

## The recent history of cultural psychiatry (1971-2012)

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**Abstract.** *The early history of cultural psychiatry has been reviewed in detail by Wolfgang Jilek for the period from 1820 to 1971. This article will focus on the recent period from 1971 up to 2012, encompassing the establishment of scientific societies, the development of scientific journals and organization of knowledge into comprehensive textbooks. Challenges to Western psychiatry and psychotherapy paradigms are described and the interest into religion and spirituality as cultural aspects of life are introduced.*

**Keywords:** Ethnic psychiatry, transcultural psychiatry, cultural psychiatry, culture-unique psychotherapy, cultural approach to religion.

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### EARLY DEVELOPMENT: FROM ETHNIC PSYCHIATRY TO TRANSCULTURAL PSYCHIATRY

One of the Authors has already described (Jilek, 2009; 2014) most of the events that have occurred under several subheadings, starting from: the effects of modern civilization on mental health at the turn of 19th century, the descent of comparative cultural psychiatry, debates about cultural relativism versus universality of mental disorders, to the establishment of cultural psychiatry as academic discipline and organized endeavour. WST has also addressed the history of cultural psychiatry (2001, pp. 8-14) in a slightly different way. He gave a brief presentation at the Third World Congress of Cultural Psychiatry held in London in 2012, outlining the history of cultural psychiatry in the following stages:

**Stage of ethnic psychiatry: Scientific explorations** – Interest in studying psychology, behavior, and psychopathology of other ethnic groups. It is pointed out that at the turn of the century in the early 1900s, several forces promoted the development of “ethnopsychiatry.” These included the clinical observations of differences in psychiatric conditions among hospitalized early European immigrants to America; the discovery “unusual syndromes” in colonized societies, made by European psychiatrists; the pioneer interest of psychiatrists in comparative (descriptive) psychiatry with concern of any variation of manifestation of psychopathology; the concerns about the applicability of psychoanalytic concepts in primitive societies; the growing interest in studying culture and personality from 1930 to the 1950s; the examination of indigenous healing practices; the development of comparative psychiatric epidemiology concerning any difference of prevalence rate of mental disorders among different societies; the emphasis on cultural study of minor psychiatric disorders (such as anxiety or depression) beyond major psychiatric disorders (such as schizophrenia or affective psychoses).

**Stage of transcultural psychiatry: Clinical applications** – This stage was defined by the concern of how to provide care transculturally to others (minorities, immigrants and socially excluded

people). Starting in the 1960s, associated with the civil rights movement in North America, there was growing emphasis on providing ethnic and culturally relevant care for ethnic minorities. About the same time the surge in immigration to Western Europe also increased concern about how to provide culture-suitable care for ethnic immigrants. These trends helped to strengthen the emphasis on clinical applications of cultural psychiatry beyond academic research.

**The establishment of formal organizations of transcultural psychiatry** – The Transcultural Psychiatry Division in McGill University was formed in the middle of 1960s under the leadership of Eric Wittkower. The Transcultural Psychiatry Research Review and Newsletter was published, which changed later into Transcultural Psychiatry Research Review (TPRR) in 1970, until almost three decades later in 1997 when TPRR was converted into the journal of Transcultural Psychiatry. This series of publications provided and still provides academic excellent resources to progress knowledge in the field of cultural psychiatry.

In 1971 the Transcultural Psychiatry Section (TPS/WPA) was formally established under the leadership of Henry B. Murphy as one of the sections of the World Psychiatric Association. In 1977 when Murphy served as the chair for the second term, Wen-Shing Tseng become the secretary of the Section and then became the chair in 1983. While he was the secretary, the Transcultural Psychiatry Newsletter was first circulated to interested colleagues around the world at a time when electronic communications were not available. The H.B.Murphy Memorial Fund provided by Mrs Murphy was helpful as it supported the circulation of the Newsletter without charge for two decades until 1993. This served to communicate with cultural psychiatry colleagues around the world including for those from financially less affluent societies. Besides participating the World Psychiatry Congresses, TPS also held its regional conferences in Beijing/Nanjing (China) in 1985 and Budapest (Hungary) in 1991, making effort to expanding the field of cultural psychiatry around the world.

