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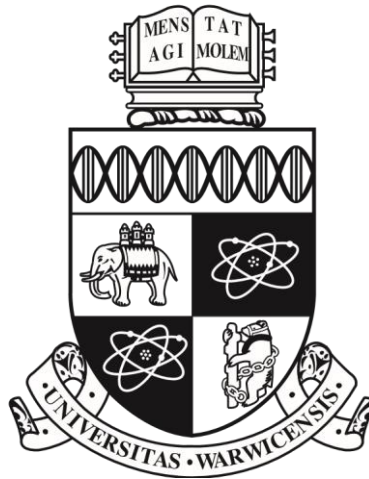
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**Remoulding the Chinese Mind:  
Mental Hygiene Promotion in Republican Shanghai**

by

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Thesis

Submitted to the University of  
Warwick for the degree of Doctor of  
Philosophy

Department of History

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THE UNIVERSITY OF  
**WARWICK**

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## **Declarations**

I hereby declare that this thesis has not been submitted, either in the same or different form, to this or any other University for a degree.

Signature: Jinping Ma

## Abstract

In this thesis, I uncover the history of the Mental Hygiene Movement in Republican Shanghai. I show that it had a far-reaching role to play in the city, promoting mental hygiene throughout China and influencing other cities like Canton, Peking, and Chongqing. This movement could be dated from the 1910s but achieved a dramatic expansion in the 1930s before being attenuated in warfare in the 1940s and coming to an end with the foundation of the PRC. Chinese intellectuals and foreign missionaries and experts, despite their different aims, jointly promoted this movement, and it reached out to the Chinese populace through the public media. Mental hygiene arose from the conjuncture of a new understanding toward the mind and mental problems, the establishment of asylums and psychiatric hospitals, new tools of mass publicity available to the government and a range of non-governmental institutes. In addition, development in Shanghai was powerfully shaped by politics and ideology. Initially, mental hygiene emerged in relation to a colonial aim of regulating the unwanted on streets and creating public hygiene and order. Subsequently, Shanghai would increasingly see a strong revolutionary and political influence in remoulding the ‘national’ mind. In particular, nationalism and modernism were powerful factors in development. More generally, the progressive ideology of scientification lay behind the development of disciplines and clinics.

Shanghai was part of the international history of mental hygiene, but it also demonstrates the importance of locality. For both Chinese governments and the populace, the significance of the Mental Hygiene Movement was more symbolic than pragmatic. The ideological project of remoulding the mind outweighed medical research and the treatment of mental illnesses. I argue that the reason psychiatric policies were not facilitated in China on a large scale was due to the lack of a powerful government force. The acceptance of mind remoulding and self-improvement, however, was more pervasive. One reason for this was that it benefited from the inheritance of a tradition of self-introspection. The Chinese Mental Hygiene movement, therefore, reflected novelty and Western influence but also a convention. Intellectual radicalism was questioned in the process of popularisation and was modified to become more pragmatic in line with everyday practices. Traditional thinking about the mind, while under fierce

critique from the modernisers, showed resilience in compromising and integrating new knowledge and ideologies.

## Abbreviations

AAIE	Austro-American Institute of Education
CMA	Chinese Medical Association
CMHA	Chinese Mental Hygiene Association
CROC	Committee of the Russian Orthodox Confraternity
FMA	French Municipal Administrative
GCU	Great China University
GMD	<i>Guomindang</i>
NCU	National Central University
NSMC	National Shanghai Medical College
PHB	Public Health Bureau
PHD	Public Health Department
PSB	Public Security Bureau
PUMC	Peking Union Medical College
SCA	Shanghai Charity Association
SCBA	Shanghai Christian Broadcasting Association
SMG	Shanghai Municipal Government
SFU	Simon Fraser University
SMA	Shanghai Municipal Archives
SMC	Shanghai Municipal Council
SMH	Shanghai Mercy Hospital
YMCA	Young men's Christian Association
YWCA	Young Women's Christian Association

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## Timelines

### *Timeline of Modern Chinese History*

1839-1842, First Opium War  
1845, Establishment of British Concession  
1849-1943, Shanghai French Concession  
1854, Establishment of Shanghai Municipal Council  
1861-1895, Self-Strengthening Movement  
1863-1941, Shanghai International Settlement  
1894-1895, First Sino-Japanese War  
1905, Repealing Imperial Examination System; Launching New Education System;  
1911-1912, Xinhai Revolution; End of Imperial China; Establishment of the Republic of China  
1927-1937, Nanking Nationalist Government Period  
1937-1945, Second Sino-Japanese War  
1937-1941, Solitary Island Period  
1941-1945, Pacific War  
1946-1949, Chinese Communist Revolution  
1949, Foundation of the People's Republic of China  
1957-1959, Anti-Rightist Campaign

### *Timeline of Psychological and Psychiatric Activities*

1897, John Kerr established the first psychiatric hospital in Canton.  
1905, SMC proposal to build an asylum in the International Concession resulted in a revolt and strike.  
1914, New Puyutang constructed its 'madhouse'.  
1923-1924, The Science–metaphysics Debates raged in China.  
1933, Fanny Gisela Halpern came to Shanghai.  
1935, Shanghai Mercy Hospital for Nervous Diseases opened.  
1935, The *Psychopathology Term Lexicon* compiled by the Educational Department of Nationalist Government was published with an official translation of psychiatry.  
1935, Zhang Yinian set up Psychological Association and a Children's Mental Clinic in Great China University in Shanghai.  
1935, A Committee on the Problem of Psychiatry in China was appointed in Shanghai.  
1936, The Chinese Mental Hygiene Association was founded in Nanking.  
1936, The first issue of *West Wind* was published.  
1938, A Committee on Mental Welfare was set up.  
1940, The Mental Hygiene Association of Shanghai was organized.  
1945, Huang Jayin began to practice mental therapy.  
1949, Tong Shuye published his book *Mental Illnesses and Mental Hygiene*.

## *History of Shanghai Government in Republic Era*

Late Qing period, Shanghai Daotai (道台 officials between provincial and county levels).

1905-1911, Autonomous organizations emerged. General Engineering Bureau (城厢内外总工程师局), Shanghai Autonomous Office (上海城厢自治公所, 1909 -1911) and Shanghai City Hall (上海市政厅, 1911).

1913-1927, China under the Warlord Government and the warlord Sun Chuanfang.

May 1926, Songhu commercial region within Jiangsu province, established by the Zhili clique (not recognized by the central government).

29th March- 12th April 1927, Shanghai Special City.

1927-1930, Shanghai Special Municipality (out of Concessions) was split from Jiangsu by Nanking Nationalist Government. It was located at outskirts of Shanghai. The Greater Shanghai Plan was thus proposed to construct a Chinese municipal government comparing with the Concessions.

1930-1937, Shanghai Municipal Government under the Nanking Nationalist Government.

1937-1938, Great Way Municipal Government (上海市大道政府), a puppet government supported by the Japanese.

April-October 1938, Office of Shanghai Commission (督办上海市政公署), a puppet government supported by the Japanese under the Reformed Government of the Republic of China (1938-1940).

1938-1945, Shanghai Special Municipality (Japanese Occupied period), a puppet government supported by the Japanese under the Reformed Government of the Republic of China and latterly the Reorganized National Government of the Republic of China by Wang Jingwei (1940-1945).

1945- today, Shanghai Municipality.



## Maps



Figure 1. Districts of Shanghai (2019)

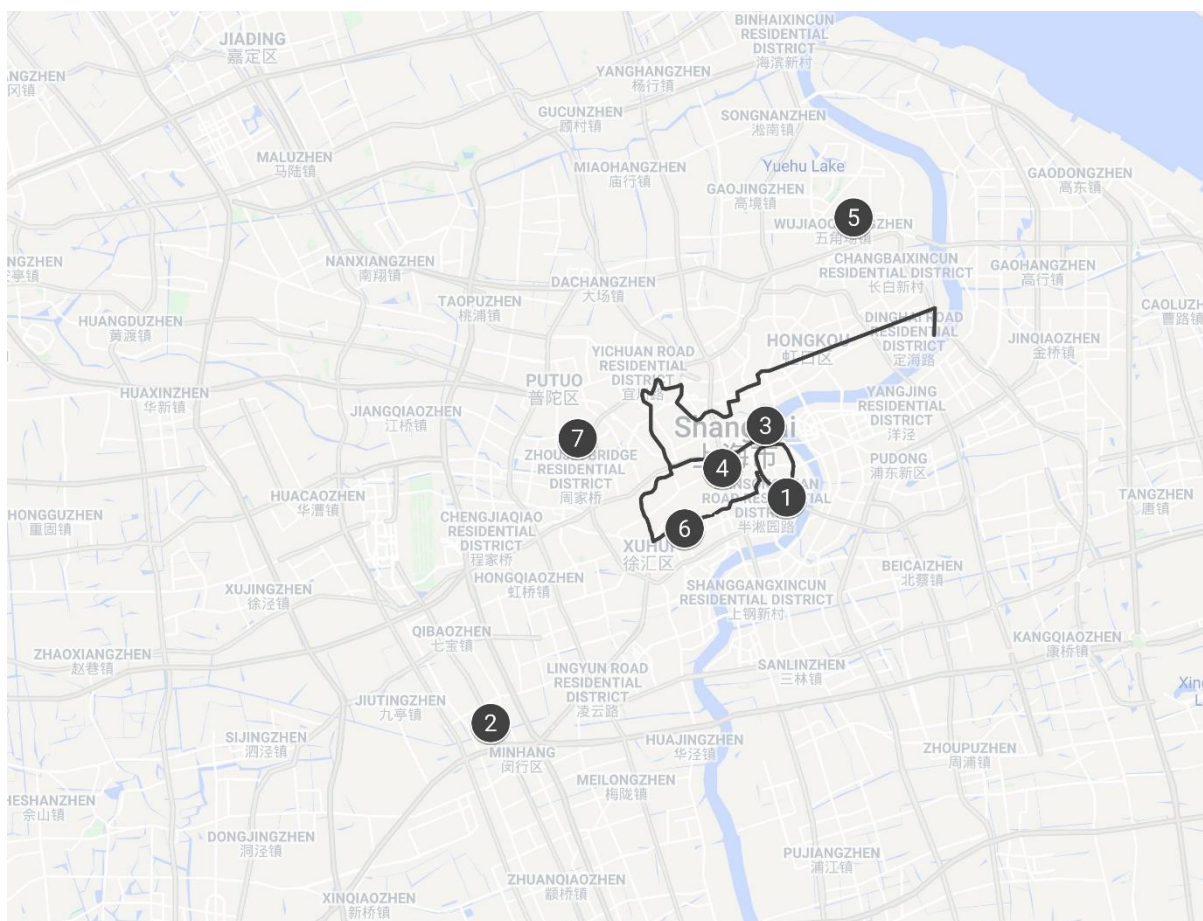


Figure 2. Positions of Foreign Concessions (1935) and Organizations

- ① New Puyutang
- ② Mercy Hospital
- ③ Shanghai Municipal Council
- ④ French Municipal Administration
- ⑤ Shanghai Municipal Government (1933-1937)
- ⑥ National Shanghai Medical College
- ⑦ Great China University

International Settlement (region on the top)

French Concession (region on the left)

Shanghai County Town (the circular region)

## Introduction

This is a history of mind, mental problems and mental hygiene in Shanghai in the first half of the twentieth century. It provides a comparative perspective for the well-known history of insanity and asylums in the European and American world. Prior to the nineteenth century, China saw no large scale stigmatization or detention of the mad as was common in the West. As long as they posed no threat to others, the mad enjoyed quite unrestricted life notwithstanding they rarely received special care. The law and enforcement agencies also tended not to see the mad as accountable for their infractions. The difference caused by cultures still exists in the contemporary era. This study explores the period when Western approaches first encountered Chinese tradition and the outcome of that meeting, whether that was the development of modified Western psychiatry in a new local setting or a failure to acclimatize. The diverse result of this encounter is the primary concern of this thesis.

This study fits a degree with broader arguments about colonial psychiatry. It demonstrates for instance that psychiatric control could be justified in part by colonial authorities as a tool for tackling trouble-makers.<sup>1</sup> It also, however, demonstrates how the Chinese mind and mental health were invented to serve as a crucial part of modern state-building. The thesis reveals a multiplicity of psycho-engineering strategies that provide us with largely unrecognized areas of statecraft in early twentieth-century China.<sup>2</sup> In addition, by combining analysis of the semantic changes in understanding of mind in the late nineteenth and early twentieth century, this study reveals the collisions between Chinese tradition and Western approaches as the result of a process that is far more complex and multi-faceted

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<sup>1</sup> Richard Keller, 'Madness and Colonization: Psychiatry in the British and French Empires, 1800-1962', *Journal of Social History*, 2 (2001): 295-326. Lynette A. Jackson, *Surfacing up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968* (Ithaca: Cornell University Press, 2006).

<sup>2</sup> Roger William and Robin Munro, 'Dangerous Minds: Political Psychiatry in China Today and Its Origins in the Mao Era', *Human Rights Watch* (2002). Timothy Grose, 'Once Their Mental State is Healthy, They Will Be Able to Live Happily in Society': How China's Government Conflates Uighur Identity with Mental Illness, *China File*, <http://www.chinafile.com/reporting-opinion/viewpoint/once-their-mental-state-healthy-they-will-be-able-live-happily-society>.

SIGAL SAMUEL, China is Treating Islam like a Mental Illness, *The Atlantic*, <https://www.theatlantic.com/international/archive/2018/08/china-pathologizing-uighur-muslims-mental-illness/568525/>.

than some existing pictures of how Western ideas were taken up in colonial settings. The hesitations and confusions in accepting new interpretations demonstrate the cultural tenacity of traditional Chinese thinking which could be regarded as backwardness in the progressive era of the early twentieth century but emerges as more reasonable with the passage of time.

Through analysis of the Chinese mind in the contexts of an era of change and geographical zone of cross-cultural exchange, this research presents China as a special example differentiated from other colonial regions where the colonial regime took overwhelming control. It was an era of rapid change in which the Chinese themselves eagerly embraced modernity, including modern ideas about the mind and criticism of the tradition. To a degree, Chinese experiences also mirrored international trends in modern psychiatry and mental hygiene. Be that as it may, it is also clear that the impact of tradition and Chinese subjectivity continually manifested in the formation of a new culture and society, which was specific to Shanghai. And this is of broader significance because of the centrality of Shanghai in Republican China. This story of continuity can be traced through the Chinese-Western Medicine debates, the negotiations in constructing asylums, and in the failures and not just the successes of policy. In Shanghai, we find that the supposed hegemony of Western knowledge of the mind was unable to take full possession in shaping thought and practice.

