

Chapter 3

Psychiatry in Republican China



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Abstract The present study examines the evolution of the discipline of psychiatry in Republican China. First, at a time when a unified medical education system was lacking and when the country was subject to competing foreign interests, different schools of psychiatry co-existed, and the development of psychiatry was uneven in this enormous country. Whilst the American-influenced Peking Union Medical College stood out as the catalyst of neuropsychiatric teaching, given its emphasis on building psychiatric hospitals as centres of mental hygiene networks, the international city of Shanghai provided an environment in which European, American and local Chinese forces competed in defining and managing mental illness. Second, the study traces the multiple roles of psychiatrists and other health professionals as developers of medical science, providers of mental health services and experts of modern technologies of the self. Despite very limited resources, Chinese psychiatrists and other health professionals conducted a variety of psychiatric, psychological and sociological studies. Outside the confines of mental institutions, they also disseminated modern technologies of the self, eagerly transforming madness into a manageable psychological, sociological and behavioural problem. Nevertheless, different health models and social groups still played crucial roles in defining madness and in providing mental health services in various ways. Finally, given that many diverse ideas of psychiatry and mental health took root in China in the first half of the twentieth century, the chapter argues that there was continuity rather than abrupt change in psychiatry between the Republican and socialist periods.

Keywords History of psychiatry · Republican China · Mental health

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Condition of Madness and Mental Health in General

In the first half of the twentieth century, the conception and regulation of madness in China involved an array of social groups. As in the late imperial period, madness was largely associated with deviance, crimes and threats to the social order (Ng 1990). Newspapers, police records and psychiatric case files repeatedly recorded cases of disturbances and damages caused by mad people to their families, communities and the society at large (Baum 2018a, b; Wang 2017b). In an era where medical and institutional support was scarce and fragmented, the responsibility of regulating madness was mainly in the hands of families and local communities.

The multiple health models available during the Republican period (1912–1949) provided diverse ways of managing and conceptualising madness. The family of the mentally unsound, especially from rural areas, often turned to *wise women*, Taoist priests and folk healers for help given the long-standing relationship amongst madness, karma and possession as ingrained in the local culture (Lyman 1937; Wei 1936). With its holistic approach, traditional Chinese medicine does not clearly distinguish mental, physical and behavioural illnesses from one another. Medicinal decoctions were the most preferred and adopted therapy in this most popular form of health model (Simonis 2014). Patent medicines claiming to be effective against “brain diseases” (腦病, *nao bing*) and neurasthenia were frequently advertised in the newspapers (Wang 2016). Those people living in or nearby large cities and those coming from higher educational backgrounds gradually came to regard madness as a form of mental illness, the treatment of which depended on the availability of modern biomedical therapies (Shapiro 1995). Nonetheless, due to their scarcity, Western medicine and neuropsychiatry were not considered top choices for Chinese people in general (Baum 2018a).

Uneven Development of Psychiatry

The development of modern psychiatry during the Republican period was subject to the interplay amongst several social and political forces. During a period in which medical resources and government support were limited and mental illnesses were highly stigmatised, psychiatry was extremely underdeveloped as a medical discipline (Bowman 1948; Lyman 1937; Pearson 1991). Even into the late 1940s, departments of neuropsychiatry could only be found in universities and medical colleges based in cities such as Beijing, Shanghai, Changsha, Guangzhou, Chengdu and Nanjing, and psychiatry was not a favourite subject amongst medical students. In contrast to Japan (Suzuki 2003) where laws for the mentally ill were enacted in 1900 and 1919, no national plan for the treatment and management of mental patients was in place in Republican China. Psychiatric hospitals and asylums, the number of which was disproportionately small for the country’s population size, were built by local governments, foreign missionaries, philanthropic organisations

or entrepreneur social elites within or near large cities. Before the founding of the People's Republic of China in 1949, less than 1000 hospital beds were available in the entire country (Cheng 1948b). Accordingly, families, local communities and members of the medical community continuously called for the building of additional mental institutions throughout the country (Wang 1920).

