

Political Psychiatry in Post-Mao China and its Origins in the Cultural Revolution

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J Am Acad Psychiatry Law 30:97–106, 2002

In the former Soviet Union during the Khrushchev-Brezhnev era, the KGB used its forensic psychiatric institutions to brand, arbitrarily and for political reasons, large numbers of political dissidents as suffering from “schizophrenia” and “paranoid psychosis,” and then incarcerated them for long periods in “special psychiatric hospitals.” In 1976, the Soviet Union was severely censured on this account by psychiatrists from all over the world at a conference in Hawaii of the World Psychiatric Association. Only after Gorbachev’s rise to power were these errors rectified. We have now discovered that similar practices have also occurred in certain parts of China.¹

Jia Yicheng (China’s top forensic psychiatrist), 1998

This article has two objectives. The first is to summarize the findings of an article I contributed to the *Columbia Journal of Asian Law* in early 2001 on the topic of political abuse of psychiatry in China and to clarify the nature and extent of the documentary evidence supporting those findings.² The second is to update my earlier study of this topic by presenting additional items of evidence, both recent and historical, that have come to light during the past year or so. My focus is to trace the roots of post-Mao political psychiatry to their principal source: the Cultural Revolution. I shall respond in a subsequent article to the various criticisms leveled elsewhere in the present issue of this journal by Sing Lee and Arthur Kleinman,³ Alan Stone,⁴ and Frederick Hickling⁵ against my *Columbia Journal* article. Suffice it for now to say that Lee’s and Kleinman’s claim, “Munro has based

his essay entirely on indirect accounts and unconfirmed sources that are clearly biased,”³ is demonstrably false. The overwhelming bulk of my evidence, both in the original law review article and in what follows, is drawn directly from the pages of China’s own professional literature on psychiatry and the law. (The counterevidence offered by Lee and Kleinman relates almost exclusively to the very recent Falun Gong caseload—a topic that will be the chief focus of my future response to the four critics.)

Since the earliest years of the People’s Republic, political dissidents, religious nonconformists, “whistle-blowers,” and other dissenting citizens have consistently been viewed by the Communist Party of China as posing a major political threat or danger to society, and even in today’s economically more open China, they continue, in most cases, to be arrested and imprisoned as enemies of the state. (Until 1997, the criminal charge of choice was “counterrevolution,” whereas today, the less political sounding charge of “endangering state security” is applied.) In a significant and historically varying proportion of such cases since the late 1950s, however, the official psychiatric literature in China unequivocally records that detained dissidents and others in the mentioned categories have additionally been subjected to legal-psychiatric evaluation by the authorities, found to be criminally insane, and forcibly committed to psychiatric institutions. In essence, the question placed before psychiatric examiners by the police in these cases has been: Are the detainees “bad,” “mad,” or (in certain borderline cases) a combination of both? Freedom—pursuant to a finding that the forensic examinee is sane and also innocent—is rarely an option, because even today, the acquittal rate for those ac-

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cused of political crimes in China is virtually nil; and if found nonimputable or not guilty by reason of insanity, they are in most cases sent for long-term custodial care, because, in the authorities' view, socially dangerous acts have "objectively" been committed, and society must therefore be protected from any further such threat.

In brief overview, the official record shows clearly that the Communist Party's highly elastic law-enforcement notion of "political dangerousness"—itself a violation of the Universal Declaration of Human Rights and numerous other internationally agreed upon standards protecting the peaceful exercise of freedom of expression and religious belief—was long ago institutionally grafted onto the diagnostic armory of Chinese psychiatry and incorporated, in an ethically unjustified way, into the key concept of psychiatric dangerousness. The substantial numbers of Falun Gong practitioners involuntarily committed to psychiatric institutions by the police since mid-1999 represent only the most recent phase in a now well-documented history of such abuse in China, stretching back almost half a century.

Two important points should be stressed at the outset. First, I readily acknowledge that probably the great majority of psychiatrists in China are currently no longer complicit or involved in these abuses. They appear currently to be confined mainly, although (as the Falun Gong cases show) by no means exclusively, to the shadowy subspecialty of forensic psychiatry. But this was also true in the former Soviet Union and certain other East European countries, where most political-style diagnoses were performed by psychiatrists associated with the KGB and other national security agencies, and where also (unsurprisingly) political and religious dissidents never formed more than a small minority of the total psychiatric inmate population. In leaping uncritically and without due qualification to the defense of their Chinese colleagues, therefore, the various Western psychiatrists who challenge my findings elsewhere in this journal have managed to sidestep most of the key factual and ethics issues that should be addressed in this debate. As I will show later in the article, I am fully aware of the past and present efforts made by many of those in the mainstream of contemporary Chinese psychiatry to oppose the political misuse of their profession and to maintain good ethical standards.

