

Special Article

**Origins and early mission of transcultural psychiatry:
some personal recollections**

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When I finished psychiatric training in 1955, I again “by accident” decided to go to Nigeria. I saw on the back page of the British Medical Journal an advertisement about the need for a “specialist alienist” (as psychiatrists were then designated in Britain) - in Nigeria. At the time I hardly knew where Nigeria was located. But when I found it on a map - a British colony in the tropics, I thought it might prove an interesting adventure. My wife and I arrived among the Yoruba people of Nigeria in September 1957. I found myself the only psychiatrist in the country. I had been assigned to Aro Hospital (The first Nigerian psychiatrist, Thomas Lambo, then Superintendent of that small, newly built hospital, was on a leave of absence in Britain). Working with the Yoruba was fascinating. I discovered symptom patterns that were totally unlike those I had treated at home. For example, I found that almost all patients (whether neurotic or psychotic), complained of burning sensations in the head and body (as of “rubbed in pepper”); and in students and other “brain workers” this unusual heat sensation was accompanied by difficulty in understanding words. They were no longer able to read! I labeled this disorder, the “brain-fag” syndrome - because this was what students called it (Prince, 1960 a).

But the most fascinating aspect of psychiatry in Nigeria lay in another quarter. As government psychiatrist, I was called upon to examine civil servants that had recovered from psychiatric disorders in order to certify them as well enough to return to work. I began to see a whole series of patients who described obvious psychotic episodes and who had been treated by indigenous healers. It became clear that their treatments, whatever they were, were as efficacious as my own. My previous readings would have suggested that these healers could deal very satisfactorily with the neuroses but not with psychoses. It was generally supposed that their chief therapeutic weapon was suggestion, which was especially powerful because of the great status differences between the healer and patient. Clearly, however, these Yoruba healers could successfully treat psychoses! How did they do it? My first clue came from a male nurse. He confided in me that his father was a traditional healer who specialized in the treatment of psychoses. He also told me that the potion his father used produced the same parkinsonism - like side effects as were associated with chlorpromazine. This was in 1958. It will be recalled that the major tranquilizers, both rauwolfia and chlorpromazine, were introduced into Western medicine in the early 1950's. Rauwolfia derived from the indigenous medicine of India. My nurse's observations suggested that the Yoruba healers had their own brand of tranquilizer. These considerations led me to spend the last two weeks of my tour in Nigeria with this nurse's father, Chief Jimo Adetona.

Accompanied by my cook and dog, I took up quarters in a small room on the third story of Chief Adetona's large mud house in the town of Okun-Owa. Here I was able to observe his treatment

process in detail. A row of huts behind his house could lodge some 40 patients. Psychotics were brought bound or shackled. On arrival they were dosed with a bowl of bitter tasting medicine which induced a profound sleep. When they awakened some 24-hours later, if they were still talking nonsense, they were given another dose. After perhaps a week of coma-level tranquilization they usually wakened with a clear consciousness; the dosage level was reduced, and they were put to work around the treatment compound or on the healer's cocoa farm.

During my stay, I managed to talk one of Adetona's assistants into showing me the tree that the Chief used to prepare his tranquilizing potion. I gathered some of the leaves and made a pencil sketch of a branch. On the way home I visited the botanical department of the British Museum in London. I had the good fortune to meet there, the renowned and encyclopaedic British botanist, William Stearn. I showed him my sketch but he pointed out that it was virtually impossible to identify a plant from leaves alone. After an extensive search, I finally asked whether there were any species of *Rauwolfia* growing in West Africa. I had not thought to ask this before because I knew that the Indian plant *Rauwolfia serpentina* was a low shrub but my Nigerian plant was a good-sized tree. We found that a species of *Rauwolfia* (*R. vomitoria*) was indeed common in Northwest Africa. When we looked up the dried Museum specimen, the leaves and the peculiar arrangement in fours on the stem matched precisely my Nigerian drawing. This was a disappointment in that I had not discovered an important new tranquilizing agent as I had hoped. Nonetheless, it was interesting that the West African healers, like their Indian counterparts, had effectively used tranquilizers in the treatment of psychoses long before they were discovered in the West (Prince, 1960 b). During my first year in Nigeria, I received a mimeographed booklet entitled *Newsletter / Transcultural Research in Mental Health Problems* from Dr. Eric Wittkower of the McGill University Department of Psychiatry in Montreal. I had never heard of Dr. Wittkower before, but he was the inventor of the term, "transcultural psychiatry" as well as of the discipline so designated.