## **THE RECENT DEVELOPMENT: FROM TRANSCULTURAL PSYCHIATRY TO CULTURAL PSYCHIATRY**

### **Establishment of the World Association of Cultural Psychiatry (WACP)**

While the TPS/WPA was chaired by H.B.Murphy, W.S.Tseng, W. Jilek and G. Bartocci in sequence, all have served two terms respectively. They all felt that, although the awareness and interest about cultural aspects of mental health and psychiatry was expanding around the world, a section of the WPA was restricted by WPA regulations so the Transcultural Psychiatry Section was not able to respond to demands for more symposia and educational meetings, or to enter into countries that do not usually participate in WPA. According to the WPA's new regulation, set up in 1990s, the members of the executive committee were limited for two terms only, and the total number of the members of the committee should not exceed eight. With regret, the section had no choice but to reduce the numbers of the members of the executive committee from 12 to 8, losing several experienced executive members. Also, for the WPA World Congress of Psychiatry, each section was allowed to have only two section symposia proposed and presented in the congress. This did not meet the expanding trend and increasing need of development from the world perspective. Facing this situation, in 2005, G. Bartocci suggested to W.S. Tseng to take lead in organizing and founding the independent organization of World Association of Cultural Psychiatry (WACP) to meet the need to promote cultural psychiatry worldwide. For this organization, it was decided to have about 18-20 members of the board of directors from various geographic regions and cultures to work with the association's officers. The association received support from more than a dozen national cultural psychiatry organizations in the world, which are now affiliated with the association to strengthening their local functions and to contribute to a global perspective within which knowledge exchange and scholarship should flourish. The association has successfully held its World Congress every three years in Beijing (China) in 2006, Norcia (Italy) in 2009, and London (UK) in 2012. For each world congress, there are about a dozen of plenary sessions and 50 symposia presented to fulfil the expanded academic need worldwide.

### **Shifting from transcultural psychiatry to cultural psychiatry**

Among the second generations of the cultural psychiatrists, it is felt that the main mission of the cultural psychiatry is not merely a concern with how to provide psychiatric care for minorities, immigrants, or socially excluded peoples and societies, but to focus on cultural psychiatry issues broadly for all people in their own society. The concern was to consider how to provide care transculturally by the majority group for minorities and migrants groups or people in foreign countries. Replacing the term of “transcultural psychiatry” by “cultural psychiatry” emphasized that every person, disregarding whether of minority or majority, have culture and is subject to cultural impacts on health status and treatment. This required a broader cultural dimension in understanding human behavior, psychological problems, psychopathology, coping pattern, and care and treatment for it. This shift of concept from transcultural psychiatry to cultural psychiatry is reflected on W.S. Tseng’s textbook of: *Culture, Mind and Therapy: An Introduction to Cultural Psychiatry*, published in 1981. The use of the term cultural psychiatry rather than transcultural psychiatry had been emphasized by Armando Favazza two years before Tseng’s book (Favazza & Oman, 1978). This new concept and trend was well established when the World Association of Cultural Psychiatry was established in 2005.

### **Development of culture-unique psychotherapies for own people**

There was a reaction of not wanting to import the therapeutic methods originally developed in the West; some clinicians and scholars in the East felt this to be sufficiently important to develop therapeutic approaches in accordance with their own culture or origin. This is well illustrated by the development of the following culture-unique therapies.

**Morita Therapy** – Invented by Shoma Morita in Japan in the early twentieth century. Without knowing it, the founder developed his unique therapy based on the Eastern philosophy “to accept things as they are” rather than fighting to overcome the problems. The therapeutic approach emphasized the re-experiencing of daily life and was originally addressed as Life Experiencing Therapy by Morita, but his follower re-named it as Morita therapy in memory of the founder (Kitanishi, 2005). The study of the therapy illustrated how it has been useful to the patients by affecting their philosophical attitude toward life (Nakamura & Kuboda, 2002).

