

The early history of cultural psychiatry (1820-1980)

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Abstract. *The author describes the origin of cultural psychiatry from the early 1800 to the last quarter of last century. Historical and social considerations are connected with the rising interest towards this subject, and initial clinical experiences and scientific researches are reviewed. The worldwide academic involvement is reported, from the first individual scholars experiences to the establishment of scientific societies.*

Keywords: Exotic psychiatry, comparative psychopathology, comparative psychiatry, cultural relativism, transcultural psychiatry, cultural psychiatry.

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The origin: from the 19th century

Focus on the effects of modern civilization on mental health

French psychiatrists were the first to connect rapid industrialization and urbanization with the noted increase of mental disorders. In 1820 E.J. Georget, in a well known medical dictionary, postulated a positive correlation of attributes of modern civilization with an increasing frequency of nervous disorders. The famous psychiatrist J.E.D. Esquirol in 1830 assumed that modern civilization was the main reason for the growing number of the mentally ill. In 1839 A. Bri rre de Boismont wrote a long article in the *French Annals of Public Hygiene* about the influence of civilization on the development of mental illness; he quoted reports on the rarity of chronic mental disorders among peoples not yet under the influence of Western civilization. B.A. Morel, in his two classical treatises of 1859 and 1860, held modern civilization responsible for the physical, mental, and moral degeneration in the industrialized centres of Western nations. The theme was also echoed by psychiatrists in other countries. The early German journal of neurology and psychiatry, *Friedreich's Magazin*, brought in 1833 a contribution by N. Fuchs on the statistics of institutionalized mentally ill persons in European countries in relation to total populations which showed that the highest number were found in the most developed capitalist countries. In the 1850s, leading psychiatrists like E. Jarvis (1852) in the USA, J. Guislain (1852) in Belgium, H. Tuke (1858) in England, also linked the reported substantial increase of mental disorders in Western countries to the impact of modern civilization. This appeared to be confirmed by the population census figures of European countries which were published by L.J.A. Koch 1879 in a German statistical yearbook, indicating a steady increase of the number of mentally disordered persons in Western and Northern Europe starting from the period of intensive modern industrial development. The rare occurrence of chronic mental illness among tribal populations was stated by G.A. Tucker in his 1887 overview of insanity in many regions of the world, and also by A. Hirsch in his widely read *Handbook of Geographical and Historical Pathology* of 1886; he reported a high frequency of "hysteria" but a low frequency of chronic insanity in tribal societies. Emil Kraepelin in successive editions of his textbook from 1893 to 1909 emphasized the association between the rapid social changes of modern urban civilization with the steadily rising numbers cases of mental disorder in metropolitan centres, much beyond population growth, documented in reliable German statistics. G.

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Buschan in 1906 published research data showing that cranium size, correlated with brain volume, increased from Neolithic to modern humans, but also that modern Western civilization renders the CNS vulnerable for mental disorders.

The dawn of comparative cultural psychiatry

Toward the end of the 19th century the term “exotic psychiatry” became the label for mental disorders, described by colonial physicians in Asia and Africa. In 1889 H. Obersteiner in Germany, presented a comparative overview of psychiatric conditions among Amerindians and Afro-Brazilians, and among various peoples in the Near and Far East. P.C.J. Van Brero, a Dutch psychiatrist working in what was then the Netherlands East Indies, published in 1897 annotated reports on psychiatric disorders among Malayan and Indonesian populations under the subtitle “comparative racial psychopathology”. Van Brero in 1895 and 1897 described conditions later known as culture bound syndromes, and classified *latah* as “cerebral neurosis”, *koro* as “compulsive idea” and *amok* as not a uniform disorder. These conditions were also reported by other authors and usually diagnosed as neurological diseases, e.g., *latah-type reactions* by G. Gilles de la Tourette (1884) as variants of the syndrome named after him; while W.G. Ellis classified *amok* as “masked epilepsy” in 1893 and *latah* as petit mal in 1897. These conditions appeared in the 1909 edition of Emil Kraepelin’s textbook of psychiatry, the first textbook devoting considerable space to the psychiatric implications of ethnic character and of social conditions. Kraepelin had encountered case reports of *koro*, *latah*, and *amok*, during his four months study tour in Asia in 1904 when he visited psychiatric facilities in Sri Lanka, South India and Singapore on the way to Java. He spent several weeks examining many patients at Buitenzorg, today the Psychiatric State Hospital Bogor near Jakarta, together with locally experienced Dutch and Javanese colleagues. In his textbook he referred to *koro* as an obsessive-compulsive idea, to *latah* as a hysterical and to *amok* as an epileptic disorder; he did not consider them as purely “exotic” phenomena.

