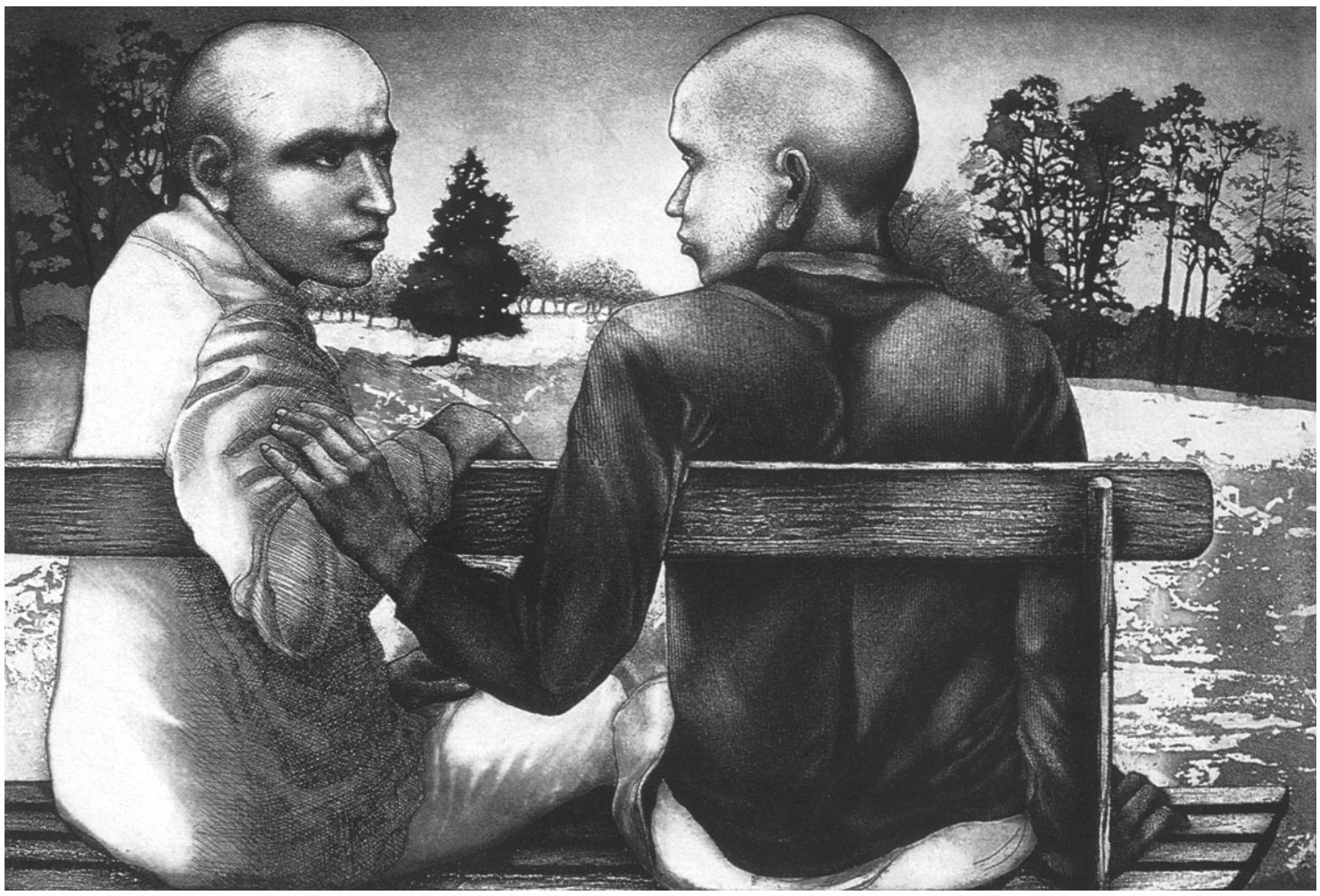
# Psychiatry in Asia

**Academic interest in the history of psychiatry and a general fascination with how 'madness' fared during the modern period were particularly prominent in Western countries during the 1970s and 1980s in the wake of Foucault's ground-breaking work on *Madness and Civilization* and the high-profile campaigns of the anti-psychiatry movement. More recently, problems arising from the de-institutionalization of the mentally ill and the search for safe and financially and socially viable community care options and preventative mental health care measures have rekindled this earlier interest.**



Courtesy of Anupam Sud

'Dialogue', 1984. Etching by Anupam Sud. Part of a series of etchings defining subtle shades of communication between human beings.

