Historicizing transcultural psychiatry: people, epistemic objects, networks, and practices

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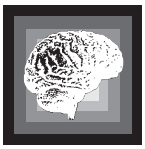

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Abstract
The history of transcultural psychiatry has recently attracted much historical attention, including a workshop in March 2016 in which an international panel of scholars met at the Maison de Sciences de l'Homme Paris-Nord (MSH-PN). Papers from this workshop are presented here. By conceiving of transcultural psychiatry as a dynamic social field that frames its knowledge claims around epistemic objects that are specific to the field, and by focusing on the ways that concepts within this field are used to organize intellectual work, several themes are explored that draw this field into the historiography of psychiatry. Attention is paid to the organization of networks and publications, and to important actors within the field who brought about significant developments in the colonial and post-colonial conceptions of mental illness.

Keywords
Discursive fields, epistemic objects, history, intellectual networks, transcultural psychiatry

The history of postcolonial psychiatry at stake

The field of transcultural psychiatry began to emerge at the end of the nineteenth century when colonial conditions afforded doctors the possibility of observing mental illnesses in colonized peoples according to western psychiatric concepts. Initially, there was a rush to describe non-western conditions, such as koro, latah and amok, all of which appeared in the psychiatric literature before Emil Kraepelin's 1904 visit to Java; after this trip, he published a proposal for '*vergleichende Psychiatrie*' to encourage further comparative research (Kraepelin, 1904/1974).[1] More contact with non-western people perceived as suffering from mental distress presented opportunities for western psychiatrists (including non-western doctors who trained as psychiatrists[2]) to develop new

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concepts and techniques for expanding this emergent field. Comparative psychiatrists started interacting with each other, and with neighbouring fields such as anthropology and epidemiology – processes that continued as the field developed (see Delille, 2017). By the 1950s, transcultural psychiatry was informing state policies on a range of racial issues[3] and was contributing to the mental health policies of the World Health Organization. Gradually, exotic representations of the mental health of colonized peoples that had dominated the psychiatric literature gave way to discussions of the problems faced both by immigrants to western countries and by psychiatrists working in post-colonial localities. The challenges to the beliefs, values and practices resulting from these cross-cultural engagements changed psychiatric practices.[4] Transcultural psychiatry became a postcolonial knowledge dealing with the inherited problems of racist psychologies, which were still dominant at the end of the colonial empires.[5] By the 1990s, the field would be used in the assessment and management of refugee suffering, and would be deployed in the relief of trauma in victims of natural disasters and conflict zones. It would see the rise of 'Global Mental Health' initiatives within the WHO and other international bodies. It would also be employed by drug companies to facilitate the psycho-pharmaceutical market expanding out of the west (see Kirmayer, 2006). Focusing on this field is one of the key ways of assessing the expansion of psychiatry in global terms. In these ways, transcultural psychiatry is the main contact point between western psychiatry and the non-western subjects it constructs.

The formation of new epistemic objects is one of the key factors in the emergence of a field. We see this process throughout the early part of the twentieth century, where much effort went into describing and standardizing the newly observed conditions, which were circulated in the psychiatric literature in the form of case histories (see Crozier, 2008). This process effectively meant taking non-western patients out of their original cultural context, by describing and treating them in terms dictated by western psychiatry, and occasionally offering western medicines or therapies. Some conditions that were considered somatic in other medical traditions (such as koro, or *suk yeong* in traditional Chinese medicine) were 'converted' into psychiatric cases by dismissing the alternative medical model and relying on western concepts to discuss the suffering in terms of deluded beliefs and anxiety rather than corporeal imbalances, even when this traditional framework meant more to the patient.[6]

Fields are also formed by the development of specific concepts that are used to understand the objects that the field constructs. The twentieth century saw significant changes in the conceptual organization of transcultural psychiatry. In the earlier, descriptive mode, the bulk of the reports relied on some conception of racial difference to explain the non-western manifestations of mental suffering. For instance, much attention was given to the concept of the 'the African mind' to understand why certain pathological behaviours were manifested in specific ways that differed from western patients; thus, before Margaret Field and Raymond Prince published their works, psychiatrists thought that Africans were more prone to psychosis than to depression.[7] This anthropologically-informed psychiatry was one of the key new ways of thinking about non-western experiences of mental illnesses. Some conditions that were seen predominantly in one culture were classified as 'culture-bound syndromes', to use Pow Meng Yap's term (Yap, 1962, 1967; see also Simons and Hughes, 1985). Sometimes, new organizing concepts were introduced to the field which would reframe the understanding of conditions that had already been described – for example, the introduction of Freudian analytic concepts meant that a universal portrayal of Oedipal struggles realigned how psychiatrists had thought about koro (see Kobler, 1948; Slot, 1935; Wulfften-Palthe, 1935, 1936).[8] More recently, the ascendency of neo-Kraepelinian psychiatry since DSM-III has seen these psychoanalytic concepts being jettisoned, and now the culture-bound syndromes are framed more as cultural manifestations (see Kleinman, 1997).[9] These conceptual reorganizations