Kraepelin was far from being an “organicist”. He had studied under W. Wundt whose treatise on *Völkerpsychologie* (ethnic psychology), 1900-1909, consists of ten volumes. Years before his Asian tour Kraepelin had in the 1899 edition of his textbook discussed cultural differences in illness behaviour, mood disorders, and suicide tendencies between various European ethnic groups. Upon return from Asia, Kraepelin reported his observations at several meetings of medical associations and published 1904 in the *Centralblatt*, the leading German language organ of neurology and psychiatry, his programmatic proposal of creating a new “Comparative Psychiatry” to explore how “the socio-cultural characteristics of a people find expression in the frequency and clinical formation of its mental disorders”. In collaboration with colleagues of several countries, Kraepelin made preparations to launch in 1915 an international project of nine months research in comparative psychiatry to be conducted in Siberia, Japan, China, India, Burma, Singapore, and Egypt, which was then prevented by the outbreak of World War I. One year before his death in 1925, Kraepelin undertook a three months long journey to visit psychiatric hospitals in the USA, Mexico, and Cuba. In New York he obtained ethnological information from the leading anthropologist Franz Boas, as he was especially interested in the mental health situation of North American indigenous peoples. The posthumously published memoirs of Kraepelin show that in his later life he became increasingly convinced of the important role of social and cultural factors in the causation, manifestation, and prevalence of mental disorders (cf. Jilek, 1995).

The influence of psychoanalytic theories

In 1912-1913 Sigmund Freud published “Totem and Taboo”. He detonated a bomb shell with his thesis that the beginnings of religion, ethics, society and art, meet in the Oedipus complex, and go back to the killing of the tyrannical “father of the primordial horde” by his sons, who then proceeded to eat his corpse in a “totemic meal” and to share his wives. Freud held the constructs of his

psychoanalytic hypotheses for universally valid. C.G. Jung in 1912 described primordial images, “archetypes”, appearing in the mythology of various cultures and in symbolic dreams of all people, sometimes erupting in the delusions and hallucinations of psychotics.

Psychoanalytic theory exerted tremendous influence on cultural anthropologists writing on psychological and psychiatric issues, like G. Bateson, R. Benedict, G. Devereux, W. LaBarre, R. Linton, M. Mead, N.L. Radin, E. Sapir. Freud’s Hungarian disciple, G. Róheim (1950) was the first to utilize a psychoanalytic approach to interpreting culture. In a posthumously published study, G. Róheim (1955) compared ego-syntonic magic thinking in “primitive” cultures to the idiosyncratic magic thinking in schizophrenia. For many years, the focus of psychoanalytically oriented anthropology was on the comparison of child rearing practices in different societies (cf. B.B. Whiting 1963), and on “culture and personality” studies (cf. Kluckhohn & Murray, 1953; Honigmann, 1954; Kaplan, 1961; Erikson, 1963; Barnouw, 1963; Wallace, 1970).

Psychopathology labelling of peoples and cultures

Stereotyping of “national characters” has always been popular. In previous centuries it was often found in well-known scientific treatises, such as Morse’s *System of Modern Geography* of 1814 which abounds in derogative epithets about the French and the Latin Americans. In the 20th century, stereotyping abuse was replaced by the psychopathology labelling of ethnic groups. Psychopathology labelling of the “national character” of enemy nations flourished in times of international conflict. It was fashionable during World War I, inaugurated in 1914 by a German psychiatrist’s tractate on the alleged *Psychopathia Gallica* of the French national character (Loewenfeld, 1914). During World War II and in the post-war period, American anthropologists and psychoanalysts conducted comparative “studies of cultures at a distance” (cf. Mead & Métraux, 1953). They constructed profiles of the “national character” of the Japanese (Benedict, 1947), the Germans, and other nations, in whose collective psyche they elicited traits assumed to be pathological.

