned by the migrants' distress, as related by Jovanovska in her poem, *Greedy Souls*: *»Everything is ours, only ours/ and nobody elses./ And give nothing to anyone/ for we want to have fun./ And when we are bored/ with everything we stored,/ we search for more/ to start again, new things to store./«* (219). She asks then: *»But what at the end?«*. Her answer is: *»pain and fear«*.

In an extremely frank and realistic story about her first months in Australia when she suddenly finds herself alone

with two small children since her husband became ill, Ivanka Skof writes: *»Mother leaves home at 6 am and returns at 6 pm. At that time, it's almost dark. Each day her face is further marked with lives of worry. The smile which once filled their home in Slovenia has now disappeared from her face. She no longer has any time to quench her children's curiosity and answer their questions; they have to find their own answers. Anka comes home tired and never has time to sit and relax. She hurries with the housework and once again tells her son what he must do the following day. Late at night she washes, irons, cleans and prepares the following day's meals.«*

Although nostalgia is generally considered another blind alley of flight and illusion, it can soothe, if only temporarily the pang of separation. Horvat implies this idea when she remembers her home town: *»When I think of you,/ my beloved city,/ I feel alive./ I see blooming/ yellow roses/ as if they're sprinkled with gold,/ and feel/ the smell of meadows./«* (151). Nostalgia may also spur the decision to go home. Perduc's poetic figure speaks to her kin: *»Don't lie to me anymore/ about my better tomorrow./ Everything disappeared a long time ago./ I remain a mere skeleton,/ lost in this wilderness/ without hope or good fortune./ I love you all, you and the sons./ But forgive me, my heart bleeds/ for my homeland, which I may never see again./.../But if you do not take me back,/ I will die so unhappy - / and there will never be forgiveness./«* (207). Disillusionment seems to be an inevitable consequence of immigration. Kosak meditates: *»But we all know that the Earth is barren/...and that the golden grains are broken heads/ on the plains of chance./«* (235). For some the end result is the gloom and depression of ever-approaching old-age. Horvat writes: *»Late are the years. My life has a totally gloomy outlook. The entrance gate is rusty, the letter box empty, my steps are weaker and weaker - heart filled with unrest. ...I notice no birds on the roof, no chimneys with the pleasant smell of a domestic fire. There is nothing. ...The rain is about to start. ...Clouds are low.« (Late years,* 187).

It is heartening, however, that some still adhere to hopeful future for immigrants. Novak-Petric in one of her poems expresses the belief: *»But* ***I am*** and never again/ can **be not.«**

(17). Out of this belief, in subsequent poem, she finds an answer for those who live in distress, despair or sorrow: *»There is God, there is light/ and there is eternal happiness/ even beyond death!/ The sources of eternal life are open to you and the source of strenght-/«* (111). Should we beleive her? Many people portend that such thoughts are yet another level of illusion. While petrified and distorted practices of various religions have left many barren and sceptical, this poet is not searching for answers *»on the steps of gloomy cathedrals«* (17). Her search of *»solitary hours«* (17) promises genuineness of her hope.

TABLE I - YUGOSLAV- BORN POPULATION IN AUSTRALIA

Wawe of settlement	Year	Number	Reason of emigration
I < 1947	1890	300	Sailors, gold rush,
	1901	800	»peasant« economic,
	1947	5,860	famine
II 1947 - 1961	1961	49,776	1947-1955; IRO Scheme settlememt of 23.350 displaced Yu-born persons and (later) economic migration
III 1961 >	1971	29,816	Economic permanent and long-term migration
	1981	49,335	
	(M:F 55:45)		

Source: Tkalcevic (1979), Cencus (1981)

TABLE II - EMPLOYMENT AND EDUCATION

		Yugoslav	Italian	Greek	Australian
Precentage of migrants who entered Australia as unskilled workers (1960)		62	46	75	
Tertiary education (Diplomas) (1981)		1.8			
Unemployment rates (1982)		12.8	7.3	10.6	8.4
Percentage of women in occupation (1981)		54	45	56	9
Mean weekly earnings in Aust. $ (1982)	M	268.00	262.00	258.00	318.00
	F	223.00	210.00	205.00	233.00
Occupation (1981):					
Professional, Technical		3.5	3.6	2.8	14.2
Administrative, Managerial		1.7	4.2	4.7	5.3
Clerical		4.9	6.9	4.7	18.6
Sales		3.1	7.4	14.0	8.9
Farmers, fishermen		2.3	6.7	2.4	7.8
Transport, Communication		3.3	6.7	4.2	5.1
Tradesmen, Miners, Product process workers		64.3	51.5	49.8	25.8
Service, Sport and Recreation		10.2	9.7	11.3	8.0

Source: Storer (1985) and Cizmic (1981)

