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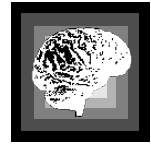
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Article

# Eric Wittkower and the foundation of Montréal's Transcultural Psychiatry Research Unit after World War II

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## Abstract

Eric Wittkower founded McGill University's Transcultural Psychiatry Unit in 1955. One year later, he started the first international newsletter in this academic field: *Transcultural Psychiatry*. However, at the beginning of his career Wittkower gave no signs that he would be interested in social sciences and psychiatry. This paper describes the historical context of the post-war period, when Wittkower founded the research unit in Montréal. I focus on the history of scientific networks and the circulation of knowledge, and particularly on the exchanges between the French- and English-speaking academic cultures in North America and Europe. Because the history of transcultural psychiatry is a transnational history *par excellence*, this leads necessarily to the question of the reception of this academic field abroad.

## Keywords

Anthropology, Canada, psychiatric epidemiology, McGill University, transcultural psychiatry

Eric Wittkower (1899–1983) is a major figure of post-war psychiatry. Because he practised in many countries and across many professional specializations, he stands at the crossroads of several medical cultures. His career has already been the object of analysis, focusing on his active role in founding psychosomatic medicine (Hennig and Vogelsänger, 2014), in establishing procedures to select British officers at the beginning of World War II (Hayward, 2010) and in initiating a first wave of professionalization within cultural psychiatry (Bains, 2005; Jilek, 1983; Murphy, 1983; Prince, 2006). Each of these contributions to our understanding of Wittkower presents him as a pioneer. My own contribution does not seek to refute this research, but rather to propose a kind of reversal: I wish to use the biographical analysis as a case study for the circulation of knowledge, by describing the network of scientific sociability centred around Wittkower at McGill University (Québec). Indeed, if Wittkower was successful in establishing new fields of research and was followed by others, it

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means that he was able to create real networks, and that, from a historiographical point of view, the figure of the medical pioneer is insufficient to understand these phenomena.

In the case of the Transcultural Psychiatry Research Unit founded by Wittkower, circulation of knowledge occurs at various levels: between the two linguistic communities in Canada, franco-phone and anglophone, and also between North America and Western Europe (particularly the Montréal-Paris axis), as well as between medicine and the social sciences. Moreover, we must be careful not to describe these phenomena of circulation as simple, unidirectional transfers of knowledge, in which medical doctors drew from the resources of the ‘culturalism’ prevalent in North America as they might from a toolbox. The interactions are more complex, and they involve several quite distinct professions: psychiatrists and anthropologists certainly, but also psychologists, sociologists, epidemiologists, etc. Werner and Zimmerman’s (2004) methodology of *histoire croisée* allows us to avoid the oversimplifications of a purely comparative approach (for example, between anglophone and francophone scientific communities) and to take into account the echo effects of any phenomenon of cultural transfer. In taking this approach, my study draws on archival documents, newspapers, pedagogical materials and research compendia.

## Archives and historiography

Jatinder Bains (2005) has already written a synthetic history of transcultural psychiatry. My own analysis draws more heavily on archival research at the Université de Montréal and McGill University in Canada, at the Centre de documentation Henri Ellenberger in France, and at administrative and university archives in Germany. It puts aside the question of culture-bound syndromes and the history of international classifications (such as the DSM and ICD), as these were not central issues in the post-war period; indeed, the importance of these issues in current historiography reflects a presentist perspective and a striking anachronism with regard to historical sources.

Since the 1980s and the death of pioneer figures, the history of North American transcultural psychiatry has been the object of many autobiographical, biographical and historical narratives. We can cite biographical studies by Corin and Bibeau (1988), Waldram and Bibeau (2006), Murphy<sup>1</sup> (1983) and Prince (1987); autobiographies by Georges Devereux (1978) and Raymond Prince (2010); monographs focusing on prominent figures (for example, on Devereux see: Bloch, 2012; Cerea, 2016<sup>2</sup>); and institutional histories (Becker and Kleinman, 2014; Kirmayer, 2000; Kirmayer and Minas, 2000). Important reassessments from the perspectives of colonial and post-colonial history also exist; these include publications by Keller (2007), Heaton (2013), Fassin (1999, 2000) and Rechtman (Fassin and Rechtman, 2005). This is not an exhaustive list. For my part, I wish to inscribe these developments in the perspective of the *longue durée*; in so doing, I will adopt Bullard’s (2007) analytic framework, which describes the professionalization of the field of transcultural psychiatry into an academic discipline as a transition. In the 1950s and 1960s, the bulk of scholarship in transcultural psychiatry had already broken away from the canon of colonial medicine, but it did not yet belong to an established academic discipline. That scholarship thus illustrates this moment of transition (Bastide, 1965), performed by actors who had their own transcultural experiences stemming from the war’s extensive displacement of populations.