Just as China was politically divided into “spheres of influence” since the late Qing dynasty, the development of psychiatry was subject to different types of foreign influence in the first half of the twentieth century (Wang 2016; Wu 2019). Both the John G. Kerr Refuge for the Insane, which was the first psychiatric asylum in the country, and the Elizabeth Blake Hospital, which was the first Western hospital with departments dedicated to neurology and psychiatry, were built by American missionaries in Guangzhou and Suzhou, respectively, in the late nineteenth century (Lyman 1937; Szto 2002), although the influence of these institutions and their medical staff on the dissemination of psychiatric findings to the Chinese society is yet to be determined. Additionally, notwithstanding that the John G. Kerr Refuge for the Insane has been credited as the first modern mental institution in China, its founding at the end of the nineteenth century can be seen as a product of the age of asylums, with its emphasis on the rational regulation of patients and their daily activities. In the first decades of the twentieth century, the international city of Shanghai provided an environment in which European, American and local Chinese forces competed in defining and managing mental illness. Mental institutions with different purposes, therapeutic philosophies and sizes co-existed at the time. Starting from the early 1930s, departments of neuropsychiatry were established at several universities and hospitals in this city, including the National Medical College of Shanghai, St. John's University, Women's Christian Medical College and Red Cross Hospital (Wang 2019; Westbrook 1953). Under the auspices of the Rockefeller Foundation, the Peking Union Medical College (PUMC) followed the Johns Hopkins model, and its Department of Neuropsychiatry served as a training centre for psychiatric personnel in China since the 1920s (Baum 2018b; Pearson 2014; Shapiro 1995). The Peiping Municipal Asylum for the Insane, which had been under the control of the Police Department, was remodelled into a psychopathic hospital in 1933 to serve as an instructional site for PUMC students (Fan 2013).

Insofar as many Chinese elites went to Japan—regarded at the time as a main source of modern scientific knowledge in East Asia—to receive medical training since the late Qing dynasty, Japanese and German psychiatric ideas were being widely circulated in newspapers and magazines during the first half of the Republican era, on matters such as the importance of eugenics and the negative impacts of hereditary predisposition, social pathologies and masturbation. The exact number of Chinese medical doctors trained in Japan and later specialised in neuropsychiatry is nevertheless hard to determine. In terms of institutions, with increasing Japanese influence in Manchuria (or the three provinces of northeast China), mental hospitals and teaching facilities were established and under the control of the Japanese. The Dairen Seiai Hospital and the South Manchurian Medical College also became hubs for colonial psychiatric studies, including the problems of mass migration and acclimatisation (Matsumura 2010). Additionally, the Russians established mental

hospitals and mental wards respectively in Harbin, Shenyang (then Mukden) and Shanghai (Lyman 1937; Westbrook 1953).

Chinese psychiatrists were also keen to promote their profession. The majority of psychiatrists practising during the Republican era and early socialist period were under American or European influence, and some went abroad for studies. Psychiatric facilities, regardless of their origins, in large cities such as Beijing, Shanghai, Guangzhou and Changsha, became important places where limited mental health services could be provided. Whilst most of these Chinese psychiatrists stayed in Japanese-occupied territories after the breakout of the second Sino-Japanese War in 1937, psychiatrists and medical psychologists, including Cheng Yu-Ling and Ting Tsan, relocated to cities in rear areas, such as Chengdu and Chungking, and introduced psychiatric ideas to the remote parts of the country (Wang and Huang 2019). After the end of the World War II and at the height of the Chinese Civil War, the late 1940s saw a brief boom of initiatives. A psychiatric hospital was built in the capital city of Nanjing by the Ministry of Health in 1947 with the help of the World Health Organization. The newly repatriated Cheng Yu-Ling headed the hospital, and a group of well-trained and experienced psychiatrists, medical psychologists and social workers joined in to form a comprehensive team. Although short-lived, a mental hygiene plan drawn up by Cheng shows how Western-trained psychiatrists and other health professionals envisioned the future of mental health for the war-torn country with the help of foreign experts (Bowman 1948; Chen 1997; Cheng 1948b; Liu 1948). The Nanjing Psychopathic Hospital would later become another important site for psychiatric training for decades to come. Only months before the Communist party took power, psychiatrist Suh Tseng-Hua and lay psychologist Huang Chia-Yin (1949) from Shanghai proposed a similar but grander plan, which involved the training of psychiatric professionals and auxiliary workers, the building of various kinds of mental health facilities, the production of psychiatric medications and equipment and the promotion of psychiatric education.