TABLE III - POPULATION AGED 60 AND OVER

Yugoslav-born, 1981	13,200
Yugoslav-born, projection 2001	59,700
Nationality (estimate 1986)	
Croats	12,687
Serbs	5,765
Macedonians	4,710
Slovenians	854
English language difficulties	
Yugoslav-born	68%
Italians	75%
Greeks	86%
Regularly reading ethnic press	
Yugoslav-born	59.4%
Italians	84.1%
Greeks	87.5%

Source: Australian Institute of Multicultural Affairs (1986)

TABLE IV - YUGOSLAV SERVICES AND ORGANIZATIONS IN AUSTRALIA

Ethnic radio	10 stations currently broadcasting approx. 30 hours of Serbo-Croatian, Macedonian, and Slovenian programe.	
Multicultural TV 1980/81	143 hours of Serbo-Croatian programme 31.5 hours of Slovenian programme 4.5 hours of Macedonian programme	
Ethnic schools 1981	3573 children studied in Serbo-Croatian 1405 children studied in Macedonian 261 children studied in Slovenian	
Ethnic newspapers 1982	10 (3 Croat, 3 Serbian, 3 including all languages, 1 Slovenian)	
Ethnic organizations 1981	230 (70 Serbian, 67 Croatian, 24 Macedonian 21 Slovenian, 53 Yugoslav)	
Books in public libraries in N.S.W., Victoria, and S. Australia 1981	Yugoslav languages	12,250
	Italian	46,695
	Greek	33,620
	German	20,837
	French	14,495
	Turkish	12,753

Source: McArthur (1983)

TABLE V - YUGOSLAV-BORN POPULATION AND ORGANIZATIONS IN VICTORIA

Number of population 1981		
Victoria		59,501
Melbourne		51,889
Geelong		4,712
Qualifications obtained in 1981	Higher degree	33
	Graduate diploma	84
	Bachelor degree	309
Organizations	Croatian	19
	Macedonian	8
	Slovenian	6
	Serbian	18
	Yugoslav	7

Source: Australian Bureau of Statistics (1983) Robinson and Pidgeon (1986)

TABLE VI - SOME DIAGNOSES IN THE DISTRIBUTION OF PERSONS PER 100,000 POPULATION 1981/82

		A/N.Z.	U.K./U.S.A.	Yugo	Italy	Greek
Schizophrenic states	M	162.37	157.53	408.67	228.10	251.83
	F	155.01	163.24	454.87	270.98	236.78
Alcoholism	M	219.36	336.30	393.19	95.17	56.23
	F	27.74	49.68	21.66	6.99	-
Personality disorders	M	77.33	89.73	40.25	48.34	46.45
	F	61.44	61.75	46.93	36.71	17.63
Total all diagnoses	M	902.39	915.75	1226.01	632.93	625.92
	F	735.89	920.00	1014.44	743.01	612.09

TABLE VII - YUGOSLAV BORN PERSONS TREATED IN PSYCHIATRIC SERVICES 1981/82

Schizophrenic states	M	132
	F	126
Alcoholism	M	127
	F	6
Total all diagnoses	M	396
	F	281

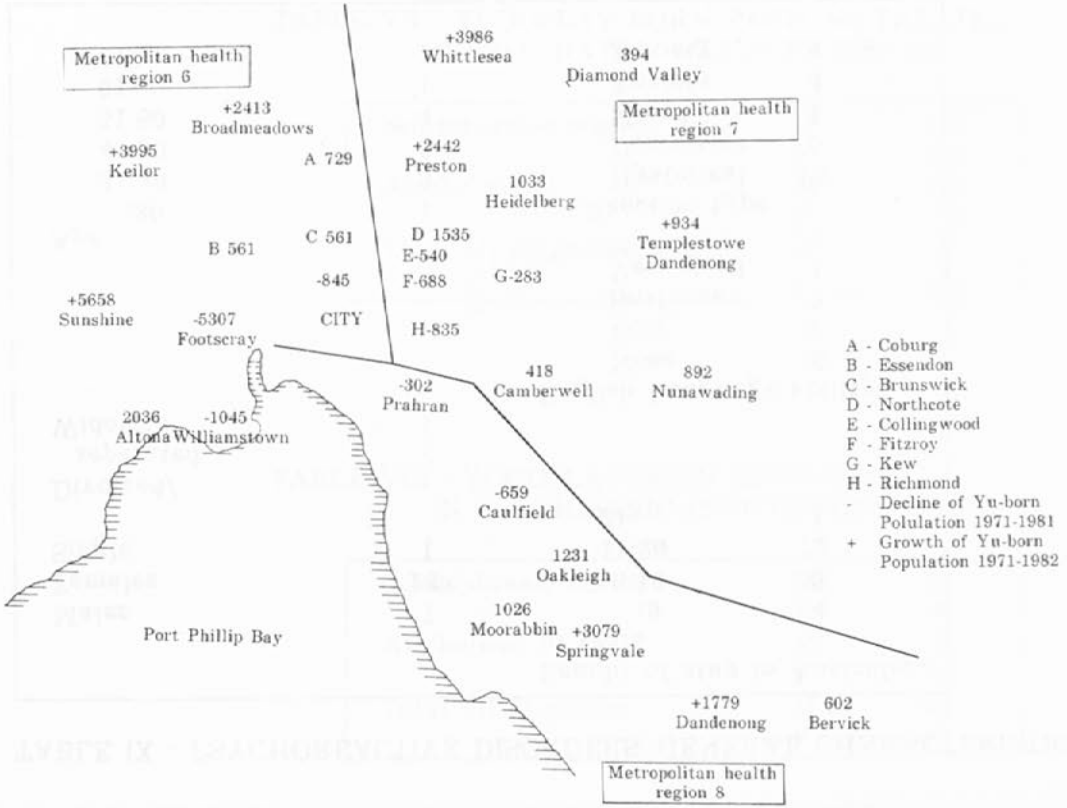
TABLE VIII - YUGOSLAV-BORN RESIDENTS IN PSYCHIATRIC INSTITUTIONS 1982/83