Second, I have consistently adopted (in common with other individuals and groups involved in the

current international advocacy campaign to end politically motivated psychiatry in China) an agnostic position on the question of whether some or perhaps even many of the victims of China's "political-psychiatric dangerousness" policy in reality have an internationally recognized mental illness or impairment. As other contributors to the present debate point out, this can be established conclusively, one way or the other in particular cases, only by the Chinese government's agreeing to allow qualified outside observers full access to places of psychiatric detention, so that their alleged mentally ill political, religious, and labor activist inmates can be given an independent medical evaluation. It is entirely possible that at least some of those concerned will prove to have current or past conditions, ranging from minor personality quirks or abnormalities to full-blown mental illness. (The minor personality qualities are, in a certain sense, almost prerequisites for anyone contemplating something as inherently dangerous as a dissident career in China.)

The bottom line, however, is that most of these people should not have been arrested or subjected to forensic psychiatric evaluation (formal or otherwise) in the first place, because, in most recorded cases, their only "offense" was to have expressed views or beliefs that, although fully protected under international law and human rights standards, served to offend the political sensitivities of the Communist Party of China. Any of them who are indeed mentally ill should be offered suitable medical care and treatment on an outpatient or inpatient basis, as appropriate. Involuntary confinement in mental hospitals (whether civilian or police-run) should be contemplated only in the case of those meeting the internationally agreed upon minimum criteria for mentally ill persons who pose a direct danger to themselves or others. The Chinese authorities' frequent imposition of this extreme measure on individuals (mentally normal or otherwise) whom they regard as posing only a "political threat" to society, stands in clear and direct violation both of the World Psychiatric Association's 1996 Declaration of Madrid and of the United Nation's 1991 Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.

Political Lunacy in the Post-Mao Era

My first exposure to the twilight world of "political lunacy" in China came in late 1989, when I came

across an article in a Chinese legal textbook that discussed the forensic psychiatric evaluation of a group of criminal detainees and in which the author specifically noted that about 12 percent of those evaluated had been “political cases.” Curious to know more, I began to delve further into China’s professional psychiatric literature in the hope of finding some clarification of what actually constituted a “political case” in the (at first sight improbable) context of Chinese law and psychiatry. I soon uncovered a plethora of similar references to cases of this kind, found in articles from numerous professional psychiatric journals, legal textbooks, and scholarly studies on forensic psychiatry—all of which had been officially published in China, albeit usually in extremely small print runs and in most cases obtainable only in a few domestic and foreign libraries. (The obscure though authoritative nature of these sources goes, in my view, a long way toward explaining why this material had never previously come to international attention.) For reasons of space, I can provide only a small sampling of the relevant evidence herein, and I refer readers wanting to know more to the full text of my *Columbia Journal* article, which is freely available to be downloaded from the Internet.²

In reviewing this documentary evidence, it is vital to bear in mind that the kinds of people referred to in following sections of this article had first been arrested by the police for ostensibly dissident activities and that the main task of the forensic assessors was to determine whether the detainees were mentally capable of standing trial on criminal charges for these activities. In other words, we are not talking here about compulsory civil committals.

First, let us take a closer look at the question of who, in the post-Mao era, has been the typical targets of these abusive psychiatric practices and also at the nature of the alleged criminal offenses that led to their being detained by police in the first place. According to a 1994 textbook written by a leading forensic psychiatrist in Beijing:

Paranoid psychosis manifests itself, in clinical practice, in two different ways: one form is “litigious mania,” in which delusions of persecution tend to predominate; the other form is “political mania,” where the dominant role is played by “political delusions.” The content of the delusions in “political mania” concern the line and policies of the State; those afflicted do avid research into politics and put forward a whole set of original theories of their own, which they then try to peddle by every means possible, thereby leading to court action. For this reason,

such people are sometimes viewed [by others] as being political dissidents.

For example, one middle-aged person who was suffering from “political mania” wanted to do research into “modern humanism” and spontaneously resigned from his job. He spent all his time shut up at home, writing manuscripts tens of thousands of characters in length, which he then sent to the Academy of Social Sciences and the editorial departments of various newspapers and journals, hoping they would accept them. When all his efforts failed, he got in touch with some foreigners and asked them to publish his articles abroad, thereby causing a great deal of trouble.⁶

Another key target group in Chinese forensic psychiatry is people who write and paste up “big-character posters” (*dazibao*) of a controversial political nature, or who hand out dissident leaflets and make speeches critical of the government:

