PSYCHOANALYSIS IN CHINA

Edited by
David E. Scharff and Sverre Varvin
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Psychoanalysis has been known in China since at least 1927, when it was introduced in a small way. There was little clinical development at first, and what familiarity that did exist was later attacked and eradicated along with all things western in the period of Mao’s dominance of all national policy including cultural matters. However, since the opening up of China that began with his death and that accelerated in the 1980s, psychoanalysis, along with other forms of psychotherapy, has been re-introduced and met with growing interest. This is not to say that analytic therapies have begun to dominate mental health thinking. In some ways, as is often true in the West, they reach readier acceptance in the academies than in the clinical world. Nevertheless, as China is having to grow mental health treatments from scratch, psychoanalysis is well in the mix, and by some accounts is becoming the most prevalent form of psychotherapy. And as in the West, a group of therapists is emerging from several disciplines that finds its ideas and methods intriguing.

It was in the 1980s that psychoanalysts from Germany first began to make systematic efforts to offer substantive training to the Chinese. This early effort combined offerings of behavioural therapies, systems family therapy, and psychoanalysis into seminars that were mainly located in Shanghai but also drew nationally from all over China. Later, a group from the Norwegian Psychoanalytic Society organised training programmes in Beijing and Wuhan specifically on psychoanalytic psychotherapy. Several senior psychiatrists and mental health professionals travelled abroad for extended periods of time, most notably to Germany, where they received a warm welcome and were often able to obtain personal treatment along with their education.

As the trainings gradually evolved to offer more specialisation, Chinese colleagues developed areas of interest, and many have chosen to focus on analytic ideas and methods. Some of the most influential mental health centres, for instance Shanghai Mental Health Center, the Wuhan Hospital for Psychotherapy, and Beijing’s Anding Hospital, have developed internal training
programmes, sent trainees to external programmes, welcomed western teachers, and helped to organise several national congresses on psychotherapy and psychoanalysis. Many western colleagues have come to China to teach and offer supervision in these programmes, and new programmes like those offered by the China American Psychoanalytic Alliance (CAPA) or on psychoanalytic couple therapy in Beijing, offered by the International Psychotherapy Institute in Washington, DC, have expanded capacity and enhanced training.

But it turns out that offering training in these dedicated ways is a beginning that meets the complications of the large underlying cultural differences between East and West, and specifically between China with its more than 2500 years of rich cultural history, and the culture of the West with its roots in the Judeo-Christian tradition and the Greco-Roman heritage. Perhaps in the early days these differences were obscured by eagerness on both sides to teach and to learn. We had a rich tradition, “empirically tested” in the West; the Chinese had pressing and emerging needs and no developed means of thinking that could underpin a new mental health effort. The West had the means (not just analysis), and the East had the need.

Of course it turns out not to be such a simple encounter. The introduction of analytic thinking and methods has stirred great and growing interest, but caveats emerge, the most interesting of which involve these underlying cultural differences. In our experience, these differences impede the simplistic mentality that “we have the methods and they the need”. There are much more interesting differences than that. Yes, the Chinese need to develop an effective mental health system, and to train clinicians for their extraordinarily large population with its pressing needs. The rapidity of their progress in doing so is impressive. They have taken advantage of the ways western societies have used treatments, hospitals, and pharmacology. They have begun also to invest in psychoanalysis as a major way of understanding and offering treatment. Not all mental health professionals accept analysis of course. Some of the contributions in this book document an inherent scepticism among psychiatrists and others that should not surprise us. But among a significant minority of providers, there is strong and resilient interest.

Precisely because there is such pressing practical need, there is a sense of urgency about training. There is pressure to introduce concepts, teach new ways of thinking, offer supervision, and begin to develop a future generation of indigenous Chinese analytic teachers. There begin to be articles, journals, and books in Chinese—both as translations of western texts, and increasingly as contributions by Chinese colleagues. While a new journal, *Psychoanalysis and Psychotherapy in China*, devoted to publishing such articles will be launched by Karnac soon after the publication of this book, so far there has been only a scattering of articles in the literature on this great cultural encounter that now seems to have an importance beyond the practicality of treatment methods that are new to China. For instance, a recent slender volume by Christopher Bollas, *China on the Mind* (2013), draws a vivid picture of the different starting places for the deep structure of Chinese philosophical assumptions, and therefore of Chinese morality, that come into play throughout the mental and moral life of individuals. Tracing differences in western and eastern thought, Bollas contends that Chinese thinkers, in stressing adherence to family and group, and in arguing against individual autonomy, advised developing ways of being rather than doing. In contrast, the dominant western ethic supports the emergence of the individual from the group, stresses more oedipal aspects of development, and proposes weighing
doing over being. Bollas believes each structure assumes the other in a silent, unvoiced way, but emphasises these differences greatly.

