Development of cultural psychiatry in China
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Abstract The development of cultural psychiatry is reviewed at different stages historically in contemporary China during the past two and a half decades. Comments are made about the social, political, and professional reasons why the development of cultural psychiatry has been delayed, and what needs to be done to improve the situation in the near future, particularly to expand the concern from the minority issues to more broad aspects including how people need to adjust to the socio-cultural change, modernization, urbanization and internal migration.

Key words: cultural psychiatry, social, cultural, political, social change, cultural change, modernization

HISTORICAL REVIEW Cross-cultural psychiatry has existed for about 100 years. But it wasn’t recognised as a scientific field within Chinese psychiatry until the late 1970s. The reasons were clear. Before 1949, psychiatry was underdeveloped in China. After 1949 (after the onset of communism in China), research related to psychological phenomena were not encouraged because of the “Cultural Revolution” and other political movements at the time.

A brief review of the conditions from 1979 to 1990
In 1979, as part of reform policies, some psychiatrists and psychologists began to discuss the issues of mental health among minority ethnic groups and to distribute a collection of research-papers in small circles. They formed research teams, and started a series of investigations dealing with mental health problems among some minority groups in provinces such as Yunnan, Xinjiang, and Sichuan.

In the 1980s, many observations from field work as well as some well-designed epidemiological researches were published in professional journals. Methodology of cultural anthropology was introduced into psychiatric research in China for the first time, although it was hard to conduct field work in the strictly anthropological sense. Psychiatrists in Jilin Province, Xinjiang Autonomous Region, Yunnan Province, Inner Mongolia Autonomous Region, Sichuan Province, and Guangdong Province were particularly active in this field. Some projects with large samples were significant, e.g., the works dealing with the following minority ethnic groups in China, such as: Jinuo, Lisu, Bai, Korean, Uygur, Kazak, Mongolian, Yi, and She (Wan et al., 1981).

Some research was focused on the majority nationality, Han Chinese, in order to find meaningful associations between mental health and sub-cultural differences among Han Chinese, who share the same main-stream culture, but live in varied geographic regions.
This research was meaningful in many aspects. Firstly, the study focusing on minorities, widened the perspective of Chinese psychiatrists from Han, to other nationalities; to outline the mental health status of various ethnic groups. The studies showed also that different nationalities had common problems and needs, while they were confronted with their own unique difficult situations. Alcoholism and other kinds of substance-abuse, marriages between relatives, suicide, social condition of patients and relatively under-cared for patients with mental disorders, were the most wide-spread problems among ethnic minority groups.

Secondly, the study was instrumental in introducing cultural awareness among Chinese psychiatrists, who had until then been biologically in their perspective.

Thirdly, some cultural aspects of psychiatric symptoms or syndromes were investigated and reported. For example, many papers discussed the influence of one’s cultural background on neurosis, and on psychotic symptoms, such as delusions and hallucinations. The most famous example was the detailed description of the epidemic “Koro-syndrome” in Hainan and Guangdong.

Fourthly, many young psychiatrists who were interested in cross-cultural psychiatry have been trained through these projects.

Besides many cross-sectional studies, a few projects have employed longitudinal designs or designs with controls. The epidemiological study on Jinuo in Yunnan Province (one of the smallest minority nationalities in China), for example, was started in 1979, and then repeated every 10 years, with a hypothesis about the complicated relationship between rapid socio-cultural changes, and mental health in the minority nationalities. A survey in Liangshan, Sichuan, was an example that the author utilized the discrepancy between the Yi people living in the countryside, and those moved into the newly appeared town, to find the possible impact of stressful life events on mental health.

Some researchers used quantitative methodology in their studies to gather data. This was often seen in the studies undertaken to develop standard diagnostic tools, or to compare psychopathological phenomena among different populations. Such projects were efficient, but the interpretations were often speculations lacking in-depth observation and understanding, not to mention close and intensive interaction with the studied samples.

