

PSYCHIATRY AND CHINESE HISTORY

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# CONTENTS

List of Contributors	ix
List of Figures	xiii
Introduction: Historicizing Chinese Psychiatry – <i>Howard Chiang</i>	1
Part I: Historical Precedents	
1 Exorcising Dreams and Nightmares in Late Ming China – <i>Brigid E. Vance</i>	17
2 Emotional Therapy and Talking Cures in Late Imperial China – <i>Hsiu-fen Chen</i>	37
3 Medicaments and Persuasion: Medical Therapies for Madness in Nineteenth-Century China – <i>Fabien Simonis</i>	55
Part II: Missionary Investments	
4 Psychiatric Space and Design Antecedents: The John G. Kerr Refuge for the Insane – <i>Peter Szto</i>	71
5 An Iron Cage of Civilization? Missionary Psychiatry, the Chinese Family and a Colonial Dialect of Enlightenment – <i>Zhiying Ma</i>	91
6 Tropical Neurasthenia or Oriental Nerves? White Breakdowns in China – <i>Wen-Ji Wang</i>	111
Part III: Biomedical Modernity	
7 Pathologizing Marriage: Neuropsychiatry and the Escape of Women in Early Twentieth-Century China – <i>Hugh Shapiro</i>	129
8 Gone with the <i>West Wind</i> : The Emergence and Disappearance of Psychotherapeutic Culture in China, 1936–68 – <i>Geoffrey Blowers</i> and <i>Shelley Wang Xuelai</i>	143
9 A Charted Epidemic of Trauma: Case Notes at the Psychiatric Department of National Taiwan University Hospital between 1946 and 1953 – <i>Harry Yi-Jui Wu</i>	161
Part IV: New Therapeutic Cultures	
10 The Emergence of the Psycho-Boom in Contemporary Urban China – <i>Hsuan-Ying Huang</i>	183
Afterword: Reframing Psychiatry in China – <i>Nancy N. Chen</i>	205
Notes	213
Index	261

# INTRODUCTION: HISTORICIZING CHINESE PSYCHIATRY

Howard Chiang

This collection of essays responds to the paucity of scholarship on the history of psychiatry and mental health in China.<sup>1</sup> Looking across developments in the early modern and modern periods, the essays focus on the diagnosis, treatment and broader socio-cultural implications of madness and mental illness. This volume brings together for the first time a cohort of scholars who have worked on this topic independently but have not had the opportunity to come together as a group to formulate a synthesis of their respective expertise. The coverage is not intended to be exhaustive, but its aim is to inspire further scholarly dialogue in this underexplored area of medical history and Chinese studies. Whereas the existing literature on the history of medicine in China tends to center on the health and diseased conditions of the body, this book offers a concise integration of recent works that, together, delineate a historical trajectory of the medicalization of the mind in China's shifting cultural and political contexts.<sup>2</sup>

This trajectory is neither linear nor unidirectional. As we will see, it is layered with competing meanings of key concepts such as madness, disorder, treatment and healing at different historical junctures; it has been shaped by various discourses as documented in a wide array of sources, from dream encyclopedias to case histories to missionary archives and from the patient records of neuropsychiatric wards to popular magazines to TV talk shows; above all, it has involved a diverse group of historical actors over time, including the literati elites and various classes of physicians in the late imperial period, missionary doctors and psychoanalysts in the late Qing–early Republican transition and Western psychiatrists, indigenous pioneers and licensed psychotherapists over the course of the twentieth century, not to mention the always changing profile of the sufferers of mental health problems. *Psychiatry and Chinese History* advances an integrative narrative about the convergences and competitions among these meanings, discourses and agents in the cultural history of China's psychiatric care.

## Historical Precedents

The first part of the book explores historical precedents of medical knowledge about human psychology in late imperial China. In the twentieth century, Sigmund Freud championed the idea that dreams provided ‘the “royal road” into the unconscious.’<sup>3</sup> The systematic study of dream and dreaming has since taken on a prominent role in the human sciences. At the dawn of the twenty-first century, psychiatrists have begun to promote a more collaborative framework that integrates neurobiological, cognitive scientific and psychoanalytic approaches to the medical understanding of dreams.<sup>4</sup> Given that such modern scientific interest owes significant intellectual debt to Western psychodynamic ideas, what can be said of dreams in non-Western and pre-modern societies? To address this question from a Chinese historical perspective, Chapter One turns to a 1636 compendium, *Meng lin xuan jie* 夢林玄解 [An Explication of the Profundities in the Forest of Dreams; hereafter *Forest of Dreams*], published in the late Ming dynasty (1368–1644). Brigid Vance argues that this 34-volume (1,278-page) tome, though not a ‘psychiatric’ text in the strictest sense of the term, can nonetheless be considered as an encyclopaedia of dream-related knowledge that predated the introduction of Western psychoanalysis in early twentieth-century China.<sup>5</sup> Indeed, *Forest of Dreams* not only catalogued nearly 5,000 dream-interpretation examples, it also offered its readers practical solutions for self-healing. Focusing on ‘Dream Exorcism’ (夢禳), the second of the four sections of the compendium, Vance analyzes the various treatment methods covered in *Forest of Dreams*, which differed in degree of complexity corresponding to the perceived degree of severity of the dreams and nightmares. The other sections are ‘Dream Prognostication’ (夢占), ‘Dream Origins’ (夢原) and ‘Manifestation of Dreams’ (夢徵). Presenting twenty five images of talismans (three of which are reproduced in this book) and accompanying incantations and advice, ‘Dream Exorcism’, according to Vance, ‘provided the vocabulary and tools to educate readers on how to view and treat dreams and nightmares; moreover, it disciplined readers, not only offering them a means to comprehend the world of dreams, but also the methods necessary to escape a world of nightmares.’<sup>6</sup> The section begins with general advice on sleeping and dreaming proscriptions, for which even the timing of the manufacture of a certain kind of pillow was crucial and it ends with the social therapeutic functions of talismanic image-templates. Therefore, while it might be inaccurate to approach *Forest of Dreams* as a pre-modern example of psychiatric knowledge about human dreaming behaviour, what the encyclopaedia ultimately resembles is a how-to medical text and a compilation of empirical knowledge on dreams. By establishing a sophisticated connection between the social sphere and the realm of human cognition, the compilers of this text drew on examples of social anxiety as experienced by emperors, civil service exam

candidates and even the authors themselves (who often felt anxious about the political situation of their countries). Based on these examples, the system of meaning that developed around invisible desires, anxieties, fears and nightmares made *Forest of Dreams* a unique precedent in exploring the correlation between dreams and health in Chinese history.