[Usually,] the person concerned carries out the counterrevolutionary behavior in a brazen and flagrant manner and with no sign of scruples or misgivings. In a publicly confrontational manner, he or she will hand out leaflets in broad daylight and deliver speeches on the main road or at street corners. Naturally, some mentally ill people may act in a more covert manner than this; yet as soon as they’re caught, they admit to everything quite frankly and unreservedly. . . .⁷

With unintended irony, Chinese forensic psychiatrists frequently note that the mental instability of people of this type is further apparent because, in “openly signing their real names” to such documents and then “failing to run away” afterward, they have clearly demonstrated a “lack of any instinct for self-preservation.”^{8,9}

The official literature is also quite specific in noting that persons arrested for dissident activities who are then found nonimputable or not guilty by reason of insanity are, in most cases, sent for involuntary and indefinite committal in closed psychiatric wards, often in police-run facilities for the criminally insane (the so-called Ankang hospitals, of which there are so far 20 across China, with many more scheduled to come on-stream in the future). As three psychiatrists working at the Ankang institute in Hangzhou wrote as recently as 1996:

Instances whereby mental illness sufferers, owing to the severe weakening or outright loss of their powers of recognition and control, become involved in cases of a political nature are by no means rare. After committing these crimes, once ascertained in the course of forensic-psychiatric evaluation as being not legally responsible for their actions, the majority of such people are sent to Ankang hospitals. During the period 1978–89, the Hangzhou Ankang hospital admitted 41 patients of this kind, accounting for 7.8 percent of all admissions. The largest numbers were admitted in 1978 and 1989, when they accounted for 17.1

percent and 14.6 percent of total admissions respectively—markedly higher than in other years. . . .¹⁰

As the authors themselves indicate, the reason so many “political case” admissions took place in 1978 and 1989 was that the former was the year of the Democracy Wall movement (the first phase of China’s modern dissident/human rights movement) and the latter was the year of the Tiananmen Square pro-democracy movement. The article continued:

According to reports in the Chinese literature, the proportion of mentally ill persons subjected to expert judicial appraisal who have committed political offenses is between 15.7 percent and 20.5 percent; this is second only to cases of murder and injury, although there has been a marked decrease in such cases since the 1980s. The majority of those in the case group had schizophrenia, but unlike the situation in other kinds of criminal cases, they were all suffering from the paranoid variety. This shows that paranoid schizophrenics tend to commit “anti-government” activities much more readily than those suffering from other variants of the disease, probably as a result of their delusions of persecution, relational delusions, and delusions of grandeur, as well as their impaired thought processes.¹⁰

Literally dozens of similarly specific references to “political case” percentages among forensic psychiatric sample groups in China appear throughout the professional literature. Indeed, this topic has by no means been a “minority-interest” one among Chinese forensic psychiatrists: Most of the leading specialist authorities in the field have written about it at length during the past 20 years. The overall picture that clearly emerges from all these officially provided data is that, throughout the 1980s, “political cases” accounted for, on average, somewhere in the region of 10 to 15 percent of China’s criminal psychiatric caseload, and that from the early 1990s onward, there occurred a marked decline—to an approximate level of between 1 and a few percent—in the overall incidence of cases of this type. The single largest set of statistics on this topic that has so far come to light was provided by Professor Jia Yicheng, the senior authority on Chinese forensic psychiatry, in a comprehensive survey report on 12 retrospective local studies of forensic psychiatric assessments work that had been presented at a key national conference in June 1987. According to Jia’s survey, more than 21 percent of the thousands of cases discussed in the 12 papers concerned “cases of reactionary or counterrevolutionary behavior.” Jia’s commentary on this state of affairs also provides a useful confirmation of the broader historical trend just outlined:

As can be seen from the statistical data provided in the 12 articles, altogether 1,621 (or 21.05%) of the 7,699 criminal cases under examination involved reactionary or counterrevolutionary speech or action (*fandong huo fan’geming yan-xing*), placing this category in a high second position [after murder: 23.03 percent] on the overall statistical list of dangerous behaviors. However, when viewed from a periodic perspective, an extremely clear distinction emerges. Six of the articles contained statistical data on appraisals carried out during the post-Cultural Revolution period of 1981 to 86, and among the 2,019 criminal defendants who were appraised during this period, only 59 (or 3.12%) had engaged in counterrevolutionary speech or action. The other six articles contained statistical data from the period beginning in the 1950s and ending in 1976, and among the 5,680 criminal defendants appraised during this period, the relevant figure was 1,562 persons, or as much as 27.5 percent. This was clearly a product of the Cultural Revolution period and of the ultraleftist ideological trend that preceded it.¹¹

