# Migration and Mental Health

## Past and Present

**Edited by
Marjory Harper**
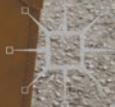
# Mental Health in Historical Perspective

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Cathy Coleborne
Department of History
The University of Waikato
Hamilton, New Zealand

Matthew Smith
History of Psychiatry
University of Strathclyde
Glasgow, United Kingdom

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Marjory Harper
Editor

# Migration and Mental Health

Past and Present

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*Editor*
Marjory Harper
School of Divinity, History and Philosophy
University of Aberdeen
Aberdeen, UK

*In memory of Dr Andrew McKie (1957–2013)*
*Lecturer in Mental Health, The Robert Gordon University, Aberdeen*

# ACKNOWLEDGEMENTS

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# Notes on the Contributors

*Arnar Árnason* is Senior Lecturer in Social Anthropology at the University of Aberdeen.

*Marilyn Barber* is Adjunct Research Professor in the Department of History at Carleton University, Ottawa.

*Juliet Cheetham* is Professor and former Director of the Social Work Research Centre at the University of Stirling, and a former probation officer and later Social Work Commissioner with the Mental Welfare Commission for Scotland.

*Lisa Chilton* is Associate Professor of History at the University of Prince Edward Island.

*Waltraud Ernst* is Professor in the History of Medicine at Oxford Brookes University and Adjunct Professor at St John's National Academy of Health Sciences, Bangalore, India.

*James Finlayson* is a consultant psychiatrist and former general practitioner in the Hebrides, now working as a medico-legal specialist in psychiatry.

*Marjory Harper* is Professor of History at the University of Aberdeen and Honorary Professor at the University of the Highlands and Islands.

*Will Jackson* is Lecturer in Imperial History at the University of Leeds.

*James Moran* is Associate Professor of History at the University of Prince Edward Island.

*Ellen Scheinberg* is an Archivist, and President of Heritage Professionals, Toronto, a heritage consulting company that delivers archival, museum and information management services.

**Sergei Shubin** is Associate Professor in the Department of Geography, and Director of the Centre for Migration Policy Research at Swansea University.

**John Swinton** is Professor in Practical Theology and Pastoral Care at the University of Aberdeen. He previously worked as a nurse, initially within the field of mental health, and as a hospital chaplain, latterly as a community mental health chaplain.

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# Conceptual Approaches

# Introduction

*Marjory Harper*

Definitions of both mental health and migration are ambiguous and contested, and any attempt to integrate the two phenomena is fraught with the challenge of comprehending and interpreting such constantly moving targets. The difficulties are not confined to changes over time and space, but involve many different understandings of the criteria for 'normality' and multiple perceptions of migration. Nevertheless, there is sufficient evidence of a perceived link between migration and mental illness to warrant a multidisciplinary evaluation, blending conceptual and empirical models and covering a broad chronological, spatial and thematic spectrum.

The approach taken by this study has both pedagogical and practical merit, as academic analysis from the disciplines of social geography, theology, history, literature and anthropology is integrated with experience-based insights from practitioners in the fields of social work and psychiatry. By demonstrating difference and complementarity, such dialogue expands the boundaries of scholarship and allows diverse disciplines to evaluate—and sometimes apply—each other's insights. For instance, in scrutinizing similar triggers and outcomes, historians utilize reams of documentary evidence to investigate what happened—or did not happen; social policy tends to argue about what *ought* to happen following an analysis of the impact of policy and practice; and psychiatry addresses the aetiology and consequences of the problem from the standpoint of the clinician.

## HISTORIOGRAPHY AND TERMINOLOGY

Within the constraints imposed by privacy legislation, the following chapters deploy a range of sources to explore past and present understandings of migration and mental health. These include personal diaries and letters, novels, psychiatric hospital records, health policy documents, deportation legislation and social work files. We need to begin, however, by setting the historiographical compass, particularly in terms of recent academic scholarship that considers the relationship between the two phenomena. Since the 1970s books and articles on migration and diaspora have proliferated, thanks to a combination of scholarly debate and public fascination with genealogy, with the emergence of migration institutes and diaspora studies centres simultaneously reflecting and stimulating such sustained interest.[1] The adoption of an international comparative approach was spearheaded by demographic historians like Charlotte Erickson and Dudley Baines,[2] but the research field quickly expanded from quantitative evaluations of the migrants' economic background to include analyses of their personal testimonies, and investigations of individuals' strategies of removal and settlement, as a range of writers used the written and oral testimony of participants in a quest to inhabit the migrant mind.[3] Meanwhile the sociologist Robin Cohen has used the concept of diaspora as a tool to study transnational identities across a wide spatial, chronological and thematic tapestry that embraces trade, labour, colonization and involuntary exile.[4]