Eric Wittkower was born in Berlin on April 4, 1899 and graduated in Medicine from the University of Berlin in 1924. With the social antennae that later permitted him to sense in advance the importance of two new fields of psychiatric development, he foresaw the Nazi peril and fled Berlin for Switzerland and London in 1933. He first pioneered the field of psychosomatic medicine. His thesis on graduation from medical school dealt with the influence of emotions on bodily functions. Many years of psychosomatic research followed and he wrote extensively on emotional factors in such conditions as asthma, cardiac pain, skin diseases, colitis and tuberculosis.

During World War II, as a major in the British Royal Army Medical Corps, he was entrusted with the development of the officer selection program. After the war he completed psychoanalytic training at the London Institute of Psychoanalysis. In 1950 he accepted an invitation to join the Department of Psychiatry at McGill University's Faculty of Medicine in Montreal. By this time, he was tired of psychosomatic research (as he told the present author) and it was then that he turned to his second new field, transcultural psychiatry, as has been described in this paper.

Eric Wittkower's main contribution to transcultural psychiatry was as an organizer and integrator. In his heyday, he travelled extensively around the world, lecturing, probing, stimulating interest, and badgering people to think and to publish. He was a talented mediator and attempted to find common ground between psychiatric and social theory, between Pavlovian reflexology and Freudian psychodynamics, and between voodoo and psychotherapy. With his tremendous capacity for work and his genius for friendship, he put transcultural psychiatry on the world intellectual map. Anyway, it was only after perusing Wittkower's booklet that I realized that I myself was involved in transcultural psychiatric research!

In Wittkower's first Newsletter (May 1956), he outlined his intentions as follows: "This newsletter is addressed to the international community of psychiatrists and social scientists who are actively engaged in research concerned with the relationship of culture and problems of mental health. Its aim and purpose is to provide a useful channel of communication that may, in a modest way, contribute to the coordination of scientific efforts by pooling information concerning on-going research. It is hoped that it will also serve to introduce persons engaged in such research in different parts of the world to each other".

In that first Newsletter, he also asked correspondents for their responses to a series of questions. These included:

1. On the basis of your experience can you describe psychiatric problems that occur in your country which contrast in their character, incidence (frequency) or intensity with those found in other countries?
2. Do you feel that certain kinds of psychiatric problems are characteristic of limited segments of the population, such as ethnic or racial groups, of certain geographic localities or of social classes?
3. Can you list and describe special communities or groups that you would particularly recommend as worthy of study as examples of certain psychiatric problems or conditions?

An early response was from one Dr. H.B.M. Murphy (1915-1987) who, along with Wittkower, became the central figures in the McGill Transcultural Psychiatry endeavours. He first appeared on the scene in Newsletter No.3 (December 1957). He described his findings in Singapore, Malaya. I quote a brief passage to demonstrate how advanced he was in transcultural matters at this early date: "Singapore's suicide rate has remained fairly steady for over a quarter of a century but changes both in sex and in age incidence have taken place. Ethnically, the Malaysians are exceptional in their very low suicide rates, while the Indian community has the highest incidence. The Singapore-born population has a much lower rate than either the immigrants from overseas or the migrants from Malaya. Among the migrants the first ten years after arrival are the most dangerous ... The rate of mental hospital admissions among Indians is almost double that of the Singapore Chinese or that of present -day Britain. The differences concern psychoses rather than minor mental disorders. Indians have a high incidence of manic-depressive disorders and confusional psychoses. Since Indians have a higher percentage of early discharges, there may be a true difference in incidence. Under combat conditions the incidence of psychoses was five times as high as among British, while the rate of reported neuroses was much lower".

