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 specialty 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

The rise and fall and rise of psychoanalysis in China have been closely tied to political events. Freudianism (Frels, 2004) 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 culture in China at the end of the nineteenth century. In 1904, psychoanalysis began its revival. Especially the young found Freudianism an exciting alternative to stale Marxist orthodoxy, and became the leading edge of a general explosion of Western thought that was to have profound consequences for many Chinese. For the occasional campaigns against Western “spiritual poisoning” through the 1950s, psychoanalysis’ emphasis on sex made psychoanalysis an easy target, though its focus on sex made psychoanalysis an easy target, instead of being an addiction to the broader idea of repressing all theories and uses whatever works, when she sees a fascinating new idea, it is indeed emphasized, but in the form of conversations in the context of overall economic and cultural change.

Psychoanalysis itself has grown and changed, branching into several leading writers such as Shen Congwen and Qian Jinling to remake culture in new ways found many fertile ideas and discussed psychoanalytic concepts in their works. Application of Freud’s ideas extended even to the critical examination of national Chinese texts, for example in Wen Yiduo’s discussion of sexual symbolism in the Shi Jing (Book of Songs). But as psychoanalysis was maturering, the attention of the nation was drawn more immediately pressing issues: the Japanese invasion and the civil war.

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. Psychoanalytic practice in China today differs from its Western prototype in many schools and becoming less dogmatic. The ‘talking cure’ is indeed emphasized, and the form of conversations in which psychological theories tend to suggest ideas rather than solutions. Psychotherapy today in Taiwan, 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

Why Psychiatry Matters in 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 programs 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? What are the implications of this for our understanding of Chinese psychiatry? This paper 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 specter of Soviet psychiatric abuse (Munro 2002). Such practices are currently being investigated by the World Psychiatry Association. The role of general psychiatry on mental health care provides a picture of contemporary programs providing services to mentally ill clients and their families. It is crucial that everyday experiences of those in this health care system in order to understand how the majority is treated and what matters enormously to ordinary persons living in extraordinary times.

By Jingyuan Zhang

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 institution, 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 programs abroad. By the time I started fieldwork the research the first wave of senior cadres had been visiting the US and Europe for over a decade; only recently had it returned. 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 centers for joint research and training. Thus different training periods and philosophies of mental health care exist simultaneously in different generations of psychiatrists. The oldest group, now mostly retired, trained during the 1930s 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 hospitals and the majority of professionals are mainly located in cities. It is important to note however that, by contrast, the early twenty-first century when psychiatric hospitals were private, mental health wards were located in 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 1,000 people), with 50 to 70 trained physicians and even fewer nurses. By 1995 the number of beds significantly increased to 200,000 beds for 1,000,000 people or about 1 bed to 5,000 people. In larger psychiatric hospitals with several hundred in-patients, 80 to 90 per cent of beds are occupied by 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, neuropsychiatry, and psychosomatic disorders. Regional differences in hospital organization across rural and urban patients also persist, due to work unit health packages and insurance in urban regions. To name an example, in 2005 in rural China there are severe cases among mentally ill patients due to relatively late diagnosis in rural regions (Phillips, Li 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 approaches 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 American 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 psychopharmacological practices. 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 mental health care. Such practices raise questions about the exact size of globalization, which enable swift introduction of material goods and symbolic meaning. Where and how psychiatric 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 programs abroad. By the time I started fieldwork the research the first wave of senior cadres had been visiting the US and Europe for over a decade; only recently had it returned. 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 centers for joint research and training. Thus different training periods and philosophies of mental health care exist simultaneously in different generations of psychiatrists. The oldest group, now mostly retired, trained during the 1930s 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.

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Before the 1949 revolution, Chinese writers and thinkers were puzzled by the weaknesses of traditional society and strug-
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 transplanted. My own views are shaped by a number of original theories to the international psychoanalytic community.

Ikuo Kiyoyasu and the so-called ‘Taisho taboo’ in 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 ideas to the international community; for example, they have sought to adapt psychoanalytic approaches to the social environment 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 practiced, it will grow and divide, and it will find innovators.

Bibliography

Jingxuan Zhang is Associate Professor of Chinese Literature and Comparative Literature at Georgetown University, Washington, D.C. She is currently working on a website on East Asia Psychoanalysis Database where she is collaborating with colleagues in the field of professional training in psychoanalysis.

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Psychoanalysis in Japan

BY ANDRE AALVIS

What is the pre-Oedipal taboo? Kiyoyasu’s semiological reading of a Japanese folk tale, 'The Crane Wife', illuminates the psychoanalytic function of such narratives. Translation of Our Discipline

By Andra Alvis

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