

# Why Psychiatry Matters in China

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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

# Psychoanalysis in Japan

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As a psychoanalytically oriented critic in the field of Japanese literature, I find that my work often meets with resistance from other Asianists who view psychoanalysis as a fundamentally Western theory that cannot be 'applied' in an Asian context. Most of these sceptics are taken aback to discover that psychoanalysis has a venerable history in Japan and that Japanese analysts have presented a number of highly original theories to the international psychoanalytic community.

By Andra Alvis

In my own experience, it is these innovative models that attract the most interest from non-Japanese. Therefore, following a brief introduction to the history of psychoanalysis in Japan, the core of my article is devoted to three of the most interesting theories from Japanese analysts: Kosawa Heisaku's Ajase complex, Doi Takeo's ideas on *amae*, and Kitayama Osamu's study of the 'Don't Look' prohibition.

The mainstream Kosawa School and its members aside, there are many other prominent analysts in Japan, who – owing to their lack of a medical degree and/or classical Freudian orientation – have been excluded from the Japan branch of the International Psychoanalytical Association. Among these are Konda Akihisa, and Sorai Kenzō, who was a clinician who founded the eclectic, psychoanalytically oriented Sannō Institute in Tokyo.

The history of psychoanalysis proper in Japan began with psychiatrist Marui Kiyoyasu and the so-called Tōhoku School, which flourished in the 1920s and 1930s. Marui's early attraction to psychoanalysis is evident from a course on psychoanalytic psychiatry he taught at Tōhoku University, Sendai, in 1918. This interest deepened in the 1920s, during the course of several years of study with Adolf Meyer at Johns Hopkins University in Baltimore, Maryland. In 1933, as the head of a group of psychoanalytically oriented psychiatrists, Marui received approval from Freud to establish the first Japanese branch of the International Psychoanalytic Association (IPA) in Sendai.

The 'Kosawa School', centred on stu-

dents trained by Kosawa Heisaku, became the core of psychoanalytic activity after World War II. A student of Marui, Kosawa left to study at the Vienna Psychoanalytic Institute from 1932–33, and established a psychoanalytic practice in Tokyo upon returning to Japan. In 1953, after Marui's death, Kosawa became head of the Japanese branch of the IPA and moved its headquarters to Tokyo. Students trained by Kosawa form the core of the present Japanese branch of the IPA, known familiarly as the 'Japan Psychoanalytical Association'. These psychoanalytically oriented psychiatrists include two theorists I will discuss below: Doi Takeo and Okonogi Keigo. As members of the Japan Psychoanalytical Association, students trained by Kosawa (and their own trainees) form the mainstream of psychoanalysis in Japan.

## Psychoanalytic theories from Japan

Three members of the Japan Psychoanalytic Association have presented original theories to the international psychoanalytic community: Kosawa Heisaku, Doi Takeo, and Kitayama Osamu (trained by Okonogi Keigo). Taking their cue from Kosawa, who formulated his model of a mother-centred Ajase complex in the 1930s, all three paradigms focus on the mother (rather than the Oedipal father) as the centre of psychic life. In the interest of thematic unity, I will discuss the three theories out of chronological order, beginning with Doi's validation of positive mother-child interaction and proceeding to Kosawa's and Kitayama's discussions of more ambivalent mother-child bonds.

than on the mainland, as the island has moved rapidly into the modern world of high-tech democracy, putting a strain on family and bringing new vulnerabilities to everyday life. Mental health jobs are on the rise, and there is more academic interest in psychoanalytic approaches across a range of disciplines, especially literary criticism and gender studies. Commercial bookstores are full of pop psychology books, many with an analytic slant. Crowds follow self-help gurus who ask people to seek answers in greater self-knowledge. During a recent trip to Taiwan, I was fortunate to meet some academicians interested in psychoanalysis, and psychotherapists from the Taiwan Institute of Psychotherapy ([www.tip.org.tw](http://www.tip.org.tw)) and the Sinin Center of Psychotherapy, two private non-profit organizations. I was deeply impressed by the energy and innovation with which the members are building up these organizations for research, training, and community service. Responding to charges that psychoanalysis may reflect psychological problems specific to the West or even to Freud's Vienna, some Taiwan professionals have begun research projects exploring the idea that there may be specifically Chinese or Taiwanese psychological patterns. The Department of Psychology of the National Taiwan University now has a programme on indigenous psychology and publishes a very valuable journal entitled *Bentu xinlixue yanjiu* (Indigenous Psychological Research in Chinese Societies, 1993–), exploring such cultural and psychological topics as 'face,' 'favour and reciprocity', and 'filial piety' as demonstrated in clinical case studies.

Does psychoanalysis have a future in the Chinese environment? Psychoanalytic investigation of cultural differences is still in its earliest stages in the Mainland, Hong Kong, and Taiwan, though such inquiries began almost as soon as Freud's ideas first reached China's shores. As Chinese family structures and support networks undergo increasing transformation, individuals feeling squeezed out are more likely to seek professional help for mental health. And psychoanalytic approaches will have to adapt as the social environment changes. Psychoanalysis is therefore likely to have a similar fate in China as in the West: it will be studied and practised, it will grow and divide, and it will find innovators. <

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## Amae

The most well-known theory of the Kosawa School is that of *amae*, formulated by Doi Takeo. Doi defines the concept of *amae* as 'the feelings that all normal infants at the breast harbour towards the mother – dependence, the desire to be passively loved, the unwillingness to be separated from the warm mother-child circle and cast into a world of objective "reality".' (1973:7). While recognizing similarities between the concept of *amae* and Michael Balint's ideas of 'passive object love', Doi's early work links the idea of *amae* to a number of other words/concepts in Japanese culture, such as *enryo* (restraint), and *giri* vs. *ninjō* (social obligation vs. human feeling).