involved the re-articulation of epistemic objects within transcultural psychiatry, as well as changing the therapeutic practices that were considered appropriate.

There is more to the operation of the field than the mobilization of objects and concepts; fields are social structures that operate through the interaction of field members. The organization of the field is best understood in terms of networks. The building of a community of psychiatrists working on similar problems is facilitated by factors such as shared channels of communication (journals, common educations, professional meetings, etc.). The foundation of specific programmes, such as the famous Division of Transcultural Psychiatry at McGill University by Eric Wittkower and Jacob Fried in 1955, and the associated *Transcultural Psychiatry* journal and world-renowned teaching programme, facilitated the growth of the field by the circulation of knowledge and people through a specific site.[10] Networks developed that forged new research projects and led to the expansion of the field.[11] Studying the careers of specialists such as George Devereux, who taught in English, American and French universities, and Alexander Leighton, Jane Murphy, HBM Murphy and Henri Ellenberger (see Delille, 2016), who all moved between the English and francophone scientific communities in North America, is also important for understanding how this literature was the result of academic collaborations.

The development of techniques and applications of concepts specific to transcultural psychiatry allowed the field to be manifest in real situations – for example, where the cultural psychiatrist was involved in the management of non-western populations in local asylums. In some instances, this meant opening new therapeutic spaces that differed from the mental hospitals used to incarcerate inmates during the colonial period; examples are the village systems employed at Bleda in Algeria, and Aro in Nigeria. In other instances, transcultural psychiatry was used to inform educational policies for indigenous people, with the aim of assimilating them into the colonizing culture. To understand these processes, it is necessary to conceive of transcultural psychiatry as a field that functions semi-autonomously from the rest of psychiatry. It is a specific way of looking at the mental experiences of non-western people through a highly-developed western psychiatric lens.

Contents of this Special Issue

The articles in this Special Issue were first presented at a workshop at the Maison des Sciences de l'Homme Paris-Nord (MSH-PN) in March 2016, entitled 'Significant Figures in the History of Transcultural Psychiatry', organized by Ivan Crozier and Emmanuel Delille. The general focus was more on the conceptual and social organization of the field, and less on the clinical practices employed by these psychiatrists, so little attention was given to patient experiences, state regulation or specific institutions. For the workshop, we asked participants to present their research on a single significant figure or research group. Papers were presented that focused on Kraepelin (Eric Engstom and Ivan Crozier), Eric Wittkower (Emmanuel Delille), George Devereux (Alessandra Cerea), Henri Collomb (René Collignon), Pow Meng Yap (Crozier), and Italian psychiatrists Angelo Bravi and Mario Felici working in colonized Libya (Mariana Scarfone). Additional papers have been offered to this Special Issue by participants at the workshop: on TA Lambo (Matthew Heaton) and Barry Nurcombe (David Robertson). Although some key women were involved in the practice of transcultural psychiatry – such as Marie-Cécile Ortigues, Jane Murphy,[12] Margaret Field – we were not able to find scholars working specifically on the contributions of these important figures, and we are aware that this is a shortcoming (for more discussion of M-C Ortigues, see Bullard, 2005).

The meeting opened with a reflection on transcultural psychiatry informed by science and technology studies perspectives by Cornelius Borck, and it closed with observations by the anthropologist Anne Lovell. The focus on single figures or small research groups allowed us to cover a wide chronological period for the field (1890s–1970s) without sacrificing the depth of analysis to

metanarratives about the formation of the discipline, or focusing on single issues over a longer time frame. This was a necessarily fragmented overview, but it had the benefit of offering the opportunity for the discussion of detailed research, with an eye to drawing out the broader themes that will lay further foundations for the history of the discipline. We do not present this workshop as the complete story, but hope that future work on the history of transcultural psychiatry will build on these researches by elaborating the links between the field and the local practices, where issues such as race, gender, power and patient experiences are manifested in specific but various ways.