As the statement by Jia Yicheng presented at the beginning of this article vividly shows, he now acknowledges these cases to be of a “similar” politically abusive nature as those that used to occur in the Soviet Union. It is important to note, however, that Jia’s figure of 3.12 percent for “political cases” during the early to mid-1980s was substantially lower than the average incidence of such cases (10–15%) found in numerous local forensic psychiatric studies carried out during the 1980s as a whole by other researchers. And crucially, it was only with the sharp percentage reduction in such cases that occurred in the early 1990s that China’s level of political psychiatric abuse began, finally, to decline to approximately the same level as that found at the height of similar phenomena in the Soviet Union during the 1960s and 1970s. Hitherto, China’s incidence rates for “political cases” appear to have been much higher than those found under Soviet psychiatry. Equally important, moreover, with the current widespread psychiatric detention of Falun Gong protesters, the incidence curve in China has again begun to rise sharply.

It should be apparent from this brief summary of evidence that the real underlying causes of politically abusive psychiatry in China today are to be found in the much deeper and more intractable problem of the Chinese authorities’ longstanding insistence on viewing the peaceful expression of dissident or non-conformist viewpoints as constituting “political crimes” that must be sternly punished and suppressed by law. Until this fundamental impediment to the observance of internationally recognized human rights in China can be removed, a small but significant proportion of those arrested on such

charges will no doubt continue, accurately or otherwise, to be diagnosed as having committed their “heinous offenses” as a result of mental illness rather than, necessarily, from any politically “hostile” intent.

The international psychiatric community is largely powerless to promote change in the direction of legal reforms that would finally remove the concept of peaceful and nonviolent political crime from China’s criminal statutes, and many psychiatrists will in any case feel that such a project lies well beyond their sphere of professional competence and concern. What can and should be achieved, however, is the ethical goal of preventing, through pressure of international public opinion, China’s law-enforcement agencies and courts from continuing to co-opt Chinese psychiatrists into participating in the politically repressive process itself. If the Chinese authorities must continue to arrest and punish peaceful dissenters in disregard of international standards and world opinion, they should send them to prison and not to locked psychiatric wards or institutes for the criminally insane.

Any genuinely mentally disturbed dissidents and religious believers—and also any nondissenting individuals who happen to express their mental disturbances in the form of politically colored thought, speech, and action—should be given the benefit of humane and appropriate medical care in a nonforensic, regular psychiatric-care setting. Many Chinese psychiatrists now publicly acknowledge that most of those in the latter categories—a quixotic but seemingly quite large group for whom I have coined the term “pseudocounterrevolutionaries”—became mentally disturbed or were driven insane as a direct result of the incessantly persecutory political campaigns of China’s recent past. For the legal and medical authorities to continue treating such people also as being “dangerously mentally ill criminals” is merely to add insult to injury.

The Cultural Revolution

Without a correct political standpoint, one has no soul.—
Mao Zedong, 1957

After expanding my survey of the Chinese professional literature to include the pre-1980 period, a still more disturbing picture than that which I have described for the post-Mao era soon began to emerge. It was already known, from the writings of Arthur

Kleinman and others, that many Chinese psychiatrists had suffered greatly during the Cultural Revolution (1966–1976) and that the mental-healthcare system in China had been largely dismantled in the course of the political turmoil that engulfed the country during that decade. What was not previously known (or at least it was never, to my knowledge, reported by outside observers) is that many other Chinese psychiatrists actively participated in widespread and very serious ethics abuses of their skills during this same period in China’s recent history. China first learned the basic theory of political psychiatry from the Soviet Union in the mid to late-1950s, when “fraternal advisers” arrived in Beijing from Moscow—bearing the latest works of Georgi Morazov, the faithful student and successor of Andrei Snezhnevsky (the inventor of “sluggish schizophrenia”)—and began helping the country to establish a network of forensic psychiatric centers. To understand the real origins and genesis of the widespread misuse of psychiatry as a tool of political repression in China during the post-Mao era, however, we must delve deeply into the Cultural Revolution decade, for that is when the ethical rot within Chinese psychiatry truly began—and it was, for the most part, preeminently *sui generis*.

Chinese Psychiatry in Crisis

As I explain more fully in my *Columbia Journal* article, the abuses within Chinese psychiatry during the Cultural Revolution took two distinct and seemingly opposed forms. On the one hand, many genuinely mentally ill people, in particular those whose symptoms had included pseudopolitical “ravings” against Mao, were dragged out of mental hospitals by the Red Guards and coerced or beaten into “confessing” that they had been “sane” all along. They were then officially reclassified as counterrevolutionaries and either sent to prison or shot. (In neutral psychiatric terms, this could perhaps be seen as the ultimate form of “hypodiagnosis.”) As a Chinese court official noted in 1983, after a judicial review of trumped-up political cases perpetrated during the Cultural Revolution:

