

Histories and cultures of mental health in Modern East Asia: New directions

This special issue emerged from the recognition of a void. A sustained dialog between critical studies of mental health and East Asian studies has not flourished in systematic and meaningful ways. Whereas a robust body of work has examined the history and anthropology of mental health in European and American contexts, the prevailing norm of East Asian societies, until recently, has been to ignore mental health issues or assume that they are peripheral to societal concerns. Similarly, although the cultures of China, Japan, and Korea lie at the heart of scholarly inquiry from diverse disciplinary viewpoints, issues related to mental health have rarely come to the fore in these “area studies” paradigms. This gap between matters of mental health and the diversity of East Asia is precisely what this special issue seeks to bridge.

The disjuncture between mental health and critical Asian studies has been exacerbated by the discrete vocabularies, histories, and methodological approaches that accompany the study of regional fields. While several of our colleagues across the University of California system and beyond have devoted a significant part of their careers to studying mental health, psychiatry, and institutionalization within broader East Asia, the balkanization engendered by discipline-based and regional studies perspectives has all too often impeded collaborative engagement (Baum, 2018; Chen, 2003; Chiang, 2014; Nakamura, 2013; Zhang, 2020). This forum, and the yearlong series of both in-person and virtual workshops that preceded it, was an attempt to overcome those divides. By bringing together faculty who specialize in different world regions, disciplines, and research methodologies, we aim to embrace a more holistic perspective on what both *defines* an East Asian approach to mental health and *delimits* the extent of those generalizations.

To readers of the *Journal of the History of the Behavioral Sciences*, East Asian history and culture may not be the most familiar terrain. For that reason, the first major theme that threads the various essays in this special issue concerns the way specific cultural and historical contexts shape the experience of mental health. Although the focus here is on East Asia, some of our insights can be generalized to other parts of the world. One example is the role of shamanism and divination in Chinese culture, especially with respect to the way it determines the prospects and limits of folk healing practices in the contemporary era. Emily Baum's essay reveals the psychotherapeutic function of fortune-telling. Even though the rise of scientism in modern China, cohered in particular around the May Fourth era (1910s–1920s) and beyond, has tended to drive an ontological wedge between spiritual belief and modern biomedicine, the practice of divination generates a kind of cathartic effect similar to the outcome of psychiatric intervention (Baum, 2018; Kwok, 1965). Based on fieldwork conducted in rural Henan, Emily Ng's contribution shows that the ritualistic dimension of medium healers resuscitates the revolutionary spirit of a lost past, such as Mao's unfinished revolution. The attack on the “four olds” (old ideas, old culture, old habits, and old customs) during the Cultural Revolution (1966–1976) denigrated the status of many religions. And yet when spirit mediums summon the god of Mao today, the shamanistic encounter constitutes what Ng calls a register of “psychic nowhere,” which pushes the imagination of the psyche and its boundaries. In both cases, the popularity of contemporary folk healing traditions can be understood as a reaction to the anti-superstitious movements that have developed in modern China, whether in the Republican period (1911–1949) or the Maoist era (1949–1976) (Nedostup, 2009).

Similarly, other essays in this special issue reach into the repertoire of Chinese culture to demonstrate the context-dependent meanings of mental health. Li Zhang's work shows that psychological counseling in Kunming, a

city in southwest China, constitutes a process that she calls *bentuhua* (indigenization). Even though Chinese psychotherapists engage with Western psychological theories, including Jungian psychology and sandplay therapy, they often combine these Western techniques with methods adapted from Chinese culture, such as achieving an emotional balance through artistic engagements with fresh flowers and calligraphy. This process of indigenizing psychotherapy represents a model of creative hybridity that has come to shape the history of various human sciences in late imperial and modern China (Chiang, 2019). Howard Chiang's work on castration provides one further example of this cultural hybridization. The historical problem of castration sits at the intersection of two historiographies: One in trans history and another in the history of psychoanalysis. The history of Chinese castration—from the demise of eunuchs in the late Qing to the rise of koro (a culture-bound syndrome in which sufferers fear that their genitals are retracting into their abdomen) in Sinophone medicine—challenges the dominant Western-centric framing of trans embodiment and psychoanalytic subjectivity. The indigenization of therapy and psychodynamic science would be difficult to grasp without accounting for Chinese-specific historical and cultural contexts.

