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 interpretative vocabulary of the public.

By Jingsong Zheng

The rise and fall and rise of psychoanalysis in China have been closely tied to political events. Freudians (Fuxial 2004) attracted attention in China at about the same time that it was becoming popular in Europe, and the ideas of Darwinism and Marxism, as part of the general exploration of Western ideas that took place in the 1920s, began to transform Chinese culture. After the founding of the modern Chinese Republic in 1911, psychoanalysis was criticized as an element of bourgeois culture. The national government actively supported the development of nationalism, and psychoanalysis was considered an element of foreign influence that should be eradicated. It was not until the Cultural Revolution in the mid-1960s that psychoanalysis was once again revived. Modern universities now offer classes and workshops on psychoanalysis, and many of the leading psychoanalytical clinics in China have been established in recent years.

By Nancy N. Chen

During the early 1990s, I conducted ethnographic research on mental health care in Chinese psychiatric institutions. Using three urban hospitals, one rural hospital, and one industrial clinic, I was able 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 psychopharmacological 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; only a handful of scholars had visited the West. With the most recent generation of scholars who have 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 practice may exist for the 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 Revolu- tion 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 in Beijing and Shanghai have access to consultants and other medical professionals, but in rural areas mental health services are limited. Although the number of mental health practitioners has increased significantly, there is still a great need to develop mental health services in rural areas. Public mental health training starts with a few years of study and practice in medical schools and in hospital settings. Further training is required to become a psychiatrist, and in the absence of a national licensing system, training occurs either in hospitals or in university departments of psychiatry.

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 programs and ongoing professionalization and research have enabled practitioners to reach a broader constituency.

Why Psychiatry Matters in China

In sum, research in China has been of interest for its emphasis on family and community programs. 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.

Bibliography


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