Numerous cases have been discovered of people who were obviously mentally ill but who were wrongfully imprisoned or even executed as “political lunatics” Mentally ill people were convicted of crimes on the basis of their strange utterances and wild language, thereby creating the notion of the so-called “political lunatic” [*zhengzhi fengzi*]—a hodgepodge of the two

unrelated terms “politics” (meaning class struggle) and “lunatic” (a state of biological pathology).¹²

On the other hand, many genuine political activists caught on the wrong side of the complex Maoist factional struggles of that period were sent to police-run warehouses for the criminally insane. (This represents the more familiar pattern of “hyperdiagnosis” that was so characteristic of Soviet-style political psychiatry.) Most surprising of all, however, given that many regular mental hospitals in China had virtually ceased to function by the late 1960s, is that in the forensic domain, the psychiatric evaluation of criminal detainees apparently continued much as before—albeit with ethically catastrophic results. As another of China’s top forensic psychiatrists Zheng Zhanpei wrote in 1988:

Political cases: These are very seldom mentioned in the literature of other countries. According to a survey done by this author of forensic psychiatric appraisal cases carried out at the Shanghai Municipal Mental Health Center over the period 1970 to 71, however, political cases accounted for 72.9 percent of the total. This had to do with the particular historical circumstances of that time.¹³

Any attempt to defend Chinese psychiatry against the current allegations of political abuse on the basis of the acknowledged fact that many psychiatrists were themselves persecuted for upholding ethics standards during the Cultural Revolution must also, unavoidably, take on board the equally significant fact that many other psychiatrists were, for whatever reason, active participants in the wholesale ethics abuses of that period. Even by the late 1970s, the period immediately after the death of Mao, the above-cited phenomenally high incidence of “political cases” dealt with by Chinese forensic psychiatrists—in which it is evident that the numbers of “political lunatics” far exceeded the combined total of psychotic murderers, rapists, and arsonists processed under the system—appears to have remained at a broadly comparable level. For example, a retrospective study of forensic psychiatric assessments carried out in another major Chinese city reported: “According to this hospital’s statistics, cases of antisocial political speech and action accounted for 54 percent of all cases [examined] during the year 1977.”¹⁴

What accounted for all of this? Above all, it was the uniquely Maoist emphasis on the importance of “correct political thinking.” In China, even more so than in Russia, the objective or material Marxian prerequisites for advanced socialism were conspicu-

ously absent in the first half of the 20th century, and Mao’s solution to this revolutionary resource deficit was to transfer the pivotal role away from the economy and toward ideology and other such “superstructural” factors—that is, from being to consciousness, from the objective to the subjective, from the material to the spiritual, and from process to will. As Stuart Schram, the leading Western expert on Mao’s thought and philosophy, has written:

Mao’s contribution to the theory and practice of revolution is also characterized by an extreme voluntarism. To be sure, “voluntarism,” in the sense of an accent on conscious action, is by no means absent from Marx himself. But there is no doubt that it is carried much further in Lenin, and further still in Mao Tse-tung, and in the ideology of the Chinese Communist Party. This voluntarism attained a kind of apotheosis in the [late Maoist] theory of the permanent revolution. As Mao wrote in 1958: “Men are not the slaves of objective reality. . . . In this sense, the subjective creates the objective.”¹⁵

By the late 1960s, Mao’s insistence on the promethean role and virtue of human will and subjective political ideology—a message that, incidentally, contributed significantly to the contemporary Western cultural movement inspired by the slogan, “the personal is political”—attained its absurd apotheosis in a corollary belief, on his part, that incorrect thinking or mentality was therefore tantamount to a crime against the revolution. This punitive doctrine pervaded all walks of life in China during the Cultural Revolution, but it found especially fertile soil for development within the field of Chinese psychiatry. In the Chinese language, fortuitously or not, the words for “ideology” and “mentality” are unfortunately one and the same (*sixiang*.) As we shortly shall see, the outcome was that individual mental problems soon came to be seen, in simplistic and reductionist fashion by the Maoists, as not merely reflective of, but actually caused by, incorrect or deviant political thinking on the part of the sufferer. Indeed, as official wall slogans proclaimed to mental patients, in what little was left of China’s mental-healthcare institutions during the Cultural Revolution: “Without a correct political standpoint, one has no soul” (Mao, 1957).¹⁶

The Struggle for Ethical Psychiatry in China

A crucial, although in the West previously unknown, academic debate on the “essential nature of mental illness” was conducted in the pages of China’s medical journals by numerous leading psychiatrists between 1972 and 1978. (There were only a handful

of such journals in those days, and many were inexplicably marked “confidential.”) Although I could merely summarize the following key passages from this extraordinary debate, I believe that the result would probably strain readers’ credulity to an unacceptable degree. These extracts are lengthy, but there is really no substitute for reading them in the original form. (The full text of these and other key articles taken from the Chinese psychiatric literature between 1966 and 2000 that shed light on political psychiatry in China will appear in a forthcoming report to be published jointly by the Geneva Initiative on Psychiatry and Human Rights Watch.)

