

Symposium | Community care : [Symposium 44] Family and culture

📅 2025年9月26日(金) 14:50 ~ 16:20 🏢 Session Room 3 (Large Hall A)

[Symposium 44] Family and culture

Moderator: Sergio Javier Villaseñor-Bayardo (Universidad de Guadalajara), Yoko Kamio (Ochanomizu University)

[SY-44]

Family and Culture: Resilience and Mental Health

Vincenzo F. DiNicola¹, Carlos Zubaran Jr², Sergio J. Villaseñor Bayardo⁷, Kenneth Fung⁵, Ted Lo⁶, Tamaki Saito⁴, Yoko Kamio³ (1. University of Montreal (Canada), 2. Sunnyside Clinic (Australia), 3. Ochanomizu University (Japan), 4. Tsukuba Dialogue House (Japan), 5. Toronto University (Canada), 6. University Health Network (Canada), 7. Universidad de Guadalajara. Mexico. (Mexico))

[SY-44-01]

At the crossroads: the evolving tension in family and custom

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[SY-44-02]

When Clinics Are Families: Lessons from the Closure of the Asian Initiative in Mental Health

*Hung-Tat (Ted) Lo¹, *Kenneth Po-Lun Fung¹ (1. University of Toronto (Canada))

[SY-44-05]

Dialogical Practice in Japan

*Tamaki Saito¹ (1. Tsukuba Dialogue House)

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[SY-44] Family and Culture: Resilience and Mental Health

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キーワード : xxxxx、xxxxxx、xxxxxxx

Family and culture have always been integral to human existence. This symposium explores the diverse connections between family relationships, cultural values, and mental health. Carlos Zubarán examines how social unrest, deprivation, and war disturb family life and harm well-being. Families often face a crossroads: some seek comfort in nostalgic memories, while others pursue change and redemption. He emphasizes how these directions influence resilience and mental health. Sergio J. Villaseñor-Bayardo discusses the cultural aspects of family life in Mexico and beyond. Drawing on historical, religious, and indigenous views, he demonstrates how families serve as mediators of cultural values, spiritual practices, and community resilience, shaping both the understanding of illness and pathways to healing. Kenneth Fung and Ted Lo present “When Clinics Are Families: Lessons from the Closure of the Asian Initiative in Mental Health.” For more than twenty years, AIM in Toronto offered culturally responsive care and a sense of belonging for patients, families, and the wider community. Its closure highlighted the symbolic and practical importance of “family” in mental health care and raised concerns about depersonalized service models that diminish meaning, equity, and resilience. Vincenzo F. DiNicola discusses “A Stranger in the Family: Culture, Families, and Therapy.” He introduces a cultural family therapy model for working with diversity, especially with immigrants, refugees, and minorities in mainstream societies. Tamaki Saito reports on Dialogical Practice in Japan. Adapted from the Finnish Open Dialogue approach to psychosis, it involves clients and families in dialogue sessions. While still limited in medical settings, its reach is expanding, including prisons and randomized controlled trials. Overall, these presentations show how family—both lived experience and guiding metaphor—shapes resilience, continuity, and cultural meaning in mental health.

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[SY-44-01] At the crossroads: the evolving tension in family and custom

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キーワード : Cultural Psychiatry、Culture、Family

The publication of *Centuries of Childhood*, the seminal study by Philippe Aries in 1960, established history of the family life as a special area of scholarship and inquiry. Over the subsequent decades, the notion of family has shifted from a static unit in its separate domestic milieu to the family's dynamic interactions with the world and its processes, including migration, industrialization, and urbanization. More recently, historical research has begun to rethink the internal dynamics of the family, and its collective strategies based on ethnographies, autobiographies, and oral historical accounts. Family development theorists such as White and Klein (2008) have examined family changes over time, following challenges and stress, with an emphasis on life transitions and family dynamics. Over the last decades, family therapy has become an increasingly popular mode of treatment of family dysfunctions: family therapists have assisted families to fulfil their developmental cycles and foster resilience and healthy familial response to stress. The current period of global uncertainty, with political, socio-economic, and environmental crises, has been referred to as “polycrisis”, a term that has captured the tension of our current times. Migrant families are at particular risk during periods of crisis, given the tendency of societal debate to give rise to xenophobia and prejudice. The use of social media has served as a vector for disseminating hostility and misinformation. In fact, in recent years there has been evidence of soaring rates of mental disorders in youth, which led leading professional associations to declare an emergency in child and adolescent mental health. In light of the critical juncture of current times, commentators and scholars have noted a pervasive and intense feeling of nostalgia, with migrant families longing for social ties left in countries who have already changed, and natives yearning for the good life of an autochthonous idealised past.

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[SY-44-02] When Clinics Are Families: Lessons from the Closure of the Asian Initiative in Mental Health

*Hung-Tat (Ted) Lo¹, *Kenneth Po-Lun Fung¹ (1. University of Toronto (Canada))

The closure of the Asian Initiative in Mental Health (AIM) at University Health Network has left not only a structural gap in culturally responsive care, but revealed the profound meaning of “family” in mental health services. For over two decades, AIM was more than a clinic—it was a community hub where patients, families, clinicians, and the wider Chinese Canadian community experienced a sense of belonging, continuity, and cultural resonance. In many Asian cultures, mental health care involves not just individual intrapsychic issues, but often involves family relationships issues and sometimes directly involve multiple family members, emphasizing the importance of relational healing. At the clinical level, AIM fostered intergenerational and family informed approaches. At the organizational level, AIM also functioned like a family, fostering collegial bonds and collective mission. Its abrupt dissolution has been experienced as a devastating loss by patients (who felt they lost a “home”), staff (who lost professional kinship), and the Chinese community (who perceived the erasure of a program “for our own people”). The anti-Asian racism is impactful and reverberated for the entire extended community. This contrasts sharply with the trend in large institutions toward assembly-line models of care where staff are interchangeable in the name of perceived corporate efficiency, relational continuity is undervalued, and cultural meaning is disregarded with anti-DEI rationale. Drawing on organizational culture frameworks such as the Competing Values Framework, this presentation will explore why many groups—across clinical and organizational cultural contexts—prefer family-like, clan-based models of care and leadership. It will invite dialogue about how the dismantling of “family” in health systems contributes to burnout, values erosion, and inequities, and how reclaiming family as a guiding metaphor can strengthen individual care, organizational culture, and community resilience.

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[SY-44-05] Dialogical Practice in Japan

*Tamaki Saito¹ (1. Tsukuba Dialogue House)

In recent years, "Open Dialogue," a dialogical approach to psychosis originating from Finland, has been gaining attention in Japan. While its implementation in medical settings remains limited, its application is expanding, as evidenced by mandatory training in prisons nationwide. We have been practicing Open Dialogue at our clinic "Tsukuba Dialogue House". This approach involves inviting clients and their networks (such as family and friends) to participate in dialogical sessions conducted by a treatment team of at least two members. Its effectiveness has already been confirmed for conditions such as schizophrenia and depression, and randomized controlled trials (RCTs) are currently underway. In this symposium, the significance of introducing Open Dialogue into Japan's mental health care system will be discussed.