Additionally, the amount of national and personal trauma in the last 150 years of Chinese history, and most especially in the last eighty to ninety years, culminating in the largest famine in human history during the Great Leap Forward of 1958–1962, and the systematic destruction of wealth, leadership, culture, and knowledge during the Cultural Revolution from 1966–1976, has left a legacy of trauma that is largely unaddressed inside China, and that has been only recently addressed in the West. (See, for instance, Tomas Plänkers’ *Landscapes of the Chinese Soul: The Enduring Presence of the Cultural Revolution (1966–1976)* (2013), and Chapter Three, Frank Dikötter’s *Mao’s Great Famine*, (2010), and Yang Jisheng’s *Tombstone: The Great Chinese Famine 1958–1962* (2012).)

Other contributions have confirmed what we also hear about China today: that traditional values, family organisation, and patterns of living have changed radically in the last thirty years. There have been rapid shifts in the shape of the family under the one-child policy (which is under revision as this book goes to press); internal migration as economic factors have changed radically; reactions to the “opening up” of education, business, employment, and travel abroad. So on top of the deep structural philosophical differences, Chinese culture is changing radically with the extremely rapid modernisation. This affects patterns of family structure, family loyalty, and social orientation deeply. (See, for instance, Kleinman et al., *Deep China* (2011), and Hansen and Svarverud, *iChina: the Rise of the Individual in Modern Chinese Society* (2010).)

Inside China today, there is great hope, but there is also a sense of an uncertain future that is, perhaps, not surprising in a time of such great change. Gerard Lemos’s *The End of the Chinese Dream* (2012) and demographic studies by such scholars as Nicholas Eberstadt of the American Heritage Foundation (2007, 2013, and personal communication, 2012) who have looked at the problems of an aging population without enough young people to support the elders, the lack of effective social security, and unstable internal migration to cities, underscore the widespread difficulties that face China as a nation and that therefore weigh, in varying degrees, on Chinese individuals. There is pressure to achieve in employment, pressure on the family—and pressure on individuals from every walk of life.

All these factors affect the encounter between western psychoanalysis and Chinese culture whenever an analyst or psychotherapist assesses or treats patients in China, whether the therapist is Chinese or western. In constructing this book, and in inviting contributors from China and the West, we have felt that this sort of difference is crucial to the encounter to which we and our colleagues are devoted. Therefore we have attempted to include considerations of all these matters, because, unlike our experience when we work in a culture in which we also live and breathe, we cannot take them for granted. We have taken pains to include chapters on the philosophical structure of Chinese thought, problems in training, and issues in the encounter between Chinese psychotherapy students and their western teachers—and between Chinese analytic therapists and their own patients. In doing so, we have tried, within the limitations of a single volume, to cover the waterfront of concerns that have come to our attention during our own encounters with China and our Chinese colleagues and students. We have done this by inviting many Chinese colleagues to contribute to the volume, and hope that we have, in this way, made a unique contribution to our continuing efforts.
The book is constructed in four sections. The chapters of Part I examine issues in Chinese culture and history that form a crucial background to mental health programmes, training, and intervention. We begin with a research paper by Mette Halskov Hansen and Cuiming Pang that examines the changing face of collective, family, and individual identity in rural Chinese youth. While it is imprecise to extrapolate in a straight line to urban youth, the implications for all of China are nevertheless clear. Antje Haag has had extensive experience teaching psychotherapy in China, being one of the first westerners to immerse herself in this process. Her paper gives her more impressionistic sense of changes in the Chinese self as she taught psychotherapy over many years. Then Thomas Plänkers, probably the foremost psychoanalytic researcher on Chinese trauma, extrapolates from his research to think about the widespread effect of trauma on Chinese and Chinese individuals. Hsuan-Yang Huang, a Taiwanese-trained psychiatrist and Harvard anthropology PhD, writes about the transformation of popular religion in modern China as a background for psychoanalytic work. Lin Tao, a Beijing-trained psychiatrist who is the first graduate of the IPA’s psychoanalytic training in Beijing, and who has also studied for several years at the Tavistock Centre in London, writes about the relevance of understanding Buddhism and Taoism for analytic practice. Li Ming, an academic psychologist in China who also spent a year at Yale, helps us to understand the application of the principles of Yin and Yang to mental health practice. José Saporta gives us a deeply philosophical piece on the meeting of psychoanalytic and Chinese cultures, and this is augmented by Sverre Varvin’s discussion of his chapter. Elise Snyder, founder of the China American Psychoanalytic Alliance, discusses her quite different view of cross-cultural issues, holding that the cultural differences have relatively little impact on our work in teaching psychoanalytic theory and technique in China. Alf Gerlach contributes a unique ethno-psychoanalytic research chapter on the vivid forms castration fears play in some ethnic Chinese subcultures. David Scharff concludes this section with a primer on modern China that summarises a number of currents in modern Chinese history and society that affect many of the students and patients we encounter.