There is, however, no consensus about the definition of either diaspora or migration, the former being particularly controversial. Cohen's approach has been dismissed by the historian Donald Harman Akenson, as 'valueless' and riddled with 'palpably false historical assertions', particularly that 'diasporas of necessity are triggered by traumatic events' and that a 'return-to-the-homeland movement' is an integral trait of diasporic groups.[5] He also demonstrates the limitations of the argument that equates the Greek word *diaspora* with the Hebrew word *galut*, which signifies exile, and its claim that the term should therefore be applied exclusively to the enforced dispersions of the Jewish people. In the 1970s and 1980s the potent exilic motif was adopted by both the Black and Armenian Studies constituencies to describe their different experiences of traumatic banishment and longing for home.[6] By the 1990s, however, scholars were beginning to define diaspora in terms of its original Greek meaning of a dispersal of population through colonization, and used it to

refer to the uncontentious preservation of ethnic identities among voluntary migrants. It then became common currency in the wider study of demographic history, perhaps because of the pitfalls, bankruptcy and imprecision of terms such as 'push and pull' or 'migration'. Akenson had a different interpretation, however, contending that 'mushiness in meaning was a prerequisite for popularity'.[7] Current interpretations of diaspora tend to encompass both catastrophic dispersal and a positive, persistent interaction between migrants, their places of origin and their destinations.

A migrant's claim to be part of a diaspora involves an awareness of a group identity. Some migrants had a diasporic consciousness long before they packed their bags, and their wanderlust was perhaps galvanized by an awareness of their own scattered families and communities. Others waited until they had cut their moorings before they began to cultivate a self-conscious identity, possibly when the absence of their default culture in the new land made them more aware of its significance. Some migrants from peripheral economies or older age groups favoured the idea of a corporate ethnic identity, which might involve a semi-invented, or even spurious, world of collective memory and a passive culture of shared victimhood. In other cases, the production of memoirs by people who would never have applied pen to paper if they had stayed put reflects an awareness of the relationship between the individual and the community, particularly among women, who were more likely than male migrants to write reflectively and nostalgically.[8] Alternatively, diasporic identities were constructed retrospectively by subsequent generations, from letters, artefacts and memorials.

Such differences in the diasporic consciousness of migrants remind us of even deeper ambiguities in the definition of migration. These ambiguities are nothing new, for human migration has always incorporated a range of options: single and multiple relocations; short distance and intercontinental movement; lifetime, serial, step and boomerang migration; and permanent return. But perhaps the issues have become more explicit since the mid-twentieth century, as a result of an intangible shift in perceptions of migration as a public, corporate—and sometimes community—phenomenon to a more atomistic, isolated and private process.[9] Might the increased complexity of population movement in a globalized, hybridized world therefore be better conveyed by the more fluid and nuanced term 'migrancy'? For globalization is not just an impersonal economic process that affects business and investment markets and facilitates the navigation of international employment opportunities. More negatively, the

unprecedented potential for multiple and malleable identities opened up by ease of intercontinental travel and instantaneous communication means that rootlessness and instability have become the hallmarks of many of the 'transilients', rolling stones who are caught up in a lifelong saga of physical and psychological movement and are unsure of where to call 'home'.[10]

Debates about the definition and significance of terms such as migration and diaspora are clearly relevant to any evaluation of the wellbeing of migrants, not least to their mental health. The dislocation or isolation caused by the absence of networks, coupled with uncertainties about identity, could destabilize not just modern transilients but also those who simply migrated from A to B in much earlier eras. Miles Fairburn has claimed that early colonial society in New Zealand was 'gravely deficient' because 'community structures were few and weak and the forces of social isolation were many and powerful'. Adding that 'bondlessness was central to colonial life' and 'the typical colonist was a socially independent individual',[11] his controversial thesis raises questions about the degree to which migrants who could not cope with social independence were able to adjust to their new environment. Unprecedented isolation might well be combined with a determination to pretend to those at home that everything was going well and that the decision to migrate had been fully vindicated when, in fact, positive expectations had given way to negative and unsettling experiences.