Since 1980, the national conference of cultural psychiatry has been held every 4 years. In 1988, a chapter about “Culture and mental health” was written for one of the most important textbooks for psychiatry (Shen, 1988). In the same year, the first post-graduate student trained in cultural psychiatry graduated with master-degree. In 1989, the Chinese Association of Psychiatry set up its section for ethnic and cultural psychiatry.

**Developments after 1990**

In the 1990s, Chinese psychiatrists became more interested in issues relating to culturally. The scope of research became wider. New methodology was introduced and developed. The main interests were still focused on the minority groups, but the reflection on the Han itself was also emphasized. The findings of previous research had offered insights, into strategy for the improvement of the mental health of the Han. Some projects that have been carried out internationally, reflect the increasing exchanges of Chinese culture with the world.

One of the obvious signs of the intense cultural awareness amongst Chinese psychiatrists, are the numerous articles dealing with the relationship between witchcraft, and “superstition,” Qigong (Chinese traditional meditation) and mental disorders. Research into these issues had previously been forbidden, and professionals had been trying to avoid topics relating to belief, religion or ideology.

Qigong began to boom in the 1980’s. Some of the “great masters” unfolded a vigorous mass campaign for Qigong which appeared to be both beneficial and harmful to physical and mental health. Many psychiatrists are aware of its effects on mental health, i.e., they have observed that
some patients had developed psychotic symptoms after intense Qigong exercises, but psychiatrists did not want to focus any attention on this contentious issue, as Qijong meditation was considered an indigenous and traditional Chinese practice in the 80s. Later, in accordance with urgent clinical needs, researchers and clinicians discussed this issue openly in 90s. As a result of this discussion, they proposed a new diagnostic term - “Qigong-induced disorder”- in the category of “culture-bound disorders” in the Chinese Classification of Mental Disorders, the 2nd Revised Version (CCMD-2R). The essential forms of this kind of trance-induced psychiatric disorders were universal and can be found in other cultures. However, it is important to point out that the occurrence of Qigong-fervor among the Chinese was an adaptive strategy to deal with pressures of rapid modernization. There was a tendency to retreat into this traditional practice as way of coping with the stress associated with modernization.

Another example needed to demonstrate increased cultural awareness was the enthusiasm for studies of the so-called “traveler’s psychosis”, which is often seen among long-distance travelers in crowded trains. Many people tried to migrate from the rural areas to the city in search of a better life. Most of the researchers didn’t view this special disorder as a culture-bound syndrome. They paid attention to the interaction of various physical and psychological factors. But some authors began to consider the socio-cultural implication of this phenomenon, e.g., they tried to understand this problem as one of the results of the stress, associated with urban migration.

In the field of psychometrics, the cross-cultural revision of scales was fruitful. Many internationally-used tools have now Chinese norms and are employed frequently in epidemiological, clinical and laboratory researches. With the help of psychometric methods, the researchers found interesting differences in intelligence, personality traits, and psychopathology among different nationalities.

Besides the comparison between various nationalities within China, there were also some international projects to compare Chinese with other Asian-Pacific nationalities and Caucasians. For e.g. one study found 4-month old Chinese infants born in Beijing reacted to the outside world differently to Boston-born, and the Dublin-born Caucasian infants. The Chinese babies’ behavior was observed to be milder and calmer than those of the Caucasian babies. This result suggested that there might be certain linkages between genetic predispositions and so-called geographical factors.

Interactions between cultural and biological factors were also stressed in the studies of the biochemical mechanism of alcoholism. Another study suggested that the activities of the dehydrogenase enzymes related to metabolism of aldehyde and ethanol, were different in some ethnic groups who had different eating and drinking traditions.