Whereas Vance focuses on dream-related knowledge and health practices, Hsiu-fen Chen looks at non-drug-based interventions in Chinese medicine. Despite the fact that herbal and pharmaceutical prescriptions prevailed in the history of Chinese medicine, Chapter Two presents a series of medical cases of emotional therapy, or ‘talking cures,’ from late medieval to the Ming-Qing periods. In fact, documentations of the relationship between human emotions and illness could be found as early as in the classic *Huangdi neijing* 黃帝內經 [Inner Canon of the Yellow Emperor; hereafter *Inner Canon*] (c. 1st century BC), which singled out anger (怒), joy (喜), pensiveness (思), worry (憂) and fear (恐) as the five major human emotions. Throughout the imperial period, the predominant medical worldview assigned a manipulative effect on the physical body to the imbalance of these five emotional states, primarily through the movements of *qi* (氣) in the viscera. The various illnesses resulting from an irregular emotional condition thus could be treated by following the principle of the mutual constraint/restraint of the emotions: ‘anger makes *qi* ascend; joy relaxes it; grief (悲) dissipates it; fear makes it descend; cold contracts it; heat makes it leak out; fright (驚) makes it chaotic; exhaustion consumes it; and pensiveness congeals it.’<sup>7</sup> This statement from the *Inner Canon* clearly indicates that the cause of sickness was never considered to be the emotions themselves, but the various abnormal configurations of *qi* induced by the emotional imbalance. By the late imperial period, Chinese physicians broadened the original ‘five intent’ (五志) concept to include two additional emotions – grief and fright – and referred to them as ‘seven emotions’ (七情).

Chen sheds light on the practical relevance of Chinese medical theories of emotion and how they were implemented in fifteen cases of emotional therapy from the Jin to the Qing dynasties. The physician Zhang Congzheng (張從正, 1156–1228) was not only the leading authority on the subject of his time, but also made a lasting impact on the ways in which subsequent doctors (including, most famously, the neo-Confucian scholar-physician Zhu Zhenheng 朱震亨) carried forward therapeutic approaches to emotional disorders that did not involve the more invasive method of drug intervention. Some physicians cured their patients without any emotional manipulation, as exemplified by the case in the *Shishan yian* 石山醫案 [Stone Mountain Medical Case Histories; 1519] where a governor of nobility was relieved of his distressed condition simply by being told that one day it would rain (his sickness was diagnosed as the result of his worry about the ongoing drought). More often, doctors went beyond a

simple reliance on the medical doctrine of the mutual effect of emotions and treated their patients by inducing certain emotions that would counteract their irregular emotional (and physical) state. Above all, Chen's chapter shows that a successful emotional therapy always depended on a close relationship between the healer, the patient and the patient's family. After all, attending to the patient's family background, immediate surroundings and recent history has always been a crucial aspect of clinical encounter. The relative success of 'talking cures' among emotionally disturbed patients contributed to their minor popularity in early modern China. Although the preferred method of treatment throughout imperial Chinese medicine was drug therapy, scattered accounts in the historical record indicate that some physicians were more willing than others to entertain therapeutic approaches aimed at altering one's psychological character.

Yet even in the more invasive therapies that involved drug treatment, as Chapter Three on medical therapies for madness in nineteenth-century China suggests, communication with the insane patient and the patient's relatives remained a central element of clinical care. To tap into the broader history of psycho-behavioral pathology in Chinese medicine, Fabien Simonis draws on the case of Mr. Bao as recorded under the section on *diankuang* (癲狂) in *Wu Jutong yì'ān* [Wu Jutong's Medical Case Files], which was published posthumously in 1916. Wu (1758–1836) was the last among a hundred or so doctors called in to cure Bao's madness. In line with the dominant approach of his contemporaries, Wu began by commenting on the association of emotions with insanity in Bao's case: namely, Bao 'had first become ill because his achievements did not follow his ambitions'. This attribution of insanity to social disappointments emerged in the sixteenth century among physicians of the Jiangnan region, the centre of late imperial Chinese culture where a large number of men were frustrated by the growing difficulty in securing a post in the central bureaucracy through the civil service exam system. The Chinese terms that bore the closest meaning to Western notions of madness and insanity were *dian* and *kuang* and their association with emotions (*dian* with joy and *kuang* with anger) appeared as early as in the eighth century. This formulation was later approved in the twelfth century by medical writers like Liu Wansu and relayed again by the notorious neo-Confucian scholar Zhu Zhenheng, whose writings made a lasting influence on Chinese doctors through the mid-sixteenth century. Upholders of Zhu's doctrines understood human emotions to be the products of inner Fire, which was in accordance with the depiction of emotions in the *Inner Canon*, but by the late Ming period, they began to address the need of distinguishing *dian* from *kuang* in light of the two concepts' epistemic affinity over the centuries.

Whereas most of the cases described in Chapter Two involve a type of therapeutic intervention that targeted mainly emotions without direct drug therapy, Wu's approach focused on the physical and organic bases of Bao's insanity. His

diagnosis and treatment method often followed the theories of the Warm-factor school, of which he was an important proponent. Unlike Bao's earlier healers, most of whom had prescribed replenishing drugs, Wu gave Bao a potent purgative that eliminated the excess inner Fire caused by his career disappointments. However, the added persuasion and efficacy of Wu's treatment came from the fact he did not stop at the level of organic intervention; rather, similar to the doctors who subscribed to emotional therapy discussed in Chen's chapter, Wu Tang attended to the personal roots of his patient's suffering. Specifically, in Bao's case, Wu reinstated Bao into a meaningful social role after the purgative treatment, highlighting the importance of exhortation and persuasion in effecting a cure. As Simonis correctly points out, it would be ahistorical to identify Wu's approach as evidence of psychiatry in early nineteenth-century China. Despite their historically situated differences (most notably, the absence of institutional bodies like asylums for the insane in China), both Chinese medicine's clinical hybridity – as exemplified by Wu Tang's use of both purgative drugs and dialogues – and the various combinations of biological and psychodynamic approaches that characterize modern psychiatric care share a remarkable interest and approach in treating those acts and people that specialists of both disciplines considered mad. In late imperial China, Simonis concludes, physicians understood insanity as chiefly a behavioural disorder that was usually attributed to dysfunctions of the Heart, the command centre of mental activities.