The Antipodes have been the subject of the most up-to-date studies of the impact of migration on mental health. Angela McCarthy's monograph, *Migration, Ethnicity, and Madness: New Zealand, 1860–1910*, challenges Fairburn's colonial atomization theory by demonstrating the family environment in which insanity was often experienced and the diligence with which immediate family members visited their hospitalized relatives. Heavily rooted in institutional archives, her study is concerned with charting the way in which migration was perceived by patients and doctors, posing questions about issues of discrimination, marginalization and exclusion.[12] An earlier collection of 12 essays edited by McCarthy and Catharine Coleborne covers some of the same ground, but offers broader chronological coverage; expands the lens to incorporate Australia, North America, Fiji and Japan; and incorporates reflections on the migration of medical theories, attitudes and practices from Britain to the antipodean empire. Using a variety of case studies, it was one of the first publications to focus explicitly on the theme of migration as a factor in mental illness, a direction of travel that has been maintained by both McCarthy and

Coleborne, and is further expanded by all the contributors to this book.[13] Catharine Coleborne's recent monograph, *Insanity, Identity and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873–1910*, also adopts a helpful comparative approach by exploring in meticulous detail the formation of patients' identities through the lens of the colonial asylum, with particular reference to issues of gender, class and ethnicity.[14]

Two previous monographs by Coleborne scrutinize insanity in colonial Australia and New Zealand, while an interdisciplinary collection of 18 essays she co-edited with Dolly MacKinnon addresses Australian mental health issues in both the colonial period and the twentieth century.[15] Particularly useful in the transcolonial study, *Madness in the Family*, is Coleborne's integration of the history of insanity with family history and her deployment of letters as a key source. While her insights into the lives of patients are absent from Alison Bashford's evaluation of global population, hygiene, race and quarantine in the British empire, Bashford's approach offers helpful perspectives on insanity and immigration restriction legislation, demonstrating how 'the histories of the alien and the alienist are linked'.[16] The human element reappears in the individuals who feature in Philippa Martyr's short but engaging article on the deportation of lunatic migrants from Western Australia in the interwar decades.[17]

Bashford's study of the mental health criteria of immigration exclusion legislation is one of eight chapters in a recent collection of essays edited by Catherine Cox and Hilary Marland. Also included in *Migration, Health, and Ethnicity in the Modern World* is an insightful contribution by Letizia Gramaglia on migration and mental illness in the British West Indies, a location eighteenth- and nineteenth-century commentators frequently associated with mental and physical breakdown, or debauchery.[18] Probably best known in the Caribbean context is the literary allusion to hereditary insanity made in *Jane Eyre*, when Jane's wedding is stopped at the altar by the disclosure that the bridegroom was already married. Fifteen years earlier Edward Rochester had been sent to Jamaica to redeem the family fortunes by making a wealthy marriage, the result of which was a union with the 'mysterious lunatic' kept under lock and key at Thornfield Hall. 'Bertha Mason is mad', declares Rochester, 'and she came of a mad family; idiots and maniacs through three generations!'[19]

Equally revealing in a different way is the diary of Jonathan Troup, an Aberdeen-trained doctor who practised medicine in Dominica from 1788 to 1791. He commented on the susceptibility of young settlers, not only

to tropical pathogens but also to the mentally destabilizing consequences of licentious living, in which Troup himself also indulged. 'Mr Baie was dead', he wrote in his journal on 9 August 1789. 'He was at Culloden [and] obliged to fly after it to West Indies where he has … made a fortune but his own strong constitution torn to pieces by Debauchery & Med[icines] & a Drunken wife'.[20]

Insanity and its treatment in Britain's Indian and African empires have been addressed by two contributors to this book, Waltraud Ernst and Will Jackson.[21] Medical and social issues are skilfully integrated in Ernst's study of ideology, administration and therapy among the European insane in India; while Jackson's reconstruction of the life histories of European patients admitted to the Mathari Mental Hospital in Nairobi reminds us that settler colonialism in Kenya was a story of marginalization as well as of farming, game hunting and hedonism. The Canadian perspective has been studied by a third contributor, James Moran, in both a co-edited collection of essays and a monograph which, while focusing on the evolution of government-funded asylums in Quebec and Ontario, sets those developments in a comparative international context.[22] A few Canadian scholars have turned the spotlight directly on migration, mental illness and deportation,[23] but the most consistent interest in migration and mental breakdown has been in the plight of insane Irish migrants, particularly in England.[24] Yet there remains much scope for study. Migration is mentioned only in passing in *The Confinement of the Insane*, the international study of the history of asylums edited by Roy Porter and David Wright,[25] while *The History of Psychiatry*, the journal co-founded by Porter, includes only one article that deals specifically with migration.[26] Meanwhile, from a medico-legal perspective, the *International Journal of Law and Psychiatry* devoted a special issue in 2004 to the question of migration, mental health, and human rights, in an approach the guest editors acknowledged was an 'intuitively linked' but 'awkward amalgam' of interdisciplinarity.[27]