## **The History of Modern Shanghai**

The history of modern Shanghai has received an extraordinary amount of scholarly attention both in the West and in China since the 1990s, particularly from comparative and global historical perspectives.<sup>3</sup> Shanghai in the first half of the twentieth century was one of the most complicated cities

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<sup>3</sup> Key topics have been examined by following publications. Mark W. Frazier, *The Power of Place: Contentious Politics in Twentieth-Century Shanghai and Bombay* (Cambridge: Cambridge University Press, 2019). Cecilia Leong-Salobir, *Urban Food Culture: Sydney, Shanghai and Singapore in the Twentieth Century* (New York: Palgrave Macmillan, 2019). Qiliang He, *Newspapers and the Journalistic Public in Republican China: 1917 as A Significant Year of Journalism* (New York: Routledge, 2019). Isabella Jackson, *Shaping Modern Shanghai: Colonialism in China's Global City* (Cambridge: Cambridge University Press, 2018). Chieko Nakajima, *Body, Society, and Nation: The Creation of Public Health and Urban Culture in Shanghai* (Cambridge, MA: Harvard University Press, 2018). William Schaefer, *Shadow Modernism: Photography, Writing, and Space in Shanghai, 1925-1937* (Durham: Duke University Press, 2017). Sophie Loy-Wilson, *Australians in Shanghai: Race, Rights*

in the world. Its key role in China was unmatched. It was at the forefront of economic growth and it was at the centre of the New Cultural Movement. In these respects, it compared favourably to the declining old capital Peking and the short-lived capital Nanking (from 1927 to 1937). People from all over the world celebrated its splendour and urban development. In this era of rapid change, Shanghai embodied the future of China and the dreamland of foreigners. It developed into an international stage for showing off powers, gaining profits, manifesting ideologies or initiating revolutions. Its function as a symbol of modernity meant that it was also the spark for key movements that extended out to obtain nation-wide concern. This was also a result of the city acting as a centre for publishing and printing, which meant that ideas spread across the country but also the city was in close dialogue with foreign thought and publication. In a word, Shanghai acted as a strategic hub for Sino-Western exchange as well as accommodating leading figures, ideas, transformations and constructions.

## 1. Foreign Powers and Hygiene Regulation

Shanghai's rise to prominence coincided with the beginning of China's forced openness to the maritime world system after the treaty of Nanking designated it as one of the five ports to be opened up to Western Trade in the First Opium War (1839-1842). Situated at the mouth of the great Yangzi River,

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*and Nation in Treaty Port China* (New York: Routledge, 2017). Zhaojin Ji, *A History of Modern Shanghai Banking: The Rise and Decline of China's Finance Capitalism* (London, New York: Routledge, 2016). Huang Xuelei, *Shanghai Filmmaking: Crossing Borders, Connecting to the Globe, 1922-1938* (Leiden: Brill, 2014). Rhoads Murphey, *Shanghai: Key to Modern China* (Cambridge, MA: Harvard University Press, 2014). Paul G. Pickowicz, Kuyi Shen, and Yingjin Zhang (eds), *Liangyou: Kaleidoscopic Modernity and the Shanghai Global Metropolis, 1926-1945* (Leiden: Brill, 2013). Paul P. Mariani, *Church Militant: Bishop Kung and Catholic Resistance in Communist Shanghai* (Cambridge, MA: Harvard University Press, 2011). Samuel Y. Liang, *Mapping Modernity in Shanghai: Space, Gender, and Visual Culture in the Sojourners' City, 1853-98* (London: Routledge, 2010). Marie-Claire Bergère, translated by Janet Lloyd, *Shanghai: China's Gateway to Modernity* (Stanford: Stanford University Press, 2009). Irene Eber (ed.), *Voices from Shanghai: Jewish Exiles in Wartime China* (Chicago: University of Chicago Press, 2008). Christopher A. Reed, *Gutenberg in Shanghai: Chinese Print Capitalism, 1876-1937* (Vancouver: UBC Press, 2004). Xiaoqun Xu, *Chinese Professionals and the Republican State: The Rise of Professional Associations in Shanghai, 1912-1937* (Cambridge: Cambridge University Press, 2001). Wen-hsin Yeh (ed.), *Becoming Chinese: Passages to Modernity and Beyond* (Berkeley: University of California Press, 2000). Leo Ou-fan Lee, *Shanghai Modern: The Flowering of a New Urban Culture in China, 1930-1945* (Cambridge, MA: Harvard University Press, 1999). Frederic Wakeman, *Policing Shanghai 1927-1937* (Berkeley: University of California Press, 1996). Poshek Fu, *Passivity, Resistance, and Collaboration: Intellectual Choices in Occupied Shanghai, 1937-1945* (Stanford: Stanford University Press, 1993). Jeffrey N. Wasserstrom, *Student Protests in Twentieth-Century China: The View from Shanghai* (Stanford: Stanford University Press, 1991).

Shanghai soon affirmed its pre-eminence among the treaty ports with two-thirds of all foreign trade.<sup>4</sup> An increasing number of foreign traders (colonists) chose to set up business and life there due to the privileges and autonomy conceded to the International Settlement and the French Concession. These foreign adventurers initially saw a huge opportunity for personal advancement due to the lack of regulations in the region. In time, the order was brought inside the concessions and across the ‘borders’.

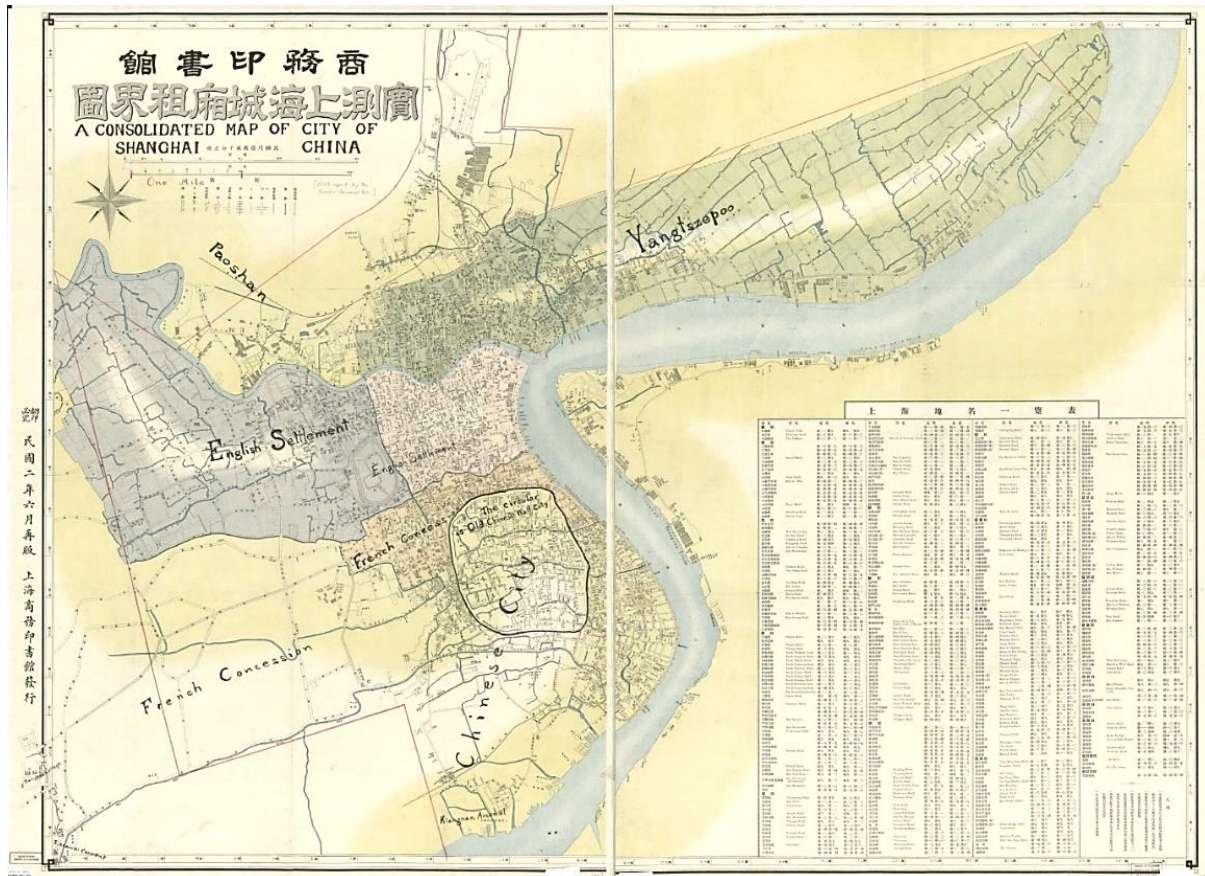


Figure 3. A Consolidated Map of the City of Shanghai (1913)

*Shi ce Shanghai cheng xiang zu jie tu* (实测上海城厢租借图 A consolidated map of city of Shanghai) was printed by Shanghai shang wu yin shu guan 上海商务印书馆 (Shanghai Commercial Press) in 1913. It showed the American (in green, on the top), British (in purple and pink), French (in orange) Concessions and the Chinese county town (in yellow). Full map is retrieved from the Library of Congress, United States <https://www.loc.gov/item/2011589778/>.

There were two foreign concessions in Shanghai along the Huangpu River. The International Settlement extending north and west from the Bund was dominant by the British with the French Concession on its south and the Chinese walled city still further south.<sup>5</sup> The International Settlement

<sup>4</sup> C. D. Bruce, ‘Shanghai: The International Settlement and Its Municipal Police Force’, *Police Journal*, 1 (1928): 128-138.

<sup>5</sup> The Bund was actually the waterfront of British Settlement. Areas along the Bund became the central Shanghai until now.

was governed under the Shanghai Municipal Council (SMC, called the ‘work bureau’, *gong bu ju* 工部局), which originated in 1854 to oversee a police force against Chinese rebellion. It was funded by rates paid by property-owners and answerable to them in annual meetings. SMC, as a transnational institution, answered not to the foreign consuls but to the ever-shifting foreign community. Thus, community interests surpassed the loyalty to home governments (or consuls in Shanghai). SMC resisted interference from the governments and consuls.<sup>6</sup> Being sensitive to business interests, SMC was governed by a board of directors with a chairman to hold meetings and was dominated by British merchants along with a few Americans and Germans (replaced by Japanese from WWI). When police shot Chinese protestors in 1925, it sparked international censure and a nation-wide anti-imperialism movement, and Chinese representatives started to be admitted to the Council.<sup>7</sup> This was a compromise position for the Concessions. In the longer term, the underlying problem was exacerbated with the emergence of an increasingly severe anti-foreign movement and the influx of a large population after warfare became fierce in the 1930s. Guided by the priority of assuring security, property interests, and rights, the courts (namely the International Mixed Court at Shanghai) and the police (the Shanghai Municipal Police, SMP) were reorganized. The court now fell under the supervision of both foreign consuls and Chinese authorities and had the role of enforcing foreign laws and extraterritorial privileges.<sup>8</sup> The Public Health Department (PHD, in Chinese, called *weisheng chu* 卫生处), renamed in 1898 from the sanitary inspector, which can be traced back to 1861, now took charge of public hygiene control, which usually needed to be negotiated with other authorities who had responsibilities over transient populations.<sup>9</sup>

The French Concession was prevented by Paris from joining the SMC. It was governed by the French Municipal Administrative (*gong dong ju* 公董局, FMA). The French consul-general had a significant say in decision-making. The French tended to be lax in public management which made this

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<sup>6</sup> Jackson, *Shaping Modern Shanghai: Colonialism in China's Global City*, pp.9-10.

<sup>7</sup> It was called the May Thirtieth Movement or May Thirtieth Massacre.

<sup>8</sup> Pär Cassel, *Grounds of Judgment: Extraterritoriality and Imperial Power in Nineteenth-Century China and Japan* (Oxford: Oxford University Press, 2012). Manley O. Hudson, ‘The Rendition of the International Mixed Court at Shanghai’, *The American Journal of International Law*, 3 (1927): 451-471.

<sup>9</sup> Jackson, *Shaping Modern Shanghai: Colonialism in China's Global City*, p.164. Liping Bu, *Public Health and the Modernization of China, 1865-2015* (London: Routledge, 2017), p.32.

district the best shelter for criminals and extraterritoriality.<sup>10</sup> The FMA was also lukewarm towards the SMC and its vision of actively propelling co-government in the Settlement and forcing Chinese authorities to share responsibilities.

Policing and the judiciary operated in tandem to maintain order and security. Beyond coping with the challenges of occasional riots and conflicts, their daily routine focused on maintaining public order and hygiene within the Settlements and the surrounding area. For Settlers, health security was a vital concern. The importance of public hygiene went far beyond foreigners' personal health. Lines of hygiene were also key boundaries of the rule.<sup>11</sup> Public hygiene was often directed to controlling eyesores like death, troublemakers and vagrants, mainly among the Chinese but also within the foreign populations, to create 'clean' environments. Rules of 'expulsion' had long been employed over the Chinese.<sup>12</sup> For foreigners, the policy took the form of repatriation. In the beginning, 'hygiene' had been used in this way as a common camouflage for the appropriation of land and property.<sup>13</sup> This often caused riots and conflicts. The Concession authorities, therefore, had to adapt its strategy and established the Public Health Department in response to the plague outbreak in 1898. This helped to legitimize a broader role for hygiene in the enforcement of public order through the construction of public space, and the regulation of human appearance and mental health. However, such intrusion into Chinese private space caused fierce resistance, as happened in 1910. This resulted in the first intervention of Chinese authorities into bilateral hygiene issues.<sup>14</sup>

In terms of handling the vagrants, PHD increasingly tried to involve its Chinese counterparts in the responsibilities. The abrogation of expulsion in 1927 in the National Salvation Movement led to

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<sup>10</sup> Wakeman, *Policing Shanghai*, p.14.

<sup>11</sup> Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (Basingstoke: Palgrave, 2004), p.1.

