Psychiatry in its Political and Professional Contexts: A Response to Robin Munro

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Robin Munro's review[1] of "political psychiatry" in China during the past half-century is a reminder that psychiatry has a political as well as a professional and scientific context. In the authoritarian state governed by the Chinese Communist Party (CCP) no aspect of collective experience can be separated from politics. The party has a structure parallel to that of the government, and each work unit has a party secretary who keeps an eye on political issues affecting its members. The secretary maintains a personal dossier on each individual in the unit. In the past, that document was crucial for the person's career and living conditions. Since the beginning of the era of economic reforms in 1978, the party-dominated public sector of Chinese society has gradually shrunk, and a robust private sector has emerged that is much less fettered by the party's political constraint. Nonetheless, Munro reminds us, even today, professional life in China can be suborned to the interests of the state to a degree that is much greater than in democracies; but it is also important to keep in mind that psychiatry in every state, including Western liberal democracies, has a political context.

A former Director of the Hong Kong Office of Human Rights Watch, Munro has had a career as a China scholar—and he is an impressive one—that is closely connected with his professional role as a documenter and critic of alleged human rights abuses. Hence, he brings to his perspective on psychiatry in China a particular orientation and, indeed, even a bias. He is clearly committed to proving that the abuse of psychiatry has a long history and is today rampant in China. Much of his argument about the political abuse of psychiatry in China is based on unconfirmed allegations, many from human rights groups with their own axes to grind, and others from the Falun Gong religious cult, which, whatever we think of it, we must remember is engaged in a nasty political struggle with the Chinese state. The struggle doubtless results from political repression by the Chinese authorities, but it has taken on a life of its own, in which escalating allegations of political abuse by the Chinese government are the Falun Gong's master counterresponse. Hence, Munro's sources have a political cast of their own.

At this time, it is not possible for us to confirm or disconfirm the evidence Munro cites, and it would be futile to enter into a debate about that evidence until it is feasible to determine its validity and reliability objectively. It is worth noting, however, that Professor Zhang Mingyuan (surname, Zhang), President of the Chinese Psychiatric Association (CPA), has recently informed one of the authors (A.K.) that in a preliminary investigation (including detailed review of clinical case notes) conducted by the CPA, which obviously has its own political constraints, four of the cases of alleged abuse of psychiatry cited in Munro's original review were looked into with the result that the CPA now concludes that these individuals had already had a history of schizophrenia, even before they were hospitalized for the alleged reasons. A full report by the CPA on this issue, which we understand is forthcoming, is clearly necessary

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(although in our view not sufficient) to sort out the accuracy of the allegations.

As long-time researchers on various psychiatric topics in China since 1978, we seek to temper Munro's perspectives so that readers can have a more balanced view of what contemporary psychiatry is like in the People's Republic of China and can make their own judgments on the exceedingly complex issues of Falun Gong and abuse of psychiatry.

We must frankly say that, like Munro, we have not visited China for the specific purpose of investigating the situation of political abuse of psychiatry since the CCP cracked down on Falun Gong practitioners in the latter half of 1999. But we would like to introduce an alternative perspective from which to examine the issue of the extent and nature of the abuse of psychiatry in contemporary China.

The psychiatry in China that Munro portrayed is one of backwardness, lack of humane care, and marked institutional dependency on the state. This is at variance with what we know of the development of Chinese psychiatry in the recent post-Mao era. Of course, owing to the immense size of the country and the conspicuous regional economic disparity, psychiatric services in China exhibit great variations in standard and quality. Although there is only very limited "psychiatric" service in the poorest regions, China also contains some of the most exemplary treatment models in the world, such as the Shanghai Mental Health Center model for the treatment of patients with schizophrenia, that we have repeatedly visited. The past two decades have also witnessed substantial international exchanges and collaborations between Chinese psychiatrists and world leaders in mental health, such as the World Health Organization (WHO) and institutions such as universities and medical schools in the United States, Europe, and Hong Kong. For a decade, China has submitted data on national suicide rates (formerly a forbidden topic, as in certain other countries today) to the WHO and, at the third National Mental Health Conference held in Beijing (attended by the first author as a Hong Kong representative) on October 30, 2001, Dr. Dakui Yin, Vice Minister of Health, readily acknowledged that 250,000 people commit suicide in China each year, signifying an openness of attitude toward socially sensitive health issues that was simply unimaginable in the past. In fact, projects are now under way to reduce the high rates of suicide among Chinese women in some rural areas.