### Missionary Investments

Although indigenous Chinese doctors paid careful attention to emotional or mental disorders, the idea of developing an independent medical facility for the treatment (if not confinement) of mad people never gained footing in China until the late nineteenth century. As Peter Szto explains in Chapter Four, this is because Confucian morality placed the care of mad individuals within the realm of familial responsibility. This particular form of kinship-clan obligation made the social tolerance of the insane a community-based duty rather than a physician-centered obligation. The situation began to change with the influx of American Protestant missionaries, especially Dr. John Kerr who arrived in Canton in 1853 under the aegis of the American Presbyterian Board of Foreign Missions. Kerr brought with him new ideas of salvation, social order and insanity. He believed that the care of the insane went beyond the sphere of the family and fell within the proper role of social structures, such as the government, the economy and religion, which would in turn help support and sustain psychiatric practice.

Although nascent forms of psychiatric space first emerged in medieval Europe, the sources of Kerr's plans for developing an asylum in China came from three mental hospitals established in Philadelphia between the mid-eighteenth



and the mid-nineteenth centuries. Kerr learned from the experience of the Pennsylvania Hospital, America's first private medical facility founded by Benjamin Franklin in 1755, the necessity to distinguish purely mental from medical cases and, by extension, the value of a separate space for mad patients. He shared a similar moral framework with the founder of the Friends Hospital, America's first private, non-profit and faith-based asylum built in 1817, in designing a small and intimate space that would be congenial for retreating from the exigencies and harshness of modern society. He also took from the experience of the Pennsylvania Hospital for the Insane, Philadelphia's second private insane asylum established in 1841, the significance of synthesizing architectural design with modern medicine so that the buildings themselves carried curative function.

In China, Kerr was initially alarmed by the number of insane patients who visited the Canton Medical Hospital (the Guangzhou Boji Hospital where he succeeded Peter Parker as the superintendent) for medical treatment. When he first presented the idea of building a separate space for this type of patients in 1872, the American Presbyterian Board of Foreign Missions unhesitatingly rejected him on the basis that lunatic care did not fit the overall aim of its work in China. But this did not deter Kerr. Instead, he devoted the next two decades to the planning and development of the first Chinese asylum, the John G. Kerr Refuge for the Insane, which was erected in the Fong Tsuen suburb of Canton in 1891. His vision clearly embodied the value-system that underpinned the earlier American asylums: 'With kind and careful attention, comfortable surroundings, good food and out-door exercise, the change from the treatment and influences of heathen relatives will have a beneficial effect and will be sufficient in some cases to result in cure'<sup>8</sup> Due to its geocultural location on the southern border of Chinese society, Canton proved to be an enabling place for Kerr and eventually his successor Charles Selden, to inherit the legacy of American asylum designs and adapt them in a radically different cultural context.<sup>9</sup>

The legacy of Kerr's insane asylum came from beyond the American roots of its infrastructural designs. Drawing on missionary correspondences, the annual reports and staff memoirs of the Kerr Refuge and major medical publications such as *The China Medical Journal*, Chapter Five shows that 'the Chinese family' emerged in this period as a pivotal category for missionary doctors' understanding of the aetiologies of insanity, legitimization of psychiatric segregation and representation of the essence of Chinese culture. From the 1890s to the 1920s, when the Kerr Refuge was closed down due to a labour strike, missionary psychiatrists embarked on a humanitarian project that aimed to unchain the mad from domestic confinement. Their depiction of the Chinese family as the antithesis of modernity and a cultural indicator of China's lagging behindness squarely placed the suffering insane within a universal category of human nature hidden behind abnormality. Despite their demarcation of the humanitarian refuge from the

superstitious household, turn-of-the-twentieth-century missionary physicians borrowed from at the same time that they criticized Chinese wisdoms. The most striking example is the resemblance between the pig basket that the natives used to transport patients to the Refuge and the wire restraining equipment that the Refuge staff devised as a tool of patient restraint.<sup>10</sup> In other words, the plasticity of the meaning of the Chinese family made it as much a resource for psychiatric innovation as a source of condemnation in Western missionary interventions.

By the 1920s, the critique of the Chinese family as 'an iron cage' became a dominant trope that reverberated across the country and circulated widely in the West. In 1913, the concept of heredity appeared for the first time in the publications from the Kerr Refuge, anchoring the development of a nascent eugenics discourse that, again, challenged Chinese family customs. Middle-class families, especially those wealthy enough for early marriage and polygamy, were construed as units of social reproduction that worsened the propagation of unfavourable hereditary conditions. Similarly, the mental hygiene campaigns promoted ideas about the correlation between feeble-mindedness, on the one hand, and crime, prostitution and the spread of venereal diseases, on the other. Building on these visions, missionary psychiatrists subsequently used psychoanalysis to uncover the pathogenic dynamics of the Chinese family. Through and through, the Chinese concubinage system sat at the centre of psychiatric criticism, emanating from the proclaimed emancipatory rhetoric of saving the drowned concubine as well as the eugenics discourse that urged the patriarch to govern the concubine's sexual impurity. In this context, the analytically oriented physicians adopted new techniques of clinical intervention, such as therapeutic conversation and social service investigation, which would remain central to Chinese psychiatric practice throughout the twentieth century.

Meanwhile, missionary activities in China themselves turned into an area of medical anxiety and intervention. In the early twentieth century, psychiatrists in Europe and America paid increasing attention to a condition suffered by missionaries and other Westerners in China known as tropical neurasthenia. Chapter Six uses the writings of the American psychiatrist James Lincoln McCartney (1898–1969) to delineate the broader historical patterns of psychiatric thought on this disorder across chronological and colonial contexts. Whereas the medical views of tropical neurasthenia and other illnesses in the tropics of colonial Australia, Africa, Southeast Asia and Taiwan played an important role in reshaping colonial identity and reinforcing racial difference, Wen-Ji Wang suggests that psychiatric discussions of tropical neurasthenia in Republican China not only changed over time, but their infrequency and unevenness were indicative of China's unique informal colonial status.

In the 1910s and 1920s, Freudian psychoanalysis began to dominate colonial discourses of mental disorder.<sup>11</sup> Warwick Anderson has shown that around

this time, a transformation occurred in colonial doctors' theoretical preference towards Freudian theory of sexuality and psychical conflict.<sup>12</sup> Wang observes a similar shift from climatic to psychogenic models of etiological explanation in China. McCartney, in particular, held psychoanalysis as the key to explain away the often presumed connection between climatic difference and tropical neurasthenia, especially given the vast size of the Chinese continent where climate differed by region but throughout which nervous conditions were present.