## Biographical elements and clarifications on the notion of culture

Erich David Wittkower (Eric D. Wittkower after his exile) was born in Berlin on 4 April 1899 to an atheist Jewish merchant family that held both British and German citizenship. His father had been born in Scotland, so he had his son registered as a British citizen. After finishing his schooling in Germany, Wittkower served in the German army at the end of World War I (1917–18); however,

he did not see combat. He then studied medicine at Friedrich-Wilhelm University. Although he was a good student, he wryly notes in an autobiographical text (Wittkower, 1981) that he always felt himself to be in competition with his brilliant cousin Rudolph Wittkower (1901–71), who also pursued an academic career, first in Berlin, then in London in 1933 and in the USA after the war.

Eric Wittkower specialized in internal medicine at the Charité (Berlin's university hospital), concentrating on biochemistry, immunology and haematology – none of which foreshadowed his future orientation towards psychiatry and the social sciences. However, starting in the late 1920s, his publications demonstrate an interest in psychotherapy and in the role of personality and emotions in internal medicine. Appointed chief physician at a polyclinic in Berlin in 1929, he treated asthmatic patients there. From 1930, he became acquainted with the first group of psychoanalysts at the Charité (Hennig and Vogelsänger, 2014), including Franz Alexander and Karen Horney, and gave lectures on psychosomatic medicine at the university. His professional rise in Germany came to a brutal end when Hitler came to power. He was dismissed on 28 March 1933,<sup>3</sup> i.e. before the passing of anti-Semitic laws targeting Jewish civil servants on 7 April 1933 (*Gesetze zur Wiederherstellung des Berufsbeamtentums*). This measure, which was taken particularly early at the Charité, gave him time to arrange to leave for Switzerland with his wife at the end of March 1933.<sup>4</sup> When he arrived in London in September 1933, he soon obtained an appointment at the Maudsley Hospital. Although he was welcomed as a British citizen, he was required to retake his medical exams; he did so in Glasgow and Edinburgh. At that point, he decided to specialize in psychiatry and joined the Tavistock Clinic, directed by John R. Rees (1890–1969), who secured research funding for him at St Bartholomew's Hospital. During World War II, Rees had significant responsibilities within the Directorate of Army Psychiatry at the War Office. In that context, Wittkower participated in the development of the Officer Selection Scheme, the programme through which British officers were psychologically screened and selected (Hayward, 2010). During the war, Wittkower also taught, with John Rickman, the rudiments of psychiatry and the risk of war neurosis to young American officers stationed in the UK.

At the Tavistock Clinic, Wittkower achieved an international reputation as a specialist in psychosomatic medicine. He also completed the training in psychoanalysis that he had begun in Berlin, first with W. Ronald D. Fairbairn and then with Eva Rosenfield. In 1948, when the WHO was officially founded in Geneva, Rees presided over the International Congress on Mental Health in London. It brought together medical doctors and researchers in the social sciences (Wu, 2015), who would found two new international organizations, both of which are significant in relation to Wittkower's career: the Mental Health Expert Committee at the WHO and the World Federation for Mental Health (WFMH). In 1951 Wittkower was recruited as Associate Professor of Psychiatry by Professor Ewen Cameron (1901–67), the Chair of the Psychiatry Department (located at the Allan Memorial Institute) at McGill University. At the time, Cameron was looking for physicians trained in psychoanalysis in order to retain young psychiatric residents in Montréal and prevent a brain drain to the USA. At the Tavistock Clinic, Wittkower had contributed to training one of Cameron's students, Peter Edgell (Wittkower, Russell, Edgell, Iwin and Slorach, 1953), in psychosomatic medicine. The first group of didactic psychoanalysts at McGill also included Théo Chentrier, Alastair MacLeod, Miguel Prados and Georges Zavitzianos. They founded the Canadian Psychoanalytic Society together in 1953; Wittkower became its president in 1966.

Insofar as a large number of Canadian university professors were recruited abroad (Canada is a nation of immigrants), we might one day ask whether we could interpret transcultural psychiatry as a literature of exile. Not only was it the result of a specialized therapeutic practice for patients coming from non-Western cultures, as well as migrants and refugees, but also its practitioners were in large part exiled physicians; they, like Wittkower, fled totalitarianism, or were forced to redefine their professions and their own cultures after wars of independence and the