<sup>12</sup> Hudson, 'The Rendition of the International Mixed Court at Shanghai'. Christian Henriot, 'Shanghai and the Experience of War: The Fate of Refugees', *European Journal of East Asian Studies*, 5 (2): 224. Even more Chinese could make to enter the Settlements, the control toward unwelcomed Chinese continued in diverse ways until the abolition of concessions.

<sup>13</sup> R. D. Belsky, 'Bones of Contention: The Siming Gongsuo Riots of 1874 and 1898,' *Papers on Chinese History*, 1 (1992): 56-73. Fu Liang, 'Liu Kunyi yu di er ci Siming gongsuo shijian jiaoshe' (刘坤一与第二次四明公所事件交涉 Negotiations between Liu Kunyi and the Second Siming Gongsuo Event), *Jindai zhongguo* (近代中国 Modern China Collection), 24 (2015).

<sup>14</sup> Hu Cheng, 'Quarantine, Race and Politics in the International Settlement: Clashes between Chinese and Foreigners after the Outbreak of Plague in Shanghai in 1910', *Modern Chinese History Studies*, 4 (2007): 74-90.



an increasing number of refugees arriving into Concessions for shelter.<sup>15</sup> The Concessions insisted that the Chinese authority undertake the responsibility of removing undesirable people and punishing offenders. Chinese police stations assumed the PHD's previous role in handling street troubles after the Municipality of Greater Shanghai gained full juridical control over the city in 1927. Political 'compromise' was accompanied by a spread of financial responsibility. The long-shelved issue of accommodating the insane also emerged as a potential area for trilateral cooperation within this context. A project of confinement was considered as part of a broader effort to decrease troubles on the streets. Humanitarianism, however, was also a factor, with calls to provide care as part of social progress supported by initiations of hospitals and medical educations. By this time, the original racial undertones behind a policy of expulsion had given way to an emphasis on state engineering as the route towards order and modernity.

Actions and interactions occurred among primary branches of executive bodies. At the very beginning, every national power set its own courts for prosecutions in the Concessions. A Mixed Court (*gong xie* 公廨) was organized to deal with increasing Chinese criminal cases caused by the increasing population of Chinese who flocked in after the Taiping Rebellion of 1854. This included a deputy of the *Daotai* (道台, or Taotai, circuit intendant) and foreign assessors.<sup>16</sup> It was operated as a police institution policing the Settlement and 'outside roads'. After the Republican Revolution of 1911 overthrew the Qing court and left Shanghai as a land with no government, the Mixed Court asserted complete judicial independence over Chinese residents in Shanghai.<sup>17</sup> A separate mixed court was established in the French Concession in 1869. It experienced a similar pattern of development like the one in the International Settlement. The International Mixed Court was replaced in 1927 by the Shanghai Provisional Court (*Shanghai gonggong zujie linshi fayuan* 上海公共租界临时法院) with a senior consul 'sitting' jointly with the judge. The Provisional Court abrogated the previous expulsion

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<sup>15</sup> Patricia Stranahan, 'Strange Bedfellows: The Communist Party and Shanghai's Elite in the National Salvation Movement', *The China Quarterly*, 129 (1992): 26-51. William W. Jr. Lockwood, 'The International Settlement at Shanghai, 1924-34', *American Political Science Review*, 6 (1934): 1031.

<sup>16</sup> Prosecutions against foreigners in the Chinese Courts were overseen by the foreign Municipal Advocate.

<sup>17</sup> G. W. Keeton, 'The Growth and Scope of Extra-Territoriality in China', *Law Quarterly Review*, 2 (1927): 238-261. C. F. Fraser, 'The Status of the International Settlement at Shanghai', *Journal of Comparative Legislation and International Law*, 21 (1939): 38-53.

penalties for Chinese criminals and offenders.<sup>18</sup> By 1931, it was replaced by the First Special District Court in the International Settlement, the Second Special District Court in the French Concessions and Shanghai District Court in the previous Chinese jurisdiction area under the new juridical system of the Nationalist Government.<sup>19</sup> During the 1920s and 1930s, there were three agencies undertaking public missions: the International Settlement's Shanghai Municipal Police, Frenchtown's Concession Police, and the Chinese Special Municipality's Public Safety Bureau.<sup>20</sup> This power structure was broken in 1937 when the Japanese and the Puppet government replaced the previous Chinese force.

## 2. Chinese Policing on Hygiene and Civic Order

On the Chinese side, both the Qing and new Republican government after 1911 undertook certain state responsibilities for public health and sanitation, which had previously been borne by benevolent halls (*Shan tang* 善堂) or other charities.<sup>21</sup> These organizations were also associated with the jurisdiction of the police. The Rockefeller Foundation and Peking Union Medical College (PUMC) also contributed to the cultivation of ideas of preventive medicine and community health.<sup>22</sup> However, no central plans of public hygiene were implemented until the Nanjing Nationalist Government in 1927, when Chiang Kai-shek declared he would establish an effective and competent administration, comparable with foreigner settlements, to be ready to restore Chinese sovereignty. He believed that a messy and polluted city would justify the presence of imperialists. Thus, orderliness and cleanliness became increasingly central concerns in municipal construction. Because Shanghai accommodated many foreign powers, it became a frontline of this competition.

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<sup>18</sup> Hudson, 'The Rendition of the International Mixed Court at Shanghai'.

<sup>19</sup> Sei Jeong Chin, 'The Politics of the Shanghai Courts: The State, Local Elites, and Social Networks in Nationalist China, 1927–1937', *Journal of Modern Chinese History*, 1 (2017): 29-49.

<sup>20</sup> Frederic Wakeman, 'Policing Modern Shanghai', *The China Quarterly*, 115 (1988): 408-440. R. M. J. Martin, 'Police Work in Shanghai', *Metropolitan Police College Journal*, 1 (1936): 41-50.

<sup>21</sup> Carl Nathan, *Plague Prevention and Politics in Manchuria, 1910–1931* (Published by Harvard University Asia Center, Harvard University, 1967). Carol Benedict, *Bubonic Plague in Nineteenth-Century China* (Stanford: Stanford University Press, 1996).

<sup>22</sup> Nakajima, *Body, society and Nation*, p.76, p.81.

Public hygiene marched hand in hand with the maintenance of public order. In April 1927, the Municipality of Greater Shanghai set up its Public Health Bureau (*wei sheng ju* 卫生局, PHB) to take charge of *weisheng* reforms, including health and hygiene, in the Chinese sector of the city. After the new Mayor of the Special Municipal Government Huang Fu (黄郛) took his office in July, he called for "three great movements" (*san da yundong* 三大运动) to bring about the modernization of Shanghai—public health, increased production, and public order.<sup>23</sup> The civic culture was, to begin with, the maintenance of public order by the newly formed Public Security Bureau (*gong an ju* 公安局, PSB). Patrolmen thus took over regulation of streets, public places, and neighbourhood disputes. Police administrators placed emphasis on law enforcement but their role in truth did spill over into the broader regulation of public order and here it elided with public hygiene.<sup>24</sup>

There was a close relation to the concern over productivity and work. Taking healthy individuals as the foundation of the national strength and spirit (*jing shen* 精神), work was thought necessary to achieve not only physical but also mental hygiene and order. Thus, the role of the PHB went beyond the sanitary environment to citizenship training and moral education including personal behavioural regulation and mind remoulding.<sup>25</sup> Hygiene movements were conducted to provide knowledge and information for laypeople. Furthermore, the populace was encouraged to ‘practice good hygiene’ in everyday lives. Personal demeanour was a reflection of modernity and civility.

Given the rise and fall of different governmental powers across the period, social groups, such as local philanthropists, religious organizations, businessmen and intellectuals, often rivalled the state agenda in creating channels and strategies to convey health knowledge and information to the urban masses and to educate them in long term. The thesis will show this in the chapters that follow.<sup>26</sup>

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<sup>23</sup> Wakeman, *Policing Shanghai*, p.46.

<sup>24</sup> Wakeman, *Policing Shanghai*, p.54.

<sup>25</sup> Kerrie L. Macpherson, *A Wilderness of Marshes: The Origins of Public Health in Shanghai, 1843-1893* (Oxford: Oxford University Press, 1987). Chieko Nakajima, ‘Health and Hygiene in Mass Mobilization: Hygiene Campaigns in Shanghai, 1920–1945’, *Twentieth-Century China*, 1 (2008): 42-72. Robert Culp, ‘Rethinking Governmentality: Training, Cultivation, and Cultural Citizenship in Nationalist China’, *The Journal of Asia Studies*, 3 (2006): 529-554.

<sup>26</sup> Julia C. Strauss, *Strong Institutions in Weak Polities: State Building in Republican China, 1927-1940* (Oxford: Oxford University Press, 1998).

Convinced that the Chinese would benefit from the discipline of hygiene, elites took on the mission of ‘civilizing’ commoners. The participation of the latter was also necessary for this strategy to be fully successful. This interaction, however, often proceeded through problematizing their ‘wrongs’ as cautionary cases.

The policing interventions, both in the Foreign Settlements and Chinese sectors, were justified by the construction of a spectre of the needy or troublesome.<sup>27</sup> The figure of the refugee was particularly important. The challenge of dealing with large numbers of refugees continuously tested the governmental capacity and was a key catalyst in shaping thinking about public order and municipal space. Both the Settlements and Chinese authorities had experience sending back or expatriating members of this population who were seen as troublesome. The situations became out of control when thousands of refugees flooded in. While relief work expanded to care for the ‘normal’ groups, confinement became the prime method of dealing with difficult-to-control and public-order-breakers including criminals, lepers, and the mad. The construction of new categories of deviance became part of the modernization process.

### 3. The Cultural Milieu for Hygiene Promotion

Shanghai did not exceed its commercial position to emerge as an intellectual centre until the 1910s. Serious political and military problems since the 1840s evoked the Chinese to find ways to compete with Western powers. Part of the solution was military and industrial change, but the defeat in the First Sino-Japanese War (1894-1895) finally highlighted that changing compatriots’ mind mattered more than more ships and cannons. In the words of Liang Qichao (1873-1929), the leading reformist,

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<sup>27</sup> Zvia Lipkin, *Useless to The State: “Social Problems” and Social Engineering in Nationalist Nanjing, 1927-1937* (Cambridge, MA: Harvard University Asia Center, 2006). Janet Y. Chen, *Guilty of Indigence: The Urban Poor in China, 1900-1953* (Princeton: Princeton University Press, 2012). Henriot, ‘Shanghai and the Experience of War: The Fate of Refugees’. Lily Chang, ‘Contested Childhoods: Law and Social Deviance in Wartime China, 1937-1945’ (Ph.D. Thesis, University of Oxford, 2011). Hanchao Lu, *Beyond the Neon Lights: Everyday Shanghai in the Early Twentieth Century* (Berkeley, CA: University of California Press, 1999), p.121.

this required spiritual reform of the people and the generation of new people.<sup>28</sup> By around the 1900s, intellectual opinions began to be translated into efforts to produce a new political culture. The foremost among them was the introduction of a new educational system. In 1905, the old examination system was replaced by a set of ‘modern’ disciplines including the study of ‘psychology’.<sup>29</sup> More generally, the Xinhai Revolution (1911-1912) overthrew the Qing court and established the Republic. However, this was handicapped by attempts to restore the monarchy and to establish order, which were led by Yuan Shi-kai (1859-1916), a Qing military strongman and the first official president of the Republic of China. This failure hurt the progressives deeply and turned them from questioning of core traditional values to total repudiation of the Chinese Confucian tradition, which they saw as the cause of deep-rooted national failings.<sup>30</sup>

The new literature was distinguished by an obsessive concern with China as a nation afflicted with a ‘spiritual disease’ and therefore unable to strengthen itself or change its set ways of inhumanity.<sup>31</sup> This created a sharp polarity between tradition and modernity as the disease was rooted in Chinese tradition and the way of modernity lay in revolt against this tradition and an intellectual quest for a new way forward. The ideologies of the New Cultural Movement were spread along with novel models of communication and association, like the promotion of written vernacular Chinese (白话文 *bai hua wen*) in literature and education and the media of newspapers and the periodical press. The criticism of Chinese national character soon extended from the social to the personal sphere.<sup>32</sup> Instead, a series of psychological standards were proposed to frame the mental pattern for new youth (*xin qing nian* 新青年) in everyday life.

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<sup>28</sup> Henrietta Harrison, *The Making of the Republican Citizen: Political Ceremonies and Symbols in China 1911-1929* (New York: Oxford University Press, 2000), p.8.

<sup>29</sup> Diverse terms were applied to refer to psychology like *xinli xue* 心理学, *xinling xue* 心灵学 and *xincai xue* 心才学. An investigation into this topic see Yan Shuchang, ‘Zhi Quan Ju Shi’s coinage of the term Xin Li (Xue) in the late Qing dynasty’, *Acta Psychologica Sinica*, 8 (2018): 920-928.

<sup>30</sup> Charlotte Furth, ‘Intellectual changes: From the Reform Movement to the May Fourth Movement, 1895–1920’, in M. Goldman and L. O. Lee (eds), *An Intellectual History of Modern China* (Cambridge: Cambridge University Press, 2002), p.37.

<sup>31</sup> Goldman and Lee, *An Intellectual History of Modern China*, p.142.

<sup>32</sup> Sean Hsiang-lin Lei, ‘Habituating Individuality: Framing Tuberculosis and its Material Solutions in Republican China’, *Bulletin for the History of Medicine* 84 (2010): 248-79.

The Nationalist (*Guomindang* 国民党, GMD) government coopted such ideologies, providing them with governmental legitimacy and promoting citizens' involvement in the New Life Movement.<sup>33</sup> For ordinary people, self-examination, self-disclosure, and self-improvement became the basis for new citizenship. This was promoted through the rising reach of new print and other media. Existing concern over mental problems now extended into a new obsession with personalities, behaviour, and psychological differences.

This turn towards civil introspection can also be seen as a response to the criticized tradition in China in the treatment of mad people, notably accusation that this was characterized by inhumane use of physical restraint and reliance on missionary care. The new culture therefore also encouraged a new attitude in the treatment of the insane. This was characterized by an emphasis on medical education and hospitalization. These processes assembled local elites with new overseas graduates. They also integrated the Chinese social welfare tradition with missionaries' benevolence and new 'scientific' knowledge and business forms. These changes, in turn, helped to change popular perceptions, which featured 'discovering diseases' in triangular relations of the body, the mind, and society. The new understanding of mind-care was seen in broad urban areas surrounding cities like Shanghai, Peking, Nanking, and Canton, but Shanghai became the main battlefield due to its central position in the New Cultural Movement.