Unlike medical experts in other colonial contexts, McCartney's descriptions of China did not feature the Orientalist and derogatory overtones that permeated most Western understandings of tropical diseases. Rather than attributing the causes of tropical neurasthenia to China's climate, he explained this particular condition by way of the weak will and unstable personalities of the occidentals living in China: 'The foreign customs and habits may be the factors that bring on the neurosis, but they are not the *cause* of the neurosis – the *cause* lies within the individual, the difficult situation being at most a precipitating factor'.<sup>13</sup> He added that those who had commanded the native language seldom developed oriental nerves while living in China. Missionaries in China were 'morbid' due to their troubled internal psyche (not environmental pressure from the climate of the tropical regions); similarly, Chinese people's insatiable appetite for the classics fixed their libido at 'the level of narcissism.' Throughout the 1920s and 1930s, McCartney promoted the universal efficacy of psychoanalytic treatment as the key to understanding the psychopathology of everyday life. It was only during the Second World War, in 1943 more specifically, that McCartney began to retreat to a more general climate-based model for explaining tropical psychoneurosis, claiming that any blond American soldier (not just those with questionable characters) would be vulnerable to the diseases of the tropics.

### Biomedical Modernity

The impact of missionary activities grew deeper into China's hinterland as the Qing dynasty began to lose its grip. Amidst the imperium's disintegration, public intellectuals and cultural critics often construed Confucian values as traditional, backward and out of time and place. The lagging 'behindness' of Chinese culture became a growing social concern that culminated in the May Fourth movement throughout the second half of the 1910s and 1920s. This was a period that some historians have dubbed the 'Chinese Enlightenment', a label that conveyed an overwhelming iconoclastic preoccupation with scientific modernity in overlapping corners of Chinese society.<sup>14</sup> Gender equality, meanwhile, acquired a national urgency for the first time, as powerfully manifested through the unprecedented anti-footbinding, feminist and education reform movements.<sup>15</sup> These socio-political transformations both initiated and captured the changing

meanings of marriage, family and the relations between men and women.<sup>16</sup> Free love, psychoanalytic concepts and individual desire defined the new parameters of China's sexual landscape.<sup>17</sup> In the medical realm, the transmission of Western biomedicine now departed from its strict correlation with missionary activities, as was the case in the late Qing period and took considerable institutional roots in urban China under the aegis of American philanthropic organizations such as the Rockefeller Foundation.<sup>18</sup> Drawing on the patient records of the Shanghai Special Hospital for the Insane (*Shanghai fengdian zhuanmen yiyuan* 上海瘋癲專門醫院) and the Peking Union Medical College (*Xiehe yiyuan* 協和醫院; hereafter PUMC), Hugh Shapiro explores in Chapter Seven the parallel changes in cultural and biomedical modernity as revealed in the shifting etiological significance of women's madness in the early Republican period.

In providing women a new opportunity to escape from their marriages, psychiatric hospitals redefined the relation between gender and madness specifically, but also the broader cultural norms of the intimate sphere, including family life. In Shanghai, married women turned to psychiatric experts to relieve the various kinds of pressure that they endured in patrilineal households: marital discord, husband taking concubine, husband having an extramarital affair, conflict with family, lack of inheritance, husband disappearance and sense of failing in domestic role. In Beijing, the city's psychopathic asylum was integrated into the responsibility of the PUMC neuropsychiatric ward under the directorship of Richard S. Lyman in the 1930s. This enabled some patients to calibrate their responses to doctors' questions or modified their behaviour in order to prolong their stay in the ward and to avoid what awaited them outside. In Shapiro's words, 'during the 1930s, downwardly mobile patients, often detained or arrested by the police, some fleeing violence, others poverty, were transported from the asylum to the PUMC'. While Republican-era mental hospitals defined women as the cultural agents of a new era by offering them a distinct refuge from their natal and marital families, this was underpinned by a deeper transformation in the doctors' vision of female mental health problems: a new style of medical reasoning rooted in women's home environment, family life and socially compromised status, rather than menstrual disorders, phlegm accumulations, or emotional disturbances.<sup>19</sup>

Psychological health did not emerge only as a serious concern in the confines of psychiatric wards, but its very idea soon sunk into popular culture. Although well-funded mental hospitals in Shanghai and Beijing provided a concrete institutional basis for the development of Western psychiatry in China, it was the monthly magazine, *Xi Feng* 西風 [West Wind], that considerably enhanced the publicity surrounding psychotherapeutic theories and practices in the second third of the twentieth century. As Wen-Ji Wang has already demonstrated, the articles and editorials featured in *West Wind* and its supplement played a vital

role in introducing foreign ideas about mental hygiene to Chinese readers in the 1930s.<sup>20</sup> In Chapter Eight, Geoffrey Blowers and Shelley Wang explore the emergence and abeyance of the popularity of psychotherapy through the prism of the biographies of major mental health experts associated with *West Wind*. Above all, their chapter highlights an important historical transition around the mid-century: the initial activities in the publishing industry that promoted a psychotherapeutic culture were concentrated in Beijing, Shanghai and Nanjing, but they were later disseminated to Chongqing, the centre of scientific research to which major institutions, universities and scholars migrated during the period of Japanese invasion (1937–45).

Between the mid-1930s and the late 1960s, the career trajectories of key affiliates of *West Wind* reflected the social patterns whereby psychology and psychotherapy underwent major transformations in mainland China. The chief editor and publisher of *West Wind*, Huang Jiayin (黄嘉音, 1913–61), for example, founded the magazine in 1936 and, from that point on, the serial joined an entire cast of monthly magazines that brought overseas intellectual trends to the forefront of Chinese mass culture, including *Oriental Magazine* (东方), *New Youth* (新青年) and *Psyche* (心理), the first Chinese journal devoted to psychological themes. In addition to publishing texts on abnormal psychology and developmental psychology throughout this period, Huang was the deputy director of the Shanghai Mental Health Promotion Association and a member of the Chinese Mental Hygiene Society.

The readership of *West Wind* attracted a new generation of medical doctors educated abroad or at the PUMC. Notable among them were the psychiatrists Su Zonghua (粟宗华, 1904–70), Ding Tsan (丁贇, 1910–68) and Cheng Yu-lin (程玉麟, 1905–93). Su graduated from and then worked at Shanghai Medical College and followed Richard Lyman to PUMC. In 1935, he went to the United States to specialize in neuropsychiatry at Johns Hopkins University and later Harvard University. After returning to China, he opened the Hongqiao Psychiatric Rehabilitation Hospital in Shanghai in 1944 and ran it until 1954. Ding began working in the department of psychiatry and neurology at PUMC in 1936 and was trained in psychoanalysis by Bingham Dai (Dai Bingheung), the first psychoanalytically trained Chinese psychotherapist who was invited by Lyman to supervise psychotherapy at both the Peking Municipal Psychopathic Hospital and PUMC. Ding went on to set up an experimental lab and a mental health division in Central Health Experimental College (which became the Chinese Psychological Institute after 1949), relocated with the Nationalist government to carry out his work on children's behavioural disorders in Chongqing during WWII and turned into a pioneer of medical psychology by introducing the concept of psychosomatic medicine to China. Cheng set up in Nanjing the first public psychiatric hospital in China in 1947 and invited Ding to direct

its psychological unit. This unprecedented public hospital was attached to the Nanjing Central Hospital, which was later funded by the World Health Organization and the United Nations Relief and Rehabilitation Administration. As loyal contributors to *West Wind*, this group of psychiatrists enhanced the magazine's prestige, according to Blowers and Wang, 'as it moved from being initially a vehicle showcasing in translation articles of mental health conceived and written abroad, to articles written by Chinese scholars and practitioners about a variety of problems confronting the population – as well as non-specialists with an interest in these problems to voice their concerns.'

