

MENTAL ILLNESS IN CHINA: A 'Contradiction Among the People'

The People's Republic views emotional problems in a different light than do its Western counterparts. The Chinese 'cure'? Drugs, acupuncture, herbs, and a liberal dose of ideology.

BY JOEL GREENBERG

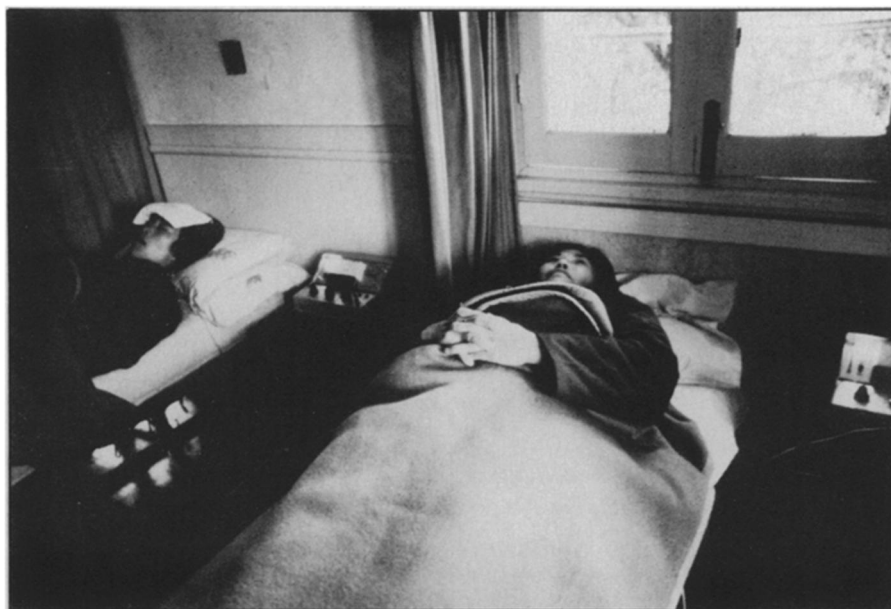
If science is a common language between two such diverse cultures as those of China and the United States, then psychiatry may represent the difference in national dialect. Reports by two groups of American psychiatrists who visited the People's Republic of China during the last two years illustrate the disparity of the two countries in the concept and treatment of emotional illness.

One of the few patches of common ground lies in the use of the term *schizophrenia* to diagnose major disturbances. Even this similarity, however, rests on something of a psychiatric fault-zone, since there is much current controversy over what is or isn't schizophrenia (SN: 9/30/78, p. 230). Nevertheless, 80 percent or more of the patients in China's 30 psychiatric hospitals are diagnosed as schizophrenic (using the standard, broad criteria of psychotic disturbances of mood, thought and behavior — including withdrawal from reality, regression, and, at times, delusions and hallucinations).

"The number of young schizophrenic patients is steadily increasing, and the [Chinese] doctors are baffled as to the reason," psychiatrist John S. Visher of the North County Mental Health Center in Daly City, Calif., and psychologist Emily B. Visher of Palo Alto, Calif., report in the January AMERICAN JOURNAL OF PSYCHIATRY.

One reason Chinese psychiatrists are baffled may emanate from their unique view of the causes of various mental illnesses. Societal stress, according to China's 3,600 psychiatric specialist M.D.s, has been all but wiped out by the revolution of the People's Republic. "Therefore, runs the explanation, despite the necessity of hard work and scarcity of luxuries, the great majority of Chinese do not suffer the competitive stresses, uncertainties and anxieties that plague Western societies and cause social and mental disorders," says American Psychiatric Association President Jules H. Masserman, who led a 12-member delegation to inspect some of China's facilities in Peking, Canton and elsewhere in the fall of 1978.

And, since there is no reason for it, de-



Photos: Ari Kiev

Bedside units generate electricity to treat "hypochondriac" psychiatric patients. The resulting heat warms herbal medicines applied to various body locations.

pression "is practically unheard of, suicides are almost unknown and divorces infrequent," Masserman says. This means, he adds, that antidepressant drugs such as tricyclics — an American staple for serious depression — are rarely used.