Considering its prominence during the Republican era, the Department of Neuropsychiatry of the PUMC warrants further discussion. With the support of the Rockefeller Foundation, Andrew H. Woods served as the first head of the Neurology and Psychiatry Department of the PUMC in 1920 (Baum 2018b, 118–119; Zhen 2008). Although Woods and his successor, Richard S. Lyman, were both trained as neurologists and several of their former Chinese students later turned to neurological studies (Li and Schmiedebach 2015; Lyman 1935; Woods 1929), the PUMC became the most important place for developing psychiatry and promoting mental hygiene in China. Woods (1920, 1921, 1923) underscored the necessity of training psychiatric professionals, establishing psychiatric teaching in medical schools and building institutions for the insane and mentally defective people of China. Lyman, a disciple of the then leader of American psychiatry, Adolf Meyer, closely followed his mentor's psychobiology and developed a sociological and psychodynamic approach to studying the mental illnesses and personality formation of the Chinese during his years in Beijing from 1932 to 1937 (Lyman 1938; Rose 2012; Wang 2016). This trend was coupled with the contemporary growth of a mental hygiene

movement in the country and its focus on social and environmental factors in mental health. Apart from routine psychiatric social work, mental hygiene work was experimented within local high schools and a factory in the late 1930s by medical psychologists and social workers from the PUMC (Wang 2016; Wang and Huang 2019). The interest of the PUMC in public health (Bu 2014, 2017) and mental illness prevention and the collaboration amongst different psychiatric personnel during the 1930s and 1940s resulted in the implementation of several models across different cities.

Whilst the PUMC dominated in Beijing and the reorganisation of its psychopathic institution was associated with the rise of a Nationalist government with a scientific vision (Baum 2018b), the development of psychiatry in Shanghai was highly dynamic and multidimensional. Two private hospitals for the Chinese, namely, the Chinese Public Sanatorium and the Shanghai Hospital for the Insane, and a couple of psychiatric wards for the city's foreign residents, namely, the Victoria Nursing Home and the Russian Orthodox Confraternity Hospital, existed prior the mid-1930s. Whilst the Vienna-trained neurologist Fanny G. Halpern was instrumental in establishing the Mercy Hospital and promoting neuropsychiatric education in several universities from the early 1930s, the PUMC- and Johns Hopkins-trained Suh Tseng-Hua taught at the National Shanghai Medical College and designed his own mental health network. For a time, Shanghai was the most vibrant site for developing mental hygiene in the whole country. The Committee on Mental Hygiene of Shanghai was established with the support of different social groups in June 1938 (Wang 2017a; Westbrook 1953). Tension nevertheless emerged amongst different schools of psychiatric thought (Wang 2016). Moreover, Suh and other social reformers in the city had different plans for mental hygiene. Whilst Suh focused on the training of psychiatric professionals, the International Women's Organisation, local Chinese communities and the social welfare department of the Chinese municipal government collaborated in providing mental health services to residents in the forms of mental hospitals, child guidance clinics and mental hygiene lectures (Wang 2019).

Psychiatrists and Their Multiple Roles

The history of psychiatry in China has attracted much research attention over the recent years (Chiang 2014). Some researchers have chronicled institutional or conceptual transformations (Li and Schmiedebach 2015; Pearson 2014), whereas others have adopted a sociohistorical approach in exploring the multiple functions of psychiatrists during a period of drastic social and political changes. Emily Baum (2018b) has argued that the concept of madness was “invented” by different social forces to meet their interests and needs; Wen-Ji Wang (2017b) has highlighted the importance of mental institutions as places in which the social, familial, moral and psychophysical orders were maintained by and negotiated amongst diverse social groups; and Harry Yi-Jui Wu (2019) has examined the “multiplicity” of psychiatry,

which he defined as comprising infrastructure, knowledge content and diverse social functions. The following section traces the roles of Chinese psychiatrists as developers of medical science, providers of mental health services and experts of modern technologies of the self.

Developers of Medical Science

Academic publications in the field of psychiatry during the Republican period illustrate the transformations in research interest. Whilst foreign medical doctors from the 1900s to 1920s often commented on psychiatric epidemiology, asylum management and treatment of the insane (McCartney 1927; Selden 1905, 1909, 1913; Woods 1929), psychiatry, starting from the 1920s, was gradually established as a medical subdiscipline associated with universities and medical colleges. This alliance produced studies of a different nature from the previous decades. As mentioned above, neuropsychiatrists in China during this period were largely neurologically inclined. For instance, amongst the 18 publications produced by the PUMC neuropsychiatry staff between October 1932 and October 1935, more than three-fourths focused on subjects relating to neurology, pathology and physiology. Suh Tseng-Hua worked on Walter's bromide test and examined the deficiency of the septum pellucidum, Hsu Ying-Kuei examined the effects of X-rays on the spinal cord and Cheng Yu-Lin studied lymphoepithelioma in the nervous system, spinal muscular atrophy and paralysis (Lyman 1935, 54–55). This focus on neurology was expected to persist until the 1950s and 1960s.