A group of civilian and military psychiatrists, August 1972:

Mental illness is not, as the bourgeois scholars would have us believe, a “supra-class, solely biological phenomenon,” but rather something that is inextricably linked with the class struggle and with the clash between the two major worldviews [i.e. the proletarian and the capitalist]. . . .

Under the socialist system, a clash will inevitably develop between the concept “public” and their own preoccupation with the concept “private,” engendering a contradiction within their minds between these two things. And unless this contradiction can be correctly resolved, the ideological struggle within their minds will intensify and may produce partial imbalances in the functioning of their cerebral cortexes; so people like this can very easily develop mental illnesses. . . . The reason why most patients become mentally ill is connected to the class struggle, and the fundamental causal factor in the majority of cases is that they still retain a bourgeois worldview and methodology.¹⁷

Yang Desen, Hunan Medical College, August 1976:

Some people maintain that pathological thoughts are simply a continuation of the normal thoughts found prior to the onset of illness, and that if any changes occur, these can be only quantitative and not qualitative in nature. Putting the matter bluntly, they maintain that the pathological thoughts provide a naked, wholesale revelation of the true thoughts and ideology that the mental patients had prior to falling ill. And they attribute the fact that the patients concerned did not express such thoughts before they fell ill, and that they hastily try to repudiate such thoughts after recovering their mental health, to mere phony and disingenuous attempts by the patients to conceal their true thoughts. . . .

According to this general perspective, all the symptoms of mental illness are fundamentally rooted in the patient’s pre-illness ideological and political-class background, and moreover a positive identification of the patient’s ideological awareness and character can be made on the basis of these symptoms. . . . [As a result,] it becomes very easy to start seeing mental illness itself as constituting an “ideological defect”. . . . [But] mental disease cannot be equated with defective ideology. Severe mental illness can result in death or long-term disablement, and what the patients urgently need is medication and treatment.¹⁸

Jia Rubao, a psychiatrist from Shaanxi Province, April 1977:

The process goes exactly like this: under the socialist system, it is impossible for these people to satisfy their selfish desires and so the “boil” cannot be lanced; at first, the normal thoughts and the pathological thoughts coexist side by side, but as the pathological thoughts steadily gain the ascendant in their minds, they begin to sing, dance and run around aimlessly, tearing off their clothes and going around naked, and sometimes injuring or killing people—that is, they become mentally ill. We see, therefore, that bourgeois worldview and methodology are the fundamental causal factors in the emergence of mental illness; indeed this is the essential nature of mental illness.

Some people will ask the question: in capitalist society, then, is mental illness more commonly found among the bourgeois class? Yes, there are certainly more mentally ill people from this class background than elsewhere. . . . [However,] if we use class education and political-line education to profoundly re-educate the mentally ill in the proletarian worldview. . . and raise their awareness of the class struggle, the struggle over political line and the need to continue the revolution under the dictatorship of the proletariat. . . and dig out the roots of mental illness by overthrowing the concept of private ownership and implanting the principle of public ownership. . . then the overwhelming majority (90%) of mentally ill people can be completely cured.¹⁹

Yang Desen, August 1978:

We cannot, in disregard of the plight of large numbers of working people who suffer from mental illness and in the absence of any compelling scientific evidence, simply claim that mental illness is a disease of the bourgeoisie, a disease of capitalist society. . . . [Neither should we] commit the error of thinking that by acknowledging the objective existence of mental illness in our society we will somehow be harming China’s reputation, [nor] prematurely set ourselves the goal and task of eliminating all mental illness in the belief that it is somehow incompatible with our [superior] social system. . . . While not denying the importance and significance of ideological re-education and psychotherapy (*jingshen zhiliao*), we do not believe that bourgeois worldview and methodology is the universal and fundamental causal factor leading to onset of the endogenous mental illnesses. [Somewhat confusingly, given the generally positive image of psychotherapy in the West, in China “*jingshen zhiliao*” was introduced by the Maoist ultraleftists in the mid-1960s and was essentially a process whereby the mentally ill were subjected to compulsory political and ideological re-education. To some extent, the term “psychotherapy” retains these negative connotations in China, even today.]