Schizophrenic states	M	19
	F	8
Alcoholism	M	7
	F	0
Total all diagnoses	M	40
	F	17

TABLE IX - PSYCHOREACTIVE DISORDERS: GENERAL CHARACTERISTIC

		Lenght of stay in Australia . in years	
Males	7	<5	4
Females	13	6-10	3
Single	1	11-20	12
		21>	1
Divorced/ separated	2		
Widowed	1		
		English Language ability	
		None	6
		Poor	6
		Sufficient	7
		Very good	1
Age			
<30	1	Reaction type:	
31-40	8	Hysterical	10
41-50	6	Depressive	5
51-60	4	Mixed	1
61>	1	Anxiety	4
61>	1	Anxiety	4

MAP I - DISTRIBUTON OF YUGOSLAV POPULATION (ABOVE 200 PER AREA) IN MELBOURNE METROPOLITAN AREAS



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POVZETEK

IMIGRACIJA IN PSIHIATRIJA: JUGOSLOVANSKI PRISELJENCI V VIKTORIJI

J u r i j Z a l o k a r

Študija razpravlja o duševnih posledicah imigracije. Omogočilo jo je delo v posebni etnični psihiatrični službi za jugoslovanske imigrante v Viktoriji (Avstralija), ki jo je ustanovilo tamkajšnje ministrstvo za zdravstvo. Članek podaja a.) splošne podatke o imigrantih iz Jugoslavije v Avstraliji; b.) bistvene značilnosti novega okolja; c.) razširjenost psihiatrične in socialno-psihiatrične patologije ter abnormnosti med njimi; ter d.) opis splošne prizadetosti imigrantov, ilustrirane s prikazom izseljenskega literarnega zbornika ***Naše steze****.*

Jugoslovansko imigracijo v Avstraliji delimo na tri obdobja ali valove: do druge svetovne vojne, v času po njej (1947-1961, predvsem razseljene osebe in politična imigracija) in od 1961 dalje (ekonomska imigracija). Od vseh treh je zadnja najštevilčnejša. Zajema ljudi, ki so prišli predvsem iz kmečkega okolja. Temu ustrezno je bila nižja njihova izobrazbena raven. Značilno za novo večinsko okolje je njegova izredna urbaniziranost (prebivalstvo dežele je osredotočeno v velemestih), potrošništvo in idejna materializiranost ter dolgotrajna anglo-keltska asimilacijska naravnanost z močnimi ksenofobičnimi odpori in pred-

sodki. Vse to je le do neke mere ublažila nova multikulturna politika, ki pa je še vse premalo institucionalizirana. Statistični podatki o jugoslovanskih imigrantih poročajo o visokem odstotku shizofrenije, alkoholizma in suicida. Vendar je lastna izkušnja pokazala, da so podatki o visokem odstotku shizofrenije zgrešeni, saj je bilo mogoče to diagnozo v lastni kazuistiki potrditi le pri eni četrtini primerov. Res pa je visok odstotek abnormnih in psihotičnih reakcij, ki so jih zaradi jezikovnih in drugih težav zgrešeno označili kot shizofrenske. Opazili smo lahko tudi sicer običajne nevrotične reakcije, ki pa so imele med izseljenci izrazitejšo obliko in izredno neugoden potek, delno zaradi njihovega neprimernega obravnavanja z medikamentno terapijo. Poleg teh izrazitih oblik patologije in psihičnih abnormnosti je delo med izseljenci pokazalo, da so tudi sicer zelo razširjene raznovrstne psihične težave, posebno zaradi jezikovnih težav, spremembe navad, iztrganosti itd. Najlepše jih ilustrira literarni zbornik jugoslovanskih piscev v Avstraliji ***Naše steze****, ki ga članek na kratko predstavi v zaključku.*