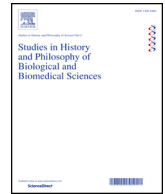




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“Reflections on madness, modernity, and the futures of global psychiatric history”

Book forum for *Invention of Madness*.

First of all, I'd like to thank Claire, Junko, and Hans for their thoughtful comments in this forum. As the fields of Chinese history and psychiatric history continue to flourish, I've found it increasingly difficult to keep my finger on their respective historiographic pulses. Forums such as these are therefore not just opportunities for engagement across disciplines, but they also serve as crucial platforms for reflecting on the “state of the field” – particularly at a time when the speed of academic publishing has outpaced our ability to consume every piece of research produced.

There are two threads in the above commentaries that I'd like to address in more depth. The first is the question, raised most pointedly by Hans, of what (or whether) historians of psychiatry can learn from the Chinese case. This question has been on my mind since I first embarked on this project close to a decade ago, not just because it has forced me to think about my work with a global audience in mind, but also because it reveals the very imbalances of power that would cause such a question to be asked in the first place. As any scholar of Asia will tell you, there is a considerably higher burden placed on historians of the “non-West” to make our work relevant and intelligible to those who specialize in other world regions. That expectation is far less pressing for historians of the United States and Western Europe, for these parts of the globe are typically viewed as “default” places that produce standard or universalizable knowledge. The history of Western imperialism has likewise emphasized a trajectory of epistemic transfer as one that flows from West to East; while Chinese ways of ordering the world are often portrayed as parochial and ephemeral, Western science has appeared to cut through the chaff of culture and penetrate to the core of impartiality. In some ways, asking whether Chinese psychiatry can have global implications risks reaffirming the epistemic dominance of the West and the peripherality of other ways of existing in the world.

But it is precisely for this reason that the question is so vitally important. By turning our gaze to the Chinese experience with psychiatry, we not only expose the uneven power relations that lie beneath the production and transfer of psychiatric knowledge, but we can also begin to question historical assumptions about the nature of expertise, the triumph of scientific thought, and the reproducibility of science in non-Western cultural contexts. As Junko and Hans so eloquently describe, even when Chinese intellectuals aspired to implement psychiatric institutions and discourses, their efforts resulted in something that was not recognizably scientific to American or German sensibilities. At newly-built asylums, Chinese physicians framed madness in a traditional language of mucous and *qi*. In medical journals, scholars acknowledged Western anatomy but rejected the notion that madness

could be localized in the brain. The continued dominance of native epistemes meant that the resulting state of Chinese psychiatry was, at most, a syncretic composite. But this is a generous reading. Most people in Republican China rejected psychiatry entirely because it did not offer a sufficiently persuasive or viable alternative to what Chinese medicine already knew. China's historical experience with psychiatry, then, does as much to reveal the persistence of indigenous knowledge as it does to expose the profound limits of scientific expertise and its claims to universality.

Here, one might raise the objection that psychiatry is the exception rather than the rule, and that if psychiatry was largely rebuffed in China, it had less to do with the limitations of science than with the possibility that psychiatry is an *imperfect* science. To this, I would counter that psychiatry is actually the optimal case to think with, simply because it highlights (rather than obscures) the ways in which scientific pursuits are deeply embedded in social systems. I am certainly not the first, nor will I be the last, to show that the thing we call “science” is “an activity of human beings acting and interacting, thus a social activity.” (Mendelsohn, 1977, p. 4) If psychiatry appears as an outlier on the scientific spectrum, it is *not* because of its intimately human dimensions, but rather because it has been unable to conceal its human elements beneath a rhetoric of dispassionate inquiry¹. The case of Chinese psychiatry therefore serves multiple functions: while calling into question how effectively psychiatric ideas travel across cultures, it also turns the spotlight back onto science itself and forces it to interrogate its relation to the human, social world.

This discussion ties in with Junko's point about the ways in which psychiatry can be considered “a coproduct of a particular locality with its own history, political systems, and cultural ideologies.” What would happen, she asks, if Western psychiatry were not globally dominant? To phrase this differently, an interesting thought experiment would consider what the history of psychiatry might look like if it were to be told through a *Chinese* lens. It would not take for granted the naturalness of the brain as the core of mentality or that “mental” disorders are somehow wholly distinct from other types of illness. Nor would it assume the obviousness of a therapeutics that divorces the brain from its social, corporeal, and cosmological contexts. Western psychiatry, instead, would appear as a series of culturally contingent choices, embedded in the fabric of a highly subjective (and historically exceptional) Enlightenment philosophy. It would appear, in a word, provincial.

The second thread is one that Claire raises. Is it time, she asks, for historians to move beyond modernity as a framing paradigm? And if so, what would a history *sans* modernity even look like? I'm very happy to have the opportunity to reflect on this question – not because I had never considered it, but rather because I've spent more time considering it than the book might actually reveal. In my original draft of the book, I had attempted to eliminate modernity entirely. This was as much an intellectual exercise as a historiographical one: would it be possible, I wondered, to explain transformations in twentieth-century Chinese history without relying on modernity as an explanatory device? Over time, however, and as I shared my work with colleagues and reviewers,

¹ Though not for lack of trying. See, for example, the discussion of the DSM in Kutchins & Kirk, 1997

I concluded that I had done myself a disservice. On a purely practical level, doing away with “modernity” required that I adopt a very tortured mode of describing what many historians have come to take for granted: that modernity is not just a value term, but also a shorthand way of referring to a particular time (the twentieth century), to particular ways of existing in that time (writing in the vernacular, working in an assembly line, sporting a bobbed haircut), and to particular modes of organization and thought (rationality, bureaucratization). Without “modernity,” I would have cut myself off from a common historical vocabulary that has heretofore generated no practical synonym.