The psychopathology labelling of shamanic healers of “exotic” cultures by Western ethnologists and psychiatrists had already started in the 19th century, replacing the ecclesiastic demonization of the shaman as a malicious charlatan. In the first decades of the 20th century the shamanic healer was classified as neurotic, psychotic, or “epileptoid”, by leading anthropologists interested in psychiatry, like A.L. Kroeber, who in 1934 considered the magico-religious system of “primitive” peoples in general as “cultural equivalent” of the psychopathological systems of Western psychotics, or G. Devereux who in 1939 characterized “primitive religion” as “organized schizophrenia”. This type of psychopathology labelling was first publicly refuted by E.H. Ackerknecht in 1943, and subsequently by an increasing number of authors in the medical and social sciences.

Cultural relativism vs. universality of mental disorders

Cultural relativism was epitomized by A. Beguin’s (1952) dictum “A man is insane relative to a given culture”. Since the 1930s, several anthropologists have presented data in support of the notion that cultural factors, rather than racial heredity or natural environment, are determining not only the criteria of mental normality and abnormality, but also the pattern of mental disorders, in a given population. The theory of cultural relativism was first expounded in 1934 in publications by J.M. Cooper and by A.I. Hallowell, then in 1939 by G. Róheim, and in 1955 by M.K. Opler. It became popularized in 1934 through R. Benedict’s bestseller *Patterns of Culture* (Benedict, 1934), in which some indigenous cultures are typified in terms of psychiatric classification. In the 1950s, G. Devereux emphasized that each ethnic group has its own ethnic neurosis or psychosis and in 1965 he defined schizophrenia as the ethnic psychosis peculiar to Western society (cf. Devereux, 1980), a misconception soon dispelled by cross-cultural research.

While cultural relativism has been dominant in Anglo-American anthropology and a strong influence in cultural psychiatry, French anthropology, represented by the works of Claude Lévy-Strauss (1958; 1962), has striven to discover and define the universal structure of human thought processes in various

cultures. A balanced view was expressed by R. Linton in his notable lectures on “Culture and Mental Disorder”, published 1956, emphasizing the pathoplastic and precipitating role of socio-cultural factors while acknowledging the existence of underlying biological substrates.

An early study of the psychosocial and psychiatric influence of a fundamentalist religion (Hutterites) in North America was published in 1955 by J.W. Eaton & R.J. Weil.

The influence of cultural relativism facilitated the diagnostic formulation of psychiatric conditions considered to be peculiar to certain cultures, a designation first published by Pow-Meng Yap in 1951. Yap (1965; 1967; 1969; 1974) introduced the term “culture bound reactive syndromes” and defined these as unusual symptom patterns determined by cultural factors in form and frequency. Conditions attributed to certain ethnic groups had been known for centuries, ever since Hippocrates described *Morbus Scythicus*, the transsexualism among the barbarian tribes of Scythia. As examples of culture bound reactive syndromes Yap referred to *latah* and *koro*, conditions first described in scientific literature in 1883-1884 by H.A. O’Brien, and in 1895 by J.C. Blonk. Many conditions today classified as “culture bound syndromes” had been reported before in psychiatric literature under other labels, often as “exotic psychotic syndromes”, a term used by S. Arieti and J.M. Meth in the *American Handbook of Psychiatry* (1959). The Eurocentric label “exotic” had to be dropped when anorexia nervosa became recognized as originating in Western society, and when cases of syndromes assumed to be “exotic” were increasingly reported to also occur in Europeans and Euro-Americans.

In fact, the so-called “culture bound syndromes” are best considered, not as disorders peculiar to a particular culture or ethnicity, but as the clinical expression of culture-typical emphases or acculturative stress occurring in many societies in certain situations (cf. Jilek, 2000; Jilek & Jilek-Aall, 2001). As examples of conditions developing under acculturative stress can be cited the *Brain Fog* syndrome first described by R. Prince (1960a) in Nigerian students under pressure of Western-type education, and the Anomic Depression described by W.G. Jilek (1974) in indigenous people of northwestern North America under imposed Westernizing acculturation.

The often heated debate over a culture-relativistic versus a universalistic orientation in psychiatry continued over several decades until a majority consensus was reached that culture-immanent and universal perspectives ought to compliment each other, as already emphasized by W. Pfeiffer in his articles on transcultural aspects of depression (Pfeiffer, 1969) and schizophrenia (Pfeiffer, 1971a), and in his textbook of transcultural psychiatry (1971b).