end of imperial administrations. This raises the question of the definition of ‘culture’ in Wittkower’s scholarly publications. According to Bains (2005), transcultural psychiatry at McGill drew on the anthropologist Franz Boas’s concept of culture; we must also take into account the impact of the ‘culture and personality’ school (Margaret Mead, Ruth Benedict, Abram Kardiner, etc.) during that period. However, it is interesting to note that Wittkower, as a European, does not directly cite these North American sources, but rather a universalist conception inherited from his medical and psychoanalytic training (Freud and Devereux always defended universalist positions). In his writings, major mental disorders are always presented as natural phenomena; culture is understood as an environment that can modify the manner in which the biological processes at the root of these pathologies express themselves. In this way, culture is similar to the internal physiological environment in biology. Essentially, this model is identical to Wittkower’s explanatory model for psychosomatic medicine: in a book written at McGill, he proposes an interactive model of the aetiology of skin diseases (Wittkower et al., 1953: 15), wherein environmental factors are classified as either ‘Internal’ or ‘External’. This double conception of the internal environment and of external cultural influences can be likened to the model proposed by Walter B. Cannon (Harvard), an important figure in psychosomatics and a specialist in the role of endocrine glands in stress-related phenomena.

## **The Transcultural Psychiatry Research Unit at the Allan Memorial Institute**

In 1955 the first university unit in transcultural psychiatry (Division or Unit of Social and Transcultural Psychiatry) was established at McGill University by Wittkower and the anthropologist Jacob Fried. This event suggests that the narrative thread of the history of cultural psychiatry should pass through Montréal, after its beginnings with Emil Kraepelin’s ‘comparative psychiatry’ (see Crozier and Engstrom, 2018), grounded in the contexts of colonial medicine and of Kraepelin’s travels to Java. According to Wittkower’s (1981) account, which was confirmed by one of his collaborators (Murphy, 1983), neither he nor Cameron had spent much time pondering the specifics of what was then called ‘cross-cultural psychiatry’ when the unit was created. As Chair, Cameron suggested to Wittkower that he establish a new unit within the Psychiatry Department, since Wittkower felt that he had explored all the possibilities of psychosomatic medicine and since Cameron wanted to develop the greatest possible number of research units within his department. At this time, figures such as Devereux and Leighton were prominent in methodological debates in the USA.

In order to establish his unit, Wittkower imagined a collaboration with social science researchers at his university. The cofounder of the unit, Fried, was then studying the indigenous peoples of the high plateaux of Peru, in collaboration with the Chair of the Psychiatry Department of Lima’s Obrero Hospital, Carlos A. Seguin. Upon closer observation, Fried and Wittkower’s project can also be inscribed in a genealogy of cooperation between anthropologists and psychiatrists (Balandier, 1948). Other examples are Kardiner and Ralph Linton, and Edward Sapir and Harry Stack Sullivan (Kirmayer, 2001); François Laplantine (2003: 14) also mentions Arthur Ramos and Melville J. Herskovitz, two anthropologists focusing on mental health. We can also think further back to the relationship between anthropologists and physicians more generally during the nineteenth century that had formed around the controversies raised by evolutionism – even without considering the number of anthropologists who trained as physicians. This was a largely transnational phenomenon: we might recall that Boas studied with the pathologist Rudolph Virchow in Germany before developing anthropology in the USA. But with regard to mental health medicine and social anthropology, this kind of collaboration was not yet balanced, nor did it even constitute

a pooling of resources: for a long time the exchange took the form of an ethnologist bringing materials to the psychiatrist, who interpreted them from the point of view of psychopathology. This disequilibrium led Kroeber and Ackerknecht (1971) to highlight the limits of partnerships between psychiatrists and anthropologists.

What was new in Montréal's comparative psychiatry, compared with Kraepelin's in Munich before the war, was that Wittkower used epidemiological concepts such as incidence and prevalence. For example, in a report published in 1960, Wittkower wrote about the first research project undertaken by his team at McGill:

During the last five years my co-workers and I have been engaged in studies concerning the relationship between the nature, prevalence, and incidence of mental illness and cultural environment. To emphasize that our studies go beyond the boundaries of any one culture and, indeed, focus on differences observed in many cultures, we have labeled our activities *transcultural*, whereas we have applied the term *crosscultural* to their comparative aspects. (Wittkower, Murphy, Fried and Ellenberger, 1960: 854)

Although in this definition 'crosscultural psychiatry' is more or less a literal translation of Kraepelin's comparative psychiatry (*vergleichende Psychiatrie*), here Wittkower conceives of culture as a series of variations that can be evaluated using the tools of epidemiology, a science that Leighton developed in the same period as a tool of social psychiatry and of public health. We will return to this subject again in relation to pedagogy. Interactions between biological processes and culture are understood by Wittkower as 'crosscultural variables' (Wittkower et al., 1960: 857), the relationship between data originating from different cultures as a 'transcultural comparison', and the research as 'crosscultural surveys'.

## Newsletter

With the establishment of the unit, Wittkower quickly made several decisions: he created a journal, in the form of a newsletter; he undertook studies, based on questionnaires; and he recruited new psychiatry professors to his research and teaching unit at the Allan Memorial Institute.