Focusing on the formation of the field helps the historian understand how new psychiatric objects come into being and change over time, and how new conceptual arrangements emerge for the management of people. Focusing on the individuals who led the field – either conceptually, socially, intellectually or through the application of psychiatric techniques – provides an opportunity to examine the manifestation of psychiatric power at the intersection of racial, scientific, state and increasingly corporate (pharmaceutical) interests.[13]

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Notes

1. For more on Kraepelin's transcultural psychiatry, see Engstrom and Crozier, 2018 (and further secondary literature cited therein).
2. For example, TA Lambo (who trained in Birmingham and the Institute of Psychiatry, London) or PM Yap (who trained at Cambridge), both of whom are considered in this Special Issue.
3. For example, Wulfften-Palthe (1949), discussed by Gouda, 1997; Pols, 2011; or Carothers (1954), discussed by Mahone, 2006; McCulloch, 1995.
4. Modern psychiatry requires an appreciation of 'cultural competency'; see Kirmayer, 2012.
5. For more on the racist assumptions of psychiatric care and the mental effects of colonialism, see Fanon, 1963, 1967; see also Kiev, 1972.
6. In a few notable instances, a combination of traditional cultural frameworks and western psychiatric therapies were used, but this was far from typical practice. See, for example, the village system set up by TA Lambo and his colleagues in Aro, Nigeria, described in Leighton et al., 1963; or Fanon's practice at Bleda, Algeria, discussed by Keller, 2007.
7. Field's works (1958, 1960) are key for looking at the way that psychiatrists began to consider the cultural and religious contexts for mental illness – in this case, the way that depressive conditions were related to conceptions of witchcraft. This view was developed further by Prince, 1967. For general discussions of psychiatry and related sciences in Africa, see: Campbell, 2007; Keller, 2007; McCulloch, 1995; Vaughan, 1991.
8. For more discussion, see Crozier, 2011.
9. More recently, see DSM-V on cultural competency; and for suggestions on how to use these DSM-V recommendations in practice, see Mezzich et al., 2009. For neo-Kraepelinian psychiatry in America, see Decker, 2013. PM Yap and Emil Kraepelin also attempted to understand non-western mental illnesses as cultural manifestations, although not in the same way as Kleinman, Kirmayer or other contemporary psychiatrists, because they looked much more towards a universal substrate that lay beneath the condition in its culture.

10. See Delille (2018) on Eric Wittkower.
11. See, for example, the Cornell-Aro project, involving Alexander Leighton, TA Lambo, Raymond Prince, etc.; Leighton et al., 1963.
12. Emmanuel Delille wishes to thank Jane Murphy very much for giving an interview on 4 June 2015 about the history of the Stirling County Study.
13. For a popular account of some of these themes, see Watters, 2010.

References

Bullard A (2005) L'Oedipe Africain, a retrospective. *Transcultural Psychiatry* 42: 171–203.

Campbell C (2007) *Race and Empire: Eugenics in Colonial Kenya*. Manchester: Manchester University Press.

Carothers JC (1954) *The Psychology of Mau Mau*. Nairobi: Government Press (Colony and Protectorate of Kenya).

Crozier I (2008) Pillow talk: credibility, trust and the sexological case history. *History of Science* 46: 375–404.

Crozier I (2011) Making up koro: multiplicity, psychiatry, culture, and penis-shrinking anxieties. *Journal of the History of Medicine and Allied Sciences* 67: 36–70.

Decker H (2013) *The Making of DSM-III: A Diagnostic Manual's Conquest of American Psychiatry*. Oxford: Oxford University Press.

Delille E (2016) On the history of cultural psychiatry: Georges Devereux, Henri Ellenberger, and the psychological treatment of Native Americans in the 1950's. *Transcultural Psychiatry* 53(3): 292–311.

Delille E (2017) De la psychiatrie exotique aux réseaux universitaires de psychiatrie culturelle: pour une histoire de l'ethnopsychiatrie comme corpus de savoirs en période de transition (1945–1965). In: Ellenberger H (ed. Delille E), *Ethno-psychiatrie*. Lyon: ENS Éditions, 9–115.

Delille E (2018) Eric Wittkower and the foundation of Montréal's Transcultural Psychiatry Research Unit after World War II. *History of Psychiatry* 29(3) [this issue].

Engstrom EJ and Crozier I (2018) Race, alcohol and general paralysis: Emil Kraepelin's comparative psychiatry and his trips to Java (1904) and North America (1925). *History of Psychiatry* 29(3) [this issue].