**Naikan Therapy** – Invented by a Japanese layman, Ishin Yoshimoto, in Japan five decades ago. As a believer in Buddhism, he developed Naikan therapy taking on the practice of introspection utilized in the Buddhist discipline. From a psychotherapeutic point of view, the approach makes use of culturally sanctioned value systems in parent-child relationships to restore family or group relations (Kawahara, 2005).

**Daoistic Cognitive Psychotherapy** – With a thorough understanding of the cultural influences on psychopathology and psychotherapy, Young D.S. insisted that psychotherapy in China should be based on the context of Chinese culture and, with a team of his staff-fellows, developed the culturally-unique Daoistic Cognitive Psychotherapy (Young *et al.*, 2005). Daoism (or Taoism by Webster system in the past) was founded by ancient philosophers in China, so emphasizing the importance of following the rule of the nature. Studies of effectiveness of these therapies indicated these were useful for elderly patients who had compulsive personalities and had suffered from the coronary heart problems associated with their desire for over-achievement (Zhu & Young, 2013).

### **Examination of cultural aspects of mainstream psychotherapy**

It cannot be denied that so called contemporary, mainstream psychotherapies are all invented by Western clinicians or scholars based on their experiences of working with Western patients. There is much interest among scholars (particularly of non-Western background) to examine how the theory and method of therapy are under the influence of the culture of the provider, commissioner and the cultural environment in which the therapy was developed. This is particularly important when mainstream models of therapy are applied to clients with other cultural backgrounds, and when such models are transported into different societies and countries (Tseng, 2001; *in press*).

### Establishment of national or regional organizations and publications development

Associated with the increase awareness and interest among clinicians and scholars, and the need for progressing the scientific basis of cultural psychiatry, there are numerous organizations now devoted to cultural psychiatry established in many countries and geographic regions.

**Table 1** Some of the national organizations of cultural psychiatry

Country/region	Society	Acronym
USA	Society for the Study of Psychiatry and Culture	SSPC
Russia	International Association of Ethnopsychologists and Ethnopsychotherapists	IAEE
UK	Transcultural Special Interest Group, Royal College of Psychiatrists	TSIG-RCP
Italy	Istituto Italiano di Igiene Mentale Transculturale	IMT
Japan	Japanese Society of Transcultural Psychiatry	JSTP
China	Ethnic-Cultural Psychiatry Division, Chinese Society of Psychiatry & Chinese Medical Association	
Latin America	Grupo Latino Americano de Estudios Transculturales	GLADET

As the sign of development of cultural psychiatry as an applied science, there are now several academic journals. According to the order of year that they were first published, they are:

**Transcultural Psychiatric Research Review** (TPRR) – As already mentioned previously, when the Transcultural Psychiatry Division was established in McGill University in 1960s, the TPRR was published by the chief-editor of R. Wittkower, H.B. Murphy, and R. Prince in succession for nearly three decades until it was converted into the presently existing journal of **Transcultural Psychiatry** (TP) by the chief-editor of Laurence Kirmayer.

**Culture, Medicine and Psychiatry** – Started publication by the chief-editor of Arthur Kleinman in 1977, succeeded by Byron Good, and now A.D. Gaines. The journal is aimed for readers of psychiatrists as well as cultural anthropologists.

**World Cultural Psychiatric Research Review** (WCPRR) –As the official journal of WACP, it was published since 2006 by the chief-editor, G. Bartocci, who is succeeded in 2012 by V. De Luca. It is an online journal and is available for any reader without charge so that it can be accessible to any colleagues including those from economically less privileged societies.

**Publications of numerous books with special foci** There are numerous books that have been published in the early history as mentioned by Jilek (2009; 2014) and during the recent history. Listed in the appendix of Tseng's *Handbook of Cultural Psychiatry* (2001, pp 809-823) are nearly 200 books. It is impossible to list all of them here. Some of them are enlisted in **Tables 2-6**.