Starting the newsletter, *Transcultural Research in Mental Health Problems*, was certainly the first important step; not only was it the first international scientific journal in the field of transcultural psychiatry, but also the first issue was released only a few months after the unit was established. In the first editorial, Wittkower and Fried (1956: 1) describe the newsletter as a 'channel of communication' whose goal is also to 'introduce persons engaged in such research', i.e. to identify the actors in a communication network. In this case, network means 'epistolary network' and 'transcultural' can also mean 'transnational'.

At first Wittkower's team had modest goals: they produced a simple mimeographed newsletter which centralized the information disseminated in the international scholarly publications, either by citing it or by reproducing large excerpts. They also encouraged letters from readers. According to H. Brian M. Murphy (1915–1987), in order to help correspondents connect with one another, Wittkower took the time to answer every question he received from his readers (Murphy, 1983: 83), regardless of their theoretical convictions. However, this 'world' did have limits: those of the regional borders of the Cold War, which corresponded more or less with the borders of former colonies that had not aligned themselves with the USSR. These logically also included the former Axis powers that became allies of the USA after 1945 (West Germany and Japan). The first newsletter series, entitled *Transcultural Research in Mental Health Problems* (9 issues from 1956 to 1962), became a true scholarly journal in 1963, first under the name *Transcultural Psychiatric Research Review* (volumes 1–33, 1963–96) and then *Transcultural Psychiatry* (from the

publication of volume 34 in 1997 to the present day). The newsletter would therefore prove to be lasting, even gaining in importance after Wittkower's retirement from his university post in 1965.

The 1960s were thus a watershed; during this period, Wittkower claimed to have 900 correspondents across the world (although the number cannot be verified in the archives). In 1963, a circular letter summarized the overlapping goals of the unit and the newsletter:

Recently a section of Transcultural Psychiatric Studies was set up at the McGill University, jointly by the Departments of Psychiatry and Sociology and Anthropology.

The aims of the Section are: (1) to collect and disseminate information regarding the relevance of socio-cultural variables to incidence, prevalence and nature of mental disease; (2) to train psychiatrists and social scientists interested in the area of transcultural psychiatry; and (3) to carry out research in this area in Canada and in other countries.

Our program, to date, has succeeded in establishing a communication network of psychiatrists and social scientists in over seventy countries, involving over 900 participants, whose reports on the nature of their research problem, interests and observations are published by us in the form of a Newsletter entitled: *Review and Newsletter: Transcultural Research in Mental Health Problems*.<sup>5</sup>

We cannot describe the newsletter purely as a medical journal, since its co-founder was an anthropologist; in fact, another advertisement from 1967 presents its goals in a less technical manner, for a broader public, by insisting on its humanities and social science elements:

A Unique medium for the exchange of information between psychiatrists, psychologists, and social scientists from many different countries who are interested in the relationship between the culture, social habits, and mental health of people both in heavily populated areas and the more remote regions of the world.<sup>6</sup>

The newsletter was also not entirely Anglo-Saxon: Guy Dubreuil, professor and founder of the Anthropology Department at the Université de Montréal in 1961, took over from Fried when the latter left to pursue his career in the USA at the beginning of the 1960s. Dubreuil co-edited the journal with Wittkower, and occasionally they co-authored editorials and research findings (e.g. Wittkower and Dubreuil, 1973). Furthermore, another francophone, Henri Ellenberger (1905–93), who was recruited as an Assistant Professor by Wittkower in 1959, later became an important historian of psychiatry (Delille, 2016a), psychology and psychoanalysis, and wrote *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (1970); we will return to its reception below. Wittkower remained editor-in-chief of the journal until the 1980s.

## Local and international network

Raymond Prince also witnessed the development of the Transcultural Psychiatry Unit from the 1960s to the 2000s (Prince, 2000); in the mid-1980s, he followed Brian Murphy in becoming the unit's director. In his memoirs and his articles on the pioneers of transcultural psychiatry, he provides a list of the unit's most active members during the first 10 years: Norman Chance, Henri Ellenberger, Brian Murphy, Juan Negrete, Raymond Prince, Jean-François Saucier, Ronald Wintrob and Eric Wittkower (Prince, 1995). In fact, Chance and Wintrob, like Fried, continued their careers in the USA, but at the University of Connecticut. By the end of the 1950s, central figures in American anthropology had joined the newsletter's editorial board, including Margaret Mead and Marvin K. Opler, while the first controversies were arising around other representatives, such as

Devereux (Delille, 2016b). Wittkower's local network spread across all of North America, especially as McGill's young psychiatric residents were recruited chiefly from the USA and from the anglophone parts of Canada, rather than from Québec's francophone majority.