In the cities in particular, diagnostic practice and treatment guidelines are increasingly brought in line with current global practice. China is one of the few countries in the world to have produced its own system of psychiatric classification for standardizing the diagnosis of mental disorders.[2] The latest edition, known as the *Chinese Classification of Mental Disorders*, third edition (CCMD-3), was published in April 2001. The content of this bilingual manual is largely similar to the systems used by the WHO or the American Psychiatric Association. Its publication reflects a profession of psychiatry in China that is both in touch with international affairs and has a degree of institutional autonomy barely possible in the Maoist era, when psychiatry was subsumed under neurology and viewed by the state with suspicion as a foreign import. The past decade also realized research publications that are of a higher standard than before, and psychiatric trainees who are better prepared and more thoroughly trained in China's cultural version of best practices. It also seems increasingly likely that, after decades of effort by some Chinese psychiatrists, China will eventually adopt its national Mental Health Law that protects the rights of persons who have mental illness.[3]

Notwithstanding China's rapid rate of economic growth, Munro's criticism on the inferior quality of psychiatric treatment there must be tempered by the fact that China is still a poor, developing country overall. From this perspective, we do not find that the standard of psychiatric treatment in China is below that of countries with a similar level of living. Globally, the maltreatment of persons who have mental illness is widespread, especially in the developing world (as well as in inner cities in the United States). In some developing countries, patients are merely chained to steel posts in the street because a straightjacket is too expensive.[4] Others are caged, beaten, and maltreated, owing to community stigma and the ineffective and even dangerous treatments of primary care and alternative medical practitioners. In the Third Asia Pacific Psychopharmacology Workshop ("A Journey of Hope and Recovery") held June 1–2, 2001, in Phuket, Thailand, one of the authors (S.L.) learned that three persons with schizophrenia on an island in a low-income Asian country were simply thrown out of their houses to be eaten up by tigers. There was no "treatment" in the formal sense of the word.

In repeated personal visits to psychiatric hospitals in China and deep conversations with Chinese psychiatrists (including those in 2001), it does not appear to us that political influence is the most significant or even an extremely powerful influence in the development of psychiatry in China today. The more dominant forces, as in many parts of the world today, are social, economic, and pharmaceutical in nature.[5] It is true that many rural patients do not have access to treatment because of a breakdown in the rural health care system and financial difficulties that have followed China's uneven economic reforms, but that is a different issue from the one being discussed.

Munro has based his essay entirely on indirect accounts and unconfirmed reports from sources that are clearly biased. It would have helped him if he had seen psychiatry in China for himself before making a major accusation of widespread abuse of psychiatry. For example, his statement that insulin coma, a treatment method in China in the 1960s, is still widely used in Chinese mental hospitals today (Ref. 1, p 24) is simply untrue. It is worth noting that of the researchers who studied psychiatry in contemporary China, some of whom have spent considerable time in or even lived in the country, none has found the political abuse of psychiatry to be an issue of concern.[6–9]

During the second half of 2001, one of the authors (S.L.) spoke in depth to at least four respected psychiatrists from Shanghai, Shandong, Beijing, and Shenzhen. They all readily admitted to having assessed people who practiced Falun Gong and were referred to them by the police. They reiterated that their most common response was to tell the police that the person assessed did not have any mental disorder and did not require psychiatric treatment. Only when the person showed professionally identifiable signs of mental disorder and/or severe self-harming behavior would a course of treatment be recommended. None of them felt political pressure to treat the referred persons compulsorily. One of them (a professor in his 70s who had a bad time during the Cultural Revolution) recalled that the way the police treated these persons was vastly different from treatment of persons during the Cultural Revolution. Another in his late 50s said that the whole accusation was a joke. Of course, personal accounts from these Chinese psychiatrists, conscientious as we think they are, are potentially biased and should not be taken as definitive proof against the accusation of political abuse; but so are the cases cited by Munro.