**Table 2** Examples of books on clinical transcultural psychiatry

Year	Author	Title
1972	Kiev	Transcultural psychiatry
1974	Jilek	Salish Indian mental health and cultural change
1982	Murphy	Comparative psychiatry: the international and intercultural distribution of mental illness
1985	Simons & Hughes	The culture-bound syndromes: Folk illness of psychiatric and anthropological interest
1986	Cox	Transcultural psychiatry
1988	Kleinman	Rethinking psychiatry: From cultural category to personal experience
1990	Bartocci	Psicopatologia cultura e pensiero magico
1994	Mezzich, Honda, Kastrup	Psychiatric diagnosis: A world perspective
1995	Willie, Rieker, Kramer, Brown	Mental health, racism, and sexism
1998	Alarcón, Foulks, Vakkur	Personality disorders and culture: Clinical and conceptual interactions
2004	Tseng, Mathew, Elwyn	Cultural Competence in Forensic Mental Health: A guide for psychiatrists, psychologists, and attorneys

**Table 3** Examples of books on epidemiological studies relating to cultural psychiatry

Year	Author	Title
1983	Sartorius, Davidain, Ernberg <i>et al</i>	Depressive disorders in different cultures: Report on the WHO collaborative study on standardized assessment of depressive disorders
1992	Jablensky, Sartorius, Ernberg <i>et al</i>	Schizophrenia: Manifestations, incidence, and course in different cultures - A World Health Organization ten countries study

**Table 4** Examples of books concerning special geographic areas and cultural groups

Year	Author	Title
1972	Lebra	Mental health research in Asia and the Pacific, Vol 2: Transcultural research in mental health
1974-86	Lebra & Lebra	Japanese culture and behavior: Selected readings. (& Revised Version)
1989	Westermeyer	Mental health for refugees and other immigrants: Social and preventive approaches
1991	Okpaku	Mental health in Africa and the Americas today
1992	Kok & Tseng	Suicidal behavior in the Asia-Pacific region
1994	Telles & Karno	Mental disorders in Hispanic populations
1995	Lin, Tseng, Yeh	Chinese societies and mental health
1996	Neighbors & Jacson	Mental health in black America

**Table 5** Examples of cultural psychiatry texts on healing and therapy

Year	Author	Title
1974	Abel & Metraux	Culture and psychotherapy
1980	Reynolds	The quiet therapies: Japanese pathways to personal growth
1981	Marsella & Pedersen	Cross-cultural counselling and psychotherapy
1982	Jilek	Indian healing: Shamanic ceremonialism in the Pacific Northwest today
1986	Torrey	Witchdoctors and psychiatrists: The common roots of psychotherapy and its future
1989	Pedersen, Draguns, Lonner, Trimble	Counselling Across Cultures. (3rd Ed.)
1992	Kareem & Littewood	Intercultural therapy: Themes, interpretations and practice
1996	McGoldrick, Giordano, Pearce	Ethnicity and family therapy, 2nd Ed
1999	Sue & Sue	Counselling the culturally different: Theory and practice
2000	Tseng & Streltzer	Culture and psychotherapy: A guide to clinical practice
2005	Tseng, Chang, Nishizono	Asian culture and psychotherapy: Implications for East and West

**Table 6** Examples of books on religion and psychiatry

Year	Author	Title
1994	Bartocci	Psicopatologia, cultura e dimensione del sacro
1996	Bhugra	Religion and psychiatry: Context, consensus and controversies
2000	Boehnlein	Psychiatry and religion
2004	Favazza	PsychoBible: Behavior, religion & Holy Book

### Theoretical challenges by non-Western scholars

One important challenge is the relevance of theories proposed and established by the Western scholars. To work on theoretical issues becomes necessary from academic point of view to expand our knowledge and theoretical understanding. Some of the conceptual innovations are here discussed.