Considering that the PUMC Department of Neuropsychiatry adopted a multi-disciplinary approach, psychological and social studies were also conducted in the 1930s. Sociologists, psychologists and social workers collaborated with psychiatrists on a wide range of subjects, including personality, thoughts, verbal expressions of emotion, social and personal factors related to mental disorders and social and personality characteristics, to determine how patients adjusted to their environment after being discharged (Lyman 1935: 55; Lyman et al. 1939). For instance, in their sociological study of 300 mental patients from the PUMC, Chou Li-Chiu and Lu Yi-Chuang found that social factors were responsible for the outbreak of mental disorders in nearly all cases (Chou and Lu 1939). The Chicago-trained sociologist and lay psychoanalyst Dai Bingham also studied psychiatric cases from the PUMC to probe into the social formation of Chinese personality from a more theoretical perspective (Wang 2006). Similar developments occurred in other parts of the country, but with a lesser intensity.

Furthermore, the invention of what sociologist Andrew Scull (2015, 295–313) referred to as “desperate remedies” (e.g. malaria fever therapy, insulin shock therapy and electroconvulsive therapy) in Europe during the first decades of the twentieth century ushered in an atmosphere of optimism in the international psychiatric profession. China in the 1930s and 1940s also witnessed an increase in the number of studies on psychiatric treatments. Halpern's (1939) experiment on the insulin therapy of schizophrenics in the fall of 1936 started a trend in which this newly

introduced treatment was used by Chinese psychiatrists in various hospitals across the country. Clinical reports on the treatment of schizophrenia, epilepsy, general paresis and other disorders were also published during this period (Huang 1943; Hsia et al. 1945; Suh et al. 1941, 1942).

Providers of Mental Health Services

The aforementioned visions of scientific modernity and professional advancement were also manifested in the development of various institutions. With the support of different sectors of the society and contemporary therapeutic optimism, Chinese and foreign psychiatrists were both keen to transform, as Fanny Halpern put it, archaic “asylum-type” institutions into “real” hospitals for “mental diseases” (Anonymous 1935). According to Cheng Yu-Ling (1948b), in as much as psychiatric professionals were in great demand in China, a potential solution was to guarantee a close collaboration between psychopathic hospitals and medical colleges. For these rising experts of the human psyche, mental hospitals should not be places that incarcerated the incurable insane but modern establishments in which state-of-the-art research and treatments could be conducted and experimented with and where mental hygiene works, including social service work, child guidance clinics and psychiatric training programmes, could be implemented (Wang 2017b, 2019). This development in clinical psychiatry is consistent with some contemporary accounts (Anonymous 1943; Lo 1944).

As historians of psychiatry and madness in modern China have repeatedly observed, this modern medical profession nevertheless only played a minor role in the provision of mental health services during the Republican era. Mental patients were primarily cared for by their families and local communities—a trend which would continue until the end of the century, if not later (Pearson 1995; Yang 2017). Even the establishment and operation of psychiatric institutions in the first half of the twentieth century were principally products of the collaboration, negotiation and compromise amongst different social groups (Diamant 1993; Szto 2002). The Peiping Psychopathic Hospital in the 1930s served multiple social functions, namely, as a means to maintain social order and to advance modernity for the state, as a basis for developing modern psychiatry as a medical profession, as a place for managing intractable families and members of the general public and as a safe haven for those who were trying to escape from traditional family and social roles (Baum 2018b; Shapiro 1995, 2014). The founding of the Mercy Hospital in Shanghai in 1935 involved three municipal governments, local philanthropic and religious organisations, the National Medical College and its neuropsychiatric experts and the support of the local Chinese and foreign communities (Wang 2019; Westbrook 1953). In this sense, this study resonates with the recent historical studies that have emphasised that “the handling of the insane should be seen not as monolithic and monopolistic but as a mixed economy of care provision, with inputs from the private sector, charity and the state” (Porter 2003: 5).

It is noteworthy that, in spite of the efforts made by psychiatrists, auxiliary mental health professionals and other social groups, mental hospitals in Republican China were not favourably perceived by the society at large (Kisch 1936), which was not an uncommon phenomenon, considering that similar institutions in Western countries were often plagued by problems of overcrowding and inadequate facilities. Official documents from the Chinese Municipal Government of Shanghai also suggest that, in the mid-1940s, the Mercy Hospital was forced to accept an increasing number of incurable and violent patients sent by local communities and police departments (Wang 2017b).