## Scholarship on Mental Illnesses in China

In this section of the Introduction, I examine approaches to the history of mental illness in China. This has a growing interest in recent years. A central question has been whether one can draw directly from models developed in the analysis of the Western story of mental illness. This has certainly proved

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<sup>33</sup> Sean Hsiang-lin Lei, 'Habituating the Four Virtues: Ethnics, Family and the Body in the Anti-tuberculosis Campaigns and the New Life Movement', *Bulletin of the Institute of Modern History, Academia Sinica* 74 (2011): 133-177. Sean Hsiang-lin Lei, 'Weisheng weihe bushi baowei shengming' 卫生为何不是保卫生命? (Why is Hygiene not about Protecting Life?), in Li Shangren (ed.) *Diguo yu xiandai yixue* (帝国与现代医学 Empires and Modern Medicine) (Tabei: Liking Publishers, 2008), pp.438-448.

fruitful in thinking about efforts at modernization. In the Chinese context, this has proved helpful in relation to questions of colonialism. However, the scholarship has recognized the challenge of integrating that perspective with attention to the role of traditional thought and practice. This is a central theme for this thesis.

## 1. The Transcultural Study From Anthropology And Ethno-Social Science

The study of madness in China in the past few decades has been heavily influenced by medical anthropology emerging from 1980. This coincided with a period in which foreign intervention in Chinese mental health benefited from the opening-up of the Chinese Government. In 1981, Chien Xin-Chung, the Minister of Health of the People's Republic of China, sent out an invitation to Lin Tsung-yi (林宗義), at the time the consultant in psychiatric education in the World Health Organization, to be the adviser to help planning and development of psychiatry and mental health in China.<sup>34</sup> At the same time, in the academic sphere, pioneered by Arthur Kleinman, a batch of anthropologists set out to construct the cultural and ethnic aspects of Chinese medicine and medicine in China.

While agreeing that all systems shared some common elements regardless of the cultural context in which they occur, this ethnomedical approach made remarkable progress in demonstrating the importance of addressing cultural elements.<sup>35</sup> Basically, cultural influences were grouped into four orientations (1) physiologically-based (e.g., rest therapy, massage therapy, exercise therapy, acupuncture); (2) psychologically-based (e.g., meditation, imagery, problem-solving); (3) socially based (e.g., family or group involvement, social re-integration), and (4) supernaturally based (e.g.,

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<sup>34</sup> Tsung Yi Lin and Leon Eisenberg (eds), *Mental Health Planning for One Billion People: A Chinese Perspective* (Vancouver: University of British Columbia Press, 1985), Preface.

<sup>35</sup> J. J. Kao, *Three Millennia of Chinese Psychiatry* (New York: Advanced Research in Asian Science and Medicine, 1979), p.2, p.24. Ju-k'ang T'ien, 'Traditional Chinese Beliefs and Attitudes toward Mental Illness', in Wen-Shing Tseng and David Y. H. Wu (eds), *Chinese Culture and Mental Health* (Orlando: Academic Press, 1988), pp.67-81. D. Reidel Dordrecht, Martha Livingston, and Paul Lowinger (eds), *The Minds of the Chinese People: Mental Health in New China* (New Jersey: Prentice-Hall, 1893). Veronica Pearson, *Mental Health Care in China* (London: Gaskell, 1995).

exorcism, prayer rituals, divination, possession states).<sup>36</sup> From these orientations anthropologists expected to find basic explicit or implicit causal logic that characterized a given system in a specific culture or common sense knowledge which was used to interpret social and medical experience and which played an important role in shaping both professional and everyday views of mental disorder.<sup>37</sup>

As a psychiatric clinician trained in anthropology, Kleinman took a lead in challenging the ignorance of 'culture' as a variable in clinical work. Conversely, he contributed to medical anthropology by examining the structure and functions of medical systems in cross-cultural comparisons. One of his major achievements was to demonstrate that cultural meanings and norms influence the perception and expression of symptoms or therapeutic mechanisms.<sup>38</sup> The new conceptual frameworks of ethnomedicine he called for, as a comparison with Western forms, demanded interdisciplinary methods to investigate biosocial interactions between socio-cultural and psychobiological sides of clinical phenomena.<sup>39</sup> His work aimed to exert practical effects on the practice and teaching of clinical medicine and psychiatry. In drawing attention to the adaptability of popular beliefs and practices, he pointed to the importance of popular educational programs. In Kleinman's thinking, medical anthropology was expected to develop as a unique interstitial study between the social sciences and the health sciences.

China was the main research object in the above scheme due to the opportunities presented by the opening-up of the country from 1978. Following early studies in Taiwan, Kleinman conducted research in the Hunan Medical College on neurasthenia (one of the most common medical and lay diagnoses in China), depression (one of the most prevalent diagnoses of mental illnesses worldwide but not widely diagnosed in China) and somatization (the expression of personal and social distress in a language of bodily complaints and through a pathway of medical help-seeking).<sup>40</sup> He aimed to trace the social origins of these symptoms and the role of culture, in making the distress and suffering meaningful

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<sup>36</sup> Anthony J. Marsella and Geoffrey M. White (eds), *Cultural Conceptions of Mental Health and Therapy* (Dordrecht: Springer Netherlands, 1982), p.378.

<sup>37</sup> Marsella and White, *Cultural Conceptions of Mental Health and Therapy*, p.3.

<sup>38</sup> Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry* (California: University of California Press, 1981), p.xiii.

<sup>39</sup> Kleinman, *Patients and Healers in the Context of Culture*, p.376.

<sup>40</sup> Arthur Kleinman, *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China* (New Haven, CT: Yale University Press, 1986), p.x.



in interpretations. He compared the relationship between neurasthenia and depression in China and the West and concluded that there was an orientation of somatization in the interpretation of experiences of illness in China.<sup>41</sup> Both this trend and the anti-neurasthenia campaign in the Great Leap Forward gave cultural authority to centring on somatic manifestations not their human sources in relationships, roles, norms, and labels, which Kleinman thought was the reason why the medicalization of psychosocial problems was unsuccessful.<sup>42</sup>

The apparent inapplicability of Western historical models of human interiority suggested the need for a re-examination of the transcultural body and self. For example, scholars had been troubled by the 'clear anachronism and ethnocentrism of using Freudian categories to chart Chinese psychodynamics'.<sup>43</sup> Besides, the sexuality, which was core in the Western psychological understanding of the selfhood, was, according to Kleinman, less central in Chinese culture. Thus, for Kleinman, understanding of Chinese mental health and illness needed to rest not just on analysis of symbols and concepts, rather, it was more about how the body was experienced and how this contributed to the construction of the self. This experienced self-needed to be understood as the result of intersecting processes. On the one hand, it was the product of newly created meanings based on certain social contexts which shared cultural models and value orientations, on the other hand, it combined a dialectic between universal biological and social aspects of human nature.

The term *depression* was avoided in China because it conveyed a sense of alienation of a socio-political as well as psychological kind. Kleinman originated this in Chinese culture which carried a strong stigma, which 'unlike the stigma of mental illness in the West, affects not only the person who is ill but the entire family'.<sup>44</sup> He further situated this condition in the chaos of the Cultural Revolution, when, as he said, mental illnesses were not so many diseases as they were wrong political thinking. He explained depression as a tricky concept that could indirectly convey political dissatisfaction counter to

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<sup>41</sup> Kleinman, *Social Origins of Distress and Disease*, p.2.

<sup>42</sup> Kleinman, *Social Origins of Distress and Disease*, p.184.

<sup>43</sup> Kleinman, *Social Origins of Distress and Disease*, pp.193-200.

<sup>44</sup> Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), p.109. Referring to Lin Keh-ming, 'Traditional Chinese Medical Beliefs and Their Relevance for Mental Illness and Psychiatry', in Arthur Kleinman and Tsung-yi Lin (eds), *Normal and Abnormal Behaviour in Chinese Culture* (Dordrecht; Boston: D. Reidel, 1981), p.95.

the energetic spirit wanted in mass political campaigns. This perspective has been taken further among scholars who study politicalizing mental illnesses as a method of political persecution in modern and contemporary China. Comparatively, his finding of preferential treatments for neurasthenia in modern China is impressive though. A neurasthenia diagnosis can authorize the sick person to obtain disability benefits, justify earlier retirement, change work or move from country to city.<sup>45</sup> This finding contrasts with my research in the Republican era when socio-psychological factors were overwhelming in symptom description. The somatization phenomenon after 1949 was a reorientation from Republican experiences which put much social and cultural weight on mental problems. This demonstrates a necessity of 'longue durée' research in explaining Chinese history.

A similar approach was seen in another official project conducted by Lin Tsung-yi. Starting from his interests in searching for an effective system for the delivery of mental health services in the Third World, he was trying to identify and explain biogenetically or culturally bound phenomena and influences from social, economic and political stress and development.<sup>46</sup> Lin was more direct and strong in his criticism of Chinese tradition than Kleinman, in particular for its neglect of the mentally ill and the low social and academic status accorded to psychiatry. He tended to treat all three differences of the Chinese tradition as impediments: firstly, the somato-psychic approach in Chinese medicine which was unwilling to differentiate between psychological and physiological function and thus malfunctioned to treat mental disorders as a separate area; secondly, the serious stigma which attached to the ill as well as their families; thirdly, the Chinese cultural characteristic of resisting discussion of any negative aspect of emotional life and the preference for emphasizing the social aspects of problems and interpersonal situations.<sup>47</sup>

These ethnological critiques were not far from the perspective of the Nationalists in the Republican era who were eager to break with tradition and forge a new national identity more in line with modernity. For both, the tradition seemed always to be the safest target in blaming deficiencies in

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<sup>45</sup> Kleinman, *The Illness Narratives*, p.110.

<sup>46</sup> Lin and Eisenberg, *Mental Health Planning for One Billion People*, Preface.

<sup>47</sup> Lin Tsung-yi, 'The Shaping of Chinese Psychiatry in the Context of Politics and Public Health', in Lin and Eisenberg, *Mental Health Planning for One Billion People*, pp.3-4.

Chinese society during the past century and its culpability became an axiomatic truth. This perspective seems quite strange today, and this thesis interrogates and situates such thinking to turn it from axiom to a historical current that reflected its times.

## 2. Understanding the Chinese Mind in Traditional Medicine

Anthropological research encouraged further study on the connotation of the mind and mental problems in Chinese tradition, which was rooted in the holistic social milieu including interpersonal relations, human-medicine relations, and the self. Historians had long been working on this topic in the realm of Traditional Chinese Medicine. A flaw in the anthropological research is that it tended to make assumptions about traditional thought without full historical analysis of what such thought actually entailed, or of the process of interplay and interaction between traditional and Western approaches. One of the aims of this thesis addresses this challenge.

Nathan Sivin heads the list of those who have argued that Chinese medicine needs to be understood as a serious system of practices for deducing a coordinated program of therapy from analysis of the patient, rather than a grab-bag of relatively useless ideas and techniques. Sivin demonstrated that the Chinese tradition approached health as the result of a dynamic balance of the whole organism, rather than a dichotomy of body and mind, where the patient should be treated as a psychosomatic unity connected with his environment.<sup>48</sup> This view is helpful in considering the various dissatisfactions with modern medicine, particularly in relation to chronic physical disorder but also in its limited understanding of the interrelations of the body and mind in disease. It was through the capacity to cure acute diseases that Western biomedicine gained its authority and institutional and professional power. This specialization process, however, was often less successful when it came to patients' feelings. It entailed less concern for questions of support and care rather than cure. It also involves hurried and medicalized explanations that could pay little attention to the need for understanding on the behalf of

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<sup>48</sup> Nathan Sivin, *Traditional Medicine in Contemporary China* (Ann Arbor, Michigan: Center for Chinese Studies, University of Michigan 1987), p.xx, p.8.

those being treated. The biomedical approach overlooked such issues as the role of families and friends, lifestyle, household dynamics, and interpersonal relations. In fact, such as communal bonds, and common values were just as important when it came to the efforts of chronic patients to lead a normal life. The biomedical approach tended to overlook the degree to which the body and emotions are interdependent, mutually influencing one another, mind and motion responsive to the physical environment, and the patients' social milieu. In other words, Sivin presents us with a powerful case for paying more serious attention to the potential ongoing attractions of a more holistic view of medical.<sup>49</sup>

Studies into Chinese medicine have continued to be largely informed by the anthropological approach. Building upon Sivin's work, anthropologists have argued the nature of the 'medical' is essentially cultural and has always been in flux and contestation. The increasing power of 'Western Medicine' in defining the best practices rendered 'Chinese Medicine' as an embattled 'other'.<sup>50</sup> As Chinese Medicine has no precise counterparts in Western thought, it has proved hard to fit its difference to modern medicine into existing frameworks like the sacred and secular, or science and religion. In adopting such frameworks, scholars have been risking projecting notions of science back in time while minimizing many influential things of the day. They need to overcome the distortion of modern and outsider perspectives by looking into people's own terms and the contemporary formulations of knowledge and efficacy as well as the contextually conditioned assessment of personal and communal good. The thesis attempts to adopt such an approach.

Apart from its clinical observations, one of the main effects of recent ethno-psychological research in China has been to emphasize the value of a traditional medical paradigm of balance in conceptualizing mental health.<sup>51</sup> This orientation, as chapters in this thesis, will show, largely reversed what Chinese intellectuals imported and propagated in the first half of the twentieth century, which was endeavouring to depart from its tradition and ethnic features to present an image of modernization.

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<sup>49</sup> Sivin, *Traditional Medicine in Contemporary China*, p.15. 'Emotional Counter-therapy', in Nathan Sivin (eds), *Medicine, Philosophy and Religion in Ancient China: Researchers and Reflections* (Aldershot: Variorum, 1995), p.II.

<sup>50</sup> T. J. Hinrichs and Linda L. Barnes (eds), *Chinese Medicine and Healing: An Illustrated History* (Cambridge, MA: Belknap Press of Harvard University Press, 2013), pp.2-3.

<sup>51</sup> Anthony J. Marsella and Geoffrey M. White (eds), *Cultural Conceptions of Mental Health and Therapy* (Dordrecht: D. Reidel Publishing Company, 1982), p.299.