Under the special circumstances [of China’s recent past, i.e. the Cultural Revolution], “when evildoers are in power, the good people suffer”; but even when these evildoers’ worldviews were of the most extremely reactionary kind, they themselves did not become mentally ill. Many good people, on the other hand, were attacked, persecuted, killed or driven insane by them. By what kind of bizarre logic are we now supposed to ask those who became mentally ill as a result of all this to start “re-examining their worldviews” in an effort to find the “causes” of their illnesses, not to mention the absurdity of attributing their mental problems to “putting self first-ism”? The patholog-

ical factors leading to mental illness include, among other things, being so grief-struck at the death of a family member through accident or natural disaster that one falls seriously ill. Are we supposed also to lump this kind of mental illness under the heading of “improperly reformed worldview”? Just what kind of a theory is this?

. . . To regard mental illness as being an ideological defect, and hence to substitute ideological re-education work based on Marxism-Leninism and Mao Zedong Thought in place of pharmaceutical drug therapy. . . none of [this] accords, in any way whatsoever, with the principles of Marxism-Leninism and Mao Zedong Thought. . . .

After the founding of New China, the Party and the People’s Government made great efforts to improve the health of the population. . . . [However,] after Lin Biao and, especially, the Gang of Four started to peddle their reactionary political line—a line that was “left” in form but right in essence—the country was plunged into deep disaster. Every aspect of official life in China suffered the noxious consequences of their doctrines, and the damage wrought in the field of psychiatry was certainly no less serious and profound than elsewhere. . . . As a result of all this, in the worst hit mental hospitals, recovery rates and sickbed rotation rates began to decline and medical staff became so demoralized that they left psychiatry altogether.

Eventually, [the ultraleftists] began claiming that the real reason people became mentally ill was that their heads were filled with an “excess of selfish ideas and personal concerns” and that it was the product of “an extreme development of individualism.” Simplistic techniques of ideological re-education then became the principal form of treatment and cure for mental illness in China. Mentally ill people were made to undergo re-education at the hands of the medical staff and ordered to dig out, from within their own minds, the “ideological roots” of their illnesses. In some mental hospitals, patients who uttered [politically] banned thoughts or engaged in banned forms of behavior because of their illnesses were held criminally responsible, and even their families were wrongfully implicated. This conception of mental illness as being an ideological sickness and a disease of the bourgeoisie, the belief that it is a product of the capitalist social system, holds in lofty disdain the sufferings of countless numbers of working-class mentally ill people and has served to consign psychiatry to the distant margins of public health work in our country. Is it not now incumbent upon us, therefore, to expose and criticize to the fullest extent possible all these absurd theories and pernicious policies of the Gang of Four, these perversions of medicine that have inflicted such harm and damage upon the mentally ill and upon the great majority of those working in our profession?²⁰

The first of the interventions by Professor Yang Desen, a psychiatrist who was himself persecuted during the Cultural Revolution and who is now one of the most respected and influential psychiatrists in China, was made in August 1976, one month before the death of Mao and at the height of the power of the Great Helmsman’s closest colleagues, the “Gang of Four.” It would be hard to overstate the degree of personal bravery he showed at that time in frontally

challenging the Cultural Revolution’s orthodoxy whereby, grotesquely, all mental illness was said to be caused by politically deviant thinking on the part of the sufferer. Yang’s second and decisive intervention, made two years later on the eve of Deng Xiaoping’s return to national power, came at a time when scholars in all fields in China had begun to receive license from the Communist Party to fundamentally rethink the future policy contours of post-Mao China.

As this exchange of views eloquently shows, the depth and extent of the politicization of Chinese psychiatry that occurred during the Cultural Revolution decade went far beyond anything of a similar nature ever found in the former Soviet Union; indeed, I know of no closely comparable such case in 20th century world psychiatry, unless one includes the ethically repugnant misuses of psychiatry that occurred in Nazi Germany. During the past 20 and more years, mainly as a result of the courageous stance taken by Yang and other veteran Chinese psychiatrists around the time of Mao’s death, the Chinese psychiatric profession has steadily evolved to the point that, today, its theory and practice are, in general, based on internationally accepted diagnostic and ethical standards. The recent decision of the Chinese Psychiatric Association to remove homosexuality from the country’s list of officially recognized mental disorders provides a vivid illustration of this clear trend.

Persistence of Political Abuses Within the Forensic Field

Where the minority domain of Chinese forensic psychiatry was concerned, the deeper conceptual and institutional roots of the late-Maoist psychiatric orthodoxy that equated mental illness with political deviancy nonetheless survived—as all the statistical and other evidence cited in this article attests—substantially intact. Or to be more precise and accurate, a paradigm shift involving what I would term a “nuanced reversal” of the hitherto globally abusive theory of psychiatry and mental illness occurred within the Chinese forensic domain after the death of Mao. Whereas, during the Cultural Revolution decade, more or less all mentally ill people were seen as being that way because of their “bourgeois ideological defects,” from the late 1970s onward the view became that some people who displayed these same kinds of ideological defects (namely a certain subgroup of detained political dissidents, religious nonconformists,

and the like) held the offending views in question because they were mentally ill.