Experts of the Technologies of the Self

Whilst the resources for psychiatric care were so limited that psychiatrists and other health professionals were unable to provide adequate services to the Republican society at large, they received much attention with the help of the country's burgeoning publishing industry and aspiring young reading population. As psychiatry stood on more solid ground, the latter half of the Republican period saw an increasing number of psychiatric and socio-psychological commentaries on various subjects, including psychiatric diseases (Hsia 1942; Wei 1936), mental hygiene (Cheng 1947b; Halpern 1947; Suh 1939), emotions (Suh 1946), child guidance (Kuei 1946; Lin 1937), sex education (Hsia 1947), marriage counselling (Cheng 1948a) and venereal diseases (Cheng 1947a).

Like-minded sociologists, psychologists and intellectual elites also used newspapers, magazines and popular lectures to further the cause of the mental hygiene movement and to promote a socio-psychological way of thinking. Popular magazines such as *Xifeng* (西風, West Wind Monthly), *Jia* (家, Home) and *Xizhonghua* (新中華, New China) became the powerful media through which mental hygiene ideas and technologies of the self could be experimented with (Blowers and Wang 2014; Wang 2011; Wang and Huang 2019; Zheng 2019). For instance, Ting Tsan, a medical psychologist who headed the Mental Hygiene Laboratory of the National Institute of Health in the 1940s, frequently lectured and wrote on mental hygiene with the view that a rational reconstruction of the country could be realised. The topics Ting discussed included father-son relationship, marriage guidance, psychological normality, neurasthenia, problem children, war orphans, youth's self-cultivation, racial discrimination, pride and inferiority and homosexuality (Wang and Huang 2019). By turning everyday social evils and personal troubles into psychological and psychiatric problems and by questioning the traditional moral values and rules of conduct, psychiatrists and their co-workers sought to demonstrate that their ailing and troubled nation was in great need of modern technologies of the self.

Conclusion

As a result of continuous social and political upheavals and lack of government support, psychiatry in Republican China was tremendously underdeveloped. However, this state of affairs was common in the contemporary non-Western world, including other East Asian societies. Although psychiatry flourished as an academic medical discipline in Japan in the first half of the twentieth century, this most modernised Asian nation as a whole continued its age-old tradition of leaving the responsibility of caring for the insane to family members and local communities (Suzuki 2003). Since China's resources were devoted to health issues that were seen as more important and urgent, psychiatry and psychiatric institutions remained at the margins of medicine and social interest, as in colonial Korea and Taiwan (Jin 2012; Wu and Cheng 2017; Yoo 2016). Instead of analysing those factors that led to the limited development of psychiatry in modern China, this study examines how the discipline evolved in a specific social and political environment.

The development of psychiatry and mental institutions in major Chinese cities during the Republican era was closely related to the professionalisation of modern medicine and the support of the local government. At a time when a unified medical education system was lacking and when the country was subject to competing foreign interests, different schools of psychiatry co-existed. The American-influenced PUMC nevertheless stood out as the catalyst of neuropsychiatric teaching given its emphasis on conducting neurological studies and building psychiatric hospitals as centres of mental hygiene networks. Outside the confines of mental institutions, psychiatrists and other auxiliary specialists spread the gospel of modern technologies of the self, eagerly transforming madness into manageable psychological, sociological and behavioural problems. However, different health models and social groups still played crucial roles in defining madness and in providing mental health services in various ways.

For the past decades, historians of psychiatry and madness in modern China have tended to focus on the process through which psychiatry evolved as a medical discipline or on the ways in which the meaning of madness was invented by or negotiated amongst different social forces. This chapter attempts to not only describe this dual process but also, by giving attention to its original context, portray psychiatry as a larger enterprise. Under both the influence of the international mental hygiene movement and a style of socio-psychological thinking, psychiatrists in the first half of the twentieth century were expected to work closely with psychologists, social workers and nurses. This idea also took root in Republican China. The cross-disciplinary collaboration not only made the work of preventing mental disorder more feasible in a country without sufficient resources, the psychiatric and psychological thinking was able to exert greater social influence through the mental health network and facilities which auxiliary health professionals helped to build. What historian Nancy Tomes (2008: 657) describes, in another context, as “a profusion of mental health facilities and practitioners” would continue its trend into the socialist China, as some veteran psychiatrists recalled in the 1990s (Chen 1997).

Finally, psychiatry in Republican China was often denigrated as a product of imperial and bourgeois influences during the early socialist period, and its history was largely deemed negligible afterwards (Kleinman 1986; Lee 2011; Lin and Eisenberg 1985). However, the development of this discipline in Republican China created centres for further development, and most Chinese psychiatrists introduced above—except for Cheng Yu-Lin, who eventually left for the USA via Taiwan—remained in the country after the founding of the PRC and would train generations of neurologists and psychiatrists to come (Xu 1995).

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