Introduction > General

*By Waltraud Ernst*

Research on the development of psychiatry and mental illness in non-Western countries has, with only a few exceptions, been less prodigious. After all, any engagement with psychiatry in Asia poses wide-ranging methodological and conceptual challenges. Not only should such research concern itself with the complex array of interactions and exchanges between Western science-based psychological medicine and Asian medical systems and community ('folk') care practices, it also requires an adequate understanding of the economics and cultural politics of colonialism and globalization.

The articles presented here fill the existing gap. Importantly, their authors are cognisant of the specific political and cultural context of Western psychiatry as well as being attuned to the wider colonial and post-colonial political settings of specific indigenous modes of healing.

They have also steered clear of the legacy of high-profile yet unduly limiting and simplistic notions, such as Fanon's assumption of a 'colonial condition' and the hackneyed Foucaultian suggestion of an all-pervasive and subjugating Western psychiatric 'gaze'. Writing in the tradition of the latter tended to focus on Western hegemonic discourse and assumed that colonial subjects were at best able to 'respond to' and 'resist' Western discourses of colonial or medical power. Those treading in Fanon's footsteps emphasized that the colonized and their post-colonial brethrens had so internalized their colonizers' derogatory perspective that they fell into a state of quasi-pathological, lethargic passivity. Both approaches led to all too sweeping generalizations and remained largely Eurocentric in orientation, implicitly taking Western colonial and post-colonial discourses as their major point of reference.

The articles presented here put emphasis on interactions and exchanges. They challenge preconceived notions, such as that the westernization of mental health services in the East need always be the first step towards cultural hegemony and is necessarily bad news for the mentally ill and their families. National political reform and ongoing market changes that have opened China to the West have recently led to accounts examining the abuse of psychiatric practice as a means of social control, torture, and punishment in the style familiar from Nazi-Germany and the Soviet Gulag period. As Chen argues in her article on China, in regard to health care provision for the general public, patients and their families have benefited from the wider availability of services. Although Western biomedically-focused approaches have been introduced, these are set alongside traditional Chinese practices and have been adapted to the particular needs of Chinese communities by putting emphasis on family and community provision and outreach education programmes.

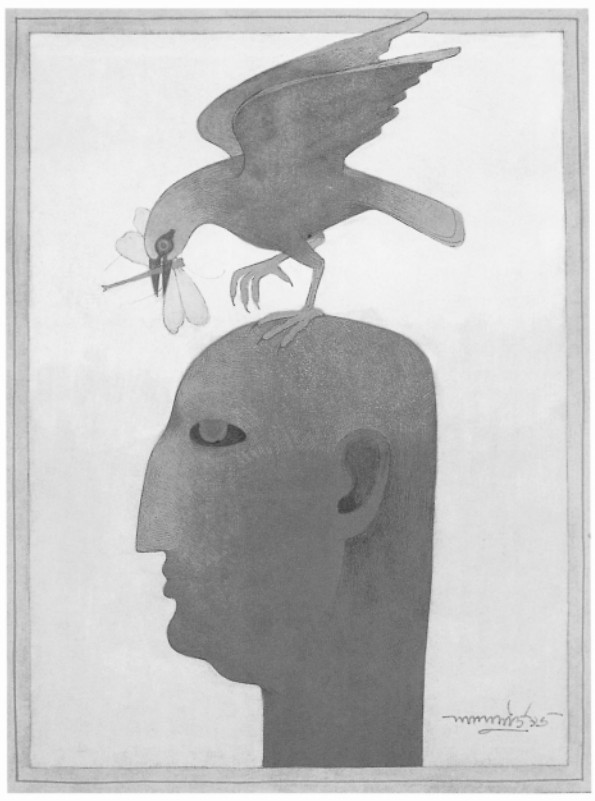
In contrast to Chen's account of the current expansive impact of Western-style mental health services on patients in China, Pickering explores how the benefits of an Eastern tradition can inform Western psychological models and practices. While being well aware of the Orientalist distortions of Eastern health practices in the West and their commercial exploitation – often referred to as the 'McDonaldization' of traditional Asian medicine – he focuses on the potential for fruitful and enriching cross-fertilization. Buddhism encourages the assessment of mental problems less as 'abnormalities' that need to be treated, cured, and done away with (as suggested in the orthodox Western psychological tradition), than as part of normal life and manifestation of human suffering, requiring re-adjustment and re-direction.