Two examples demonstrate how knowledge circulated internationally: the newsletter was sent to France via the Service d'échange d'informations scientifiques of the Maison des Sciences de l'Homme (MSH), and to Bremen University in West Germany. Certain well-known figures within transcultural psychiatry appeared in the contents lists, either as active correspondents or because their published work was being reproduced in the newsletter, and francophones included Roger Bastide and Henri Collomb (Collomb, 1966). They were university professors who themselves edited journals: Bastide edited *L'Année sociologique* (Sorbonne and École Pratique des Hautes Études), and Collomb *Psychopathologie africaine* (Dakar University, Senegal). Conversely, many articles in the newsletter were later reproduced in French in *Psychopathologie africaine*, by common consent of the two editorial boards. This journal also published some of Wittkower's research findings in French (Wittkower and Weidmann, 1968).

But Wittkower's network spread even farther, and some Asian countries, such as Japan, are overrepresented within the newsletter. This can be explained not only by the effects of the Cold War, but also by Japan's strong university tradition and colonial history. Indeed, like European governments, the Japanese Empire produced knowledge about its own country's minorities (Ainus in the North and Ryukyuan of the Okinawa archipelago) and about the inhabitants of the territories it conquered in Asia, beginning in the late nineteenth century. The results of a preliminary study focusing on symptoms of schizophrenia across the world (launched in 1956–58; see Murphy et al., 1963; Wittkower et al., 1960) give us a sense of the newsletter's active correspondents, i.e. those who filled in the questionnaire distributed by means of the newsletter. The states, autonomous territories and colonies involved were Australia, Barbados, Brazil, Bulgaria, Canada, Chile, Colombia, Czechoslovakia, Ecuador, Germany, Formosa, Hong Kong, India, Japan, Java, Kenya, Korea (South), Kuwait, Martinique, New Zealand, Nigeria, Norway, Okinawa, Peru, Thailand, Turkey, Uganda, the USA and the Union of South Africa. Apart from the two Eastern European nations, Bulgaria and Czechoslovakia, the countries represented are mostly within the zone of British and US influence. These early studies featured elementary questions, such as 'describe psychiatric problems that occur in your country, incidence, or intensity with those found in other countries'. The team at McGill worked with narratives as well as with medical statistics. While Wittkower did not undertake the kind of fieldwork we associate with social anthropology, he travelled to Haiti (Wittkower, 1964) and Africa to gather data.

## Teaching

The information centralized by the newsletter generated a new kind of specialized teaching at McGill. Not only did the team gather fundamentally new data and have a particularly innovative approach, but also, importantly, this knowledge was centralized and handled by a specialized team. The clinical data and the scholarship essentially originated from colonial medicine and from the new academic institutions that were emerging in newly independent states. Some, like Nigeria in Africa, are already known for their vibrancy within the existing historiography (Heaton, 2013).

The first two Assistant Professors recruited by Wittkower in 1959, Henri Ellenberger and Brian Murphy, were physicians and scholars who had already gathered a large amount of research data before settling in Montréal. Both were migrants: Ellenberger, who fled Vichy France in 1941, had British, French Swiss and US citizenship; Murphy was from Scotland. Ellenberger had no academic training in the social sciences, but had an interest in folklore that went back to the 1930s, when he was a physician specializing in nervous disorders in the French provinces (Poitiers) and became



close to the scholar Arnold van Gennep. Murphy had been a physician in the British army and an expert for refugee aid associations (including the United Nations Refugee Resettlement Association and the International Refugee Organization). He had written a doctoral thesis in sociology at New York's New School of Social Research (1958), focusing on juvenile delinquency and drafted on the basis of his observations in Singapore. He quickly established himself as one of the premier Canadian experts in psychiatric epidemiology; he also developed a populational approach that became the norm in the USA, as it was used by the team assembled by Leighton at Cornell and later at Harvard, which chose a Canadian site for its most ambitious longitudinal study (Stirling County Study).

Wittkower and Fried's unit participated in training young medical doctors at McGill University. (This was not the case for their contemporaries, such as Bastide and Devereux, who taught students in the social sciences and the humanities in France.) A summary document very clearly outlines Wittkower's teaching goals in the mid-1960s:

The purpose of the program is two-fold:

- a) to train researchers from psychiatry and related disciplines and to supply academic centres with potential teachers in the field;
- b) to orient mental health practitioners and administrators from underdeveloped countries towards the need to consider the cultural backgrounds of their peoples when planning psychiatric services; and to assist them in doing so. (McGill University: Graduate Program ..., p. 1)

The same document lists five courses and their basic descriptions:

*Social Psychiatry*

Application of sociological theory to psychiatry; principles of social psychiatry; sociopsychiatric research techniques. (20hrs) H. B. M. Murphy.