**Francis L. K. Hsu** – As a Chinese-American cultural anthropologist, Hsu (1973) brought up the theoretical challenge that concept of “self” and ego boundary varies in association with cultural differences. Namely: in individual-oriented societies, the ego boundary is clear and firm while in situation-oriented societies the ego boundary is relatively blurred.

**Takeo Doi** – As a Japanese cultural psychiatrist, Doi (1971) indicated the concept of *Ame* (indulgency and dependence) as the core of Japanese personality, and mutual dependence is valued in Japanese culture. This is different from the Western societies in which independence is relatively valued and dependence is viewed with negative connotation.

**Wen-Shing Tseng** – As a Chinese-American cultural psychiatrist, Tseng and his colleagues (2005b; pp 98-126) pointed out that the Oedipus complex as proposed by the psychoanalysis as a universally observed parent-child emotional conflict varies among different cultures in term of the figures involved and the resolution of the conflict prescribed. Tseng (2001; *in press*) also indicated that the defense mechanism varies according to culture in terms of which defense mechanisms are more frequently utilized; and that culture-specific defense mechanisms are utilized, challenging the universal view of defense mechanism that are described in the Western societies.

It needs to be pointed out that it is those scholars of non-Western background, who had the opportunity to sense and to discover the limitations of Western theories noting the need for modifications for theories.

### **Consolidation and organization of knowledge**

In order to become a special and independent field of science, there is a need to consolidate and organize the scientific knowledge and clinical experiences that have been established in the field, i.e. there is a need of textbooks for the field of cultural psychiatry. This has been attempted by several scholars:

**Wolfgang Pfiffer** – As early in 1971, the German Psychiatrist has published the first textbook with the title of *Transkulturelle psychiatrie: Ergebnisse und probleme (Transcultural psychiatry: Findings and problems)* which was revised and enlarged in 1994. The book is written in German. Its content was presented in Transcultural Psychiatry Research Review in 1970 and the second edition reviewed by W. Jilek in 1995.

**Wen-Shing Tseng** – In 1981, Tseng published his book *Culture, Mind and Therapy: An Introduction to Cultural Psychiatry* as a textbook for psychiatrists, particularly for psychiatrists in training. In 2001 he authored *Handbook of Cultural Psychiatry*, which includes the knowledge of cultural psychiatry in a comprehensive and organized way for scholars and clinician. Subsequently, he published the condensed and revised version of the Handbook into *Clinician's Guide to Cultural Psychiatry* (2003) for psychiatrists and clinical psychologists in training with more focus on clinical applications.

**Dinesh Bhugra & Kamaldeep Bhui** – Recently, edited by Bhugra and Bhui, *Textbook of Cultural Psychiatry* was published in 2007 with contributions from authors mainly from Europe and North America.

### **Expansion around and involvement of the World**

In the recent history of cultural psychiatry, there is an apparent tendency to promote the knowledge and experiences of cultural psychiatry around the world and involve colleagues around the globe to work together for further improvement of cultural psychiatry. This effort is illustrated by the fact that various organizations actively held academic conference in each corner of the world.

**TPS/WPA** – Starting from its establishment, TPS always presents section symposia for the WPA's World Congress of Psychiatry held in many different locations, such as in Athens (Greek) in 1989, Rio de Janeiro (Brazil) in 1998, and Yokohama (Japan) in 2002. In addition, between the world congresses of psychiatry several regional conferences have been organized and took place, namely: Beijing/Nanjing (China) in 1985 when China just open its door for outside, Budapest (Hungary) in 1991.

**SSPC** – Starting with its establishment, SSPC has regularly held its annual meeting in the United States at rotated locations attended by some international colleagues as well. More recently, SSPC periodically held its meeting outside of the United States, such as in Canada, France, and Sweden.