At one level, Falun Gong is one of many kinds of *qigong* that share certain similarities, such as the attainment of a trance state, patterned bodily posture or movement, and culture-specific suggestions.[10] The latter can be fantastic at times, as in some of the claims of the founder of Falun Gong, and lead to behavior dangerous to self and/or others. What is essential to note is that in China, resurgence of interest in *qigong* started as early as 1980, when the Chinese people, including workers, intellectuals, and cadres, were recovering from the social chaos brought about by the Cultural Revolution (1966–1976). Being not easily accessible during the Maoist period, *qigong* became an inexpensive antidote with which they attempted to heal their dizzying pains and chronic exhaustion through individual or communal practice sessions that were often led by charismatic masters.

Ironically, this self-healing practice has long been known not to be completely innocuous. Patients hospitalized in psychiatric hospitals for *qigong*-induced mental disorder have been reported by Chinese psychiatrists since the 1980s, long before recent accusations that psychiatry in China has been used to imprison people who practice Falun Gong. The same period of increasing market liberalism also witnessed the proliferation of private clinics, as well as state hospital centers for helping individuals with *qigong*-related psychosomatic and psychotic disorders. In the scientific community, controlled phenomenologic, treatment, and outcome studies have been published in the past two decades that support the disease validity of *qigong*-related mental disorder,[2] although there is little doubt that some individuals could have had prodromal schizophrenia. These studies were performed during a period when *qigong* was not a political issue, as it is today, and was widely seen as a valuable way of enhancing health that, if anything, was legitimated by state agencies as a prime example of indigenous healing practice.[11]

In 1995 and 1997, one of the authors (S.L.) personally interviewed two patients with *qigong*-induced psychosis in China. In both of the cases, health reasons were given for practicing *qigong*; politics was not involved. One of them was a 58-year-old retired female school teacher in Shenzhen, which is China's first Economic Zone situated next to Hong Kong. She had a slim and weak constitution and had had

rheumatism for many years. The main reason for her practicing a kind of "natural" *qigong* was to gain weight and improve her health. Using a small battery-driven *qigong* machine (it produced a ticking sound that helped her enter a trance state) without the formal guidance of an instructor, she practiced *qigong* two hours a day, in excess of the recommended duration. In a few weeks' time, she found that she was no longer able to terminate the *qigong*-induced trance state. She had auditory hallucinations, including hearing the voices of her deceased parents, who died during World War II when she was five years old, telling her to kill herself. She became emotionally unstable and talked incessantly, reaching almost a point of exhaustion. Her neighbors and family took her to a psychiatric hospital, where she improved with a short course of antipsychotic medication. The diagnosis written by the case doctor on the case notes, *qigong*-induced mental disorder, and the need for drug intervention were understandable to doctors, the patient, and her family members. After discharge from the hospital, she stopped practicing *qigong*, and walked more often to improve her health instead.

Another patient was a 54-year-old housewife from Jinan city, Shandong Province. Because of chronic feelings of weakness and a cough of unclear origin, she retired early and practiced Falun Gong to improve her health. Initially, the trance state and the spontaneous bodily movement that the practice brought about enthralled her. For two years, her physical symptoms disappeared dramatically. With great admiration for the founder of Falun Gong, she went on to practice for several hours a day, and started to find that her body moved in ways that were no longer under her control. In addition, she thought that these movements "talked" to her, sometimes by writing through her hand, telling her that continuous practice of Falun Gong could transform her into a Buddha. That she was plump and had long earlobes, resembling the popular appearance of a Buddha, convinced her that this possibility was real. In due course, however, she was frightened because the movements began to tell her to die by not eating and by taking an overdose of pills. She believed she was possessed by a shapeless fox spirit a thousand years old that required her body to turn into a real Buddha. She became an insomniac, restless, and distressed. Her distraught family members took her to a psychiatric hospital where she initially resisted treatment because she did not think that she was mentally ill but was only having a paranormal experience. When she attempted to run away, she broke the spectacles of her case doctor. Subsequently, she stayed in the hospital for one month and gradually recovered with antipsychotic drug treatment. She accepted the advice of her doctor that she had a sensitive disposition that was not suited for practicing *qigong* and stopped the Falun Gong altogether. She knew of many middle-aged people who practiced and derived benefit from Falun Gong for health reasons and loneliness after retirement. But she also heard about some who died by self-induced starvation or suicide as they attempted to ascend to the Falun heaven.