While scholarly scrutiny of the relationship between migration and mental health has often been undertaken from the historian's perspective, research—much of it collaborative—has also been undertaken in other disciplines. David Ingleby, Professor of Intercultural Psychology at Utrecht University, has edited *Forced Migration and Mental Health,* a review and critique of current mental health care provision for refugees, displaced persons and asylum seekers, relevant both to health and social work professionals and to policy makers;[28] and New York's Columbia

University offers a Graduate Program on Forced Migration and Health.[29] In the field of medical publications, *Migration and Mental Health*, edited by Dinesh Bhugra (past president of the Royal College of Psychiatrists and of the World Psychiatric Association) and Susham Gupta (consultant psychiatrist in East London) also includes a significant focus on refugees,[30] while articles in publications such as the *British Journal of Psychiatry*, *The International Journal of Migration, Health and Social Care*, *The Community Mental Health Journal*, *Transcultural Psychiatry*, and *The Canadian Journal of Psychiatry*, cover a range of current issues.[31]

## Themes, Debates and Paradoxes

There is, of course, a huge general—and contentious—corpus of scholarship on madness, confinement and institutionalization, much of it stemming from Michel Foucault's pioneering study, *Madness and Civilization: A History of Insanity in the Age of Reason*, originally published in 1961.[32] The ambiguities, disputes, taboos and multiple understandings that surround definitions of 'madness', mental health and illness in different social, cultural and economic contexts are central to this book, and are addressed especially in the two chapters that constitute Part I: Conceptual Approaches. John Swinton provides the essential framework by posing the question, 'What exactly are we talking about?' when we try to unravel the entities that are now classified as mental illness. Historically the phenomenon we currently describe in those terms has taken various forms and even today diagnoses differ profoundly across cultures and contexts. Mental illness is clearly socially constructed and, while that does not mean it is not 'real', it is only relatively recently that *ill*ness has been the primary definitional language used to describe the phenomenon. But if we try to impose a one-dimensional—and socially powerful—medical perspective on an entity that also has complex political, social, cultural and spiritual components, we are in danger of ignoring the nuances of our subject matter and generating misleading or unconvincing hypotheses. Such a constricted lens is also likely to mar our understanding of migration, and undermine any attempt to evaluate the relationship between the two phenomena.

Swinton's plea for greater clarity and openness in defining mental health and illness is explicitly echoed in Sergei Shubin's chapter. He also emphasizes the contested and changing interpretations of both madness and migration, but reflects at greater length on their interrelationship, particularly the way in which madness was developed as a socio-cultural

construct to explain and justify problematic nomadism across the centuries. The chapter falls into two main parts. The first section, which draws particularly on Foucault, is a conceptual journey through the construction of the philosophical and social limits associated with madness and migration, from antiquity to the twentieth century. Migrants are portrayed as people who face simultaneously in different directions, inhabiting spaces in between different social norms. The second section explores the ways in which the lives of 'mad' migrants were interpreted within the pathologized institutional environments of the nineteenth and twentieth centuries. As their alternative visions and sensibilities were discredited by a preset grid of definitions and treatments of madness, they were 'caught up in the terror of placelessness'[33] because they did not conform to the measurable and objective space-time of the public world.

The chapters by Swinton and Shubin provide an essential contextual framework for understanding the empirically based studies in the rest of the book. In Part II, 'Historical Perspectives', the focus shifts from conceptual approaches to historical evaluations of migration and mental health and illness in a variety of locations and time periods. The six chapters in this section draw on memoirs, private and official correspondence, literary texts and institutional records. They view their subject matter through the analytical lenses of predisposing factors (including alien cultures and climates, ethnicity and gender) and outcomes (including denial of entry, detention and deportation). They also raise, implicitly, two contrasting questions. Might transient residence in 'alien' cultures (such as India) be more destabilizing than permanent settlement overseas because the migrants' gaze was always trained on the homeland to which they wished to return? Alternatively, did those who expected to put down permanent roots in North American or antipodean soil find themselves unexpectedly wrong-footed when their expectations of cultural assimilation were not fulfilled?