By the early PRC period, these pioneers faced escalated difficulty in trying to sustain their activities. The political orthodox of the new communist regime defined mental health policy in ways that were in serious conflict with individualized psychotherapy. The ideological turn to Russia brought forth a condemnation of many of the assumptions upon which the interventions of these earlier advocates were predicated. Their effort in maintaining their vision and practice proved fatal in the case of Huang Jianyin, detrimental to the professional and disciplinary development of Ding Tsan and inoculative for a serious loss of prestige in the case of Su Zonghua and for forcing Cheng Yulin, along with many other intellectuals and professionals, to flee to Taiwan with Chiang Kai-shek's Nationalist regime. The Chinese Mental Hygiene Society, for instance, was originally founded in Shanghai in 1936, but was re-established in Taiwan in 1955.<sup>21</sup> It would be at least a few decades, as will be seen in Chapter Ten, before specialized psychological practices would emerge across mainland China in full force again with rapidly ascending popularity.

When people like Cheng relocated to Taiwan during the Nationalist government's retreat, psychiatric science on the island itself was caught in the turmoil of political decolonization and wholesale re-institutionalization, especially with respect to staffing, the kind of services provided, objectives, education and dominant theories. Focusing on the medical records from the Department of Psychiatry at National Taiwan University Hospital (hereafter NTUH), Chapter Nine provides a valuable and insightful analysis of the profession's major transformations between 1946 and 1953. After Japan handed Taiwan back to China in 1945, there was an initial wave of enthusiasm welcoming Chiang's territorial acquisition of the region. However, as the Nationalist government took over Japanese institutional properties, despite the shortage of labour and financial resources, it behaved more as yet another colonial regime. Local inhabitants became resentful of what they perceived as a high handed and frequently corrupt Guomindang (hereafter GMD) authorities, inclined to the arbitrary seizure of private property and economic mismanagement. The tensions reached a crescendo during the infamous 228 Incident in 1947, which has often been considered as the turning point for GMD's white terror in Taiwan. In this politi-

cally volatile context, the content of psychiatric education and practice evolved from an orientation of the Japanese-German model to an Anglo-American system. Tsung-yi Lin (林宗義), who was the first Taiwanese native to pursue the study of psychiatry (in Japan) before the Pacific War, returned in 1946 and led the establishment of a new psychiatric paradigm in Taiwan. Under his directorship, the Psychiatry Department at NTUH trained an entire generation of pioneering psychiatrists – including, most notably, Rin Hsien (林憲) and Tseng Wen-Shing (曾文星). Many of them visited the United States to further their professional experience and subsequently helped establish the medical profession in Taiwan as one of the leading centres in the field of cultural psychiatry.<sup>22</sup>

In the immediate postwar years, mental health practitioners at NTUH confronted a series of linguistic and cultural difficulty, but they adopted ‘trauma’ as a useful lens through which the complex conditions expressed by their patients could be understood (excluding psychotic and functional disorders such as schizophrenia, hebephrenia and other delusional disorders). The background of their patients reveals striking diversity, but they were mainly those suffering from immigration experiences and ethnic conflicts, including Chinese public servants who recently migrated from mainland China to Taiwan, Japanese salary men who remained on the island and local Taiwanese people who became increasingly anxious of the tidal-wave social change. Reflecting the gradual shift in the profile of their patients, NTUH psychiatrists transformed their language habit from the Japanese-German to the English-Chinese system. It is therefore not surprising to find German, Japanese, English, Chinese and Romanized Taiwanese-language characters used intermittently in the medical records. As a young community in Taiwan, psychiatrists learned to practice their newly acquired clinical skills and medical language in response to the external reality they concurrently encountered. The case notes filed by the Psychiatry Department show the complexity of ‘psychological trauma’ as it was conceived in the conflicting cultural context of the postcolonial period, detailing war termination depression, psychogenic reaction from the February 28 Incident, adjustment disorders among Chinese immigrants, traumatic neurosis preceded by physical injuries and even common suffering and unaccountable trauma. These wide-ranging examples help illustrate the broader development of the general concept of trauma during key transitions in the leading framework of psychiatric practice, the controversial and subjective nature of related medical diagnoses and the social origins of a non-Western society that witnessed unprecedented medicalization as psychiatric science in general was increasingly institutionalized and professionalized in the late 1940s and early 1950s.

## New Therapeutic Cultures

Whereas Western behavioral sciences and psychological treatments had been repudiated as 'bourgeois' in the Maoist period (1949–76), psychotherapy and private counseling reemerged and enjoyed an unprecedented proliferation in the post-reform era especially in major cities like Shanghai and Beijing. While many have viewed the resurgence of psychotherapy in twenty-first century China as the natural outcome of economic prosperity (the logic being that economic development either leads to mounting stress and a number of new ailments such as anxiety and depression or makes people more willing to consume expensive treatments for their psychological well-being), Hsuan-Ying Huang in Chapter Ten offers a more systematic examination of the various historical conditions that paved the way for what he calls the recent 'psycho-boom'. Unlike in the United States and many other Western countries, the psycho-boom in urban China is dominated by people without professional backgrounds in medicine or academic psychology. Moreover, whereas psychoanalysis has been in decline in Europe and America since the rise of psychopharmacology in the 1960s, it has gained unmatched popularity in China.

In the aftermath of the Cultural Revolution, the early roots of the return of psychotherapy can be traced to the coinage of the idea of 'psychological counseling' (心理諮詢) around 1980. This was an innovative intervention to enhance the ability of patients to adapt to life after discharge by being informed by the physicians the details of their diagnosis, medications and possible coping strategies. It morphed into a model of outpatient clinical care in general hospitals, first in Xi'an in 1982 and then in Guangzhou in 1983. This model further won the state support in the late 1980s as the Ministry of Health stipulated that hospitals above the county level should set up 'psychological counseling' facilities. These requirements even found their way into the newly established hospital accreditation standards in the early 1990s.