*Clinical Aspects of Transcultural Psychiatry.*

Cultural influences on symptomatology; modification of therapeutic approaches in different cultural settings; indigenous therapies. (20hrs) E. D. Wittkower et al.

*Anthropological Approaches to Psychiatry.*

Application of anthropological concepts to psychiatry; use of psychiatric data in anthropology. (20hrs) N. A. Chance & R. Wintrob.

*International Epidemiology of Mental Illness.*

Cultural variations in incidence and prevalence; survey and statistical techniques; validity of international comparisons. (20hrs) H. B. M. Murphy.

*Transcultural Aspects of Administrative and Community Psychiatry.*

Cultural influences on demand for and attitude towards services; British, French, American and Caribbean models; incorporation of traditional healers in Africa and India. (20hrs) M. Lemieux et al. (McGill University: Graduate Program ..., p. 2)

Psychiatry, cultural anthropology, epidemiology and fieldwork made up a single whole. This pedagogy was not only theoretical; students were also required to perform supervised fieldwork.

Moreover, the program sought to maintain equilibrium between medical students and students from other disciplines; the underlying pedagogical intent was that they would work in pairs. The aforementioned document also underlines the formal ties the Department of Psychiatry had with the Department of Sociology and Anthropology (whose professors, William A. Westley and Richard Salisbury, were involved in Wittkower's editorial correspondence), as well as with the Department of Psychology and McGill's School of Social Work. The Division of Transcultural Psychiatry also had a short-lived regional collaboration with the University of Vermont (Burlington), just on the other side of the US border, in order to guarantee the critical mass and resources necessary for the program to bear fruit.

While the department did not offer a specific diploma, the medical and anthropology curricula at McGill acknowledged the legitimacy of courses in transcultural psychiatry. They were available to accomplished psychiatrists, to young physicians-in-training, and also to psychologists, sociologists and anthropologists.

### **Compendia, world congresses, scientific societies and encyclopaedic temptations**

Beyond the creation of the journal and the development of a specialized pedagogy, the network set up by Wittkower allowed for the codification of knowledge within transcultural psychiatry. This codification took several forms, which favoured the synthesis rather than the analysis of knowledge. In this case, when Wittkower made generalizations, it did not imply vulgarization; accounts insist that Wittkower expended real effort in moderating discussions, and that he led the field in defining concepts, interpreting observations and clarifying his collaborators' explanatory models, with great respect for their theoretical convictions (Wittkower and Dongier, 1981). This kind of work builds what *Annales* historian Lucien Febvre called an *ouillage mental* or mental toolbox. It was expressed around various 'spaces' of knowledge, in the broad sense of the term: research compendia destined for academic audiences, international conferences, translations and medical encyclopaedias, which ensured the reception of knowledge. We must not neglect the impact of this scholarship among physicians and students, and also among the civil servants who managed the libraries of medical and military institutions throughout this world in the transition between colonial and post-colonial contexts. The circulation of knowledge in the second half of the twentieth century, before the internet and the DSM became dominant, was achieved through works sold by correspondence and accessible by subscription.

One example of a collective volume to which members of Wittkower's unit contributed was *Culture and Mental Health*, edited by Marvin K. Opler in 1959. It features articles by many important figures of North American social psychiatry: A. Irving Hallowell, Melford Spiro, Anthony F.C. Wallace and Opler himself, as well as anthropologists from the 'culture and personality' school, such as Kardiner and Mead. From the McGill team we can cite Fried and Murphy, who summarized their research on Peru (Fried, 1959) and Singapore, respectively, as well as a summary article co-authored by Wittkower and Fried, 'Some problems of transcultural psychiatry' (Wittkower and Fried, 1959). In this very short text, the founders of the McGill unit present the concepts of the cultural, the transcultural and the cross-cultural already described. They mention their ongoing research, their collaborative projects and their teaching. This example is interesting insofar as the volume edited by Opler (1959) is dominated by psychoanalysis and culturalist anthropology, and in particular by the description of the psychotherapeutic practices of Native Americans which made Devereux famous (Delille, 2016b). Murphy, Wittkower and Fried distinguish themselves by their use of epidemiological concepts.

Second, the team led by Wittkower carried out much of its activity at international meetings. A first meeting was organized during the Second World Congress of Psychiatry (Zurich 1957), which brought together 24 psychiatrists from approximately 20 countries. Cameron presided over the meeting, which was organized by Wittkower (1958: 3); its participants included Tsung Yi-Lin (pioneer of psychiatric epidemiology in Taiwan), Thomas A. Lambo (Nigeria), Morris Carstairs (pioneer of social psychiatry and of psychiatric epidemiology in England, Scotland, and India), C.S. Seguin (Peru) and Pow-Meng Yap (Hong Kong). In 1961, a panel at the Third World Congress of Psychiatry (Montréal) put Wittkower's and Leighton's teams in conversation with each other. The American Psychiatric Association and its Canadian counterpart created Transcultural Psychiatry Committees in 1964 and 1967, respectively. In 1970, Murphy set up the World Psychiatric Association Section on Transcultural Psychiatry, within the World Congress of Psychiatry;<sup>7</sup> he also started a new international newsletter.