Chapters 4 and 5 take us to India and South Africa in turn. Waltraud Ernst's study of case histories from British India in the nineteenth century is concerned with migrants whose overseas experience was envisaged as a temporary episode in a military or administrative career. But these sojourners were no less vulnerable to health problems than permanent settlers, and Ernst utilizes diaries, autobiographies, letters and medical case reports to address questions such as: how was temporary residence in a climatically and culturally inhospitable country experienced by individuals whose experiences have been recorded by themselves or by medical authorities?

And to what extent was the alien culture they encountered a significant factor in triggering illness? She also raises a neglected counter question about the definitions and determinants of health and sickness, echoing the general warnings about ambiguous terminology articulated by Swinton and Shubin. While the narratives deployed in this chapter emphasize the hardships endured by an unquantified number of individuals who went to colonial India during the nineteenth and twentieth centuries, there were also those who settled down there happily once their military or administrative service was complete. Such unremarkable migrants—in India and elsewhere—also warrant our attention, for we need to understand those beneficial effects of migration that enabled successful settlement as well as those that triggered ill health and dysfunction.

Will Jackson likewise identifies the weaknesses of a one-dimensional approach to the study of migrants' health, but takes a different approach in his reflections on the boundary between sanity and its absence. Rather than highlighting the need to consider both success and failure, he trains the spotlight solely on struggling migrants, but points to the limitations of relying exclusively on psychiatric records when scrutinizing their mental health, and to the challenges of writing of illness without the language of its diagnosis and treatment. Echoing Swinton's warning that a purely medicalized interpretation of a range of conditions and experiences can be both misleading and unconvincing, he integrates psychiatric records with a range of non-psychiatric archival sources to construct a multitextured account of mental illness in a particularly challenging part of the British imperial world. Specifically, he seeks to marry the psychiatric records of patients confined in Cape Town's Valkenberg Asylum with petitions for help from failed British migrants to the office of the South African Governor General, and the case records of Cape Town's Society for the Protection of Child Life. In doing this he follows the figure of the dysfunctional British migrant not only on to the streets of that city, but also around southern Africa, back to Britain, and indeed across the British imperial world. His study challenges the positive stereotype of the 'isolated imperialist', whose adventures were celebrated in stories and statues, and echoes the findings of other contributors that the mobility of migrants could be both traumatic and resourceful.

Jackson's plea that historians who research dysfunctional migration should look beyond institutional perspectives is addressed to some extent in the next two chapters, which shift the focus to North America. Marjory Harper's study of contemporary views on the causes and consequences of

mental illness among Scottish and Scandinavian migrants in the nineteenth and early twentieth centuries draws on a blend of asylum records, migrant correspondence and memoirs, and fictional writings to tackle questions relating to the impact of environment, ethnicity and attitudes articulated by settlers, host communities, immigration officials and doctors. The chapter falls into two main sections, the first of which draws on historical and fictional literature to identify and evaluate general evidence of disappointment and despondency among migrants, particularly to the prairies, between about 1870 and 1914. Such literature either inferred—in coded language—some of the difficulties of adjustment to new surroundings, or articulated the dislocating experience much more explicitly through hand-wringing declamations. Echoing some of the themes addressed by Ernst and Jackson in respect of India and Africa, the emphasis is on how the environment, broadly defined, might be disconcerting or unnerving, particularly when the harsh realities of forging a settlement failed to match the expectations of betterment and the glowing rhetoric of recruitment agents. The second half of the chapter focuses specifically on Scottish and Scandinavian immigrants in North America who were portrayed in fiction, or (especially) diagnoses in asylum records, as suffering from mental illness. It draws heavily on case histories from the British Columbia Provincial Asylum to explore what happened when general despondency and alienation took on pathological clothing.

Marilyn Barber's chapter expands Harper's use of literary texts as a medium for analysing 'stories of immigrant isolation and despair' in Canada, and turns the spotlight more explicitly on the interaction of ethnicity and gender as definitional factors in contemporary perceptions of mental breakdown. Her main subjects are Irish and English migrants whose status within the dominant Anglo-Celtic culture in Canada did not shield them from experiences of dislocation and segregation. Using a selection of memoirs and novels from the 1850s to the late twentieth century, she explores the vulnerability of the migrant experience, highlighting how isolation and loneliness could lead to despair and dysfunction. Through the prism of Canadian literature, Barber touches on questions raised in Jackson's and Harper's chapters about the importance attached, directly or tangentially, to gender roles and to concepts of femininity and masculinity. She also considers whether literary texts reflected or helped to shape public opinion about the role of ethnicity, environment, religion and science in triggering or exacerbating mental ill health.