Given that *qigong* has become a transnational healing practice today, *qigong*-induced psychosis may be expected to occur outside of mainland China. One of the authors (S.L.) has treated three such patients in the previous five years at a general hospital psychiatric unit in Hong Kong, where any form of *qigong* can be freely practiced. The condition is intriguing but real. In international psychiatry, it would be recognized as a specific type of brief reactive psychosis or as the precipitation of an underlying mental illness, such as schizophrenia, bipolar disorder, or posttraumatic stress disorder. In 1989, one of the authors (A.K.) observed more than a thousand people participating in a collective *qigong* activity organized by a local master in a Beijing park. Of that group, four or five people lost control of their experience and emerged from deep meditation screaming and wailing. Two middle-aged women clearly were acutely psychotic with active hallucinations and delusions. In an intriguing aside, both women were said by their accompanying relatives to have had terribly difficult experiences of political trauma during the Cultural Revolution. They subsequently had had psychosomatic problems, but neither one had a history of psychosis before this event.

It has been estimated that not less than five percent of people in China practice *qigong*. The proportion of previously normal people who engage in *qigong* and have ensuing psychiatric complications remains unknown, but it is likely to be tiny compared with the many people who practice it. Nonetheless, China has a population of 1.3 billion. Hence, the estimate from human rights groups that 600 people received psychiatric treatment for *qigong*-related mental disorder cannot automatically be assumed to represent a rampant abuse of psychiatry. Of the 60 million peo-

ple who practice *qigong*, 600 would represent less than .01 percent (as a reference, the rates of psychosis and depression in most communities are approximately 1% and 10% of the general population, respectively). Given the large number of people who practiced Falun Gong in the latter half of the 1990s, it should not be surprising that mental illness would occur in some. Thus, forty-two patients with Falun Gong-associated mental disorder were recently reported in China's *Journal of Clinical Psychological Medicine*, including some from the well-known Shanghai Mental Health Center, where we believe the abuse of psychiatry is very unlikely to take place. The patients were reported to exhibit fantastical and/or persecutory delusions and hallucinations. Eighteen of them also demonstrated suicidal tendencies or self-harming behavior before undergoing psychiatric treatment.[12] Clearly, further investigation of the issue of political abuse of psychiatry is crucial.

Are mental hospitals the most convenient place to lock away dissidents? In the current period of state decentralization and often uncoordinated market reforms, the Chinese government has begun to withdraw central funding for health care, and hospitals are forced to generate an increasingly large part of their own incomes. As a result, China is in the precarious position of having an inadequate number of psychiatric beds; yet, at the same time, many beds are unoccupied, because families cannot afford to send patients to hospitals on a fee-for-service basis.[6] We are not convinced by Munro's argument that the Chinese government uses mental hospitals rather than the much cheaper regular prisons to detain Falun Gong practitioners because of the need for "self-justificatory vanity" and "international prestige" (Ref. 1, p 119). In fact, during informal discussions regarding the Falun Gong, a number of Chinese psychiatrists whom we know of have expressed strongly the view that professional practice and politics should be separated, a phenomenon that was barely possible during the Maoist era.

China's complex psychiatric system includes psychiatric hospitals run by the Ministry of Health, the Ministry of Civil Affairs (for the poorest patients), the military, the railroad authority, and the Ministry of Public Security (the police). Little is known about the latter, but the general view among Chinese psychiatrists with whom we have spoken is that the professional level is quite low, and the dominant concerns are those of criminal justice and social control. We suspect that abuse may occur in this system, owing to the suborning of professional psychiatric issues to the concerns of the police. Also, this is an area in which both corruption and political influence, if they occur, are likely to be greater than in the health sector. But even the public security system of mental hospitals should be recognized as one about which hardly any research findings are available. An investigation of this system is needed, beginning with, but not limited to, one initiated by the CPA. We need more evidence, not more allegations. Also, it is possible that some psychiatrists in China are more open to corrupt and abusive practices, especially under pressure from the police and the party, than most of their colleagues. We should know more about this group of psychiatrists, but there is simply no evidence of systematic abuse of mental hospitals for reasons of political oppression by the profession as a whole—a profession that seems to us to be struggling bravely and with notable successes to improve standards and thereby bring more effective care to China's tens of millions of persons with treatable psychiatric conditions. Only the greatest disservice would be done to that profession and those patients by creating a witch hunt that attributed to the profession as a whole the misuses and abuses of what may well turn out to be only a small number of practitioners.

