In March of 1918, a patient complaining of insomnia, disordered speech, and confused thoughts paid a visit to the eminent Chinese physician Zhou Xiaonong (1876-1942). Upon examining the patient, Zhou determined that the cause of the illness – which he identified as “madness” (dianzheng) – was an overactive gallbladder and an excess of phlegm. He prescribed an herbal concoction consisting of coptis root and turmeric, and after three follow-up visits, the man was cured (Zhou 2008). In spite of the fact that Zhou’s treatment had apparently been successful, his approach to handling madness was not uniformly admired at this particular historical juncture. During the politically and socially volatile period that witnessed the end of the last Chinese dynasty (1644-1911) and the onset of the new Republic (1911-1949), traditional Chinese medicine had increasingly come under attack from more Western-oriented intellectuals, many of whom aspired to eradicate indigenous medical practices as part of their wider goal to modernize Chinese society. Dismissing treatments like Zhou’s as nothing more than superstitious and unscientific bunk, these men and women instead advocated for the wholesale adoption of scientific psychiatry in the treatment of mental diseases (Gui 1932; Li 1933; Gao 1935).

Elite efforts to modernize traditional medical practices have been well documented in the historiography of twentieth-century China. However, few scholars have excavated beneath the level of intellectual discourse to uncover how the vast majority of the Chinese population – people who would have patronized a physician like Zhou Xiaonong – conceptualized madness, reacted to the importation of psychiatric epistemologies and institutions, and gradually integrated these foreign ideas into their preexistent therapeutic regimens. Indeed, while modernizing intellectuals attacked physicians like Zhou on the basis of their “backward” practices, Zhou’s own records attest to the fact that Chinese practitioners continued to be patronized even after the advent of the psychopathic hospital and the introduction of the psychiatric specialist. The disjuncture between elite discourse and everyday practice in the treatment of madness thus calls our attention to the uneven emphasis accorded to intellectual concerns in the historiographical record. My research aims to correct this imbalance. By examining newly released archival documents (including police records and oral testimonies from lower-class psychiatric patients), medical case records written by Chinese practitioners, and elements of popular culture (gossip columns, cartoons, plays, and advertisements), I aim to give voice to everyday Chinese experiences of madness outside of the framework of a modernizing imperative.

With the aid of a summer stipend from the National Endowment for the Humanities, I plan to spend two continuous months in China researching and writing about the etiological construction of madness from the perspective of Republican-era Chinese medicine practitioners. The research that I will conduct over the course of these two months, which will result in the completion of one chapter of my monograph, will rely mainly on medical case records (yi’an) from late imperial- and Republican-era physicians. These case records, which are accessible at the Beijing National Library and the China Academy of Chinese Medical Sciences (CACMS) in Beijing, exemplify how traditional medicine practitioners envisioned the etiological basis of mad behaviors and determined appropriate remedies. With the exception of Volker Scheid’s (2007) study of one late imperial Chinese medical lineage, medical case records from this period have not been extensively used in the Western literature. This chapter will provide the first substantive study of how Chinese medicine approached the treatment of mad disorders in the early twentieth century, and will ultimately become the first chapter of my monograph.

Broadly speaking, my monograph examines the social, institutional, and ontological consequences that occurred when the vastly different epistemological systems of neuropsychiatry and traditional Chinese medicine came into contact. I argue that the reconciliation between Chinese medicine and Western psychiatry not only altered the existent medical landscape – by introducing new terminologies, new ways of interpreting anatomical structure, and new institutions for confining the insane – but also transformed the ways in which everyday people related to their broader social contexts. As the anthropologist Nancy Scheper-Hughes has argued, the body is “both a physical and a cultural artifact,” and thus “cultural constructions about the body… sustain particular views of society and social relations” (Scheper-Hughes and Lock 1987: 19). In China, as well, changing discursive approaches to
madness gradually affected the ways in which the individual Chinese body related to the wider body politic. The mad person, originally an object of primarily familial concern, was suddenly thrust into the public eye as an object of municipal responsibility; mad behaviors, rather than being interpreted as proof of moral transgression or cosmological imbalance, were instead pathologized and rendered the domain of the expert psychiatrist; and the introduction of the psychopathic hospital shifted the center of confinement away from the family and toward the rehabilitative institution. Through an examination of the processes by which psychiatry was progressively incorporated into public knowledge, my research will shed light on the ways in which shifting medical discourses can destabilize the relationship between a metaphysical self and a physical body, and between an individual and his larger society.

By focusing mainly on questions of epistemological and ontological reorientation – and by relying on previously unexamined archival documents and medical records to do so – my research diverges greatly from the existent historiography on twentieth-century Chinese medicine. Previous examinations of Chinese medical history from this period have focused almost exclusively on the modernizing concerns of the intellectual elite (Kwok 1965; Croizier 1968; Bullock 1980; Ng 1990; Dikotter 1995; Yang 2006; Heinrich 2008; Andrews 2013; Lei 2014). Centering on the intertwined themes of medical modernization and national rejuvenation, these top-down narratives emphasize the desire of state modernizers to appropriate biomedicine so as to “obtain for themselves… a position in the new order of modern civilization” (Rogaski 2004: 185). In such histories, little attention is paid to the ways in which everyday individuals assessed the value of differing medical ideologies or reacted to the introduction of new epistemological systems. To the contrary, histories of medicine in China have routinely focused more attention on intellectual discourse than on popular reception.