While they do not openly criticize such an attitude on the part of Chinese psychiatrists, the visiting Americans obviously dismiss the notion of a society without stress and its resulting emotional problems. "In addition to the stress brought on by the fact that politics pervades every aspect of life in China, the recent changes in political structure, and changes in age-old systems and beliefs, we would add the stress of living so closely with others," say the Vishers, who visited the Shanghai Mental Hospital and other facilities in October 1977.

"Literally, one is almost never alone in China," they continue. "Crowds are everywhere, and large families live in cramped quarters like the two-bedroom, bath and kitchen apartment we saw in Shanghai that housed seven occupants who ranged from a 3-year-old child to an 82-year-old father-in-law."

Masserman reports that "most of China's farmers continue to live in dark mud huts without electricity or plumbing. City streets teem with wall-to-wall humanity... scarcely better housed despite a flurry of building drab, two-room high-rise apartments."

And, at least by Western standards, the picture of life at work is not much brighter, according to the psychiatrists. "One holds

his job for life and has little or no opportunity for change in either position or geographic location," say the Vishers. Masserman adds that "many of the factories we visited could be regarded as turn-of-the-century sweatshops in which men and women spend eight or nine hours a day, six days a week in stereotyped tasks at outmoded machines. There are no set vacations other than six days per year."

And while crowding appears to be a way of life in China, "closeness between men and women, even in marriage, does not seem to be the norm," the Vishers report. The government sometimes separates couples through geographically separate job assignments, they say, and "the changed status of women, virtually all of whom work outside the home in neighborhood workshops or state factories from the time they graduate from middle school until they retire at age 50, may cause some stress."

Despite the official disavowal of depression and other stress-related problems, China has instituted small (15-to-20-person) neighborhood groups to deal with, among other things, day-to-day interpersonal conflicts and job or home problems. The groups also focus for two to three hours a week on the latest principles of the Central Committee in Peking and the works of Marx, Lenin and Chairman Mao.

"The discussion at these meetings often takes the form of 'criticism-self-criticism' sessions, which ... apparently are very much like leaderless encounter or therapy groups," the Vishers say. "The criticism is



the Chinese approach to serious psychoses contrasts most with that of the Western world. The hospitals visited by U.S. groups, though clean and well lighted, "were generally old, under-equipped and crowded by American standards," says Masserman. The Vishers compare Chinese

stimulation over painful joints.

Masserman says he also observed "a weak laser beam directed for 20 minutes to the left earlobes of patients for the treatment of hallucinations. Electroconvulsive therapy is employed occasionally for agitated states, but cerebrosurgery [psychosurgery] is permitted only for behavior disorders directly attributable to detectable brain [injuries], hemorrhages or tumors."

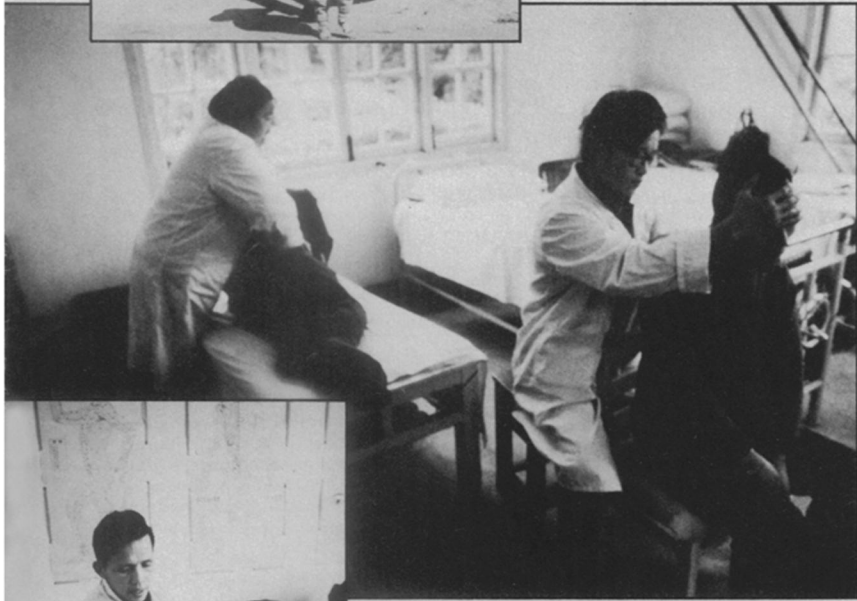
All of this takes place against a backdrop of a communism-inspired battle against psychosis. "The patients are said to come to understand the reasons for their psychosis, which is seen as 'subjectiveness and one-sidedness,'" say the Vishers. "The doctors believe that patients have arrived at wrong conclusions because they have not made thorough investigations" into their illness. In-hospital classes are held, where the patients study Chairman Mao's philosophical works and articles on how to handle "the contradictions among the people," or interpersonal difficulties.