In a global perspective, the main issues facing psychiatry in China are not political abuse—even the allegations comprise a relatively small number—but the huge number of persons with mental illness (many more than 15 million) and the small number of professionals available to assist them. One third of the 7.8 million persons with schizophrenia, for example, do not visit a physician or psychiatrist and never get an appropriate diagnosis or treatment. There is also extremely limited community rehabilitation available after acute treatment, so that the burden of care after discharge falls heavily on the family (often the aging parents). The breakdown of the collectivized health-care system means that many mental hospitals have low occupancy rates, because patients and their families cannot afford care based on a fee-for-service method of payment.[6] Professional standards for psychiatric consultants have only recently been developed. Only 2,000 or at most 3,000 of the 13,000 physicians who practice in China's mental hospitals are fully trained psychiatrists, and many of them do not work in the rural areas. The familiar professions of occupational therapy and psy-

chiatric social work, which are integral components of the standard multidisciplinary approach to psychiatric care worldwide, have not yet evolved. In the civil affairs and police psychiatric systems, the level of care is particularly low. Nurses in many psychiatric hospitals have inadequate training to manage patients. Social control is valued over patients' rights by most mental health workers and much of Chinese society. Most important, the stigma is simply universal and affects families as well as patients. The public health response has been very limited. Less than 1 percent of all health expenditures goes to mental health care, yet mental health problems account for approximately 10 percent of the burden of disease in China.

In this regard, China is not atypical of other developing societies, although in the wealthier coastal areas it is making more progress than most other developing societies in building a professionally competent mental-health-care system. Caring attitudes and concern for ethical matters in patient care are issues China's psychiatrists are taking on for the first time—again, not unlike many other developing societies.[4] These are the foremost inadequacies of psychiatry in China. The danger of making political abuse of psychiatry the primary concern is that it may obscure the need for attention to the far more substantial problems faced by persons who have mental illness and by mental-health-care professionals in China. There is also the troubling question of whether the intent of this single-issue focus is not just to expose a problem but also to use it for the political purpose of bashing China.

References

1. Munro R: Judicial psychiatry in China and its political abuses. Colum J Asian Law 14:1–128, 2000
2. Lee S: Cultures in psychiatric nosology: the CCMD-2-R and international classification of mental disorders. Culture Med Psychiatry 20:421–72, 1996
3. Liu XH: Drafting process of "Mental Health Law in China." Presented at the 3rd National Mental Health Conference, Beijing, China, October 30, 2001
4. Kleinman A, Cohen A: Psychiatry's global challenge. Sci Am 276: 86–9, 1997
5. Lee S: Diagnosis postponed: neurasthenia and the transformation of psychiatry in post-Mao China. Culture Med Psychiatry 23: 349–80, 1999
6. Lee S, Kleinman A: Grave new world: is reform disease or cure for China's mentally ill? Harvard China Rev 2:72–5, 2000
7. Pearson V: Mental Health Care in China: State Policies, Professional Services and Family Responsibilities. London: Gaskell, 1995
8. Phillips MR: The transformation of China's mental health services. China J 39:1–36, 1998
9. Sevigny R, Yang WY, Zhang PY, *et al*: Attitudes toward the mentally ill in a sample of professionals working in a psychiatric hospital in Beijing (China). Int J Soc Psychiatry 45:41–55, 1999
10. Lee S, Yu H: The evaluation of qigong induced mental disorder as a Chinese culture-bound syndrome (in Chinese). Arch Psychiatry 4:222–5, 1995
11. Chen N: Embodying Qi and Masculinity in Post Mao China. Edited by Wasserstrom J, Brownell S. Berkeley, CA: University of California Press, 2001
12. Shan HH, Tao MY, Yu YP, *et al*: A clinical study on mental disorder associated with "Falungong" (in Chinese). J Clin Psychol Med 10:345–7, 2000