The practice of bilingualism in Montréal also promoted the transfer of knowledge from one community to another. When Murphy became Chair of the Division of Transcultural Psychiatry after Wittkower's retirement, he developed a lasting collaboration with the francophone anthropologists at the Université de Montréal and Université du Québec à Montréal (UQAM), and in 1974 he contributed to the establishment of a bilingual research group, the GIRAME (Groupe Interuniversitaire de Recherche en Anthropologie Médicale et en Ethnopsychiatrie), which was active for a dozen years, had its own journal (GIRAME, 1983–94) and published a book (Corin, Lamarre, Migneault and Tousignant, 1987). This is a good example of how knowledge about transcultural psychiatry circulated between the francophone and anglophone scientific communities in Canada.

In addition to Ellenberger, other francophones in Montréal participated in the two journals; for example, Gilles Bibeau (Université de Montréal) and Michel Tousignant (UQAM). The latter had an academic career at the intersection of psychology, anthropology and epidemiology (Tousignant, 1992). His research involved fieldwork studies in Mexico and Ecuador, as well as studies of migrants and of teenagers. Bibeau was one of the most active members of the GIRAME with his wife Ellen Corin, one of Murphy's colleagues. It would therefore be a mistake to view the knowledge developed at McGill as the work of a solely Anglo-Saxon scientific community. At the end of his career Murphy published a research compendium in the lineage of Kraepelin and Yap (1974) entitled *Comparative Psychiatry* (Murphy, 1982). This volume did not merely mark the culmination of his career; it presented cumulative data, tracked over approximately 30 years and across diverse population samples throughout the world – the consequence of the studies Wittkower had inspired.

Finally, we must take into account a fourth kind of reception in order to take stock of the network created by Wittkower; this can be found in France, given the strong links between Montréal and Paris. Indeed, for a long time a French medical encyclopaedia echoed Canadian transcultural psychiatry, Ellenberger being the intermediary (Delille, 2006) as he had maintained close ties with the friends he had made during his medical residency in Paris. The encyclopaedia in question is the *Traité de Psychiatrie of the Encyclopédie Médico-Chirurgicale* (EMC) directed by the French psychiatrist Henri Ey (Delille, 2008). The editorial correspondence preserved in the archives shows that Ellenberger aimed to write a synthesis of the transcultural psychiatry developed at McGill for a French audience, rather than to focus on his own research:

Another important part of my time was dedicated to Ethno-Psychiatry, which is called "Transcultural Psychiatry" here. Perhaps you know the newsletter published twice a year by Drs Wittkower, H. B. M. Murphy and myself. We have accumulated a large amount of material, probably unique in the world. For a long time I have had the idea of writing a report on all of these studies, either in the form of a book, or in

another way. Do you think that the Encyclopédie Médico-Chirurgicale would be interested in publishing in its next supplement a booklet on Ethno-Psychiatry? I know that there is something on “Exotic Psychiatry”, but “Ethno-Psychiatry” is a much broader framework, and it would bring in a large quantity of unpublished or little-known topical facts.<sup>8</sup>

We can see that Ellenberger presents his work as a synthesis of the knowledge accumulated by Montréal’s team within an academic framework, in contrast to ‘exotic psychiatry’, which was descended from colonial medicine (Aubin and Alliez, 1955) and from which he sought to distance himself. At the end of 1962, after announcing his departure from McGill for the Department of Social Sciences at the Université de Montréal, Ellenberger proposed that Murphy join in as a collaborator in order to amplify McGill’s contribution to transcultural psychiatry in France. Once hired as an official collaborator of the EMC, Ellenberger reduced his contribution in favour of Murphy’s. Because Murphy was a specialist in psychiatric epidemiology, Ellenberger’s initiative resulted in the introduction of this science in the EMC. In January 1965, both Ellenberger’s and Murphy’s texts were in press (Ellenberger, 1965a, 1965b;<sup>9</sup> Murphy, 1965). They would be updated by a rejuvenated team in 1978 that brought together Ellenberger, Murphy, Prince and Tousignant. At the start of the new decade, a French researcher took over the presentation of psychiatric epidemiology in the EMC: Viviane Kovess, who trained at McGill, was a student of Murphy and was a researcher at INSERM (Institut national de la santé et de la recherche médicale).