The establishment of cultural/transcultural psychiatry as academic discipline and organized endeavour

The term “Transcultural Psychiatry” was coined by Eric Wittkower and in 1965 defined as multi-cultural extension of cultural psychiatry which concerns itself with the cultural aspects of the aetiology, frequency, and nature of mental illness in a given cultural unit. Wittkower had already been known for his psychoanalytic and psychosomatic studies at the Charité Clinic in Berlin and at the Tavistock Clinic in London before he came to Canada in the mid-1950s to join the faculty of McGill University in Montreal. There he organized the Section/Division of Transcultural Psychiatric Studies, initially in collaboration with the anthropologist Jacob Fried and with Henri Ellenberger, a psychiatrist from Alsace. H. Ellenberger had already presented an overview on cultural aspects of mental illness in 1959; he later wrote a comprehensive chapter on ethnopsychiatry for the prestigious French *Encyclopedie Medico-Chirurgicale* (Ellenberger, 1965). In several programmatic articles, E.D. Wittkower elaborated on transcultural psychiatry and the cross-cultural approach to mental health problems (cf. E.D. Wittkower, 1958; 1960; 1969).

Henry B.M. Murphy joined the McGill Transcultural Psychiatry Division in 1959 after a career of distinguished wartime service in the British Army and post-war UN consultancy on refugee problems. In his first major contribution to the new field of transcultural psychiatry, H.B.M. Murphy (1961), by reviewing the research data available until 1959, was able to demonstrate that the rapid westernizing of small-scale traditional indigenous societies has been globally associated with the development of psycho-social pathology. Since then many other studies have confirmed this.

Raymond Prince came to the McGill Division of Transcultural Psychiatry in the 1960s upon his return from Nigeria where he had studied the Yoruba people, reporting on their acculturative stress reactions (Prince, 1960a; 1962), depressive disorders (Savage & Prince, 1967; Prince, 1968), and on traditional Yoruba divination and therapy (Prince, 1960b; 1966; Prince & Wittkower, 1964; Prince *et al*, 1968), with the first description of the psychotropic use of Rauwolfia in Africa (Prince, 1960c).

With the McGill team also worked psychiatric residents interested in transcultural psychiatry: Ronald Wintrob who soon went on research assignment to Liberia (1966; 1967; 1968; 1970), and the Jileks who made ethnopsychiatric investigations in Africa and Haiti (1964; 1967a; 1967b; 1970) before their work among indigenous peoples of the Northwest Coast.

Already in 1956 the McGill Division published its *Transcultural Psychiatric Review and Newsletter*, the first periodical of the new discipline, renamed in 1969 *Transcultural Psychiatric Research Review*, it became the leading journal of the field under a succession of brilliant chief editors, E. Wittkower, H.B.M. Murphy, then R. Prince, now as *Transcultural Psychiatry* under Laurence Kirmayer. Later in the 1960s and early 1970s other journals with a cultural psychiatry focus appeared, such as J.A. Bustamante's *Psiquiatria Transcultural* in Cuba; A. Favazza's *Operational Psychiatry* and A.M. Kleinman's *Culture, Medicine and Psychiatry* in the USA; E. Schröder's *Curare* in Germany.

In 1958-1964, the McGill team conducted cross-cultural inquiries into the symptomatology of schizophrenia (Murphy *et al*, 1963) and of depression (Murphy *et al*, 1964). These inquiries elicited significant differences in symptoms and their frequency among populations of different cultural and religious characteristics.

The number of papers on themes of culture and psychology/psychiatry increased every year; many of these were abstracted in the *Transcultural Psychiatric Research Review* together with topical overviews. Relevant bibliographies of articles written 1925 - 1974 in North America and Britain were annotated and published by A. Favazza and M. Oman (1977).

In the 1950s started the active interest in cultural psychiatric research among African and Asian populations, reflected in publication and regional meetings. Already in 1937 the psychiatrist B.J.F. Laubscher had published a popularized book on tribal customs and psychopathology in South Africa. Among the volumes authored until 1971 by psychiatrists working in Africa are those by G.C. Tooth in 1950 on mental illness in the Gold Coast, J.C. Carothers in 1953 and 1972 on his observations in Kenya, J.C. Vyncke in 1957 on mental disorders in Central Africa, M.J. Field in 1960 on psychoses and traditional therapies in Ghana, A.H. Leighton and collaborators in 1963 on psychiatric disorders among the Yoruba in Nigeria, and J. Orley in 1970 on psychiatric and epileptic conditions in Uganda. T.A. Lambo, later famous in WHO, had already become known in the 1950s with the publication of his psychiatric observations in Nigeria (1955; 1956; 1960). E.L. Margetts, working in Kenya, summarized the scope of ethnopsychiatry in East Africa in 1968.