Chinese medicine has been struggling in the past century to draw a demarcation line with immaterial understandings. The focus on body-mind interrelationship was actually peeled away from a more holistic and less materialist body-heart/mind-spirit/soul cognitive system in 1910s China.<sup>52</sup> Legislators in the 1920s and 1930s China supported a wholesome modernization and sweeping away traditional medicine as unscientific rubbish once and for all.<sup>53</sup> Chinese medicine was a target for attacks on tradition and superstition.<sup>54</sup> For this reason, a full history of mental problems in the period is impossible without dealing with a close relationship with religions. This is certainly true in pre-1949 China, but the subject also deserves attention beyond this period.<sup>55</sup> Chinese intellectuals and doctors had a challenge in adopting concepts like heart, mind, spirit, and soul. Chapter one will demonstrate that challenge at a conceptual and linguistic level. As subsequent chapters will examine, this challenge became even more complicated when a nationalist perspective was embedded in the Republican era.<sup>56</sup>

Scholarship on the history of psychiatry in China cannot evade this fundamental problem of definitions. One cannot automatically assume that apparently similar symptoms to those depicted in

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<sup>52</sup> C. Chan, 'A body-mind-spirit Model in Health: An Eastern Approach, Social Work in Health Care', *Social Work in Health Care* 34 (3-4): 261-82. E. Hsu, 'Traditional Chinese Medicine: Its Philosophy, History, and Practice', in H. Callan (ed.), *International Encyclopaedia of Anthropology: Anthropology Beyond Text* (New York: Wiley Blackwell, 2016)

<sup>53</sup> Bridie Andrews, *The Making of Modern Chinese Medicine, 1850-1960* (Vancouver: UBC Press, 2014). Benjamin A. Elman, 'Rethinking the Twentieth Century Denigration of Traditional Chinese Science and Medicine in the Twenty-first Century', Prepared for the 6th International Conference on The New Significance of Chinese Culture in the Twenty-first Century: The Interaction and Confluence of Chinese and Non-Chinese Civilization, held at the International Sinological Center at Charles University in Prague, The Czech Republic, 2003. Sivin, *Traditional Medicine in Contemporary China*, p.17.

<sup>54</sup> K. Yip, 'Traditional Chinese Religious Beliefs and Superstitions in Delusions and Hallucinations of Chinese Schizophrenic Patients', *International Journal of Social Psychiatry*, 2 (2003): 97. David A. Palmer, 'The Body in Chinese Cosmology and Religion: Health, Nation, and Transcendence', in David A. Palmer, Glenn Shive and Philip Wickeri (eds), *Chinese Religious Life* (New York: Oxford University Press, 2011), pp. 87-106. Vivienne Lo and Sylvia Schroer, 'Deviant Airts in 'Traditional' Chinese Medicine', in Joseph S. Alter (eds), *Asian Medicine and Globalization* (Philadelphia: University of Pennsylvania Press, 2005), p.45. For the spiritualism and planchette practices in China, see Hunag Kewu 黄克武, 'Minguo chunian shanghai de lingxue yanjiu' 民国初年上海的灵学研究: 以上海灵学会为例 (Research into Spiritualism in Early Republican Shanghai: A Study of Shanghai Spiritualism Society), *Bulletin of the Institute of Modern History, Academia Sinica*, 55 (2007): 99-136. For intellectuals' views on religion, superstition, and science during this period, see my work: Huang Kewu, 'Lingxue yu jindai Zhongguo de zhishi zhuanxing: minchu zhishi fenzi dui kexue, zongjiao yu mixin de zai sikao' 灵学与近代中国的知识转型: 民初知识分子对科学, 宗教与迷信的再思考 (Spiritualism and the Intellectual Transformation of Early Modern China: The Rethinking of Science, Religion and Superstition by the Intellectuals of the Early Republic), *Sixiang shi* 思想史 (History of Ideas), 2 (2014): 121-96.

<sup>55</sup> Louis Fu, 'Healing Bodies or Saving Souls? Reverend Dr Peter Parker (1804-1888) as Medical Missionary', in David Hardiman (ed.), *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Rodopi, 2006).

<sup>56</sup> S. Harrell, 'The Concept of Soul in Chinese Folk Religion', *Journal of Asian Studies*, 3 (1979): 519. L. K. Sun, 'Social Psychology in the Late Qing Period', *Modern China*, 3 (1992): 235.

writing on mental illnesses in Western psychiatry meant the same thing in this specific cultural context. Some have hoped that they could ‘translate’ ancient or exotic terms of disorders into the well-established concepts and categories of Western psychiatry.<sup>57</sup> This work lays the groundwork for connecting common factors for making diagnoses according to a universal psychiatric framework.<sup>58</sup> Chapter one and Chapter five in this thesis show my efforts concerning this approach.

In fact, work on traditional medicine has not tended to successfully satisfy the desire for a common framework of understanding for the two distinct medical systems. There is a danger of confusion in mapping the unified Chinese philosophy onto modern systems of medical classification. Martha Li Chiu’s exploration of madness in *Huang Di Nei Jing* (Inner Canon of the Yellow Emperor), the fundamental doctrinal source for Chinese medicine for more than two millennia, offers one example of such efforts to compare meaning construction in traditional Chinese medicine and modern psychiatry.<sup>59</sup> Her inappropriate comparison between European concepts of madness and insanity and Chinese medical disorders has received criticism from Nathan Sivin.<sup>60</sup> Some, instead, have attempted to explain the Chinese understanding of mind-body relations through the changes of *qi* or the relations of *wind* and mind.<sup>61</sup> Other scholars have studied the way the Chinese expressed their emotions, in an attempt to uncover thinking about the mind.<sup>62</sup> However, the two systems still struggle to integrate with each other in such work.

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<sup>57</sup> Hans Agren, ‘The Conceptual History of Psychiatric Terms in Traditional Chinese Medicine’, in Guohao Li (ed.), *Explorations in the History of Science and Technology in China* (Shanghai: Chinese Classics Publishing, 1982), p.574. Volker Scheid, ‘Depression, Constraint, and the Liver: (Dis) Assembling the Treatment of Emotion-Related Disorders in Chinese Medicine’, *Culture, Medicine & Psychiatry*, 1 (2013): 30.

<sup>58</sup> Tsung Yi Lin, ‘The Shaping of Chinese Psychiatry in the Context of Politics and Public Health’, in Lin and Eisenberg, *Mental Health Planning for One Billion People*, pp.3-4.

<sup>59</sup> Martha Li Chiu, ‘Mind, Body, and Illness in a Chinese Medical Tradition’ (Ph.D. Dissertation of Harvard University, 1986).

<sup>60</sup> N. Sivin Review, ‘Vivien W. Ng., Madness in Late Imperial China: From Illness to Deviance’, *The American Historical Review*, 97 (4): 1262-1263.

<sup>61</sup> Ishida Hidemi, ‘Body and Mind: The Chinese Perspective’, in Levia Kohn (ed.), *Taoist Meditation and Longevity Techniques* (Ann Arbor: Center for Chinese Studies, University of Michigan, 1989), pp.41-71. J. Xu, ‘Body, Discourse, And the Cultural Politics of Contemporary Chinese Qigong’, *Journal of Asian studies*, 4 (1999): 961. Mehrab Dashtdar, ‘The Concept of Wind in Traditional Chinese Medicine’, *Journal of Pharmacopuncture*, 4 (2016): 293-302.

<sup>62</sup> Nathan Sivin, ‘Emotional Counter-therapy’, in *Medicine, Philosophy and Religion in Ancient China: Researchers and Reflections* (Aldershot: Variorum, 1995), Angelika Messner, ‘Emotions in Late Imperial Chinese Medical Discourse: A Preliminary Report’, in *Ming Qing Yanjiu* 明清研究 (Ming and Qing Studies) (Roma: Instituto Universitario Orientale & Instituto Italiano per l’Africa e l’Oriente, 2000), pp.197-215. Paolo Santangelo, ‘Emotions in History and Literature: An Interdisciplinary Research on Emotions and States

### 3. The Legal and Political Status of Madness in China

While anthropological and medical analysis meets obstacles in bridging two cognitive systems, social and cultural approaches have become more popular among scholars. The bio-political perspective of Foucault has inspired more concerns on the relationship between mental patients or the mad and power. How mental illnesses were shaped by governmental agendas and provided methods to regulate the disobedient has attracted growing interest among historians and legal scholars. This perspective has been particularly attractive in the analysis of policy in the late imperial, Republican and People's Republic eras, as it helps in understanding the rationale for justifying certain new psychiatric policies within these regimes.

These researchers, like practitioners of the day, have captured the dramatic differences in disease classification and the consequent disparities in madness definition and treatment. Hsiu-fen Chen has highlighted the unprecedented nosology of madness in the late Ming era.<sup>63</sup> With a focus on the transmission of medical knowledge, she examines the acceptance and appropriation of paradigmatic doctrines of madness. Martha Li Chiu has examined the legal response to insanity in Imperial China since the late Han Dynasty. She demonstrates that the earlier dynasties did make efforts to control psychotic outbursts. However, it was not until the first half of the Qing Dynasty that a sustained effort was made to 'eliminate such disruptions of the social order by legislating the responsibilities of family, community, and officials'. This intervention was achieved due to the availability of resources.<sup>64</sup> She also showed that families took major responsibilities for caring for insane relatives, even at the risk of breaking the law. Communities were reluctant to be involved in these affairs and were supportive of a shift in responsibilities to district magistrates. Her research into the principles surrounding mental illness in Chinese medicine has echoes of Kleinman's call for understanding cultural psychiatry.<sup>65</sup> The

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of Mind in Ming-Qing Period', in *Ming Qing Yanjiu* 明清研究 (Ming and Qing Studies) (Roma: Istituto Universitario Orientale & Istituto Italiano per l'Africa e l'Oriente, 2000), pp.237-308.

<sup>63</sup> Hsiu-fen Chen, 'Medicine, Society, And The Making of Madness in Imperial China' (Ph.D. Thesis, School of Oriental and African Studies, University of London, 2003).

<sup>64</sup> Kleinman and Lin, *Normal and Abnormal Behaviour in Chinese Culture*, p.91.

<sup>65</sup> Chiu, 'Mind, Body, and Illness in a Chinese Medical Tradition', pp.17-24.

disagreement among the early missionaries that she reveals is interesting. While some thought insanity prevailed to a lesser extent in China than in Europe, others affirmed its existence but with different forms.<sup>66</sup> This contrasted with later one-sided considerations of the existence and shortage of care. Chiu's study has been built upon by Vivien W. Ng through a study of the 'transformation of madness from an illness to a form of criminal deviance' in Qing China.<sup>67</sup> She argues that laws requiring registration and confinement of the insane moved this affliction from the realm of medical disorder to that of criminal stigma. However, her claim that madness was criminalized risks mistaking one trend for the whole situation and assuming that mental illness was a single phenomenon. A way forward from this position is presented in the work of Simonis Fabien, who rather than treating 'madness' as a monolithic entity approaches it as an ascribed characteristic of people, acts, and words. He thus sets out to examine how Chinese officials, physicians, and ordinary families construed and handled mad speech, crazy behaviour, and insane people in the long historical period from roughly 1000 CE to the end of the Qing dynasty (1644-1911).<sup>68</sup>

Although there has been significant attention towards the study of political control and human rights in relation to mental illness after 1949, no scholarship to date has explored the legal status of the mentally ill in the Republican era, possibly due to a shortage of archives in a period of political turmoil.<sup>69</sup> It is one of the objectives of this thesis to show that there are sources and methods (for instance building on the approach developed by Simonis) that enable us to remedy this neglect.

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<sup>66</sup> Hsiu-fen Chen, 'Articulating 'Chinese Madness': A Review of the Modern Historiography of Madness in Pre-Modern China', The 1st Annual Meeting, ASHM, IHP, Academia Sinica, 4-8 November 2003, p.4.

<sup>67</sup> Vivien W. Ng, *Madness in Late Imperial China: From Illness to Deviance* (Norman and London: University of Oklahoma Press, 1990), p.x.

<sup>68</sup> Fabien Simonis, 'Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine' (Ph.D. Dissertations, Princeton University, 2010).

<sup>69</sup> Robin Munro, 'Judicial Psychiatry in China and Its Political Abuses', *Columbia Journal of Asian Law*, 1 (2000): 1-101. Williams and Munro, 'Dangerous Minds: Political Psychiatry in China Today and Its Origins in the Mao Era'. Robin Munro, *China's Psychiatric Inquisition: Dissent, Psychiatry and the Law in Post-1949 China* (London: Wildy, Simmonds & Hill Publishing, 2006). Richard J. Bonnie, 'Political Abuse of Psychiatry in the Soviet Union and in China: Complexities and Controversies', *Journal of The American Academy of Psychiatry and the Law*, 1 (2002): 136-144. K. Yip, 'Political Dominance of Mental Health Services in the People's Republic of China', *Administration and Policy in Mental Health and Mental Health Services Research*, 6 (2004): 495. Harry Yi-Jui Wu, 'The Moral Career of "Outmates": Towards a History of Manufactured Mental Disorders in Post-Socialist China', *Medical History*, 1 (2016): 87-104. Zhipeng Gao, 'Pavlovianism in China: Politics and Differentiation across Scientific Disciplines in the Maoist Era', *History of Science*, 1 (2015): 57-85.



