

Why Psychiatry Matters in China

Research >
China

The psychiatric profession in China has undergone vast changes over the past decade. Transformations in training, classifications, and institutional spaces characterize the post-Mao period and Deng reform era. Some longstanding issues, such as the stigma of mental illness and differences between rural and urban mental health care, remain. Yet, community programmes and ongoing professionalization and research have enabled practitioners to reach a broader constituency.

By Nancy N. Chen

This article addresses these shifts in the context of overall economic and social reform. How have people, places, and practices in the Chinese psychiatric community accommodated national reforms and global forms of care? While mainly addressing biomedical psychiatry rather than alternative or folk practices of psychiatry, I characterize general practices as opposed to the specialization of forensic psychiatry. Recent allegations concerning the abuse of criminals and political detainees in China within forensic psychiatry have raised the spectre of Soviet psychiatric abuse (Munro 2002). Such practices are currently being investigated by the World Psychiatry Association. My focus on general psychiatry offers a picture of contemporary programmes providing services to mentally ill clients and their families. It is crucial to examine the everyday experiences of those in this health care system in order to understand how the majority is treated and why it matters immensely to ordinary persons living in extraordinary times.

People

During the early 1990s, I conducted ethnographic research on mental health care in Chinese psychiatric institutions. Visiting three urban hospitals, one rural hospital, and one industrial clinic, I was allowed to observe and interview practitioners, family members, and patients as they sought mental health care services.

Professionalization of practitioners was a key component of training at the urban research unit where I was affiliated. Staff meetings and lectures were

weekly events in which all doctors and nurses were required to participate; the medical library had subscriptions to Chinese and foreign journals specializing in psychiatry and mental health. In addition, psychiatrists from other countries frequently visited to observe and carry out joint research projects.

Today, early models of mental health care exist concurrently with recently imported models of biomedicine, in which scientific research and psychotropic drugs are increasingly emphasized in treatment. Post-Mao reforms allowed Chinese psychiatrists to participate in exchange programmes abroad. By the time I started field research the first wave of senior cadres had been visiting the US and Europe for over a decade; early on in their career, in the 1980s, the most recent generation of scholars had left China to receive graduate degrees and postdoctoral training abroad. International health organizations such as the WHO have also opened collaborative centres for joint research and training. Thus different training periods and philosophies of mental health have led to distinct generations of psychiatrists. The oldest group, now mostly retired, trained during the 1950s in the Soviet Union. The second group first trained as general medical doctors during the Cultural Revolution in the mid to late 1960s, and only later specialized in psychiatry, with exposure to Western theories at mid career. The youngest group has recently been trained under the auspices of WHO financing or in Western research universities.

Places

The rural-urban difference in access to medical care, especially psychiatric

care, continues in the reform era. Larger research hospitals and the majority of professionals are mainly located in cities. It is important to note however that, by contrast to the early twentieth century when psychiatric hospitals were private, mental health wards are now public and state owned. The number of beds for mentally ill clients has also increased. In 1948 there were only 1,100 beds for 500 million people (a ratio of 0.22 beds per 10,000 people), with 50 to 70 trained physicians and even fewer nurses. By 1995 the number of beds significantly increased to 120,000-130,000 beds or about 1.1 beds per 10,000 people.

In larger psychiatric hospitals with several hundred inpatients, 80 to 90 per cent of the patient population consisted of chronic schizophrenic patients for whom family care was no longer viable. While the majority of patients were schizophrenic, there were also clinical cases of depression, neurological disorders, neurasthenia, and psychosomatic disorders. Regional differences in hospital stays between rural patients and urban patients also persist, due to work unit health packages and insurance in urban regions. To name an example, in terms of percentage there are more severe cases among mentally ill patients due to relatively late diagnosis in rural regions (Phillips, Lu, and Wang 1997). The number of beds is still quite low in comparison to other countries with smaller populations, and there is a heavy reliance on family and community managed care, especially for outpatient beds. Economic restructuring of hospital financing in the past decade has resulted in new structures being built in the urban areas.

Practices

Chinese psychiatrists have adopted international diagnostic categories and classifications such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association and the International Classification of Diseases (ICD-9) of the World Health Organization. The Chinese professional community has also engaged in active translation of the latest Western psychiatric articles and international classification categories into Chinese, categories in the Chinese Classification of Mental Disorders (CCDM) being crucial sites of cultural translation (Lee 1996).

Parallel to psychiatry in Western, post-industrial nations, there is an increased usage of psychopharmacology. During the mid to late 1990s, the pharmaceutical industry introduced new drugs to the Chinese market, and multinational as well as local firms have been active in making psychotropic drugs available and an integral part of consumer life. Such practices raise key questions about the dark side of globalization, which enable swift introduction of material goods and symbolic meanings that undermine local and alternative healing systems.