Important research on psychiatric conditions in the francophone countries of Africa had begun in with H. Aubin (1939a; 1939b) and continued throughout the 1950s and 1960s. Especially noteworthy are the exact clinical descriptions of the *bouffée délirante* reactions, by H. Collomb and collaborators (cf. Planques & Collomb, 1957; Collomb & Plas, 1958; Salles, 1961; Diop & Collomb, 1964; Collomb, 1965; Zempleni, 1966). These acute transient psychoses are not uncommon in Africa and occur also among Afro-Caribbeans (Bustamante, 1969a; 1969b), but are described under various other labels by Anglophone authors (cf. overview *Transient Psychoses in Africans* by W.G. Jilek & L. Jilek-Aall, 1970). Italian researchers working in Madagascar (Terranova, 1966) and South Africa (Bartocci, 1975) also found these common acute transient psychosis-like conditions to be different from schizophrenic illness. In a South African mental hospital, G. Bartocci was able to clearly differentiate the acute psychogenic reactions of the Bantu patients with fear of witchcraft, from the genuine schizophrenic psychoses of non-Bantu patients. In Italy, transcultural psychiatry was given an organizational structure by psychiatrists, some of whom had worked in Africa: The Institute for Transcultural Studies was started 1972 in Milan by R. Terranova; the Italian Society of Transcultural Psychiatry was founded 1984 in Rome by N. Ciani, M. Pandolfi and L. Frighi. The Italian Institute of Transcultural Mental Health was inaugurated 1989 by G. Bartocci, L. Frighi, G. Rovera and N. Lalli. It was inspired by the pioneering work of Ernesto de Martino who from the 1930s to the 1970s investigated magic thought and action among Catholic believers in Southern Italy, analogous to the magic thinking

of "primitive" cultures which he reevaluated and exonerated (De Martino, 1948; 1959; 1961 [tarantula spider dance cult]; 1962; cf. Bartocci & Prince, 1998).

Cross-cultural investigations in religious cults elicited the prominent role of altered states of consciousness, which E. Bourguignon (1966; 1973) and co-workers analysed in institutionalized cults among various ethnic-cultural groups, charting them on the world map. Bourguignon characterized these states as either trance, simple possession, or possession-trance which is most common in sub-Saharan Africa.

International meetings on psychiatry in Africa were organized. First in 1958 at Bukavu, Congo, by international organizations, including WHO and WFMH.

This was followed in 1961 by the 1st Pan-African Psychiatric Conference at Abeokuta, Nigeria, presided and published by T.A. Lambo, with input from many African, European and North American participants, among them T. Asuni, T.A. Baasher, A. Boroffka, H. Collomb, C.C. Hughes, A. Leighton, Sir A. Lewis, E. Margetts, R. Prince, E. Wittkower and, coming from her work with Dr. A. Schweitzer in Lambaréné, Louise Aall.

The 2nd international conference on psychiatry in Africa was held in 1968 at Dakar, Senegal, on the initiative of H. Collomb, founder of a psychiatric research centre in Dakar and of the journal *Psychopathologie Africaine*.

In Peru, C. Seguin's ethnopsychiatric investigations (cf. C. Seguin, 1956; 1964; 1970; 1971) inspired a group of young researchers, among them M. Dobkin de Rios who in the 1960s started her studies of the use of hallucinogenic plants in traditional Amerindian folk curing (cf. Dobkin de Rios, 1968; 1969; 1971).

J. Obiols-Llandrich, who in 1977 as young faculty member introduced transcultural psychiatric seminars at the Barcelona Medical School, later also participated in the research on altered states of consciousness induced by plant hallucinogens among indigenous people of the Amazon region.

In Bolivia, M.G. Hollweg (1972; 1977) started his comparative analyses of Amerindian cultures under different climatic and socio-political conditions, which he later extended to the study of psychopathology related to specific populations and to traditional therapies in all of Latin America (cf. his overview in Jilek & Hollweg, 2012).