The chapter by Lisa Chilton and James Moran switches our attention from the territory of the asylum to consider wider legislative issues from an international historical perspective, as they consider the application of English lunacy investigation law in jurisdictions beyond England's borders. Their study reflects the intersection of a number of sub-disciplines in history and law—migration, mental health and illness, the history of empire and jurisprudence—and adds an important judicial dimension to the book's social, literary, cultural and clinical emphases. Referencing the philosopher Ian Hacking, whose work highlights divergent interpretations of normality and deviance, they reiterate the comments of other contributors about the complexities of defining mental illness. For Chilton and Moran, such complexities have particular relevance for the application of legal principles across international boundaries and continental divides, and also echo John Swinton's observation about the challenges of addressing variations in diagnosis across cultures. The point is further reinforced in the final chapter, when James Finlayson and Marjory Harper discuss the artificiality of psychiatric classification systems in different cultures.

The legislative focus, in a more recent context, is maintained in Ellen Scheinberg's analysis of the deportation of 'mentally and morally defective' female immigrants from Canada in the decade after 1946. She also revisits issues of class, gender and ethnicity scrutinized in other locations and periods by Ernst, Jackson, Harper and Barber, and one of the cases she cites—a doctor who attempted suicide because of 'disappointment for not being placed in her profession'—echoes Barber's literary reference to mental health problems among disappointed professional migrants in the same era.[34] In contrast to earlier Canadian studies that focus on government policy or on male deportees accused of political or economic crimes during the late nineteenth and early twentieth centuries, this chapter utilizes deportation case files produced by the federal government's Immigration Branch to examine the experiences of female immigrants who were targeted for mental health and related moral offences in the mid-twentieth century. Beneath the rhetoric of openness and acceptance towards immigrants, there emerged a fear of deranged and damaged refugees whom government officials and experts felt could pose a threat to the family and Canadian society. Many of the women in Scheinberg's survey carried emotional baggage from the Second World War and wanted to start anew in Canada, putting the past behind them. Yet immigration officials vigorously attempted to deport as many of these individuals as possible, labelling and expelling women who had a poor

prognosis for recovery, or who were adjudged incapable of rehabilitation or redemption. Those who were most susceptible appeared to be women who had violated the moral tenets of the day relating to their prescribed roles within the family and society, and 25 per cent of the 376 case files examined document female deportees accused of mental crimes.

Following these archive-rooted historical studies, the three shorter chapters which comprise the book's third and final part shift the discussion to anthropological and personal reflections. The general themes of rootlessness and loss of identity noted by Sergei Shubin emerge again in a specific location in Arnar Árnason's anthropological study of mental health, migration and melancholic nationalism in Iceland. Initially approaching the topic through the prism of a modern crime novel, Árnason integrates reflections from literature with ongoing ethnographic fieldwork, discourse analysis of public documents, archival research and interviews, to examine mental health in Iceland in the context of over a century of internal migration, the legacy of the Second World War and the effects of the country's economic collapse in 2008. Like Swinton and Shubin he suggests that medicalizing depression and anxiety may impede our understanding of a more nuanced and multifaceted phenomenon, and makes the case for a link between depression or anxiety and fundamental uncertainties about the nation's present and future ethos and identity. Echoing Shubin's point about the loss of identity associated with migration, he suggests that the dramatic rural to urban shift in Iceland which took place during the twentieth century was not simply a spatial movement, but embodied a much deeper, cultural dislocation. Specifically, Icelanders wrestled with the contradictory sentiments of simultaneously escaping from a life of drudgery and monotony and abandoning their heritage and birthright by severing their historic connections with the land. Such dilemmas are familiar motifs in narratives of migration, perhaps most notably in the development of an exilic consciousness among migrants from the Scottish Highlands who feature in passing in the final chapter. In traditional Highland culture the Gaelic word *duthchas* denoted a sense of mutual responsibility or trusteeship over the land, shared between chiefs and clansmen but which had been eroded from the late eighteenth century by the intrusion of commercial attitudes into estate management and the consequent unwilling exodus of clansmen to the Lowlands and overseas.[35] In Iceland rural depopulation arguably triggered a variation on that exilic consciousness, which was then reignited by the economic collapse of 2008.