In due course I wrote the following letter which was included in Wittkower's Newsletter (No.5, January 1959). «I am finding the work here fascinating [...]. Although I had hoped to spend most of my time in research, on arrival here I found that there was a great deal of administration and organization to be done, which with the clinical work, left very little time for any solid research. This, I suppose, is the case in all undeveloped areas. Nonetheless, as someone has said, all interview psychiatry is research as well as therapy, and this is certainly the case here. Apart from the comparative psychiatric side, I found that the phenomena of most interest were the many unusual religious customs and ceremonies that seem to have a relation to Yoruba mental health. For example one might mention the *Egungun* cult. The *Egunguns* are masked dancers that represent the spirits of dead relatives. They appear at the time of the funeral and are supposed to speak with the voice of the deceased telling his relatives that he has arrived comfortably in the realm of the departed. He reappears at annual festivals amid drumming, dancing and general merriment. One can perhaps see here a means of strengthening the denial mechanism and warding

off depression. One can also understand the ambivalent attitude towards the *Egunguns* in that they are used as a kind of “bogy man” for Yoruba children».

If a child misbehaves, the mother may take him to the strangely garbed figure who speaks with an outlandish voice, cautioning him of the dire results of failing to live up to his mother's expectations. It is also of interest that the commonest Yoruba anxiety dream is that of being chased by an *Egungun* (Prince, 1964).

Wittkower and his associates mimeographed nine Newsletters from 1956 to 1962; at this point Wittkower expanded his journal and arranged its printing by the McGill University Press. The title of this printed version was *Transcultural Psychiatric Research Review* (TPRR for short) which continued publication between 1963 and 1996. It is important to emphasize that from the time of Wittkower's first newsletters to the final issue of TPRR in 1996, most of the writings were not full-length articles but review articles (including book reviews) by editorial assistants. Because the abstractors for TPRR were always volunteers who received neither financial reward nor the prestige of formal authorship, Wittkower was always grateful for their efforts and would invest considerable energy in ensuring that what they wrote was clear, accurate and attractive. He was liable therefore, to rewrite whole sections of an abstract himself, and to phone his collaborators to discuss whether a particular phrase really conveyed what they understood to have been the meaning of the original. His secretaries found him very demanding and changed rather frequently.

I should also point out that as TPRR developed, Wittkower and Murphy often included review articles that were signed by their authors. These full-length articles were entitled “Overviews” and were almost always placed in the first pages of the particular issue. The first Overview appeared in 1975, Volume 12 and was entitled “Transcultural psychiatric and related research in the North American arctic and subarctic” by A.E. Hippler.

When I took over the editorship of TPRR I included in the last issue my Obituary article about Dr. H.B.M. Murphy. It was not because I acted out my mourning but simply to try to contribute to let younger colleagues do not forget his way to approach life and the colossal contributions that the transcultural approach can offer to psychiatry as a whole. As noted in this article, for me, apart from his many academic contributions (including his monumental textbook, *Comparative Psychiatry/The International and Intercultural Distribution of Mental Illness*), it was his remarkable personality that was of most interest.

Murphy was not a very sociable man. No one in the Department called him by his first name; he almost never appeared at dinner parties or social functions. Over the many years of our acquaintance, I think I visited him once at home and he came to my house once. But on the other hand, on the two or three occasions that my wife was in hospital having babies, Murphy would religiously turn up in person bearing a box of chocolates or flowers! Some thought his lack of sociability was shyness. I don't think he was shy. He was intent upon conserving all his energies for important tasks and small talk at cocktail parties did not figure. He significantly helped many students, third world physicians, and indeed anyone who could genuinely profit. Characteristically he would remain as anonymous as possible. He was a man of charity in the Catholic sense of disinterested love - for love's sake without expectation of return. The following is an excerpt from a letter from Dr. Ajita Chakraborty (Director, Department of Neurology and Psychiatry, Calcutta), written at the time of Dr. Murphy's death: “There was this complete informality about him. A kinship could be so easily established. I had met him only briefly a few times after long gaps but kept in touch over 22 years and always felt a close personal relationship with him. He was avuncular but stern. He would frankly admonish: “this is all wrong, do it this way” - he would tell you how. I know some that took offence, not seeing the kind and very helpful person behind the “gruff exterior.” From the time my first article was abstracted in TPRR in 1964, Dr. Murphy

had been suggesting how these could be improved, nothing was too insignificant or small for him. He alone among all the illustrious names in Western psychiatry was the true teacher, he alone knew the difficulties of doing research in these remote corners of the world and believed our works also have some value”.