The psychotherapeutic aspects of folk healing cults in Haiti and among Mexican-Americans were described by A. Kiev (1961; 1962; 1968).

Important contributions to cultural psychiatry in Asia and the Pacific also appeared in these years. A collection of mental health research in Asia and the Pacific was edited by W. Caudill and T.-Y. Lin in 1969, containing reports by M. Carstairs, W. Caudill, T. Doi, M. Kato, W. Lebra, A. Leighton, T.-Y. Lin, Th. Marezki, E. Wittkower and P.-M. Yap.

Studies of cultural psychiatry in particular regions were conducted: On Arab cultures by M.F. El-Islam (1967; 1969); on Japanese culture by B. Kimura (1965; 1969; 1970; 1972), by T. Doi (1969), and by J. Draguns and co-authors (1970; 1971); on Chinese culture by T.Y. Lin (1953; 1962); and by W.-S. Tseng (1970; 1972; 1973a; 1973b). In Laos worked J. Westermeyer (1971); among aboriginal Australians J.E. Cawte (1965). In Papua New Guinea B. Burton-Bradley was for decades the only psychiatrist and published several studies (1966; 1967; 1968; 1970a; 1970b; 1975). In Indonesia researched W. Pfeiffer (1962; 1963; 1966; 1967) with years of experience working among Indonesian populations.

General treatises on culture and psychiatry were composed by M. Opler already in 1956 and 1967; in 1959 M. Opler edited a multi-author volume on *Culture and Mental Health*, with contributions by W. Caudill, G. DeVos, J.Fried, I. Hallowell, T.-Y. Lin, E. Margetts, M. Mead, H.B.M. Murphy, M. Opler, V. Sanua, M. Spiro, A. Wallace, and E. Wittkower.

A. Kiev in 1964 edited a volume *Magic, Faith and Healing - Primitive Psychiatry* with chapters by W. LaBarre, J.M. Murphy, R. Prince, and others, and had written articles on this subject (cf. A. Kiev 1965; 1966).

An international conference on transcultural psychiatry was held in 1965 (Proceedings published by A.V.S. De Reuck & R. Porter, 1965) with presentations by M. Carstairs, G. DeVos, I. Hallowell, T.A. Lambo, A. Leighton, E. Margetts, M. Mead, H.B.M. Murphy, E. Wittkower, and P.-M. Yap. Contributions to comparative cultural psychiatry were edited in two volumes by N. Petrilowitsch in

1967, with chapters by H. Collomb, H. Delgado, W.G. Jilek, L. Jilek-Aall, B. Kimura, P. Parin, W. Pfeiffer, M. Risso. The first monograph on comparative psychiatry was published by the Austrian psychiatrist H. Lenz in 1964: he searched through hundreds of years of archives in old mental asylums and was able to elicit from the records of the patients' paranoid and megalomaniac delusions the exact historical dates of the first appearance of famous political and religious figures and of technological inventions.

J.G. Draguns and L. Phillips had explored the general relationship of culture and psychopathology; their studies were published in 1972.

The first single-author textbook of transcultural psychiatry was published in 1971 by Wolfgang Pfeiffer with Foreword by E. Wittkower; enlarged re-edition 1994. In 1972 appeared a textbook of transcultural psychiatry by Ari Kiev. An introductory book on cultural psychiatry was authored by W.-S. Tseng and J.F. McDermott (1981). W.-S. Tseng's studies in 2001 culminated in the publication of his comprehensive *Handbook of Cultural Psychiatry*.

The 5th World Congress of Psychiatry held 1971 in Mexico City was the first to feature a Symposium on Transcultural Psychiatry, organized by H.B. Murphy, with presentations by B. Burton-Bradley, M. Dobkin de Rios, W. Jilek & L. Jilek-Aall, H.B.M. Murphy, C. Seguin, and P.-M. Yap. This was soon followed by the establishment of the Transcultural Psychiatry Section of the World Psychiatric Association, 1971, organized by H.B.M. Murphy who was the first chairperson of this Section. In 1977, when the 6th World Congress of Psychiatry was held in Honolulu and Murphy re-elected for the second term, W.-S. Tseng was nominated to serve as the Secretary who became the second chairperson in 1983 and have served two terms until 1993. The chairpersons of the TCP Section then followed by W.G. Jilek, G. Bartocci, and R. Wintrob who have served for two terms each respectively.

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