Despite the importance of these facilities, the pivotal moment that set the stage for mental health reform came from the turn of the century, when China began to engage more seriously with international efforts that promoted mental health in developing countries. At the WHO/China awareness-raising conference in 1999, the Chinese government officially acknowledged mental health problems as a pressing public health issue and pledged to improve the existing system. In November 2001, the Third National Mental Health Care Conference was convened in Beijing and led to the compilation of *The National Mental Health Plan (2002–2012)* and *The Guiding Principles on Further Strengthening Mental Health Care* by leading experts from the psychiatric community. As the state became increasingly invested in public health measures in the post-SARS period, these two documents turned into the *de facto* national mental health pol-



icy. It was the first time that new problems such as suicide, depression, dementia and post-disaster conditions appeared in official discourses. In 2002, the Ministry of Health finally added 'psychotherapist' (心理治療師) as a new entity to its certification for health professionals.

Nonetheless, this new certification system was not only restricted to medical personnel, but it also had negligible impacts on the emerging psycho-boom. According to Huang, it was the Ministry of Labor and Social Security (which became the Ministry of Human Resources and Social Security in 2008), rather than the Ministry of Health, that played a role more central to the development of the psycho-boom: namely, by announcing a new occupation, 'psychological counselor' (心理諮詢師), in the *National Vocational Standards* in August 2001. As a result of the collaboration between state agency and the Chinese Association for Mental Health, the certification protocols for this occupation is commonly deemed as the only license-issuing route at the national level for psychological practitioners. Seizing the opportunity created by this critical moment, Huaxia Xinli (华夏心理) became the largest company specializing in psychotherapy training for the Ministry of Labor certification. Television programs, such as *Xinli fangtan* 心理访谈 (Psychological Interviews), produced a paradigmatic image of the counseling profession and made it more deeply ingrained in the popular imagination. And in the aftermath of the 2008 Sichuan earthquake, the spread of the idea of 'psychological aid' (心理援助) pushed the psycho-boom to enter a new phase of accelerated growth.

As Nancy Chen points out in her afterword, the year 2013 marked a crucial turning point in the development of psychiatry, in China and internationally. The first major event came in May with the coming into effect of China's mental health law, which was passed in October 2012 after 26 years of drafting.<sup>23</sup> The impact of this legislation will undoubtedly unfold in the coming years if not decades, but what is readily apparent by the second decade of the twenty-first century is that mental health has arisen sharply as a top priority in China's state focus on health care. The second major event was the publication of the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), superseding the DSM-IV-TR, which appeared in 2000. This was the result of more than a decade of debates, panels, forums and conferences concerning the revision process, but the overall goal of the production of the manual remained the synthesis of globally standardized diagnostic categories. As before, the broader influence of this definitive psychiatric text spans all relevant contexts of social and cultural life, now with a heightened awareness of its global and non-Western reach.

These two advancements can be understood in the recent historical context of China's mental health profession. Since the late twentieth century, psychiatrists in China have become increasingly adaptive to international standards of psychiatric categories and classification, such as the DSM and the *International*

*Classification of Disease* published by the World Health Organization. This openness culminated in the release of the *Chinese Classification of Mental Disorders* (CCMD-3) in 2001, which, as Sing Lee has shown, reflected Chinese mental health leaders' break from an earlier generation of experts who were mainly trained in the Russian system of psychiatry and extremely cautious about adopting Western science and technology.<sup>24</sup> The fact that the changes made in the CCMD-3 system renders it more attune with international usage speaks to the global dispersion of information technology and China's growing openness under economic reform. However, perhaps what is more at stake here is the ways in which the CCMD-3 system provides an unique opportunity to reflect on – and even critique – the nosological assumptions in Western psychiatry, especially neo-Kraepelinian taxonomy, by taking into account the changing reality of illness in contemporary China. Part of this reality concerns a parallel trend to Western psychiatry in which an increased usage of psychopharmacology has become an integral part of Chinese consumer life. Other aspects of this reality that set the mental health system in China apart from its Western counterparts can be seen in the rural-urban difference in access to medical care and, significantly, the on-going tensions between the country's one-party socialist political structure and the country's rapid pace in its embrace of global capitalist economy – a tension that continue to reorient the social and moral landscape of Chinese people's illness experience.<sup>25</sup>

To date, the flourishing literature on the history of psychiatry in non-Western societies tends to centre on colonial subjects and contexts. Even when localized and hybridized formations of mental health practice emerge from such settings, their innovativeness (sometimes dubbed 'resistance') is often routed through the shadow of colonial and imperial agendas. In the context of South/east Asia and Africa, for instance, historians have compared the alleged madness of formal colonialism with the madness of the mad and have shown the role of professional psychiatry in consolidating colonial authority and its attendant projects of social and political control.<sup>26</sup> These are themes notably absent in this volume, especially since China was never fully colonized by a single foreign imperial regime, including the Japanese.<sup>27</sup> Other critics have highlighted the politically abusive nature of forensic psychiatric custody since the Maoist period.<sup>28</sup> However, this volume shows that repressive politicization is not necessarily the cornerstone of the structural and intellectual development of psychiatry in China, which features instead the contribution of native medical and cultural elites in a historical setting where longstanding indigenous standards, norms and ideas about mental illness and the body continue to hold traction in their modern representations and transformations. From late Ming dream encyclopaedias to diagnostic classification systems in the twenty-first century, the history of psychiatric medicine in Chinese culture challenges those conventional narratives that place Euro-American hegemony in a privileged position in the development of modern medicine.