Although relatively little research has been conducted on the more specific theme of “madness” in early twentieth-century China, the few scholars who have studied this issue have likewise centered their inquiries on the symbolic relationship between asylum development and the achievement of a scientific modernity. Relying mainly on Western medical and missionary records, these historians have charted the ways in which corrective institutions were used toward the dual goals of reforming psychologically “backward” elements and rejuvenating an ailing nation (Diamant 1993; Shapiro 1995; Szto 2002; Ma 2014). Such narratives join a well-established body of literature on the history of colonial psychiatry within the larger British Empire. Similar to the approaches that historians of China have taken toward the study of madness, scholars who have focused on colonized regions such as India, North Africa, and Australia have likewise fixated on the efforts undertaken by colonial elites to modernize indigenous psychiatric practices (Mills 2000; Coleborne 2003; Keller 2007; Mahone and Vaughan 2007). Due to a lack of local sources, these scholars have consistently privileged colonialist discourses over native responses. In the words of the historian Jonathan Sadowsky, who has studied institutions of madness in nineteenth century Nigeria, histories of colonial psychiatry give “limited insight into the psychology of Africans but provide useful sources for understanding the colonial mentality” (1999: 3).

Because earlier scholars have largely focused their research on the modernizing efforts undertaken by colonial, state, and elite powers, few have taken into consideration “the importance of different and often opposing ‘readings’ of the body,” as the historian David Arnold suggests in his study of British medicine in nineteenth century India (1993: 10). In other words, by prioritizing the momentous changes that took place within intellectual, legal, and institutional structures, historians have often overlooked the more subtle ways in which everyday populations came to terms with new epistemologies and approaches to healing. My research aims to correct this tendency. Rather than perpetuating the Orientalist notion that traditional Chinese medical practices were backward, unscientific, and superstitious – and therefore unworthy of serious academic inquiry – I argue that indigenous conceptions of madness give critical insight into the ways in which ordinary Chinese people conceptualized themselves, their society, and the world around them. Researching the impact of Western psychiatry on everyday modes of behavior and self-knowledge will therefore add an unexplored perspective on the history of medicine “from below” in early twentieth-century China.

The monograph that I am currently in the process of writing is divided into three sections. In the first, I examine indigenous conceptions of madness prior to the advent of Western psychiatry in China. In
addition to the chapter outlined above, which explores madness from the perspective of Chinese medicine practitioners, I also devote a chapter to examining the legal, institutional, and familial resources exploited by the everyday Chinese people in handling cases of madness at the turn of the century. Through a focus on the reasons why victims of madness were so frequently stigmatized by their families and by society at large, I discuss how understandings of madness provide insight into the relationships between individual, family, society, and cosmology that were tacitly expressed in Chinese socio-medical discourse. The second section of the monograph, consisting of two chapters, examines the period when Western psychiatry was aggressively introduced to China through the erection of psychopathic hospitals and the translation of psychiatric texts (1910s-1920s). The first chapter in this section turns its attention to the activities of American and European psychiatrists on Chinese soil. Through an examination of multiple foreign-run psychopathic hospitals in Beijing, Guangzhou, and Shanghai, I describe how Western practitioners attempted to transform therapeutic options for mental disease. In so doing, I argue, they also aimed to undermine the more traditional roles of the family as primary caregivers and authorities in matters of pathological knowledge. The following chapter describes popular reactions to foreign-imposed norms and practices related to psychiatric treatment. Using police records and oral testimonies from accused mentally ill patients at the Beijing Municipal Asylum, I underscore the ways in which families and individuals resisted new institutional arrangements and foreign etiological labels. The asylum, I argue, became a battleground upon which various claims to psychiatric knowledge were exchanged.

The final section of my monograph, composed of two chapters, discusses the psychiatric syncretism that ultimately resulted from the interaction between Western neuropsychiatry and Chinese medical theory in the 1930s. First, I explore the increasing usage of psychiatric neologisms in Chinese medical tracts, and the ways in which these neologisms continued to be defined through the lens of traditional Chinese medicine. Medical practitioners, combining foreign terminologies with their own knowledge of psychosomatic functioning, often unintentionally reinforced traditional medical concepts and perpetuated crucial misunderstandings about the nature of psychiatric thought. The imagined body that resulted from these efforts was one that balanced precariously between biomedicine’s emphasis on organic specialization and Chinese medicine’s belief in a fully integrated human organism. The final chapter in this section will use a variety of sources from the 1930s – including advertisements, newspaper gossip columns, medical journals, and diary entries from “neurasthenic” individuals – to show how psychiatry and Chinese medicine were eventually reconciled, albeit in a way that was neither uniquely Chinese nor recognizably Western. I argue that psychiatric syncretism, and the new vocabularies that accompanied it, transformed notions of “selfhood,” influenced perceptions of social deviance, and reaffirmed the shift of pathological knowledge away from the family and toward the expert practitioner.

I have already become familiar with the types of sources available for my research through past trips to Beijing in 2012 and 2014. These trips have confirmed that the archival sources I will use for my research are open and accessible, and that my project – which has already produced a dissertation – is completely feasible. My fluency in Chinese, including my ability to read documents in classical Chinese, will aid me in this research effort. During my two months in China, I will use the collections at the China Academy of Chinese Medical Sciences, which contain over 20,000 volumes on Chinese medicine, including rare historical materials. I will also return to the Beijing National Library, which holds the nation’s largest collection of Republican-era periodicals, including medical journals that cannot be accessed elsewhere in the world. The archival research I will conduct will be invaluable to the completion of my monograph, which will not only add insights into a woefully underexplored aspect of Chinese history, but will also add new perspectives to ongoing discussions in the medical humanities, medical anthropology, and cross-cultural medical and psychiatric practice. Thank you for your consideration.