From my own point of view, I described Murphy in the following terms: “I can best characterize his work as a quest for perfection. The quest is evident in almost all his writings: his attention to detail; his rotation of a problem to display its many unexpected sides; his closely reasoned argument. But as in his charity to others, it is the 'disinterested' aspect of his writings that was most striking and unexpected - he never seemed to care whether or not he received credit for his labors. He wrote a host of reports, letters, memoranda and documents over the years; he took the same meticulous care in these as in his major publications. He brings to mind the unknown architects of Medieval cathedrals who would devote as much superb craftsmanship to the traceries, ivy leaves and angels that close-faced the wall as to those in public view; unseen by human eye, the work was for its own sake only.

In 1985 (two years before his death), Dr. Murphy had suffered a major haemorrhage associated with a prostate operation. He required massive transfusions but he never seemed to recover from his surgery. He was diagnosed as an obscure blood dyscrasia. It was only a few days before his death that AIDS was diagnosed. He had received his transfusions a few months before mandatory AIDS testing of Red Cross blood had been inaugurated in Montreal.

Irish poet, William B. Yates wrote an epitaph for himself that seems peculiarly appropriate also for H.B.M Murphy: *Turn a Cold Eye on Life and on Death; Horseman pass by.*

In 1963, the year following my second visit to Nigeria, I set up a society for the study of religious experience. I had a long-term interest in such phenomena and their effects upon the personality and beliefs of those who were host to them. A Canadian psychiatrist, Richard Maurice Bucke had published a famous book on the subject entitled *Cosmic Consciousness / A Study of the Evolution of the Human Mind* in 1901. He had been an early Superintendent of the Mental Hospital in London Ontario, where I had taken a segment of my psychiatric training. We named our Society after him: “The R. M. Bucke Memorial Society for the Study of Religious Experience”. As part of our endeavours, we organized a number of conferences: Personality Change and Religious Experience (1965); Trance and Possession States (1966); Do Psychedelics have Religious Implication? (1967); and others. We also published a series of *Newsletter-Reviews*. These booklets included a wide variety of articles on aspects of religious experiences, some of which were excessively esoteric. The Society continued its activities until my retirement in 1991, except for a brief interlude (1967-69) when I worked in Jamaica (Prince, 1971).

I have been told that Dr. Goffredo Bartocci has accepted Dr. Kirmayer’s invitation to write a brief review about the history of the Bucke Society. There is much to say on the history and the events connected with the study of religious experience: I am sure that Goffredo’s ability in avoiding to be trapped by the enchanting songs of Umbrian Sybilla or by the Vatican incense will allow him to give a significant contribute to the *Journal of Transcultural Psychiatry* (Bartocci, 2000).

But this personal recollections of mine for the members of World Association of Cultural Psychiatry has already grown far too long!

ORIGINS OF TRANSCULTURAL PSYCHIATRY

I must conclude with a few questions concerning Transcultural Psychiatry today. Do present day candidates still enter the field “by mistake”? What proportion of today's psychiatric training programs include transcultural psychiatry in their curricula? How do prospective transcultural psychiatrists of today, obtain first hand experiences in the field? Would a psychiatrist today be willing to work in the mental hospital of another country where their salary might be considerably less than at home? How do non-Western psychiatrists who train at home and use European textbooks deal with different illness patterns in their local patients? It seems to me that problems of this nature will warrant full discussion both within the new World Cultural Psychiatry Research Review and at the Beijing Conference in September 2006!

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