The potential for Western mental health professionals to gain from the practical insights and sophisticated conceptual models developed by their colleagues in the East is highlighted also in the articles on psychoanalysis in China, Japan, and British India (by Zhang, Alvis, and Hartnack respectively). Here we learn that Freudian psychoanalysis travelled easily to Asia at around the same time it became popular in Europe and the United States. However, it soon adopted local garbs and idioms. It was adapted by its Asia-based practitioners to their particular patient bases and the socio-cultural circumstances in the different countries, and was cleared of some of the ideological preconceptions of its traditionalist, fin-de-siècle European legacy. A number of highly sophisticated theoretical models that deviate from or even contradict Freud's original formulations have been developed and employed with great success, showing that Western orthodoxies are not always followed to the letter. Some of these models, like the mother-centred Ajase complex suggested by Kosawa Heisaku in Japan in the 1930s (in contrast to Freud's father/son-centred Oedipus complex), for example, could be employed well in discussing Freudian psychoanalysis' patriarchal blinkers and the questionable transcultural universality of some of its concepts.

As Hartnack shows in her article on the fate of psychoanalysis within the context of British India, judgement on the alleged validity of some Freudian models depended very much on which side of the colonial divide its practitioners were placed. For example, in the 1920s the renowned colonial psychiatrist Berkeley-Hill proclaimed, in the well-documented tradition of Western colonial arrogance, that Indians lacked a psychological disposition to leadership, implying that British rule was therefore justified. The eminent Indian psychiatrist Bose, in contrast, not only criticized Freud for his autocratic way of leading the International Psychoanalytical Movement, but also suggested that mental health was achieved when the father's authority was challenged, fought, and overcome, not by submitting to it.

In relation to the chequered career of psychoanalysis in China, Zhang too shows that national politics exerted an important influence. Prior to the Revolution Freud's ideas were received by the intelligentsia as a new liberating influence on traditional society, whilst afterwards they came to be exposed as a manifestation of bourgeois consciousness and decadence. Since the 1980s psychoanalysis has been incorporated into psychiatric practice as one alongside other methods in mainland China: if the trends emerging in Taiwan and Hong Kong give an indication of things to come in mainland China, here, too, culture-specific modifications like the ones that occurred earlier in Japan are likely to become more prominent.

The article by Speziale draws attention away from East-West and West-East interactions, emphasizing the pluralist nature of health care on the Indian Subcontinent. Although British colonial rule constituted a rupture and turning point in the modern history of India, setting the stage for westernization and globalization, it was not the first such rupture during the course of the last millennium, nor did it lead to the disappearance of the wide variety of traditional healing approaches that existed in South Asia. Contemporary Indian mental health care embraces a variety of provisions that are accessible to patients in different localities: Ayurveda (Hindu traditional medicine), Unani (Islamic medicine), Siddha (South Indian medicine), and a variety of 'folk' and local traditions, alongside biomedical Western psychiatry. As Speziale shows in regard to Islamic psychiatry, it is important to keep in mind that traditions don't remain static, but are subject to changes, some of which lead to further refinement (as in the case of Unani pharmaco-therapy) whilst others suffer from commercialization (as in the case of medico-religious tourism). <



Courtesy of Lalu Prasad Shaw

(Middle) Lalu Prasad Shaw 'Untitled', 1996. Tempara and wash. Private collection.

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Editors note >

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