H-Net Reviews

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W. Ernst u.a. (Hrsg.): Transnational Psychiatries

An important historiographical trigger to this volume is Werner and Zimmermanâs article on âhistoire croiséeâ and reflexivity, pointing out the limits of systematic comparisons and transfer studies. Michael Werner / Bénédicte Zimmerman, Beyond Comparison: Histoire Croisée and the Challenge of Reflexivity, in: History and Theory 45 (2006), p. 30-50. The editors of this volume suggest that while comparison and transfer studies were favoured methodologies of the 1990s, the first decade of the twenty-first century has favoured connected, shared and entangled histories. They interpret the need for reflexivity that is posited by Werner and Zimmerman chiefly in terms of a commitment to the historicisation not just of psychiatries themselves but of the historiographical methodologies used to interpret them. In their introduction, they emphasise the need for a âdoubleå or ålayeredå comparison, covering psychiatry and mental health in different geo-cultural traditions as well as 'the historiographic methodologies' that shape them. While this aim is not realized consistently throughout the volume, plenty of chapters accomplish precisely this, examining and historicising, in illuminating ways, narratives about the past â its traditions, theories, and practices â that have been invoked by both practitioners and historians.

Yolanda Erasoâs chapter examines the transfer of German psychiatric ideas in Argentina in the first half of the twentieth century, in particular the transformation of Hermann Simonâs work therapy. She emphasizes the transformation of practices in the process of transmission, pointing out the sensitivity of transfer to local tradeoffs between therapeutic and economic value, in the context of economic crisis and eugenic ideas. In the 1930s, work therapy in a Buenos Aires asylum became a process turning long-term inmates into productive beings, with dementia praecox focused on as a condition that, through its tendency to automatism, allowed hard work and manpower. While German and Argentinian eugenic ideas were significantly different in scope and intensity, the latter were, Eraso suggests, operative in the way Simonâs therapy was institutionalized in Buenos Aires, influencing the nature of welfare provision to chronic patients by upholding state reluctance to finance their care. In other words, the economic â rather than therapeutic â benefits of work therapy were underlined.

Further reflection on going beyond simple ideas of transfer is provided by Ernstâs chapter on J.E. Dhunjibhoyâs work at the Ranchi Indian Mental Hospital between the 1920s and 1940s. Exploring Dhunjibhoyâs implementation of shock therapies in this period, Ernst shows that colonialism is not the major or only dimension bearing on the development of institution-based psychiatric theory and clinical practice in British India. Dhunjibhoyâs practice was embedded in international debates, not merely metropolitan British debates. She points out the limitations to Dhunjibhoyâs internationalism (with certain strategies adapted or simply dropped because not seen as appropriate to âEastern traditionsâ, for example p. 101), exemplifying Zygmunt Baumanâs âglocalisationâ and the need to examine the intertwined trajectories of global trends and local adaptations.

The chapter is also a rich and interesting reflection on the challenges of how to read and interpret asylum records â although Ernst takes somewhat uncritically Dhunjibhoyâs claims regarding patient cure rates (p. 106), while being more critical about his statistics regarding syphilis in the asylum. Moreover, the chapter is instructive in implying that seeing Dhunjibhoy as practicing âcolonial medicineâ, she implies, rather than âmodern psychiatryâ, would be in fact to repeat a certain colonial gesture. In this respect, she is one of several contributors engaging with the provocative reflections of Chakrabartyâs work on âprovincializing Europeâ. Dipesh Chakrabarty, Provincializing Europe: Postcolonial Thought and Historical Difference, Princeton, 2000.

Junko Kitanakaâs chapter provides a âkind of semantic historiography of depressionâ (p. 3). Examining claims that depression was absent from Japan before the importation of European concepts in the nineteenth century, she scrutinizes Japanese concepts such as utsusho â a traditional medical term denoting physical and emotional stagnation, informed by qi â and suggests that new medical languages associated with the adoption of German neuropsychiatry (which became an official import in 1902) rendered these earlier concepts obsolete. It seemed, she suggests, that depression was an imported European concept, hence the claim amongst Japanese psychiatrists that there was no prior language for an illness of depressed emotions. What Kitanakaâs work shows is how a claim about the epidemiology and existence of a disease phenomenon is a function of jostling between different versions of psychiatric nomenclature, the adoption of German neuropsychiatric language rendered unreadable, as psychiatric categories, symptoms that were described in a different language. Her chapter showcases, that is, a way of historicizing historical stories themselves.

Like Erasoâs chapter, Akihito Suzukiâs contribution on shock therapies in Japan between 1920 and 1945 shows how the transfer of psychiatric treatments to different countries are powerfully determined and transformed through local economic contexts and the structure of psychiatric practice. Revealing how the strength of private sector provision and underdevelopment of public asylums affected patterns of use of new shock therapies in the 1930s, with the economy and safety of treatments differentially weighted for different patients, Suzuki also shows how psychiatric hospitals became locales for receiving treatment. Patients increasingly came specifically for treatment, and left after it was given â a very different role from the original asylum model, and one where family-led confinement could be blurred into treatment. His contribution also, however, draws out and criticizes an important paradox in contemporary historiography of psychiatry: that in response to the alleged globalization of psychiatry through the Diagnostic and Statistical Manual, historians tend to repeat and take for granted that globalization in their choice of sources and the narratives they elaborate.

Akira Hashimotoâs similarly intertwines psychiatric history with historiographical reflexivity. He shows how, in the second half of the nineteenth century, the Iwakura care system was given âa new modern history as the âJapanese Gheelââ â a history widely accepted in Japan and in the West, and a way of âmythologizing Iwakura on twentieth-century western criteriaâ (p 146). Touching on Franz Fanon, and on ideas of the âJapanese Orientalistâ, and not unlike Kitanakaâs untangling of the psychiatric and historiographical trope of depressionâs lack of existence, this chapter is a subtle exploration of how narratives *about* international and transnational relationships can serve particular local and national purposes.

Some of the debates about the merits of the atoolboxa of comparative history (p. xi) remain somewhat obscured within the volume as a whole, and could have done with more elaboration in the introduction. And while works on the transnational tend to reiterate an aspiration to transcending an âa priori spatial focus on nation states as their main reference pointâ (p. xiii), they also tend not to always fulfil this aim â a failure which in itself may raise interesting historiographical questions. But the most interesting aspect of this volume is its subtle provincialising of not only the history of colonial medicine and psychiatry, but the historiography about it. And in the bargain, it does this through not being based largely on scholars âfrom a predominantly Anglo-Saxon contextâ (p. xii). And as such, the volume is highly informative, refreshing, and thought-provoking.

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