The Chinese feel that patients, even if they aren't fully recovered, may be harmed by too much hospitalization; psychotic patients are institutionalized an average of 60 to 90 days, according to Masserman. The cost of inpatient psychiatric care — now the equivalent of about \$100 a month — is covered by the patient's farm or factory commune, with small contributions taken out of the patient's continued salary for food and other incidentals.

Chinese rhetoric stresses "prevention" in mental health and medicine in general. And according to the two visiting U.S. groups, that philosophy already seems to have reaped benefits. "China's greatest asset seems to be her children," Masserman says. "Wherever we encountered them in nurseries, schools, playgrounds or in the street, they appeared clean, healthy, well dressed and delightfully spontaneous, unabashedly talented in song, dance and other artistic expression, and so friendly as to elicit instant empathy and transcultural affection."

And, at least on the surface, that picture seems to be reflected in the hospitals and clinics. Although, "most of the patients we saw were young," say the Vishers, "there were no children; we were told there is no need for children's psychiatric facilities any longer.

"Shared goals, values and aspirations reduce the need to choose from among a variety of beliefs and lifestyles, but other personal, political and cultural stresses apparently exist and result in emotional conflicts and symptoms for a number of individuals," they continue. "However, the Chinese social experiment has resulted in an improvement in the quality of life for the vast majority of Chinese people. Great progress has been made to provide all of the people with food, clothing, shelter, education and low-cost or free medical care." □



A young commune member helps his father with community chores (top).



Acupressure, as well as acupuncture, is applied to psychiatric patients for "psychosomatic" complaints such as ulcers and migraines.

institutions to "our large state hospitals of 15 or 20 years ago."

They also note that "psychiatry is considered a minor development within general medicine" in China, and doctors who elect to specialize in psychiatry are required to undertake just one week of psychiatric training following their three years in medical school.

Any illusions that Chinese psychiatric hospitals are merely carbon copies of earlier American institutions, however, are dispelled by the variety of treatments employed by Chinese psychiatrists. While standard antischizophrenic drugs are used, in doses comparable to those prescribed in the United States, Chinese physicians also employ:

- Acupuncture — Needles carrying varying levels of electrical voltage are used in conjunction with drugs. According to Masserman, needles are inserted at specific points for specific conditions: "... two centimeters in front of each ear canal for phobias; at the temples for ruminative states and at the mandibular joints and vortex for schizophrenia." As symptoms improve, acupuncture voltages are lowered and treatment frequency is reduced, say the Vishers.

- Herbal pharmacology — Extracts from up to 1,000 herbs or plants are administered orally or by injection. "An herb called moalin is considered an especially effective nonaddictive hypnotic," Masserman says. Also used for "psychotic restlessness" are herbal skin plasters, "moxibustion" (heating the acupuncture needle with burning wads of smoking incense) and "cupping," which involves external

often very direct and the person criticized is expected to respond with a frank confession of negative actions or thoughts that may have in some way contributed to the difficulties being discussed. There is much group pressure to conform to expected norms and to change deviant behavior and thoughts. A Chinese person is a member of a group first and an individual second."

While the Vishers suggest that such group pressures may in themselves cause emotional stress, "the group can also offer a supportive and even therapeutic situation. ... Neighbors and fellow workers do not stand aloof from the individual in trouble—as long as the individual accepts the group's guidance and conforms to the group ethic."

In addition, once patients are released from psychiatric institutions, they receive intensive follow-up care at outpatient clinics staffed with nurses, technicians and trained "barefoot" medical emissaries. "The follow-up and community care," Masserman says bluntly, "is not as well-developed in the United States as it is in China."

But it is in the psychiatric hospitals that