But perhaps more importantly, I gradually came to the realization that by excising modernity from my analysis, I was losing a valuable opportunity to more deliberately evaluate a concept that has not been sufficiently theorized in Chinese studies. In China, the discourse of modernity became especially potent in the years following the 1911 Revolution, when intellectuals endeavored to understand the roots of their perceived backwardness vis-à-vis the supposedly modern West. The reason for China's underdeveloped status, many concluded, lay within its “traditional” and “superstitious” culture, which seemed hopelessly anachronistic when compared to the transcendent power of Western science. Overcoming this backwardness required an engagement with the modern: an inherently vague concept, but one that was imbued with significant emotional and intellectual power nonetheless.

In Chinese historiography, the intelligentsia's yearning for modernity (and their concomitant fear of national extinction) has often been invoked as a means of explaining epistemological change (Cohen, 1984, pp. 57–96). This has been especially true within the collective body of scholarship on medicine in early twentieth-century China, which has consistently explained shifts in Chinese medical practice through recourse to the ideology of modernity and the desire for national self-strengthening. Perhaps the best summation of the state of the field was recently given by the historian Bridie Andrews. “If there is a common denominator in the motives of Chinese who adopted Western medicine,” she argues, “it is that medicine became symbolic of a shared striving towards the ideals of modernity.” (Andrews, 2014, p. 11) For Republican-era intellectuals – and hence for their historians, as well – modernity was synonymous with science, progress, and Western power. On the one hand, it represented a “rupture, a revolution in time,” a distinct dividing line between regressive and progressive values (Latour, 1993, p. 10). On the other hand, to quote the historian Benjamin Schwartz, modernity came to be seen as a “final stable structure,” one whose ascent constituted an “end of history” for those who managed to achieve it (Schwartz, 1993, pg. 208).

Certainly, most historians at work today do not actually believe in the existence of a homogeneously backward China, prodded awake only by the arrival of the modern West. And yet, by highlighting the perceptions of the Westernizing intelligentsia, historians have unintentionally reified the traditional/modern dichotomy that they have long sought to dismantle. When faced with the dilemma of how to explain shifts in psychiatric practice, therefore, my original instinct was to avoid modernity entirely: if I did not invoke the concept, then I would not risk sustaining the assumptions that went along with. But ultimately I resolved that this approach was neither tenable nor useful. To nudge a field forward requires engaging with its basic suppositions, not relegating them to the margins. And so rather than running away from modernity, I determined to return to it on my own terms.

In contrast to Schwartz's notion of modernity as an endpoint, I treat modernity in the book as a launching pad: one that gave life to a variety of unbridled ideas that often had no equivalent in Western culture. Indeed, while the desire for “progress” may have initially compelled the adoption of psychiatric ideas, procedures, and institutions, ideology

itself was powerless to explain what happened *after* these concepts were introduced into Chinese society. In practice, they were ignored, transformed, or misinterpreted; their utility (or lack thereof) was deemed far more important than their symbolic value. It was thus in the mundane, the banal, and the seemingly inconsequential activities of ordinary people that new meanings of madness were forged and new practices of care developed. In this sense, modernity emerged as an ongoing process and a site of communal participation, rather than a clearly demarcated endpoint defined by an intangible Western other.

My answer to Claire's question, then, is that one must build before one can destroy. Only in retrospect do paradigm shifts seem to occur from the detonation of a single conceptual bomb; in real time, they result from the steady but pervasive chipping away at ideological monoliths. If modernity as an analytical device continues to exist, it is because it has not yet been sufficiently destabilized. But in even asking these questions, I hypothesize that we are getting closer and closer to that one day being the case.

So where do we go from here? By way of conclusion, I'd like to offer a few tentative hypotheses about the possible futures of global psychiatric history. As chronologies continue to be established and as marginalized stories are unearthed, I suspect that scholars will increasingly seek to engage the critical perspectives that have been advanced by disabilities studies, queer theory, and gender and sexuality studies. For instance, rather than focusing on the ruptures wrought by Western imperialism, new perspectives might foreground questions pertaining to inclusion, identity, and normativity in colonial and post-colonial settings. Along the same line, much work remains to be done on the experience and treatment of madness under communist regimes and in the aftermath of empire. How did new governments handle a psychiatric legacy that was interwoven with capitalist and colonialist biases? How did the ideology of dialectical materialism affect interpretations of an apparently “mental” disorder?

Above all, though, I imagine that future studies will further fight the marginalization of the non-West in the canon of psychiatric history. Experiences of madness in China, Vietnam, Indonesia, and elsewhere are not atavistic preludes to universal truths, but legitimate narratives that offer truths of their own: truths about the relationships between minds and bodies; truths about the role of the community in both identifying and accommodating otherness; and truths about the many ways that humans come to terms with their own perceptions, limitations, and subjectivities in a changing world. A history that adopts this perspective as its starting point, rather than its conclusion, will be radical indeed.

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Emily Baum,
University of California, Irvine, United States
E-mail address: emily.baum@uci.edu