#### 4. History of Medicine and Science and Literature Study

The increasing concern about public health and hygiene encourages historians to examine the formation of modern public health in China, especially in urban areas.<sup>70</sup> Ruth Rogaski's groundbreaking work on hygienic modernity in Republican China provides a valuable conceptual framework for our understanding of modernization, knowledge diffusion and the formation of public hygiene.<sup>71</sup> Her studies of the treaty-port Tianjin have revealed a transfer of the meaning of hygiene (卫生 *weisheng*) from the traditional notion of guarding life to the modern ideas of hygienic and sanitary practice under state intervention. Following a Foucauldian genealogical method, Rogaski's study builds on the changing discourse of *weisheng* from cosmological philosophy to a model of modernity and a symbol of civilization. Sean Hsiang-lin Lei has revealed a further layer to this line of interpretation 'Chinese critiques of personal hygiene, to be specific—did not focus on the actual techniques for preserving health but on their moral implications, i.e., their effects in the context of the dual construction of self-identity and moral community.'<sup>72</sup> This can help explain why Nationalist leaders in Republican China

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<sup>70</sup> David Luesink, William H. Schneider and Daqing Zhang (eds), *China and the Globalization of Biomedicine* (Rochester: Boydell & Brewer, 2019). Nicole Elizabeth Barnes, *Intimate Communities: Wartime Healthcare and the Birth of Modern China, 1937-1945* (Berkeley: University of California Press, 2018). Kerrie L. Macpherson, *A Wilderness of Marshes: The Origins of Public Health in Shanghai, 1843-1893* (Oxford: Oxford University Press, 1987). Ka-che YIP, *Health and National Reconstruction in Nationalist China: The Development of Modern Health Services, 1928-1937* (Ann Arbor, Michigan: Association for Asian Studies 1995). Bu, *Public Health and the Modernization of China, 1865-2015*. Cameron Campbell, 'Public Health Efforts in China before 1949 and Their Effects on Mortality: The Case of Beijing', *Social Science History*, 2 (1997): 179-218. Cameron Campbell, 'Mortality Change and the Epidemiological Transition in Beijing, 1644-1990', in Ts'ui-jung Liu (ed.), *Asian Population History* (Oxford: Oxford University Press, 2001), p.221-47. Liping Bu and Ka-che Yip, *Public Health and National Reconstruction in Postwar Asia: International Influences, Local Transformations* (New York: Routledge, 2015). Liping Bu, Darwin H. Stapleton and Ka-Che Yip, *Science, Public Health and the State in Modern Asia* (London: Routledge, 2012). Nicole Elizabeth Barnes, "Disease in the Capital: Nationalist Health Services and the 'Sick [Wo]man of East Asia' in Wartime Chongqing", *European Journal of East Asian Studies*, 2 (2012): 283. Venus Viana, 'The Making of a Modern Public Health System in Some Smaller Chinese Towns, 1929-1949', *Urban History*, 2 (2018): 331. Federica Ferlanti, 'The New Life Movement at War: Wartime Mobilisation and State Control in Chongqing and Chengdu, 1938-1942', *European Journal of East Asian Studies*, 2 (2012): 187. Che Chia Chang, 'Health and Hygiene in Late Qing China as Seen Through the Eyes of Japanese Travelers', in Pei-Yin Lin, and Weipin Tsai (eds), *Print, Profit, and Perception: Ideas, Information and Knowledge in Chinese Societies, 1895-1949* (Leiden: Brill, 2014), pp.40-63. Frank Dikötter, *Imperfect Conceptions: Medical Knowledge, Birth Defects and Eugenics in China* (London: Hurst, 1998).

<sup>71</sup> Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004).

<sup>72</sup> Sean Hsiang-lin Lei, 'Moral Community of *Weisheng*: Contesting Hygiene in Republican China', *East Asian Science, Technology and Society: an International Journal*, 3 (2009): 475-504.

devoted so much energy to the propagation of ideas of personal hygiene even without a national system of public health. As the thesis will demonstrate, in Shanghai hygiene campaigns did not aim at building new facilities or creating new institutions, but raising consciousness about health and hygiene, and connecting personal behaviour to the broader context of civility, modernity, and nation-building.<sup>73</sup>

The research into mental hygiene is inspired by new approaches to the history of medicine in China that have emerged in the past two decades.<sup>74</sup> Historians such as Harry Yi-Jui Wu and Hsiu-fen Chen have been inspired by medical historians like Roy Porter and Andrew Scull to look at madness and mad patients in Chinese history.<sup>75</sup> Chinese research has also been influenced by a global history perspective and postcolonial theory. This has led to a dual focus on locality and transnational connections, as well reflected by the work of Angela Ki Che Leung whose work on leprosy shares common features with the history of madness.<sup>76</sup>

Three other interrelated factors have encouraged and shaped the rising interest in the history of mental disorders: interest in the work of Michel Foucault; the parallels to the relationship between power and knowledge through increasing interest in the Chinese regime's justification and legitimization; and research into the transnational diffusion of Freudianism which has highlighted the question of the relationship between Chinese society and culture and prevailing theories in Europe and America.<sup>77</sup> An example of the work shaped by these contexts is Wen-ji Wang's history of neurasthenia

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<sup>73</sup> Nakajima, 'Health and Hygiene in Mass Mobilization: Hygiene Campaigns in Shanghai, 1920-1945'.

<sup>74</sup> Benjamin A. Elman, *A Cultural History of Modern Science in China* (Cambridge, MA: Harvard University Press, 2006), p.198.

<sup>75</sup> Hsiu-fen Chen, 'Articulating "Chinese Madness"'. Harry Yi-Jui Wu, 'Transnational Trauma: Trauma and Psychiatry in the World and Taiwan, 1945-1995' (Ph.D. Thesis, Oxford University, 2012), p. iii.

<sup>76</sup> Angela Ki Che Leung, *Leprosy in China: A History* (New York: Columbia University Press, 2009). Angela Ki Che Leung and Charlotte Furth Health (eds), *Health and Hygiene in East Asia: Policies and Publics in the Long Twentieth Century* (Durham, NC: Duke University Press, 2010). Roberts-Pedersen, 'Mental Health in Asia and the Pacific: Historical and Cultural Perspectives', *Journal of Pacific History*, 1 (2019): 142.

<sup>77</sup> Tao Jiang and Philip J. Ivanhoe (eds), *The Reception and Rendition of Freud in China: China's Freudian Slip* (New York, NY: Routledge, 2013). Wendy Larson, *From Ah Q to Lei Feng: Freud and Revolutionary Spirit in 20th Century China* (Stanford: Stanford University Press, 2008). Jingyuan Zhang, *Psychoanalysis in China: Literary Transformations, 1919-1949* (Ithaca, NY: Cornell East Asia Program, Cornell University Press, 2010). S. Varvin and A. Gerlach, 'The Development of Psychodynamic Psychotherapy and Psychoanalysis in China', *International Journal of Applied Psychoanalytic Studies*, 3 (2011): 261-267. G. Blowers, 'Bingham Dai, Adolf Storfer, and the Tentative Beginnings of Psychoanalytic Culture in China: 1935-1941', *Psychoanalysis and History*, 1 (2004): 93-105.

in Republican and Maoist China.<sup>78</sup> This work reveals that neuropsychiatric and psychological knowledge forged different trajectories in China compared to the West. Chinese ‘psy experts had questioned the validity of a universal psychiatric theory and their foreign colleagues’ ability to understand local specificities’. Instead, they appropriated new diseases to assert their own legitimacy.<sup>79</sup> Under the influence of Social Darwinism, fighting neurasthenia acted as a way of ‘strengthening the nation and protecting the race’ (*qiang guo bao zhong* 强国保种), although its connotations were still obscure to the public.<sup>80</sup>

Interest in differences in understanding about mental illnesses between Chinese and Western medical systems is becoming stronger among medical historians. Volker Scheid has explored how Chinese doctors adapted a traditionally defined disease, *yu* (郁, or 鬱 in traditional Chinese character, constraint), to map on to the concept of depression in Western disease classification.<sup>81</sup> Eric Karchmer has revealed the political events which resulted in Chinese doctors coming to accept new ideas about emotion-related diseases.<sup>82</sup> Max K. W. Huang has pointed instead to the role of homogenization of commercial culture in helping to pave the way for local uptake but also the translation of Western disease concepts. He shows that in the advertising of medical products Chinese understandings still came to the fore, stressing for instance that every part of the human body connected with each other. This was usually a knowledge transmission process. For example, “in promoting medicine for the brain, they stressed that it was ‘brain and nerve’—not *xin* 心 (mind and heart), as in traditional medical thinking—that ruled the body”.<sup>83</sup> Emily Baum has turned our attention instead to how and why Chinese

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<sup>78</sup> Wenji Wang, ‘Neurasthenia, Psy Sciences and the ‘Great Leap Forward’ in Maoist China’, *History of Psychiatry*, 2 (2019): 1-14. Wenji Wang, ‘Tropical Neurasthenia or Oriental Nerves? White Breakdowns in China’, in Howard Chiang (ed.), *Psychiatry and Chinese History* (New York: Routledge, 2014), pp.111-128.

<sup>79</sup> Wenji Wang, ‘Neurasthenia and the Rise of Psy Disciplines in Republican China’, *East Asian Science, Technology and Society*, 2 (2016): 141–160.

<sup>80</sup> About seeds and race see Frank Dikötter, *The Discourse of Race in Modern China* (London: Hurst, 1992), pp.164-190.

<sup>81</sup> Volker Scheid, ‘Constraint 鬱 as a Window on Approaches to Emotion-Related Disorders in East Asian Medicine’, *Culture, Medicine, and Psychiatry*, 1 (2013): 2-7.

<sup>82</sup> Eric Karchmer, ‘The Excitations and Suppressions of the Times: Locating the Emotions in the Liver in Modern Chinese Medicine’, *Culture, Medicine, and Psychiatry*, 1 (2013): 8-29.

<sup>83</sup> Max K. W. Huang, ‘Medical Advertising and Cultural Translation: The Case of *Shenbao* in Early Twentieth-Century China’, in Pei-Yin Lin and Weipin Tsai (eds), *Print, Profit, and Perception: Ideas, Information and Knowledge in Chinese Societies, 1895-1949* (Leiden: Brill, 2014), pp.40-63.

families made decisions for choosing cures. According to her analysis, it was the conceptual disparities in Chinese and Western medicine, translation and communication problems, and the very ineffectiveness of psychiatric treatment itself that led to the result that ‘families may have patronized psychopathic hospitals but remained unconvinced by the epistemic foundations of neuropsychiatric medicine’.<sup>84</sup>

Other scholars have revealed the role of literature in shaping views on madness, especially in the Republican era when literature acted as a strong tool of national construction.<sup>85</sup> As part of her critical re-examination of ‘translated modernity’, and of the importance of translingual practice in understanding terms and motifs of enlightenment, progress, and the modern in China is indispensable in, Lydia Liu has examined the complex metaphors of madness in literature writing and translating.<sup>86</sup> The influential writer, Lu Xun’s work, *Diary of a Madman* has also been examined as an example of how madness is affected by geography and temporality and plays a significant role in the formation of modernism.<sup>87</sup> Other studies of literary madness in the period have highlighted its relationship to sexual frustration and trauma.<sup>88</sup> Historians have also begun to recognize that opera also provided a stage for the representation of ideas about madness in the period, and this needs more exploration in the future.<sup>89</sup>

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<sup>84</sup> Emily Baum, ‘Choosing Cures for Mental Ills: Psychiatry and Chinese Medicine in Early Twentieth-Century China’, *Asian Review of World Histories*, 1 (2018): 8-32.

<sup>85</sup> Andrew Schonebaum, *Novel Medicine: Healing, Literature, and Popular Knowledge in Early Modern China* (Seattle, WA: University of Washington Press, 2016).

<sup>86</sup> Lydia Liu, *Translingual Practice: Literature, National Culture, and Translated Modernity, China 1900-1937* (Stanford: Stanford University Press, 1996).

<sup>87</sup> Xiaolu Ma, ‘Transculturation of Madness: The Double Origin of Lu Xun's “Diary of a Madman”’, *Literature and Medicine*, 2 (2015): 348-367. Xiaobing Tang, ‘Lu Xun's ‘Diary of a Madman’ and a Chinese Modernism’, *Publication of Modern Language Association*, 5 (1992): 1222-1234.

<sup>88</sup> Birgit Linder, ‘Trauma and Truth: Representations of Madness in Chinese Literature’, *Journal of Medical Humanities*, 4 (2011): 291-303. Hsiu-fen Chen, ‘Between Passion and Repression: Medical Views of Demon Dreams, Demonic Fetuses, and Female Sexual Madness in Late Imperial China’, *Late Imperial China*, 1 (2011): 51. B. B. Linder, ‘Psychic Threesomes: Madness and Psychotherapy in Xu Xu's Novel *Elegy of a Psychotic* (*Jingshenbing huanzhe de beige*)’, *International Communication of Chinese Culture*, 3 (2016): 1-17.

<sup>89</sup> Hugh Shapiro, ‘Operatic Escapes: Performing Madness in Neuropsychiatric Beijing’, in Jing Tsu and Benjamin A. Elman (eds), *Science and Technology in Modern China, 1880s-1940s* (Leiden: Brill, 2014), pp.297-325.

## Mental Illnesses, Colonialism, and Bio-politics in the Republican Era

The development of psychiatry in China can be divided into three historical contexts, pre-1949 missionary, Maoist, and post-Mao global history, with each featuring different forms of theory and treatments.<sup>90</sup> Research on the Republican era, which dominates the first of these, has focused more on the encounter between Western psychiatric practices and local Chinese contexts. Under the influence of colonial history as well as research on asylums in Europe and America, Chinese history scholars have however now started to look back before this period to the emergence of systems for the confinement of the insane in China.

A pioneer in this field has been Veronica Pearson in her social history of Chinese systems of mental illness care from 1891 to 1949.<sup>91</sup> Building on Pearson's research, Peter Szto has detailed the cultural accommodation of the First Asylum, Kerr Refuge, in Canton to study the transfer of social technology across cultures, including psychiatric space, and a shift in the concept of welfare in China.<sup>92</sup> Ma Zhi-ying, however, thought cultural essentialism had been applied to justify the asylum construction. She argues that psychiatric progress was a colonial project which reproduced the 'iron cages' of civilization.<sup>93</sup> More studies could be conducted concerning missionaries' interactions with local officials and how printing media or the locals looked upon this change. Hugh Shapiro has recently studied Beijing Municipal Asylum, China's first public asylum and later a hospital where the country's initial institutionalization of psychiatry occurred, and how 'madness' was defined for confinement and

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<sup>90</sup> Nancy Chen, 'Translating Psychiatry and Mental Health in Twentieth-Century China', in Lydia H. Liu (ed.), *Tokens of Exchange: The Problem of Translation in Global Circulations* (Durham, NC: Duke University Press, 1999), p.306.

<sup>91</sup> Veronica Pearson, 'Mental Illness in the People's Republic: An Exploratory Study of Chinese Experience' (Ph.D. Thesis, University of York, 1991). Veronica Pearson, 'The Chinese Equation in Mental Health Policy and Practice: Order Plus Control Equal Stability', *International Journal of Law and Psychiatry*, 3-4 (1996): 437-458. Veronica Pearson, 'The Development of Modern Psychiatric Services in China, 1891-1949', *History of Psychiatry*, 6 (1991): 133.