## NOTES

### Chiang, 'Historicizing Chinese Psychiatry'

1. This book would not have been conceivable without the pioneering scholarship of, among others, J. J. Kao, *Three Millennia of Chinese Psychiatry* (New York: Institute for Advanced Research in Asian Science and Medicine, 1979); A. Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry* (Berkeley, CA: University of California Press, 1980); H. Agren, 'The Conceptual History of Psychiatric Terms in Traditional Chinese Medicine', in *Explorations in the History of Science and Technology in China*, eds Li Guohao et al. (Shanghai: Shanghai Chinese Classics, 1982), pp. 573–81; M. Li Chiu, *Mind, Body and Illness in a Chinese Medical Tradition* (PhD Dissertation, Harvard University, 1986); R. S. Chin and Ai Li S. Chin, *Psychological Research in Communist China: 1949–1966* (Boston, MA: MIT Press, 1987); V. W. Ng, *Madness in Late Imperial China: From Illness to Deviance* (Norman, OK: University of Oklahoma Press, 1990); V. Pearson, 'The Development of Modern Psychiatric Services in China, 1891–1949', *History of Psychiatry* 2:6 (1991), pp. 133–47; Ming Li, 'Psychology in China: A Brief Historical Review', *Journal of Psychology*, 128:3 (1994), pp. 281–7; H. Shapiro, 'The View From A Chinese Asylum: Defining Madness in 1930s Peking' (PhD Dissertation, Harvard University, 1995); and N. Chen, *Breathing Spaces: Qigong, Psychiatry and Healing in China* (New York: Columbia University Press, 2003).
2. For an erudite study of the history of concepts and practices of hygiene in relation to the modernizing Chinese body politic from late Qing to the Republican period, see R. Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley, CA: University of California Press, 2004).
3. This quote originally appeared in André Tridon's 'Introduction' to S. Freud, *Dream Psychology: Psychoanalysis for Beginners* (New York: James A. McCann, 1920).
4. M. F. Reiser, 'The Dream in Contemporary Psychiatry', *American Journal of Psychiatry*, 158:3 (2001), pp. 351–9.
5. On the introduction of psychoanalysis to China, see Jingyuan Zhang, *Psychoanalysis in China: Literary Transformations, 1919–1949* (Ithaca, NY: Cornell University Press, 1992); Tao Jiang and P. J. Ivanhoe (eds), *The Reception and Rendition of Freud in China: China's Freudian Slip* (New York: Routledge, 2013).
6. As quoted in Chapter One, p. 17.
7. As quoted in Chapter Two, p. 39.
8. As quoted in Chapter Four, p. 82.

9. For an in-depth discussion of Selden's involvement in the Kerr Refuge, see Pearson, 'The Development of Modern Psychiatric Services in China,' pp. 133–47
10. See Figures 5.2 and 5.3 in Chapter Five, p. 103.
11. W. Anderson, R. C. Keller and D. Jenson (eds), *Unconscious Dominions: Psychoanalysis, Colonial Trauma and Global Sovereignties* (Durham, NC: Duke University Press, 2011).
12. W. Anderson, 'The Trespass Speaks: White Masculinity and Colonial Breakdown,' *American Historical Review* 102:5 (1997), pp. 1343–70; W. Anderson, *Colonial Pathologies: American Tropical Medicine, Race and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006), pp. 130–57.
13. As quoted in Chapter Six, p. 124.
14. V. Schwarcz, *The Chinese Enlightenment: Intellectuals and the Legacy of the May Fourth Movement of 1919* (Berkeley, CA: University of California Press, 1990).
15. J. Gregory Lutz, *China and the Christian Colleges, 1850–1950* (Ithaca, NY: Cornell University Press, 1971); P. Bailey, *Reform the People: Changing Attitudes Towards Popular Education in Early Twentieth Century China* (Edinburgh: Edinburgh University Press, 1990); Zheng Wang, *Women in the Chinese Enlightenment: Oral and Textual Histories* (Berkeley, CA: University of California Press, 1999); D. Ko, *Cinderella's Sisters: A Revisionist History of Footbinding* (Berkeley, CA: University of California Press, 2005); D. Ko and Zheng Wang (eds), *Translating Feminisms in China* (London: Wiley-Blackwell, 2007).
16. See, for example, S. Glosser, *Chinese Visions of Family and the State, 1915–1953* (Berkeley, CA: University of California Press, 2003).
17. Tze-lan Deborah Sang, *The Emerging Lesbian: Female Same-Sex Desire in Modern China* (Chicago, IL: University of Chicago Press, 2003); Haiyan Lee, *Revolution of the Heart: A Genealogy of Love in China, 1900–1950* (Stanford, CA: Stanford University Press, 2006); W. Larson, *From Ah Q to Lei Feng: Freud and Revolutionary Spirit in 20<sup>th</sup> Century China* (Stanford, CA: Stanford University Press, 2008); H. Chiang, 'Epistemic Modernity and the Emergence of Homosexuality in China,' *Gender and History*, 22:3 (2010), pp. 629–57.
18. M. Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley, CA: University of California Press, 1980). On the development of Western medicine in modern China, see also B. Andrews, *The Making of Modern Chinese Medicine, 1850–1960* (Vancouver: University of British Columbia Press, 2014); and H. Chiang (ed.), *Historical Epistemology and the Making of Modern Chinese Medicine* (Manchester: Manchester University Press, 2015).
19. C. Furth, *A Flourishing Yin: Gender in China's Medical History, 960–1665* (Berkeley, CA: University of California Press, 1999); F. Simonis, 'Mad Acts, Mad Speech and Mad People in Late Imperial Chinese Law and Medicine' (PhD dissertation, Princeton University, 2010); Hsiu-fen Chen, 'Medicine, Society and the Making of Madness in Imperial China' (PhD dissertation, University of London, 2003).
20. Wen-Ji Wang, 'West Wind Monthly and the Popular Mental Hygiene Discourse in Republican China,' *Taiwanese Journal for Studies of Science, Technology and Medicine*, 13 (2011), pp. 15–88.
21. On the mental hygiene movement in postwar Taiwan, see Hans Tao-Ming Huang, *Queer Politics and Sexual Modernity in Taiwan* (Hong Kong: Hong Kong University Press, 2011), pp. 31–52.
22. See, for example, Hsien Rin 林憲, *Wenhua jingshen yixue de zengwu: Cong Taiwan dao Riben* 文化精神醫學的贈物: 從台灣到日本 [The Gift of Cultural Psychiatry: From