Although East Asia's historical contingencies have crucially shaped the experience of mental health in this region, contemporary events also prompt the reframing or reinterpretation of mental health. In Hong Kong, as Harry Wu's contribution documents from his own pedagogical experiences, the anti-extradition bill protests of 2019–2020 called into question the very distinction between sanity and madness. Yet what is embedded in this political resonance is a deeper history of mental health provision in Hong Kong, in which mentally disordered individuals have been trapped between social drifting and institutional confinement. Wu's essay makes it clear that it is imperative to understand the *longue durée* history behind contemporary understandings of mental treatment in Hong Kong, with the erection of Victoria Mental Hospital (the first of its kind in the city) in 1927 serving as a milestone. In South Korea, the coronavirus disease 2019 (COVID-19) pandemic brought the abysmal living conditions of individuals with mental illness to public attention. Key COVID-19 outbreaks drew national attention to the unhygienic and poorly managed settings of specific mental institutions, such as the Daenam Hospital in Gyeonggi Province and the Second American Hospital in Daegu. If mental health issues had fallen below the radar before the pandemic, the sudden media coverage of the alienating conditions of these institutions pushed mental health treatment into the public spotlight. In both Hong Kong and South Korea, it seems, contemporary events renew interest in the institutional history and cultures of mental health, an area long canonized in Western mental health studies but largely ignored by the dominant population in East Asia (Foucault, 1961; Scull, 2005).

A second overarching theme that crosses these case studies is the possibility of moving beyond binary thinking in psychiatric epistemology and practice. With the advent of scientific psychiatry in the nineteenth century, the dualist divide between “body” and “mind” became a linchpin of modern psychological thought (Harrington, 2019; Makari, 2015). At the same time, the rise of institutional treatment for the mentally ill began to preclude more traditional forms of community and family-based care (Rothman, 1971; Scull, 1993). The rift between a psychiatric, institutional approach to treatment and informal types of mental healthcare mapped neatly onto the modernist divide between “science” and “superstition,” a powerful ideology that found fertile soil within East Asia in the early decades of the 20th century (Nedostup, 2009; Storm, 2012). By the 1930s, elites in Japan, China, and Korea had widely embraced the intellectual and practical dichotomies that had arisen between mind and body, reason and superstition, and institutional versus community care. These binaries were not, however, totalizing. Beyond the gaze of medical professionals and the modernizing state, healing practices that transgressed dualistic thinking continued to persist (Baum, 2018).

Many of the contributors to this issue have highlighted possibilities for moving beyond the types of binary divisions discussed above. Li Zhang's essay, for instance, pointedly addresses the ways in which Chinese psychotherapy has sought to move past an emphasis on the mind/body dichotomy by integrating somatic experiences into the clinical encounter. Through activities like sandplay therapy and artistic expression, psychotherapeutic practitioners in southwestern China pursue an integrated approach to care that foregrounds *tiyan* (bodily and affective experience) alongside *tanhua* (talking). In many ways, Zhang argues, the integrative orientation of Chinese

psychotherapy reaffirms traditional understandings of the heart–mind, *xin*, which encompasses somatic, emotional, psychological, and sensory dimensions. Howard Chiang, likewise, rethinks the division between purely biological and psychoanalytic categories by proposing the concept of “transcultural reasoning,” a heuristic that questions the universality of Western concepts and foregrounds indigenous modes of knowledge production. Giving examples of eunuchism, transness, and koro, Chiang demonstrates how somatic conditions are intimately tied to the mental, cultural, and social worlds in which the individual body operates.

