



Contested Minds Across Time: Perspectives from Chinese History and Culture

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Abstract

This essay provides an overview of the contributions by Emily Baum, Chengyang Jiang, and Sandra Teresa Hyde. Chinese history and culture provide a useful resource for thinking beyond the limits of the contemporary human sciences, such as the way that the mind operates as a contested object of knowledge across time, place, and disciplines.

Keywords Chinese medicine · Fatalism · Harm · Medical pluralism · Mind · Self

In her Dwight H. Terry Lectures delivered in 2017, the preeminent anthropologist Judith Farquhar summarized her excitement from studying Chinese medicine, the focus of her lifelong scholarship: a “way of feeling the vastness of an unfamiliar world” (2020, p. 111). The strangeness of a knowledge system not stymied by the doctrines of Western biomedicine inspired her to overcome the shortcomings of a familiar worldview. This echoes the way historian David Lowenthal famously characterized the past as “a foreign country” (1985). The obscurity of the past throws light on the contingency of norms in the present. Recently and collectively, historians and anthropologists of mental health in East Asia have addressed the question of what a view from outside the West can offer to the critical study of mental processes (Baum, 2018; Chen, 2003; Chiang, 2021; Kitanaka, 2012; Nakamura, 2013; Yoo, 2016; Zhang, 2020). At the very least, such an exercise “enables researchers to rethink assumptions about what counts as natural, normal, or pathological in specific regional and temporal contexts” (Baum & Chiang, 2021, p. 242). The fact that, historically, China is a country not fully colonized by a foreign power (Western or

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Japanese) might imply a sense of exceptionalism (Chiang, 2014a). But as the first three essays in this section on “China: Theorizing from Non-Western Vantage Points” attest, important lessons can be learned from Chinese history and culture to render a familiar genealogy of the psyche in the human sciences foreign. Far from a stable entity, the mind operates as a contested object of inquiry across time, place, and disciplines.

The medical pluralism that characterizes Chinese history and culture draws attention to the limit of biomedical psychiatry. As it is well-known, the rise of modern biomedicine has never fully undermined the existence of alternative healing traditions, in both Western and non-Western contexts (Hunt, 1999; Rosenberg, 2007). In China today, patients routinely consider traditional Chinese medicine and modern Western biomedicine as coexisting options. Emily Baum’s essay shows that with respect to mental and behavioral problems, Chinese physicians sustained a heated debate in the 1920s and early 1930s. Surfacing in a diverse set of medical publications including *Chinese Medicine World*, *Medicine of the People*, *Health Magazine*, and *Hygiene Papers*, this debate essentially forced Chinese medicine doctors to confront the challenges posed by Western psychiatry, which began to accrue epistemological and social force in China since the late nineteenth century (Baum, 2018; Chiang, 2014b). As most Western neuropsychiatrists increasingly focused on *brain* localization and physical interventions, practitioners of Chinese medicine pushed for the importance of the *heart* in interpreting and curing mental illness. Classical medical texts such as the Han-dynasty *Yellow Emperor’s Inner Canon* offered a source of moral authority for expanding the conceptual boundaries of mental disorders beyond brain biology. Some physicians like Yu Shenchu argued that human knowledge and cognition originated from the heart and then were passed on to the brain. Most interlocutors stressed the heart as the sovereign ruler of human thought and behavior, but also insisted that the functioning of the brain and the heart depended on each other.

The fulcrum of this debate, of course, entailed the existentialism of Chinese medicine. While the 1919 May Fourth generation compelled researchers of most scientific disciplines to come to terms with the premise of modern Western science, Chinese physicians did not sense such an urgency until the Nationalist government expressed intent in abolishing traditional medicine a decade later (Andrews, 2014; Lei, 2014). This helps to explain why the brain-heart debate reached its peak in the late 1920s. In their effort to recast their profession as both scientific and modern, Chinese physicians mobilized a number of arguments, including the notion that Western medicine tended to focus on factors that were close rather than far from the physical site of illness, the claim that Western medicine treated only the symptoms but not the cause of a disorder, and the idea that Chinese medicine promoted a more holistic conception of the body and that its practitioners derived their authority from, above all, their clinical experience (Chiang, 2015a; Lei, 2002). Even as some commentators construed mental disorder in terms of brain or heart deficiency, these organs did not simply refer to a disembedded physical entity. In other words, this powerful rhetoric allowed proponents of Chinese medicine to conceptualize the mind beyond the biological paradigm that reigned in Western psychiatry then as it does now.

Perhaps one of the most important legacies of the mind sciences descends from the sophisticated theorization of selfhood in the twentieth century. Yet it is also well-

known that the majority of this scholarly discussion occurred in relatively urban and cosmopolitan settings, including Vienna, Paris, London, and New York. In the early decades of the People's Republic of China, medical psychology, Pavlovian behavioralism, and a critical psychology movement thrived unevenly in major cities such as Beijing and Shanghai (Gao, 2015, 2019, 2020, 2021; Wang, 2019; Wu, 2019). Chengyang Jiang's essay reveals an alternative genealogy in which the self has been harnessed and constructed in rural communist China. In particular, peasants' fatalist thinking—the idea that fate is determined at birth—overlapped with family history and life narratives. By interviewing four members of the Lü family, Jiang shows that Chinese peasants accumulated distinct memories of their life under Mao Zedong's socialist era from 1949 to 1976. Inhabiting a different relationship to their father Lü Shouting, the four siblings utilized fatalist thinking respectively to both make sense of themselves and balance their internal psychological equilibrium with external constraints.