**Developments since the year 2000**

The revision of the Categories and Diagnostic Criteria for Mental Disorders in China, 3rd (CCMD3) which was completed in April 2004, was in relation to the international classification, and an attempt at making the Chinese classification similar to the classification used in the West. It made possible the comparison between the diagnoses made by the Chinese with that made in Western countries. As a result, it was found that the ratio of diagnosed schizophrenia decreased. Neurasthenia was retained in the new classification, but the diagnosis of neurasthenia was obviously reduced, even though Western psychiatrists believed that neurasthenia was one of the distinctly noted mental disorders in China. The diagnosis mood disorder increased, and the diagnosis of somatization disorder increased. The Chinese tend mostly, to express psychological pain through physical symptoms. Associated with such knowledge, clinicians began to make diagnoses of somatoform disorder for patients complained of somatic problems.

Eating disorders are the focus of current research. In China, the emergence of eating disorders is the 1990s (albeit a bit earlier in Hong Kong and Taiwan), was considered the effect of modernization, and the influence of western notions of physical attractiveness. In this century,
studies about eating disorders have increased, including epidemiological investigations and research into interventions. Some research compared the prevalence of eating disorders in the countryside, towns and metropolis; to estimate the extent of the influence of modernization in the genesis of eating disorders. Other studies queried the diagnostic criteria of eating disorders; some studies (Lee & Lee, 2000; Leung & Lam, 2000) found that a proportion of Chinese patients did not suffer from fat phobia during the entire course of their illness. They wondered whether that meant that something had happened which was related to some characteristic of Eastern culture.

The research into minorities continued. Except for a few follow-up studies (Li et al., 1994), most researchers focused on the investigation of epidemiology and semiology; and on comparisons between nationalities. Many studies have not touched upon the inherent cultural characteristics of specific minorities, so that comparisons of minorities could not result in more meaningful interpretations.

With improved communication with the outside world, there was a shift in the focus of research from the comparison of minorities in 1990’s to cross-cultural comparison with other countries such as, Sino-American, Sino-Japanese, and Sino-Canadian comparison studies. The topics include life satisfaction in high school, examination anxiety, stress in undergraduate students, and so on. These research projects were comparisons between small-scale samples that came mainly from developed countries. The researchers took the perspective that modernization was equal to Westernization, and such studies overlooked the differences between developed countries, and few studies considered the situation of non-Western countries apart from China. The prevailing view was that minorities formed a homogenous group.

Most cross-cultural studies adopted translated scales from abroad for use amongst the indigenous population of China. A study drew up a child’s self-concept scale in a Chinese setting and translated it into English. This scale measured children from two countries at the same time. The results showed that the scores on all the sub-scales of self-concept in Chinese children were all significantly higher than those of American children, which was contradictory to former reports. The reason for this contradiction was that the scale’s content was designed by Chinese, and was more appropriate for use among Chinese children. A previous study had been conducted with a translated version of an American scale; the results were not positive for Chinese children. Certainly this research warrants further exploration, but it also showed the influence of the specific instrument employed on the research results, and this influence might be more on cultural level than on technical level following translation. Other similar studies included some projects concerning the adaptation of expatriate staff in China. These projects discussing the relationship between socio-cultural adaptation and mental health could also serve as reciprocal references for the studies of Chinese immigrants who are living abroad or who are migrating within China.

The specialty of psychotherapy has been progressing in recent years, which was inseparable from the continuous training program in psychotherapy organized by the German-Chinese Academy for Psychotherapy since the end of the last century. German psychiatrists have been very supportive of this progress. Besides this pioneering training project, China has organized some international conferences in cooperation with the Germans in recent years, such as International Psychotherapy Conference in Kunming (2001), in Shanghai (2007), and the Fourth Pan-Asia Pacific Conference on Mental Health in Shanghai, which provided a stage for dialogue on psychiatric issues across cultures. “Dialog between East and West” was always the central themes of these congresses.