Beyond the mind/body duality, the essays by Emily Baum and Emily Ng rethink conventional divisions between rationality and superstition, present and past, and official/unofficial modes of healing. Concerned with the persistence of mystical and occult practices in contemporary China, Baum and Ng challenge the assumption that mediumship has become anachronistic in a modern, urban world. Baum's essay moves between present and past as it demonstrates how the promotion of scientific psychiatry in China coincided with the degradation of so-called superstitious practices like fortune-telling. Despite the century-long effort to eradicate divination from popular life, such acts have persisted, Baum argues, because of their ability to harness the social and cosmological dimensions of healing that are often overlooked in more institutional settings. Ng's contribution similarly circles between past, future, rural, and urban as it challenges the notion that mediumship exists “out of time and place” with the modernist present. Mediumship, Ng shows, offers rituals for coping with the “ghosts” of past and present trauma. As such, it becomes a technique for “tarrying with ever-changing times.”

A final binary that the essays in this special issue destabilize is the ideological and spatial boundary that separates the psychiatric institution from the family and community. Because of the central place accorded to psychopathic hospitals in the history and anthropology of mental illness (Foucault, 1961; Goffman, 1961; Rothman, 1971), forms of caretaking and control that occur beyond institutional walls can easily be overlooked. The essays by Junko Kitanaka and Harry Wu offer possibilities for mediating between institutional and community spaces by decentering the primacy of the hospital and clinic. Kitanaka's article explores the recent rise of dementia *tōjishas*, individuals who advocate for the rights of those affected by cognitive decline. By encouraging those suffering from dementia to pursue social interaction and community engagement, *tōjishas* promote a radical rethinking of what “normalcy” entails and what it means to “care” for the mentally ill. Moving back in time to early twentieth-century Hong Kong, Harry Wu's essay also rethinks the centrality of the asylum within psychiatric scholarship. Due to Hong Kong's historical status as a multinational treaty port, colonial officials were less concerned with institutionalizing the insane than they were with repatriating them. As a consequence, Wu effectively shows how the mentally ill “drifted” between institutions, settlements, and nations as different authorities struggled to find an appropriate place for their confinement and care.

By challenging conventional binaries that have long defined the study of mental illness in both historical and contemporary contexts, the essays in this issue collectively demonstrate how longstanding tropes can be destabilized when we shift our gaze to non-Western spaces. At the same time, however, this issue does not intend to suggest that mental health in East Asia can or should be treated as a monolith. If anything, the essays that respectively center on China, Japan, Korea, and Hong Kong equally demonstrate the diversity of the East Asian experience. For example, while Kitanaka's exploration of dementia *tōjishas* shows how mental illness has increasingly become a part of public discourse in Japan since the early 2000s, Yoo's discussion of COVID-19 in a Daenam psychiatric hospital conversely testifies to the stigmatized status of the mentally ill in South Korea. Given the divergent political trajectories of China and Hong Kong, moreover, approaches to the treatment of the insane have differed greatly in both locations—regardless of their partly shared cultural repertoire. Although fortune-telling remains a proscribed and repudiated activity in the People's Republic of China, divination is all but ubiquitous in Hong Kong, where it continues to be interwoven into everyday therapeutic practices. And while institutionalization came to be considered a core component of psychiatric modernity in early twentieth-century China, the psychopathic hospital played a far lesser role within the colonial context of Hong Kong.

Given this diversity in cultural and political experience, what, then, is the utility of rethinking the study of mental health from the perspective of East Asia? As our discussion above suggests, adopting a view from outside

the "West" enables researchers to rethink assumptions about what counts as natural, normal, or pathological in specific regional and temporal contexts. It also entails a historically and culturally sensitive approach to situating the social meanings of the mind and behavioral sciences. Throughout the 20th century, traditional East Asian modes of *being* and *acting* were forced to confront the ideological hegemony of scientism and the political dominance of Western colonialism. These dual forces not only negated the utility of prior epistemologies and practices but also imposed new, supposedly universal ways of thinking about mental and emotional processes. By disentangling these ostensibly normative values from those that might, at first glance, appear to be strictly local, it becomes possible to call into question the global applicability of psychiatric knowledge while foregrounding alternative possibilities for imagining "mental health."

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