Doi, as noted above, finds the prototype for *amae* in the nursing infant's relation to the mother and her breast. In this sense, *amae* could be viewed as an 'attempt to deny the fact of separation that is such an inseparable part of human existence and to obliterate the pain of separation.' However, as Doi goes on to say, '[A]mae plays an indispensable role in a healthy spiritual life. If it is unrealistic to close one's eyes completely to the fact of separation, it is equally unrealistic to be overwhelmed by it and isolate oneself in despair over the possibility of human relationships' (1973:75). Thus *amae* involves a constellation of feelings that emphasize a positive sense of connection to the mother over (a presumably painful) separation from her.

## The Ajase complex

By contrast, Kosawa's Ajase model, based on Buddhist legend, delineates a more ambivalent mother-child bond.

Kosawa derived his theory from two Buddhist sources: the *Daihatsu Nehangyō* (Nirvana Sutra) and the *Kanmuryōjūkyō* (Sutra of the Contemplation of Infinite Life). Both stories describe how the Prince Ajatasatru ('Ajase' in Japanese) seeks redemption from the Buddha for murderous impulses towards his parents: not only has he imprisoned his father Binbashara in order to accede to the throne, he has also drawn his sword on his mother, Idaike, when he discovered her secretly supplying Binbashara with food. However, the two sutras emphasize very different aspects of the legend. While the *Nehangyō* version centres on father-son hostility, the *Kanmuryōjūkyō* focuses on conflict in the mother-son bond. Kosawa's theory of the Ajase complex was inspired by the *Kanmuryōjūkyō*'s maternally focused storyline.

Kosawa's writings on the Ajase complex stress conflict deriving from a subject's primary endeavour to work through oral, ambivalent impulses in the context of the mother-child bond. Firstly, he underscores the non-genital nature of mother-child relationships – specifically, their oral aspects (Kosawa, similar to Melanie Klein, apparently interprets Ajase's sword as a tooth rather than a penis.) Secondly, he places strong emphasis on the ambivalence of the relationship with the mother, composed of both loving and hostile impulses. In the legend, it should be noted, Ajatasatru attempts to murder his mother, but is dissuaded by a minister. Thirdly, Kosawa views the (re-)establishing of a positive mother-child dyad as essential to psychic health.

Beginning in the 1970s, Kosawa's student Okonogi Keigo revised and developed the Ajase theory. Okonogi's writings on the Ajase complex also emphasize the subject's endeavour to work through ambivalent impulses in the mother-child bond; however, he locates the origin of mother-child conflict in maternal sexuality. For Okonogi, Ajase's matricidal rage stems from the discovery of Idaike's exclusive, and excluding relationship with Binbashara. Okonogi terms this anger at the child's discovery of his or her origin in the parent's sexual relationship *mishōon* or 'prenatal resentment.' In his most recent work, Okonogi discusses the Ajase complex as an intersubjective model for understanding not only children's ambivalence towards their mothers but also women's ambivalent experience of maternity.

## The 'pre-Oedipal' taboo

Kitayama's theory of the 'pre-Oedipal' taboo, like the Ajase complex, focuses on guilt and anxiety toward the mother. In this model, however, guilt concerns fears that reproductive functions such as birth and nursing have irreparably damaged the maternal body.

Kitayama draws on several Japanese folktales that portray relations between a human husband and non-human wife. These stories begin with an animal transforming itself into a woman and marrying a human male. The animal/wife proves to be a productive homemaker and loving spouse; however, she forbids her husband to watch her as she performs a specific task, such as nursing, giving birth or weav-

ing. When the hero eventually breaks this 'Don't look' prohibition (*miru na no kinshi*), he discovers his mate in her 'true' animal form. The animal/wife then departs, never to return.

Situating his ideas in an object-relations context of child development, Kitayama understands the 'Don't look' prohibition as a taboo that warns against the child's too-early discovery of maternal (re)productive functions – and their damaging capacity in relation to the mother's body. Several of the tales he examines show the non-human wife/mother wounded by the task she performs in secrecy. For example, in one story, a crane wife plucks feathers from her body to weave cloth for the hero. Kitayama argues that a child's recognition of the physical nature of his or her mother's nurturing capacities and their potential depleting of her body may give rise to fantasies of having harmed the mother through birth, nursing, etc. Whereas the Oedipal taboo against incest is, according to Kitayama, the 'taboo to be kept', the pre-Oedipal taboo against realizing the physicality of motherhood should be gradually broken over time (presumably, as the child develops the intellectual and emotional capacities to accept the physicality of maternal (re)productive functions).

Japan represents an unusual chapter in the transnational spread of psychoanalysis. Not only does psychoanalytic thinking in Japan have a nearly one-hundred year history; in addition, Japanese analysts have offered a number of innovative theories to the international community. Japan thus offers a unique contribution to the project of culturally inflecting psychoanalysis – one that should attract further attention as Asianists, and other non-Western scholars, continue the work of transforming psychoanalytic thought into a truly multicultural discipline. <

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