Jiang's oral history approach carries immense theoretical potential, because most peasant subjects like the Lü family have not been the focus of study by modern mind scientists. Yet by interviewing them, Jiang demonstrates that despite their close relation, each member of the Lü family diverged in the interpretation of their historical experience. This divergence sometimes drew a line across generational difference. The eldest sister Lü Pifeng claimed to have experienced the most hardship through various historical epochs, from the Republican wartime period to the era of collectivization, but she was probably the most content in her old age by explaining life through fatalism. The youngest sister Lü Piyu seemed to have suffered the least in the eyes of her siblings, but her melancholic personality confirmed the popular saying that "personality determines fate." She had a more difficult time than Pifeng in overcoming her personal struggles. At other times, the divergence in the siblings' experience gradated along the spectrum of scientism versus religiosity. Whereas Lü Minghua, the fourth daughter, preferred to explain fate from a supernatural perspective, Lü Minghu, the only son, expressed complete indifference toward fatalist thinking. Each member of the Lü family recalled a unique type of positionality with respect to China's macrostructural changes (e.g., the war of resistance, socialist collectivization, and economic reform) and their family's microlevel transformations (e.g., the exile and death of their parents). Though focusing on just one family's oral history, Jiang's study frames fatalist thinking as an apparatus of self-construction, especially useful for rethinking the psychology of peasants and communism.

Whereas the work of Baum and Jiang deepens a historical theorization of the mind and subjectivity beyond the promise of Western and urban epistemology, Sandra Teresa Hyde's essay questions an individualized notion of the self. By drawing on a decade of fieldwork at Sunlight, a therapeutic community for drug rehabilitation in Southwest China, Hyde seizes the non-Western, non-urban, and non-democratic nature of this ethnographic setting to arrive at a more robust understanding of harm and harm reduction. One of the most important observations she makes is that the entire cast at Sunlight—from its founder to healthcare providers to addicts—struggled with reconciling the Western notion of a singular self and the broader institutional and cultural scaffolding of Chinese collective practices. If we were to start with a Western-centric notion of harm reduction that focuses on the individualized benefits

of drug abstinence, the behavioral outcome oftentimes fails to recontextualize the former addict into a wider set of social norms. One routine consequence has been addiction relapse, and Sunlight readmits individuals on a regular basis.

Therefore, perhaps a more useful approach to situating the challenges to contemporary harm reduction comes from a historical and cultural perspective. First, Hyde's essay takes us back to the well-known episode of opium epidemic in nineteenth-century China. This collective history of harm nested broader questions concerning racial capitalism (exploitation of labor in British South Asia) and the implication for contemporary practice (the adaptation of Maoist-style self-criticism in late twentieth-century Western health collectives). Second, against this historical backdrop, the very definition of harm reduction has been volatile at best in its implementation at Sunlight. While popular sentiment might consider the complete refrain from drug use as a successful measure of harm reduction, the experts at Sunlight envision a more utopian stance in which they would assist drug users manage their addiction so as to function and live in society normally. The crux of the tension lies in the public perception of drug users. If we relocate the "root" of the problem from an individual-centered to a society-centered perspective, we might come closer to the actual challenges that drug users face and ways of helping them in reality. Last but not least, therapeutic communities like Sunlight have caught on the recent "psycho boom" in China—an explosion of interest in psychotherapy and mental health work—in urban China for the last decade and half. While this wave of psych fever might imply the appropriation of a singular/neoliberal psychic self, numerous studies have situated this trend within collective forms of therapeutic practice (Huang, 2014; Zhang, 2020). The historical permutation is important here: from the very beginning, communities like Sunlight have presented themselves as a more humane alternative to incarceration practices such as labor camps and compulsory drug prisons.

It is perhaps appropriate for my reflection to end with Hyde's paper. Hyde hints at the gloomy uncertainty hanging over the future of Sunlight, which due to neoliberalization has become something increasingly similar to the kind of a drug prison it claimed to oppose. Precisely because of such newly emerging trends and patterns, we need to pay *more*, not less, attention to Chinese history and culture. Of course, China is not the only place from which to question the status quo; it is only one of many possibilities. It represents a start. After reading these three essays, I was struck by the extent to which certain historical developments coinciding with their timing have already suggested the possibility of alternative futures and genealogies. In the early twentieth century, for example, a sizeable group of psychodynamic therapists, most notably Freudian psychoanalysts, vehemently made room for thinking about the mind beyond the biology of the brain. Between the 1930 and 1940 s, the heyday of the Culture and Personality School, social scientists posited a malleable understanding of the human psyche defined around cultural variability. They often looked toward "primitive" societies in the Southwest Pacific for inspiration to critique capitalist, urban modernity. This challenge of the West as the universal template of psychological and cultural norms became the basis for a new field of medicine called comparative psychiatry, which gradually evolved into cross-cultural or transcultural psychiatry by the 1960s (Chiang, 2015b). The WHO initiated its decade-long International Social Psychiatry Project in the mid-1960s to establish a new framework for

international mental health (Wu, 2021). And as Mei Zhan (2009) and Emily Baum's (2021) recent work has shown, specific aspects of Chinese medicine have reversed the typical trajectory of scientific transmission emanating from the West since at least the 1970s. We are at the cusp of reinterpreting these episodes of knowledge production as more familiar than foreign, moving the "outlier" status of transcultural epistemology to the center of scholarly discourse.

Declarations

Conflict of Interest none.

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