Part II deals with the specific development of psychoanalysis and psychotherapy in China. Sverre Varvin and Bent Rosenbaum offer a conceptual piece on differences in behaviour and ways of thinking that influence the introduction of psychoanalytic therapies. Yang Yunping, professor at Anding Psychiatric Hospital in Beijing and a major force for the development of psychoanalysis, talks about poverty, deprivation, and resilience and their effects on individual development. Zhong Jie, a psychologist at Peking University and an advanced psychoanalytic candidate, describes the problems with the way psychotherapy introduces conflict to patients. Shi Qijia, chief of Wuhan Institute for Mental Health, and a major figure in Chinese psychoanalytic development, describes his view of the development of psychoanalysis. Wang Zhiyan and Anders Zachrisson describe their experience with teaching about transference and countertransference in China. The section closes with a highly imaginative integration, as Irmgard Dettbarn from Germany, the first IPA analyst to offer training analyses in China, fashions a myth from Chinese and western sources that is then discussed analytically by Rainer Rehberger and Sverre Varvin.

Part III details issues in forming training programmes and offering training in China. Sverre Varvin of Norway and Alf Gerlach from Germany describe the early years of psychotherapy and psychoanalytic training in China. Xu Yong and his colleagues from the Shanghai Mental
Health Center describe the pioneering efforts there. Ralph and Lana Fishkin describe the ground-breaking programmes offered by the China American Psychoanalytic Alliance. Alf Gerlach describes the expansion of the Sino-German programme into the teaching of group psychotherapy. Li Yawen, another of the advanced IPA candidates in Beijing, offers a research paper on the attitudes and degree of training among professionals in Chinese psychotherapy. Siri Erika Gullestad discusses her experience offering psychotherapy supervision to Chinese trainees. This is followed by two papers by Chinese students: Gao Jun, a recent PhD at Peking University in Beijing, now assistant professor at Fudan University in Shanghai and leading translator for Chinese psychotherapy training, gives her experience, and Qi Wei gives her experience as a medical student and psychiatry resident in Shanghai. Liu Yiling, another recent IPA analytic graduate in Beijing, offers a paper on how she now sees and teaches, psychoanalytic and psychotherapeutic assessment and early treatment. The section closes with Caroline Sehon’s description of her experiences offering consultation and teaching psychoanalytic assessment in a setting that had not had the benefit of these training programmes.

Part IV is quite different. It consists of four chapters focussing on Chinese couples in assessment and treatment, three couples from the mainland and one from Taiwan. Jill Savege Scharff and David Scharff open with a description of assessment and brief therapy with a couple that illustrates cultural differences both within China and between China and the United States. Shi Qijia and David Scharff discuss cultural factors and the use of the concept of projective identification in understanding a couple that Dr Shi assessed. Janine Wanlass describes another couple that she saw for assessment and brief therapy together with David Scharff. The final chapter by Teng Hui-Wen, a Taiwanese psychiatrist with Jungian analytic training and with training at the Tavistock Clinic in London, vividly illustrates a couple therapy in which cultural difference set up almost impossible conflict.

We close with a brief epilogue by the editors about our experience and lessons we have drawn from our own study.

References