<sup>92</sup> Pearson, 'The Development of Modern Psychiatric Services in China, 1891-1949'. Peter Paul Szto, 'The Accommodation of Insanity in Canton, China: 1857-1935' (Ph.D. Dissertation, University of Pennsylvania, 2002). Peter Paul Szto, 'Psychiatric Space and Design Antecedents: The John G. Kerr Refuge for the Insane', in Chiang, *Psychiatry and Chinese History*, pp.79-90. L. Fu, 'Medical Missionaries in China: John Glasgow Kerr (1824-1901) and Cutting for the Stone', *Journal of Medical Biography*, 3 (2018): 194-202.

<sup>93</sup> Ma Zhiying, 'An Iron Cage of Civilization? Missionary Psychiatry, the Chinese Family and a Colonial Dialect of Enlightenment', in Chiang, *Psychiatry and Chinese History*, p.91.

treatment.<sup>94</sup> Emily Baum took a shift from Shapiro's work on PUMC and the Rockefeller Foundations to dialogue with Foucaultian approaches. However, rather than losing sight of the everyday human as is sometimes the case in an approach that is focused on governmental power and which can be overly deterministic as a result, she chooses to focus on laymen and their practices. As a result, she presents changes in Republican China as 'neither hegemonic nor absolute'.<sup>95</sup> This perspective has informed my research in this thesis. Baum's picture of medical pluralism echoes the anthropological approaches discussed earlier in this Introduction. However, her argument about bio-political initiatives to enforce public health and achieve national self-strengthening by the intelligentsia and the Nationalist Government will be tested and the picture is shown to be more complicated in the chapters that follow.<sup>96</sup> A batch of scholarships also explored the professionalization of psychiatry in Taiwan. Compared with Peking and Canton (including Hong Kong), studies in Taiwan tend to reflect more on post-colonial topics.<sup>97</sup>

Recently, some scholars have stepped out of the narration of institutionalization and professionalization to the history of knowledge dissemination. The Republican era would see the rising influence of social science research, and the emergence of new 'psy disciplines' or 'psy science' (psychology, psychiatry, psychotherapy, psychoanalysis).<sup>98</sup> This phenomenon has attracted growing scholarly attention in recent years.<sup>99</sup> These studies reveal the importance of a history of the translation

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<sup>94</sup> Hugh Shapiro, *The View from a Chinese Asylum: Defining Madness in 1930s Peking* (Ph.D. Dissertation, Harvard University, 1995).

<sup>95</sup> Emily Baum, 'Spit, Chains, and Hospital Beds: A History of Madness in Republican Beijing, 1912-1938', (PhD Dissertation, University of California, San Diego, 2013), p.17. Emily Baum, *The Invention of Madness: State, Society, and the Insane in Modern China* (Chicago and London: The University of Chicago Press, 2018).

<sup>96</sup> Emily Baum, 'Healthy Minds, Compliant Citizens: The Politics of "Mental Hygiene" in Republican China, 1928-1937', *Twentieth-Century China*, 3 (2017): 215-233.

<sup>97</sup> K. S. Yip, 'A Historical Review of Mental Health Services in Hong Kong (1841 to 1995)', *International Journal of Social Psychiatry*, 1 (1998): 46-55. Harry Yi-Jui Wu, 'A Chartered Epidemic of Trauma: Case Notes at the Psychiatric Department of National Taiwan University Hospital between 1946 and 1953', in Chiang, *Psychiatry and Chinese History*, pp.161-182. Y. C. Wu and H. W. Teng, 'Tropics, Neurasthenia and Japanese Colonizers: The Psychiatric Discourses in Late Colonial Taiwan', *Taiwan: A Radical Quarterly in Social Studies*, 54 (2004): 61-103. Also see Y. C. Wu, "Nostalgia and 'Sexual Syndrome': Hypochondriasis and Masculinity in Late Colonial Taiwan", *Journal of Women's and Gender Studies*, 21 (2006): 1-46 and Y. C. Wu, 'Disappearing Anger: The Psychological Experiment on Anger among Formosan Aborigines Conducted by Fujisawa Shigeru in Late Colonial Taiwan', *New History*, 2 (2007): 103-155. T. Y. Lin, *Road to Psychiatry: Across the East and the West* (Taipei: Daw Shiang Publishing, 1994).

<sup>98</sup> Wenji Wang and Yuquan Wu (eds), *Psy Sciences and Modern East Asia* (Xinbei: Linking Publishing Company, 2018).

<sup>99</sup> Harry Yi-Jui Wu and Wenji Wang, 'Making and Mapping Psy Sciences in East and Southeast Asia', *East Asian Science Technology and Society an International Journal*, 2 (2016): 109-120. Hans Pols, and Harry Yi-Jui Wu,

of terminology, the adoption of new meanings of mental illness and health, and the close interplay with broader thinking about modernity.<sup>100</sup> It is recognized in this work that a crucial challenge in this development was making new psychological concepts adaptive to indigenous understandings of concepts like selfhood.<sup>101</sup> Inspired by Michel Foucault and Nikolas Rose, this work has therefore examined the reception but also the rejection of social science knowledge. Nevertheless, the tendency also emphasizes the emergence of new forms of self-understanding and self-actualization, and the challenges presented by this psychological influence for existing schemes of governmentality, subjectification, and individualization in China.<sup>102</sup> This thesis provides fresh perspectives on this subject through its study on academic activities in colleges and knowledge popularization in the popular magazine, *Xi feng* (西风 West Wind).

Scholarship dealing with the mad and mental illness in Shanghai has tended to be sporadic and slender. Many works mentioned the few figures who had practised mental hygiene in Shanghai like Fanny Halpern, however, few of them have expanded upon the numerous clues to important development like the establishment of asylums, hospitals, and teaching schools or to the relationship between such development and the city's identity as a cultural centre and vanguard of revolution and modernization. Wenji Wang is one of the pioneers in exploring this topic. He has examined the rise of

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'Psychology and Psychiatry in the Global World: Historical Perspectives', *History of Psychology*, 3 (2019): 219-224. Wenjing Li, and Heinz-Peter Schmiedebach, 'German Wine in an American Bottle: The Spread of Modern Psychiatry in China, 1898-1949', *History of Psychiatry*, 3 (2015): 348-358. Geoffrey Blowers, 'Bingham Dai, Adolf Storfer, and the Tentative Beginnings of Psychoanalytic Culture in China: 1935-1941'. Harry Minas and Milton Lewis, *Mental Health in Asia and the Pacific: Historical and Cultural Perspectives* (New York, NY: Springer, 2017). Zheng Fei, 'In the Name of Psy-Disciplines: The Development of Mental Hygiene in Republican China', in Irina Lyubchenko and Fiona Ann Papps (eds), *Schizo: The Liberatory Potential of Madness* (Leiden: Brill, 2015), pp.101-111.

<sup>100</sup> Nancy Chen, 'Translating Psychiatry and Mental Health in Twentieth-Century China', in Liu, *Tokens of Exchange*, pp.305-327. Some terms can be seen from Lydia Liu's book, *Translingual Practice: Literature, National Culture, and Translated Modernity, China 1900-1937* (Stanford: Stanford University Press, 1996). Bridie Andrews, *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997).

<sup>101</sup> G. Blowers, Boris Tat Cheung, and Han Ru, 'Emulation vs. Indigenization in the Reception of Western Psychology in Republican China', *Journal of the History of the Behavioral Sciences*, 1 (2009): 21-33.

<sup>102</sup> Harry Yi-Jui Wu and Wenji Wang, 'Making and Mapping Psy Sciences in East and Southeast Asia', *East Asian Science Technology and Society an International Journal*, 2 (2016): 109. Andrew Kipnis (ed.), *Chinese Modernity and the Individual Psyche* (New York: Palgrave Macmillan, 2012).

interest in preventing mental illnesses and promoting mental hygiene in Shanghai organized by both Chinese and foreign actors.<sup>103</sup>

This comparative neglect of Shanghai is partly caused by the complex urban setting and its tricky background as a semi-colonial place, which adds to the difficulty of disaggregating indigenous ideas and discursive practices from the prevailing modernization discourse. Instead, under the influence of post-colonial perspectives, scholars have been turning to rural areas to reveal China's locality despite the ever-stressing modernity tide.<sup>104</sup> Nevertheless, I would argue that it can be even more revealing to assess such resistance to colonial influence and the persistence of indigenous culture in a city like Shanghai, right in the contact zone and at the heart of the modernization process. If knowledge and ideas transfusion were ineffective or less effective in such a site, it has significant broader implications.

## **The 'Chinese Mind' in the Republican Era**

The pursuit of mental hygiene loomed large in political, intellectual and social life. This started with problematizing Chinese tradition for confining the mentally disordered at home and the absence of proper care. However, in time mental hygiene, as Ruth Rogaski has pointed out, came to be defined less by physical conditions and more by social and cultural criteria.<sup>105</sup> It was utilized by authorities to discriminate targeted groups but also by individuals to carry out ideas about individual and social development through regulation of behaviour, re-education or remoulding of character. Ultimately, mental hygiene looked to a reshaping of the Chinese 'mind' and took advantage of a lack of clarity about this concept.

This problematizing of the mind was a significant part of Republican history given the key challenges China faced was modernization, not just economically, socially and politically, but also culturally. The latter was an obvious contrast between China and the foreign countries which urged the

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<sup>103</sup> Wenji Wang, 'An International Teamwork: Mental Hygiene in Shanghai during the 1930s and 1940s', *History of Psychology*, 3 (2019): 1-20.

<sup>104</sup> See chapters in Leung and Furth, *Health and Hygiene in East Asia*.

<sup>105</sup> Rogaski, *Hygienic Modernity*.



Chinese towards rapid adaptation and an opening up of abilities in international communication. Thus, the father of the Republic of China pointed out that ‘to make a revolution, we must first change hearts and minds’ (革命先革心).<sup>106</sup> Mind here was interpreted as ideologies and thoughts which affected one's behaviours. Nationalism was therefore focused in part on educational reformation including importing new disciplines like psychology and psychiatry to promote mental study and self-understanding. This was accompanied by a broader set of government measures aimed at creating a new sort of citizenship. As a consequence, public media became a key tool for mental hygiene, essential in disseminating ideologies and knowledge to a larger audience.

Because this reform of mind was seen as inherently scientific, it also involved a fight against superstitious beliefs in souls and ghosts. Such concepts arose from different understandings of the body and mind in traditional Chinese medicine. Chinese intellectuals, therefore, experienced a period in which differentiating conceptions like mind, heart, thought, spirit and soul were of central importance. This meant that they tended to see many practical activities and ideas that still circulated among the masses as inherently problematic. By contrast, there was no exception to their openness when it came to new interpretations from abroad.

Mind, from the perspective of Western medicine, was said to be measurable and changeable as part of the corporeal body. As a consequence, scientific approaches could now be introduced and justified by two types of manipulations: positive treatment and negative delimiting, both based on redefining abnormality. Mental ‘deviants’ were initially regarded as patients who should be treated similarly to physically ill people. Mental disorders were subsequently increasingly interpreted as curable and preventive. Criticism focused on the lack of special care for mental deviance and the

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<sup>106</sup> *Sun Zhongshan Quanji* 孙中山全集 (Full Collections of Sun Yat-sen) (Beijing: Zhong hua shuju 中华书局, 1981), Volumes 5-6, p.210. The original text is ‘Wudang yu shou geming zhi chenggong, bi youlaiyu sixiang zhi bianhua, bingfa gongxin, yuyue gexin’ 吾党欲收革命之成功，必有赖于思想之变化，兵法‘攻心’，语曰‘革心’ (The success of our party’s revolution relied on the changes of thoughts, in Warcraft it is called ‘conquer the heart’, we call it ‘revolution the heart’). As to how Sun was inspired by the May-Fourth Movement and the following all-around social transformation movements, see Jilin Xu, *Jia guo tianxia: xiandai zhongguo de geren, guojia yu shijie* 家国天下：现代中国的个人，国家与世界 (Home, Nation and the world: Modern Chinese Individualism and the nation, the World) (Hong Kong: Joint Publishing Company Limited, 2018), p.221.

reliance on traditional family structure and values for care, which was deemed a sign of the country's social backwardness. Instead, professionalization and institutionalization orientation were supported as routes that could separate the mad out for collective care and treatment.

Mental disorders, or what was usually called 'madness', was in fact invariably defined through offensiveness and trouble-making. In Shanghai's International Settlements, the involvement of multiple foreign powers and organizations was an important factor in the emergence of a new system of regulation and administration toward those who caused troubles or criminality in the public sphere. The thesis demonstrates how this special environment led to the involvement of medical judgment about mental hygiene in tackling the challenges of social order. However, the thesis also highlights how definitions and understanding that began to circulate in the public sphere were differentiated from households where both the tolerance of behaviour and definition of madness tended to be looser.

As the thesis demonstrates, such complexity and plurality existed in all aspects of the national mental hygiene movement including definition, intervention, and aims. Equally, it points to significant changes over time and space. This study, therefore, while deeply interested in the transformative potential and effects of mental hygiene, does not support the idea that a unified understanding of mental health emerged in the period as a result of its influence. Rather, it tells a story of incongruence at a time of change. This is of value for a deeper understanding of the period in question, but it provides potential lessons for thinking about is the importance of culture when it comes to the challenges of medical reformation today.<sup>107</sup>

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<sup>107</sup> Debbie Huang, Lawrence H. Yang and Bernice A. Pescosolido, 'Understanding the Public's Profile of Mental Health Literacy in China: A Nationwide Study', *BMC Psychiatry*, 1 (2019): 20. Di Liang, Vickie M Mays and Wei-Chin Hwang, 'Integrated Mental Health Services in China: Challenges and Planning For the Future', *Health Policy and Planning*, 1 (2018): 107-122. Yueqin Huang, 'Prevalence of Mental Disorders in China: A Cross-Sectional Epidemiological Study', *The Lancet Psychiatry*, 3 (2019): 211-224.

## Outline of Chapters and Sources

This study is based primarily on documents housed at the Shanghai Municipal Archives (SMA), as well as medical journals, newspapers, and popular magazines published in the Republican period. In addition to these Chinese sources, Chapter One draws on the materials of bilingual dictionaries, many of which could be accessed from the Internet Archive. The analysis in Chapter Two is aided by the minutes of SMC and their corresponding files microfilmed by SMA. Chapter Three draws heavily upon contemporary teaching materials and translations, Chapter Four benefits from The Halpern Family Fonds stored in the Simon Fraser University Archives. Chapter Five centres on the analysis of knowledge transmission through a close reading of a popular magazine, *West Wind* (*xi feng* 西风), its supplements and compilations. Finally, Chapter Six provides case studies of two exemplary individuals and rests heavily on their extensive publications.