- Taiwan to Japan] (Taipei: Xinling gongfang, 2007); Wen-Shing Tseng 曾文星, *Yige rensheng, sanzhong wenhua: Zhongguo、Riben、Meiguo wenhua dui renge xingcheng de ziwo fenxi* 一個人生, 三種文化: 中國、日本、美國文化對人格形成的自我分析 [One Life, Three Cultures: The Self-Analysis on Personality Shaped by China, Japan, and America] (Taipei: Psychology, 2010).
23. For the English translation of the law, see H. H. Chen et al., 'Mental Health Law of the People's Republic of China (English Translation with Annotations)', *Shanghai Archives of Psychiatry* 24:6 (2012), pp. 305–21.
  24. Sing Lee, 'From Diversity to Unity: The Classification of Mental Disorders in 21<sup>st</sup>-Century China', *Psychiatric Clinics of North America*, 24: 3 (2001), pp. 421–31.
  25. A. Kleinman, Yunxiang Yan, Jing Jun, Sing Lee, Everett Zhang, Pan Tianshu, Wu Fei and Jinhua Guo, *Deep China: The Moral Life of the Person* (Berkeley, CA: University of California Press, 2011).
  26. See, for example, M. Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity, 1991); W. Ernst, *Mad Tales from the Raj: European Insane in British India, 1800–58* (New York: Routledge, 1991); J. McGulloch, *Colonial Psychiatry and the 'African Mind'* (Cambridge: Cambridge University Press, 1995); J. Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley, CA: University of California Press, 1999); C. Hartnack, *Psychoanalysis in Colonial India* (Oxford: Oxford University Press, 2001); D. Bhugra and R. Littlewood (eds), *Colonialism and Psychiatry* (Oxford: Oxford University Press, 2001); S. Mahone, 'The Psychology of Rebellion: Colonial Medical Responses to Dissent in British East Africa', *Journal of African History*, 47:2 (2006), pp. 241–58; H. Pols, 'The Development of Psychiatry in Indonesia: From Colonial to Modern Times', *International Review of Psychiatry* 18:4 (2006), pp. 363–70; R. Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago, IL: University of Chicago Press, 2007); S. Mahone and M. Vaughan (eds), *Psychiatry and Empire* (Basingstoke: Palgrave Macmillan, 2007); W. Ernst and T. Muller (eds), *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspectives, c. 1800–2000* (Newcastle: Cambridge Scholars Publishing, 2010); W. Anderson, R. C. Keller and D. Jenson (eds), *Unconscious Dominions: Psychoanalysis, Colonial Trauma and Global Sovereignties* (Durham, NC: Duke University Press, 2011); J. Saha, 'Madness and the Making of Colonial Order in Burma', *Modern Asian Studies*, 47:2 (2013), pp. 406–35; M. Heaton, *Black Skins, White Coats: Nigerian Psychiatrists, Decolonization and the Globalization of Psychiatry* (Athens, OH: Ohio University Press, 2013); and W. Ernst, *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, c. 1925–1940* (London: Anthem Press, 2013).
  27. The themes of colonialism are also relatively less pertinent to the history of psychiatry in Japan. The parallels to China suggest that further comparative work would be desirable. See, for example, Shigehisa Kuriyama, 'The Historical Origins of 'Katakori'', *Japan Review* 9 (1997), pp. 127–49; Akihito Suzuki, 'Family, the State and the Insane in Japan, 1900–1945', in R. Porter and D. Wright (eds), *Psychiatric Confinement in International Perspective* (Cambridge: Cambridge University Press, 2003), pp. 193–225; Akihito Suzuki, 'A Brain Hospital in Tokyo and Its Private and Public Patients, 1926–1945', *History of Psychiatry* 14 (2003), pp. 337–60; Akihito Suzuki, 'Between Two Psychiatric Regimes: Migration and Psychiatry in Early Twentieth-Century Japan', in A. McCarthy and C. Colebourne eds, *Migration, Ethnicity and Mental Health: International Perspectives, 1840–2010* (London: Routledge, 2012), pp. 141–51; and Junko Kitanaka,

- Depression in Japan: Psychiatric Cures for a Society in Disease* (Princeton, NJ: Princeton University Press, 2011).
28. R. Munro, Human Rights Watch and Geneva Initiative on Psychiatry, *Dangerous Minds: Political Psychiatry in China Today and Its Origins in the Maoist Era* (New York: Human Rights Watch, 2002); R. Munro, *China's Psychiatric Inquisition: Dissent, Psychiatry and the Law in Post-1949 China* (London: Wildy Simmonds and Hill, 2006).

## 1 Vance, 'Exorcising Dreams and Nightmares in Late Ming China'

1. For more on Ge Hong, see R. F. Campany, *To Live as Long as Heaven and Earth: A Translation and Study of Ge Hong's Traditions of Divine Transcendents* (Berkeley, CA: University of California Press, 2002).
2. Shang Wei addressed the question of readership and approach to reading in late imperial China, arguing that *Jin Ping Mei*, with its complicated multi-layered format, conveyed a new vision of the world that called for new strategies of reading and comprehension, requiring readers to depart from methods of reading intensely, character by character. See Shang Wei, 'Jin Ping Mei' and Late Ming Print Culture', in J. T. Zeitlin, L. H. Liu and E. Widmer (eds), *Writing and Materiality in China: Essays in Honor of Patrick Hanan* (Cambridge, MA: Harvard University Asia Center, 2003), pp. 187–238.
3. *Concise Oxford Dictionary*, ed. by Catherine Soanes, 11<sup>th</sup> edition (Oxford: Oxford University Press, 2008), s. v. 'Dream'.
4. Ling Shaowen 凌紹雯 et al. (eds), *Kangxi zi dian 康熙字典* [Kangxi dictionary] (Shanghai: Hong bao zhai, 1890), under 'meng 夢'.
5. He Dongru 何棟如, *Meng lin xuan jie 夢林玄解* [An Explication of the Profundities in the Forest of Dreams], from a photographic reprint of the Ming Chongzhen edition (1628–44) housed in the Shanghai Lexicographical Library. This photographic reprint is published in *Xuxiu siku quan shu 續修四庫全書* [Continuation to the Complete Four Treasuries Library] *zi bu 子部 shu shu lei 術數類*, vols 1063–4 (Shanghai: Shanghai Guji chubanshe, 2002), p. 602. This edition is widely available in major universities, libraries and archives. Because of its availability, I cite this copy. I have located fifteen extant 1636 copies of *Forest of Dreams* (one in the United States, three in Japan, three in Taiwan and eight in the People's Republic of China) and confirmed that the first page of each of the first fascicles was printed from the same woodblock. I have also confirmed that the section entitled 'Dream Exorcism' is identical in each of the aforementioned extant fifteen copies, so I do not discuss other textual differences in this chapter. Unless otherwise noted, all translations are my own.
6. He Dongru, *Forest of Dreams*, vol. 1063, p. 605.
7. Several examples of 'rang 禳' suggest that disaster may be averted by means of virtuous behaviour or conduct. One example reads: 'the king said it would be possible to avert disaster by behaving virtuously'. Kong Yingda 孔穎達 (ed.), *Chongkan song ben shisanjing zhushu fujiao kanji 重刊宋本十三經注疏附校勘記* [Song Commentary on the Thirteen Classics], no. 4, pp. 113–2, available online through *Zhongyang Yanjiuyuan Hanji dianzi wenxian ziliao ku* 中央研究院漢籍電子文獻資料庫 [Academia Sinica Scripta Sinica Database] at <http://hanji.sinica.edu.tw/>, [accessed December 2011]. A second example reads: 'if the ruler cultivates virtue in order to avert disaster, then perhaps it is possible to attain foodstuffs, though there are no foodstuffs'. *Tiao ri fa 調日法* [Methods of Adjusting the Day], *Luli qi ming tian li yi 律曆七明天曆一* [Calendrical Laws 7, Daily Calendar 1], *Di qishisi zhi di ershiqi 第七十四志第二十七* [Record Num-