**WACP** – After its establishment in 2005, as the main function of the association, a world congress has been regularly held every three years in different locations as followings World Congress of Cultural Psychiatry:

1<sup>st</sup> world congress in Beijing, China in 2006 – has been organized by the founding president Wen-Shing Tseng.

2<sup>nd</sup> world congress in Norcia, Italy in 2009 – has been organized by the co-founder and president Goffredo Bartocci.

3<sup>rd</sup> world congress in London, UK in 2012 – has been organized by the president Kamaldeep Bhui.

4<sup>th</sup> world congress in Puerto Vallarta, Mexico in 2015 – to be organized by president-elect, Sergio Villaseñor-Bayardo.

Many **joint conferences** between different organizations have been held through the years:

Kamakura (Japan) – Jointly co-organized by JSTP (Japanese Society of Transcultural Psychiatry) and TPS/WPA in 2007 (April).

Stockholm (Sweden) – Jointly co-organized by SSPC and TPS/WPA in 2007 (September).

Guadalajara (Mexico) – Jointly co-organized by GLADET (Group of Latin American for study of Cultural Psychiatry), TPS/WPA and WACP in 2008 (April).

Moscow (Russia) – Jointly held by International Association of Ethnopsychologists and Ethnopsychiatrists (IAEE) of Tomsk (Russia), TPS/WPA and WACP in 2008 (September).

Inter-congress **regional conferences** – It is under the plan for WACP to hold regional conferences during the period between World Congresses, again in different regions of the world with a special theme and/or the interest of relevance to the regions.

### **Education and training of cultural psychiatry**

For those cultural psychiatrists who are involved in resident education and medical students, there is newly rising interest in education and training for medical students in general and psychiatric residents in specific. Edward Foulks and colleagues (1998) as well as Francis Lu are some of the colleagues vigorously pushing this important task for the next generations.

### **Attention to religions and philosophical aspects of our human life and mental health care**

This is the new trend in cultural psychiatry, paying attention to religious and philosophical aspects of human life and its implication on therapy. Psychiatrists in general, including cultural psychiatrists, tend to shy away from discussing religions, with the notion that it is supernatural and sacred subject that should not be the subject of scientific study. But there is an increasing interest among cultural psychiatrists recently to realize that religion, belief, and faith are important part of our human life and culture, and cannot be ignored. How to understand the theory and concepts derived from religions of diverse nature deserve attention and examination, and how to make use of supernatural belief in mind healing is getting more recognized as a worthy and useful subject. This is well reflected by the publications made by several cultural psychiatrists such as G. Bartocci (1994), D. Bhugra (1996), J. Boehnlein (2000) and A. Favazza (2004).

Closely related with this, and facing the frequent occurrences of conflict and war associated with ethnicity, race, and religion or faith around the contemporary world, there is a calling for the cultural psychiatrists to join the social scientists and other forces to make contribution to the improvement of mutual understanding, accepting, and co-existence between people of different religious and racial groups. This issue has been elaborated more in detail among others topics in the article on the future of cultural psychiatry (Tseng *et al*, 2014) in this issue.

**SUMMARY COMMENTS** In summary, the recent history of cultural psychiatry from 1970 to present is characterized by the social and cultural reality that there is a rapid and expanding awareness of the importance of cultural aspects of human mind and behavior; and cultural aspects of psychological problems and therapy. Cultural psychiatry has moved from the scientific explorations of exotic behavior to clinical applications for the people suffering with mental illness and emotional distress. The applied nature of cultural psychiatry stresses the importance of culturally-relevant therapy for patients of diverse cultural backgrounds, and there is a shifting focus from minorities, immigrants or foreigners to the majority people in each society; academical debates have transformed this subject from transcultural psychiatry to cultural psychiatry, and the efforts to establish cultural psychiatry as an independent disciple of clinical science has been evidenced by the establishment of formal organizations at national and international levels. Finally, publications of books and journals, and the urge to expand the knowledge and experiences around the world with universal concern is the current hallmark, negotiating the global mental health movements, international psychiatry and discovering the need for localism and public health approaches.

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