Fanon F (1963) *The Wretched of the Earth*, trans. C Farrington. New York: Weidenfeld; originally published in French in 1961.

Fanon F (1967) *Black Skins, White Masks*, trans. CL Markmann. New York: Grove Press; originally published in French in 1952.

Field M (1958) Mental disorder in rural Ghana. *Journal of Mental Science* 104: 1043–1051.

Field M (1960) *Search for Security: An Ethno-psychiatric Study of Rural Ghana*. London: Faber & Faber.

Gouda F (1997) Languages of gender and neurosis in the Indonesian struggle for independence, 1945–1949. *Indonesia* 64: 45–75.

Keller R (2007) *Colonial Madness: Psychiatry in French North Africa*. Chicago, IL: Chicago University Press.

Kiev A (1972) *Transcultural Psychiatry*. New York: Free Press.

Kirmayer L (2006) Beyond the 'new cross-cultural psychiatry': cultural biology, discursive psychology and the ironies of globalization. *Transcultural Psychiatry* 43: 126–144.

Kirmayer L (2012) Rethinking cultural competence. *Transcultural Psychiatry* 49: 149–164.

Kleinman A (1997) Triumph or pyrrhic victory? The inclusion of culture in DSM-IV. *Harvard Review of Psychiatry* 4: 343–344.

Kobler F (1948) Description of an acute castration fear based on superstition. *Psychoanalytic Review* 35: 285–289.

Kraepelin E (1904/1974) Vergleichende Psychiatrie. *Centralblatt für Nervenheilkunde und Psychiatrie*. 27(Neue Folge Bd.15): 433–437 (1904); reprinted and translated by E Wittkower: Comparative psychiatry. *Transcultural Psychiatric Research Review* 11: 108–112 (1974).

Leighton AH and Lambo TA, et al. (1963) *Psychiatric Disorder Among the Yoruba: A Report from the Cornell-Aro Mental Health Research Project in the Western Region, Nigeria*. Ithaca, NY: Cornell University Press.

Mahone S (2006) The psychology of rebellion: British medical responses to dissent in British East Africa. *Journal of African History* 47: 241–258.

McCulloch J (1995) *Colonial Psychiatry and the 'African Mind'*. Cambridge: Cambridge University Press.

Mezzich J, Caracci G, Fabrega H Jr and Kirmayer L (2009) Cultural formulation guidelines. *Transcultural Psychiatry* 46: 383–405.

Pols H (2011) The totem vanishes, the hordes revolt: a psychoanalytic interpretation of the Indonesian struggle for independence. In: Anderson W, Jenson D and Keller RC (eds) *Unconscious Dominions: Psychoanalysis, Colonial Trauma, and Global Sovereignties*. Durham, NC: Duke University Press, 141–165.

Prince R (1967) The changing picture of depressive syndromes in Africa: is it fact or diagnostic fashion? *Canadian Journal of African Studies / Revue Canadienne des Études Africaines* 1: 177–192.

Simons RC and Hughes CC (1985) *The Culture-Bound Syndromes: Folk Illnesses of Psychiatric and Anthropological Interest*. Dordrecht: Reidel.

Slot JA (1935) Koro in Zuid-Celebes. *Geneeskundig Tijdschrift voor Nederlandsch-Indie* 75: 811–820.

Vaughan M (1991) *Curing Their Ills: Colonial Power and African Illness*. Palo Alto, CA: Stanford University Press.

Watters E (2010) *Crazy Like Us: The Globalization of the American Psyche*. New York: Free Press.

Wulfften-Palthe PM van (1935) Koro, eine Merkwurdige Angsthysterie. *Zeitschrift für Psychoanalyse* 21: 249–225.

Wulfften-Palthe PM van (1936) Koro. In: de Langen CD and Lichtenstein A, *A Clinical Textbook of Tropical Medicine*, trans. AH Hamilton from 3rd Dutch edn (1936). Amsterdam: G. Kolff: 535.

Wulfften-Palthe PM van (1949) *Psychological Aspects of the Indonesian Problem*. Leiden: EJ Brill.

Yap PM (1962) Words and things in comparative psychiatry, with special reference to the exotic psychoses. *Acta Psychiatrica Scandinavica* 38: 163–169.

Yap PM (1967) Classification of the culture-bound reactive syndromes. *Australian and New Zealand Journal of Psychiatry* 1: 172–179.