While the Chinese therapists were busy imitating their Western colleagues, they also attempted to work on the revision and development of therapeutic theory and methods. This was especially true for psychoanalysis. The topics concerned were, for example, the adaptation of psychoanalysis to China, the Confucian background of Chinese narcissistic personality disorder, the relationship between the Chinese memorial ceremony and the concept of loss, the Zen-Buddhist concept of “Zhuxiang” and resistance, and so on.
Family therapy was introduced and spread successfully in China, and Chinese researchers have developed a scale for assessing Chinese family dynamics; but further research is warranted. In the meantime, indigenous psychotherapy has been developed, such as Daoist cognitive therapy, which takes the view that psychiatric symptoms such as depression and anxiety not only involve cognitive errors, but are also related to the value origin of indigenous culture. It could be considered the Chinese version of cognitive behavioral therapy to some extent, but it lacks its own systematic techniques. Therefore, it is not really different from the so-called “cognitive insight therapy” and “Dredging Psychotherapy”.

COMMENTS AND SUGGESTIONS

The value of cultural approaches: for humanistic psychiatry and psychotherapy
The value of cross-cultural psychiatry must be emphasized both in its content, as well in its unique perspective and ways of thinking. Such an epistemological uniqueness can be used in daily clinical works. Karl Jaspers’ famous distinction between “understanding psychology” (verstehende Psychologie) and “psychology of explanation” (erklärende Psychologie) was forgotten by many, who considered themselves biologically-oriented psychiatrists. In fact, we need the science to understand “meaning”, especially, when we practice psychotherapy. Therefore, some psychiatrists and psychotherapists, who were willing to work in a more humanistic way towards their clients or patients, appealed for more attention to issues of “indigenization of psychology”, and to issues of cultural affinity for, and the barriers against the Western psychiatry and psychotherapy, that the Chinese are being confronted with.

Zhao (1993) wrote a dissertation with the title “The introduction of systemic family therapy into China as a cultural project” at Heidelberg University, Germany. Six years later, he completed a longitudinal clinical study of the practice and developments in psychotherapy in China. Results of this empirical research supported the theoretical hypothesis - to practice psychotherapy in China is a systematic cultural process rather than a purely scientific and technological procedure. In one of the most successful international training programs for psychotherapy mentioned above, the bilateral exchanges between European trainers and Chinese trainees were encouraged, and the participants were taught practical trans-cultural skills, which enabled them to offer culture-specific and uniquely tailored mental health services for Chinese clients.

The prospect for developments in the new century
1. Cross-cultural psychiatry in China has a very short history. It is now in the beginning phase. The following efforts should be made to overcome methodological deficits often seen in the last 20 years, and the range of research needs widening.
   a. There are a lot of studies published making comparisons between different nationalities, but many authors have failed to distinguish the differences between nationalities, and the ones between town and country; and between the problems deriving from inside one’s culture and those resulting from outside the specific culture.
   b. Most reports about culture-bound psychopathological problems are descriptive, and very few articles have discussed such issues with psychological and cultural anthropological frameworks. In-depth, dynamic thinking is needed, if we would like to find meaningful connections among mental, behavioral and cultural processes.
   c. The studies of ethnic groups should employ closer, more empathic observation. This means that the studies should learn more from the anthropologists, and there is a need to understand the observed cultures better from an inner perspective.
2. Based on the long history of Chinese culture and the colorful contemporary socio-cultural reality, cross-cultural psychiatry is a field where the Chinese can contribute much towards psychiatry. As the economy develops, Chinese psychiatrists are likely to pay more attention to the “soft” fields of social psychiatry, cultural psychiatry and psychotherapy as well as keeping abreast of achievements in biological psychiatry.

3. There are many Chinese psychiatrists who do as yet consider cultural psychiatry as “useful”. They are very reliant on biological treatments, and have no interest in understanding or communicating with their patients. As cultural psychiatry gains wider recognition by more and more professionals, psychiatrists in China will take a more holistic and humane approach to their patients, in order to overcome the deficits of biological psychiatry (Zhao et al., 1999).

4. The Chinese government has begun to realize the importance of these studies. Some important theoretical and practical suggestions have been accepted by the policy-makers, e.g., to deal with troublesome folk treatments, and to plan mental health services for ethnic minorities. We hope that cross-cultural psychiatry in China will become an explicit science from an implicit one, and play a more important role in the development of Chinese psychiatry as a whole.

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