In recent years other means for families to seek advice and help outside of the psychiatric unit, with regard to mental health, have arisen. One noteworthy trend has been hotlines, which people can call anonymously for help, and the Chinese popular press and magazines have, in recent years, taken on stories that deal with social issues such as mental illness. Besides seeking a range of clinical practitioners, such as Traditional Chinese Medicine or biomedical, family members can write to newspapers or journals seeking advice, and a number of private mental health clinics have opened. In addition, outreach education programmes in mental health have been introduced to the school curriculum.

In sum, research in China has been of interest for its emphasis on family and community programmes. In an era of de-institutionalization and managed care, which characterizes psychiatric care in most post-industrial nations, sustainable alternative forms of mental health care are of great significance. <

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Psychoanalysis in the Chinese Context

Psychoanalysis is no stranger in contemporary China, though discussion and practice were suppressed during the first decades of the People's Republic. Today it is once again established, both as a therapeutic speciality and as an approach to human nature and culture. Although 'psychoanalysis' is often listed under 'abnormal psychology' in the Chinese library system, the concepts of the unconscious, infantile sexuality, libido, and ego have gradually become part of the interpretive vocabulary of the educated public.

By Jingyuan Zhang

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The rise and fall and rise of psychoanalysis in China have been closely tied to political events. Freudianism (*Fuluoyide zhuyi*) attracted attention in China at about the same time that it was becoming popular in Europe, hard on the heels of Darwinism and Marxism, as part of a general explosion of Western ideas in China at the end of the Imperial period and the beginning of the new Republic in the first decades of the twentieth century. Chinese intellectuals wrote many introductory books and essays on psychoanalysis and translated half a dozen of Freud's main works, one even into elegant classical Chinese.

Before the 1949 revolution, Chinese writers and thinkers puzzling over the weaknesses of traditional society and struggling to remake culture in new ways found many fertile ideas in Freud's work. But Freud's most widespread and conspicuous influence was in literary criticism and in literature itself, and especially the literature of individualism and romance. Several leading writers such as Shen Congwen and Qian Zhongshu have acknowledged their debt to Freud. Almost all the leading intellectuals of the day, most notably the Zhou brothers (Lu Xun and Zhou Zuoren) and Guo Moruo, used

and discussed psychoanalytic concepts in their works. Application of Freud's ideas extended even to the critical examination of ancient Chinese texts, for example in Wen Yiduo's discussion of sexual symbolism in the *Shi Jing* (Book of Songs). But as understanding of psychoanalysis was maturing, the attention of the nation was drawn to more immediately pressing issues: the Japanese invasion and the civil war.

After the founding of the People's Republic of China in 1949, psychoanalysis was criticized as an element of bourgeois ideology. It understood problems on an individual scale; it seemed to indulge petty weaknesses. The Soviet-approved Pavlovian experimental psychology was a better fit for the scientific tone of official social doctrine, and became the leading model for the discipline of psychology in China. Only with the intellectual re-opening in the 1980s did psychoanalysis begin its revival. Especially the young found Freudian theory an exciting alternative to stale Marxist orthodoxy, though its focus on sex made psychoanalysis an easy target for the occasional campaigns against Western 'spiritual pollution', by which the old guard attempted to reassert some control over culture and thought.

Interest in psychoanalysis had revived by the mid-1980s, and many more works have now been translated, represent-

ing Freudian and other schools. Compared to the Republican period, there is today a greater focus on therapeutic practice, partly due to the growing general interest in psychotherapy in a rapidly changing society that puts increasing strain on individuals, and to the now regular exchanges between Chinese and Western psychologists. Conferences, training workshops, and treatment clinics have flourished.

Medical schools regularly offer training classes and workshops on psychotherapy and psychiatry run by Westerners. All major universities now offer therapeutic services for students, and there are telephone helplines such as the 'Women's Hotline', with varying reliance on psychoanalytic approaches (Gerlach 1999).

In China, as elsewhere in today's intercultural world, it is hard to find 'strict' Freudian clinical practice: a patient lying on a couch and free-associating for a largely silent doctor. Psychoanalysis itself has grown and changed, branching into many schools and becoming less dogmatic. The 'talking cure' is indeed emphasized, but in the form of conversations in which psychological theories tend to suggest ideas rather than dictate procedures and conclusions. Qian Mingyi, Professor of Psychology at Beijing University, says that she looks to all theories and uses whatever works, when she sees patients in the school clinic. Wang Haowei, a well-known psychotherapist in Taipei, says that he usually tells his patients a little more than what they are ready to accept, but not so much that they do not return.

The psychoanalytic scene in Taiwan is even more vibrant