### **Epilogue: an *histoire croisée* of cultural psychiatry and epidemiology**

With this series of examples from the 1950s and 1960s, I have sketched out several axes along which the circulation of knowledge in transcultural psychiatry took place: academic disciplines, linguistic communities, intellectual coteries, and transfers of knowledge. I have stressed how Wittkower’s emphasis on multi-disciplinarity contributed to the birth of psychiatric epidemiology. This argument might be surprising: first, from the point of view of chronology, psychiatric epidemiology was new in the post-war period (Lovell and Susser, 2014); second, there was no Department of Epidemiology at McGill before 1965, and no local fermentation around these issues. Therefore, we should ask whether the process of dissemination, transfer and translation into French of the research at McGill contributed to the strong distinction between Canadian and French conceptions of cultural psychiatry – the second remaining tied to psychoanalysis for the entire second half of the twentieth century. This distinction became all the stronger when Devereux returned to Paris to teach in 1963 and was belatedly recognized for his psychoanalytic work.

This polarization of Canadian transcultural psychiatry around the issue of psychiatric epidemiology is an effect of its reception, since the McGill unit was never dominated by epidemiologists. Leighton’s scientific prestige at the same time is certainly an explanatory factor which must be taken into account. However, this was the dimension that the anthropologist and psychiatrist Arthur Kleinman (Harvard University) chiefly attacked when he launched his critique of transcultural psychiatry in the name of a ‘new cross-cultural psychiatry’ (Kleinman, 1977), based on new methodological foundations grounded in medical anthropology. Indeed, Kleinman firmly criticized the belief in universals originating in the Western world; he identified the residues of colonial medicine in the epidemiological categories that were applied unilaterally in cultural psychiatry. Far from being resolved, this controversy was recently re-examined by Laurence Kirmayer. While his work exceeds the historical scope of this essay, it is interesting to note that he underlines the interest in and the diversity of post-war transcultural psychiatry (Kirmayer, 2006). It seems to me that we can think of this scientific controversy and its historiographic repercussions (Heaton, 2013: 193) as an echo effect of the dissemination of the

knowledge of transcultural psychiatry, insofar as the denunciation of normative<sup>10</sup> phenomena attests to Wittkower's success in codifying knowledge into a stable corpus during the period of transition from colonial practice to post-colonial academic networks. It is important to relocate the history of this kind of globalization in one of the places in which it was elaborated: Montréal. Finally, following the itinerary of figures such as Wittkower reminds us that cultural psychiatry was also a result of scientific migrations from Europe to North America. But cultural psychiatry is not only a transnational history: might we not say, then, that cultural psychiatry is fundamentally a literature of exile?

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### Notes

1. H. Brian M. Murphy always used his middle name 'Brian' and signed his papers 'H. B. M. Murphy'.
2. Alessandra Cerea (2016) wrote the first doctoral dissertation based on Georges Devereux's archives.
3. Humboldt Universität zu Berlin Archiv. UK W 304.
4. Landesamt für Bürger- und Ordnungsangelegenheiten. Abteilung I – Entschädigungsbehörde (Berlin): Reg.-Nr. 275089.
5. McGill University Archives, "Transcultural Psychiatric Research", 5090B RG: 47 C. 30.
6. See note 5.
7. Its website (consulted in 2011) continues to defend Wittkower's definition of transcultural psychiatry.
8. The original French text: 'Une autre partie importante de mon temps a été consacrée à l'Ethno-Psychiatrie, appelée ici "Transcultural Psychiatry". Peut-être connais-tu le *Newsletter* publié deux fois par an par les Drs Wittkower, H. B. M. Murphy et moi. Nous avons accumulé un très grand matériel, probablement unique au monde. Il y a d'ailleurs longtemps que j'avais l'idée d'écrire un exposé de toutes ces études, soit sous forme de livre, soit autrement. Crois-tu que l'Encyclopédie Médico-Chirurgicale serait intéressée à publier dans son prochain supplément un fascicule "Ethno-Psychiatrie"? Je sais bien qu'il y a quelque chose sur la "Psychiatrie Exotique", mais l'"Ethno-Psychiatrie" est un cadre beaucoup plus vaste et apporterait une grande quantité de faits inédits ou peu connus, et aussi d'actualité'. Letter from Henri Ellenberger to Henri Ey, 18 Jan. 1962 (Centre de Documentation Henri Ellenberger).
9. I have recently published a critical edition of Ellenberger's *Ethno-psychiatrie* with archival material and a historical introduction: Ellenberger, 2017.
10. Even though Leighton's methodology is in many ways distinct from that of the McGill team. The differences in approach between Wittkower's and Leighton's teams was the subject of my conference paper at the Brocher Foundation's colloquium, organized by Anne Lovell: 'From Psychiatric Epidemiology to Psychiatric Epidemiologies: Using Historical, Epistemic and Social Perspectives to Bridge Research and Public Health' (November 15–17, 2016; unpublished).

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