This revised (or subtly reversed) theory, entailing a return to the classic “hyperdiagnosis” model found in Soviet forensic psychiatry, persisted in China during the 1980s and then steadily declined in influence during most of the 1990s, in line with the sharp fall in the numbers of “counterrevolutionary offenders” arrested in China at that time. But the basic doctrine remained intact within the forensic branch of Chinese psychiatry and since the start of the campaign against Falun Gong in mid-1999, it has been dusted off and pressed back into service by the Chinese police and their forensic psychiatrist colleagues. Moving beyond the diagnosis of “*qiqong*-induced mental disorder” that was previously believed to form the authorities’ main medical justification for the psychiatric detention of Falun Gong believers, an entirely new “syndrome” has now been invented by Chinese psychiatry to account for all or most such cases: “evil cult-induced mental disorder” (*xie-jiao suo zhi jing-shen zhang’ai*). As this politically opportunistic new diagnosis serves to show, the medicolegal authorities’ post-Mao formulation that “some dissidents commit political crimes because they are mentally ill” has now been supplemented by the issuance, in effect, of a Chinese government “health warning” to the public: “Spiritual or religious beliefs banned on political grounds can drive people mad.” The formal similarity between this and the Cultural Revolution doctrine that mental illness is caused by politically incorrect or deviant thinking should be readily apparent.

Full-time forensic psychiatrists, of whom there are still relatively few in China, and also general psychiatrists who work part time for the police (and who examine probably most forensic cases) thus unavoidably still find themselves, wherever political dissident cases or ones involving Falun Gong detainees and the like are concerned, at the ethically invidious intersection of modern medical principles and an unreconstructed criminal justice system whose overriding concern remains the arbitrary suppression of dissent. We do not yet know how many, or even what general proportion of, Chinese psychiatrists are directly involved in these ethically abusive practices, but it seems clear that they form a relatively small minority within the profession as a whole. Certainly, I have little doubt that most younger Chinese psychiatrists, especially those who have received medical training and education overseas, would today be instinctively

averse to cooperating with the Chinese police in the suppression of political and religious dissent. Indeed, I would go further by suggesting that it seems quite likely that many of the Chinese psychiatrists who have written extensively on the topic of “political cases” dealt with in the forensic domain since the early 1980s have been motivated to do so by a desire to bring the existence of this still sizable problem of ethics to a wider domestic, and possibly also international, audience. If so, the absence of overt value judgments in most of their reports would mirror their need to protect themselves against charges of disloyalty to the party.

A Call to the World Psychiatric Community

From all of this, I hope we can begin to discern the outlines of an appropriate and effective response by the international psychiatric community to the problem of politically abusive psychiatry in China: on the one hand, to stand in firm solidarity with the ethically sound mainstream of the Chinese psychiatric profession, while recognizing that current political conditions in China make it largely impossible for psychiatrists there, individually or collectively, to speak out openly themselves against these abuses; and on the other hand, to work in a targeted manner, through the WPA and its national member associations, to put pressure on the Chinese authorities to end the political misuse of psychiatry within the forensic-evaluations domain, the Ankang police custodial network, and the relatively few corners of the general psychiatric system where it still persists.

At their annual general meeting in July 2001, the members of the Royal College of Psychiatrists overwhelmingly passed the following resolution on the China question²¹:

Bearing in mind the available evidence that political dissidents in The People’s Republic of China (PRC) are being systematically detained in psychiatric hospitals, we propose that the Royal College of Psychiatrists takes the following action:

1. to join with the World Psychiatric Association (WPA) to arrange a fact-finding visit to the PRC;
2. if this visit and other evidence confirm political abuse of psychiatry, to ask the WPA to reconsider the constituent membership of the Chinese Society of Psychiatrists;
3. to work with the WPA to provide support for those Chinese psychiatrists who are committed to ethical and evidence-based practice.

It should be stressed that under the terms of the Madrid Declaration, the need to reconsider China’s

constituent membership in the WPA would follow automatically from any finding of systematic political abuse of psychiatry in China, and the inclusion of Point 2 therefore in no way serves to prejudge the issue. Rather, attention should presently be focused on the other two proposals: that a fact-finding mission be undertaken to establish the veracity or otherwise of the allegations and that, meanwhile, the hand of professional friendship and support be extended to all Chinese psychiatrists not directly involved in the abuses concerned. This carefully worded resolution from the Royal College expresses, I believe, priorities that should now be weighed and acted on by psychiatrists everywhere.

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