Among all the archives, the file of Fanny Gisela Halpern is from the Halpern Family fonds stored at Simon Fraser University Archives in Canada. It provides valuable sources for exploring how individual psychiatrist's fate entangled with wartime global history and International Mental Hygiene Movement. Another part of English archives is SMC files from Shanghai Municipal Archives. The Minutes and correspondents, privately and officially, add facets to the existing institutional narratives. Sources about Mercy Hospital are valuable in examining details in management and negotiation, which is not well employed in previous research. My using of bilingual dictionaries to explore the semantic changes of psychiatry in the Republican era is calling for an examination of concepts changes in the turmoil era. A significant part of sources used in this thesis is printing media including the most popular newspaper, *Shen bao*, and the wide circulated periodical, *West Wind*. While it is difficult to evaluate the pragmatic effects of diverse revolutions and movements in Republican China, due to the extreme turbulent situations, these printings provided a window to look closely at what common people were exposed to and hear their voices through interactions with the intellectuals. Another part of sources used here is educational or academic materials. What is unfortunately deficient in patients' records, due to the personal information protection and the brief but repetitive information recorded by hospitals. No

many researchers have applied the materials, like Halpern, microfilmed SMC correspondences and bilingual dictionaries, in their research on the history of mental health in modern China. This allows me to add more threads to modern Chinese history, which could suggest distinct perspectives to existing scholarship.

The six chapters of this thesis are organized thematically rather than chronologically. In each chapter, I take up different agents of presenting the Chinese mind or mental problems. Chapter One provides a conceptual and linguistic base for the following analysis. It also demonstrates the complex connotations of the traditional understanding of body-mind-spirit relations and the impact of new foreign interpretations. It reveals the mind as well as related concepts as dynamic rather than fixed ideas. In this Chapter, I have traced five sets of phrases and words related to the Chinese translation of psychiatry, *jingshen*: *jingshen* and mind, which demonstrates a process of internalization from outward observations and the adjustment to Western medicine; *jingshen* and *xinli*, which appeared as a pair of terms to express mental feeling (the former) and the thoughts (the latter); *jingshen* and psychiatry, which showed the invention of mentally ill partly under the influences of Japanese translation; the traditional expression of mental illnesses, *feng*, *dian* and *kuang*, which reveal a holistic understanding of human mind and living surroundings including social contexts and thus why psychiatry found it difficult to integrate such existing epistemology; and finally, *jingshen* and *shenjing*, which show the struggles of how the mind was gradually split from the soul, the heart, the brain and was bridged with the nerves.

The focus of Chapter Two is on asylums and psychiatric hospitals, and relatedly the legitimization of interventions in criminal madness and the public presentation of mental disorders. I portray the growing concern over madness as the result of a diverse set of reasons. From the Chinese perspective, the first aspect was the active reformation from the Qing Court in education and justice. The charitable institutions also saw the mad gradually as a separate group demanding medical interventions. This process was accompanied by a redefinition of mental problems and mental deficiency. The unsatisfactory conditions in asylums and charity halls provided an opportunity in the realm of institutionalization for Nationalists eager to establish legitimacy in the 1920s. This development mirrored the situation in the foreign Concessions, which had been vexed originally with

the challenge of dealing with mentally ill foreign refugees who could not be repatriated, and latterly the myriad of Chinese refugees from rural areas. The Concession story developed in parallel with concerns about defence and police regulation. These needs, together with developments in medicine and education, led to the establishment of the first Chinese Hospital for Nervous Disease with full involvement from the gentry's class, philanthropists, missionaries, government officials and several authorities. The chapter deploys this example to indicate the range of actors and interests that came together in addressing mental health reform in Shanghai Republican era settings.

In Chapter Three, the focus turns to the intelligentsia and the seemingly short-term stable decade of the Nationalist government. It traces how the human mind was interpreted as an indivisible part of nation-building and revolutionary transformation. It also shows that this thinking about the mind was closely related to the new psychological interpretation of abnormality. Abnormal psychology provided a theoretical and seemingly scientific basis for politicized approaches and informed Sun Yat-sen's call for mental revolution. The popularity of hygienic ideas in public, as well as personal spheres, inspired the Nationalist government's advocacy of the New Life and New Citizen Movement. These mass mobilizations attracted a positive response from intellectuals who set out to open courses as well as journals in colleges to spread psychological theories. They tended to reinterpret mental health, steering it towards personality soundness, and they developed strategies to draw in the populace. Even though Emily Baum depicted educationists' efforts as steps of bio-politics, I argued it as a part of multiple interpretations, not just limited to political level but to cultural and social levels as well.

Chapter Four tells the story of a Jewish female psychiatrist, Fanny Gisela Halpern, who, in the great Jewish diaspora, travelled to Shanghai and witnessed eighteen years' history of mental hygiene promotion in wartime turmoil. Different from foreign missionaries and business settlers, her political background, and professional training provides an alternative and valuable window onto the interplay between professional concerns and the broader contexts of colonialism, nationalism, and modernism. Even though she was inevitably engaged with other missionary institutions and personnel, she had an advanced European background in the development of neuropsychiatry and forensic psychiatry, following training under the then well-known psychiatrist, Julius Wagner-Jauregg. Her active

promotion of preventive psychiatry and mental hygiene movement bridged diverse groups and led to a focus on socio-clinical services and public propaganda. Although many plans were disrupted by warfare, this movement echoed broader development supported by the International Mental Hygiene Movement. In that sense, the chapter uses Halpern to develop a test case for the challenges of extending the reach of Western-dominated mental hygiene into a Chinese context.

Chapter Five centres on a textual analysis of *West Wind*, a key popular translational magazine that brought foreign knowledge to China. It demonstrates that concern about mental hygiene was significant in that dialogue. This provides an important comparison to the analysis of Chapter Three which could easily be critiqued as a top-down picture of development. It aims to show the interaction between knowledge producers and consumers. In the first half of the chapter, I show how editors and translators cooperated in the development of new formats that could reach out to broader readership. While a cosmopolitan ideology had been produced in order to bridge foreign knowledge with local minds, the analysis also shows how ideas, as well as practices, could be diverse when it came to the populace. In the second half, of the chapter, I show how readers accepted, rejected and responded to new ideas. Following the editors' call, many readers did prove willing to write confessionally about their personal mind and life, disclosing intimate experiences and finding solace in sharing feelings. While many of them attributed individual problems to traditional culture and family structure, under the influence of the New Cultural Movement, they simultaneously showed how personal need could be pragmatic and diverse. Practices and ideas that were critiqued as 'unscientific' by the intellectuals emerge as less unacceptable when it came to a broader popular audience. As a result, the chapter argues that it was not just the editors, writers, and translators, but also the readers, who conjointly produced and reproduced new knowledge. As a result, unorthodox ideas persisted and functioned in the everyday life of laymen.

Chapter Six provides case studies on two representative actors, Huang Jiayin, the *West Wind* founder and editor who was eager to introduce new knowledge, and Tong Shuye, a historian mental patient, who kept examining new interpretations from *West Wind* and other popular publication to cure himself and help in treating others. While Chapter five offers an overview picture of *West Wind*

literature and its impact, this chapter provides the opportunity to examine in detail specific and tangible changes and ideological collisions. Huang's move from the role of translating to mental therapy provides a vivid example of how new knowledge was adapted in line with the challenges of practice and kept adjusting in changing political backgrounds. The tension between ideology and practice, and the challenges of the local context, kept challenging his knowledge. Tong, on the contrary, provides us with an example of someone who drew upon published lessons to practice self-treatment based on behaviourism and psychoanalysis. He could be seen as an exemplary reader of *West Wind*, disclosing his inner thoughts and fighting against bias. However, he struggled to accept psychoanalysis, as it was in tension with materialist theories. He also sought help and explanation from traditional Chinese medicine. As such he provides a case study that puts in question the idea of unidirectional importation of western medicine into modern China.

Finally, in conclusion, I combed the threads examined in this thesis. I reiterated the central position that Shanghai stood in mental hygiene promotion in modern China. Rather than summarizing chapters one by one, I extracted several threads, which could link up analysis in different chapters. I concluded that the semantic changes were accompanied by the sociocultural transformations. The adoption and abortion of connotations related to the mind showed a dynamic process of defining Chinese mind. Besides, in the encounter of Chinese and Western medicine, the holistic interpretation of body-mind-spirit, as well as the milieu it situated in, were both under critics. The critics toward traditional Chinese families led to the institutionalization in treaty port cities, which witnessed the Foucaultian regulation toward the unwanted in public sphere. The mental hygiene promotion was promoted under diverse reasons from both Chinese intellectuals, authorities and foreign powers. This power palette was well shown by the establishment and management of the Mercy Hospital. The Mental Hygiene Movement was both a transnational knowledge transmission and elite-populace interplay. Even though the Chinese and foreign informed worked together to enlighten the mass, normal people held their viewpoints in everyday practices. Both the seeking for mind remoulding and mental peace were witnessed by warfare and turbulence. The political thread was bolded by scholars studying post-

1949 Chinese history. I ended with arguing a cautious inclination to the singular political interpretation, by opening to broader narratives like socio-cultural, conceptual and individual history.



## **Chapter One: The Conceptual History of *Jingshen* Before 1935**

In the early twentieth century, the Chinese conception of the mind gained unprecedented attention and criticism. This was a result of a clash between different medical systems and unease about the seemingly backward position of China in the encounter with Western civilization. Even though the Qing court had been conducting revolutions in technology and military for a half-century, China still encountered crushing defeat in the war against Japan in 1895. A new generation of Chinese scholars attributed this humiliation to the conservatism of the national mind, which they compared unfavourably to the Japanese. As a result, the Chinese started to redefine ‘the mind’ in relation to new social realities and integrate their understanding with new neologisms translated from Europe, America and Japan.

### **Why Concepts Matter?**

Recently, there has been an increasing body of scholarship studying the history of Chinese psychiatry in this period. Much of this work has been heavily influenced by scholarship on psychiatry in the West, and thus focuses on topics such as the existence of asylums and the development of psychiatric education. In these works, expressions, like ‘psychiatry’, ‘psychology’, and ‘mental’ have often been used rather casually and uncritically. Few scholars have examined or explained the meandering path of terminology, and its adoption, creation, explanation, rejection, and acceptance. New terms are not self-evident, and the way they apply is not changeless. On the contrary, the way words are applied has a complicated relationship to context. If we are to fully understand ‘mind’ in China, we need to pay more attention to such issues of language and conceptualization. This is important for understanding the introduction of new ideas from the West, and in turn, it helps us appreciate how new psy-knowledge interacted with previous cultural and philosophical epistemes.

The conceptual history should best be understood as a form of translation essential to concept formation, transmission, and reception in political and social discourses.<sup>1</sup> Reading the history of psychiatry in China, this process is often obscured. For example, scholars often use ‘mental’ to represent activities related to the ‘mind’, however, ‘mental’ in the Republican Chinese had multiple meanings including mind, psyche, brain, soul, spirit, and thought. The issue is further complicated by the fact that scholars and common people of the day were often inconsistent or varied in their use of these expressions in daily life and printed texts. The translation of ‘psychology’ had more than ten versions.<sup>2</sup> Such an issue may have led to a degree of misunderstanding at the time, but this was probably overridden by some common understanding of nuance that is difficult for us to fully follow. More seriously, it can easily cause misunderstanding for researchers today, especially when they use translation. In fact, scholars studying Republican China can often be seen struggling with defining conceptions like psychology and psychiatry. Even psychiatrists have long been discussing the difficulty of dealing with the changing names of mental illnesses, and the challenge of mapping Western concepts onto Chinese culture. The problem with this approach is that concepts carry meanings applicable to particular circumstances and structures. Without a semantic analysis, such research will always be beset with confusion.

This chapter will address this issue of language. The aim is to provide a firmer linguistic and conceptual foundation than is often the case for the analysis of policy and practice that follows. The chapter will help to explain how the Chinese conceptualized their experiences. It pays attention to existing cognition and adaptation through the influence of imported ideas and terms. In doing so, it will draw heavily on multilingual dictionaries and encyclopedias which record and date the adoption of new terms and concepts, as well as the subjects to which they were applied.

Bilingual dictionaries were almost all compiled jointly by Chinese translators and missionaries. Even though published in different treaty port cities, they show a common understanding of translingual

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<sup>1</sup> Martin Burke and Melvin Richter (eds), *Why Concepts Matter: Translating Social and Political Thought* (Leiden: Brill, 2012), p.10.

<sup>2</sup> Shuchang Yan, ‘An Investigation into Zhi Quan Ju Shi’s Coinage of the Term Xin Li (Xue) in the Late Qing Dynasty’, *Acta Psychologica Sinica*, 8 (2018): 920-928.

practices. Translation activities of the day mainly centred on these treaty port cities, such as Shanghai, where contact with foreigners was most intense. It was important for such cities to attend to the issue of translation which would facilitate contact and fast information transfer across cultural boundaries. Such cities assimilated groups of Chinese middlemen to work as translators or assistants. Some of these Chinese were the first who learned English or received foreign education in missionary schools. The dictionaries recorded the firsthand common understanding of both foreign and Chinese concepts. Later printed dictionaries usually referred to previous ones with new meanings or corrections added in. Examining these changes can reveal a dynamic thread of certain concepts. The annotations also highlight how different understandings coexisted in a certain period.

## **Psychology and Psychiatry Education in the Early Twentieth Century**

Understanding of the conceptualisation of psychiatry in early-twentieth-century China cannot be split from the histories of psychology and education that emerged out of the cultural revolution of the period. This will be discussed further in later chapters, but some discussion is necessary here to help situate the analysis of key developments in the language. ‘Western’ thoughts about mental functioning had been brought to China by missionaries as early as the late sixteenth century. Chinese intellectuals were also exposed to new ideas from outer China in the nineteenth century.<sup>3</sup> But there was a step-change at the turn of the twentieth century when ‘Western’ psy-subjects were brought to China through the growing influence of Japanese education and through Chinese students studying in Japan and beginning to translate ‘new knowledge’ to China. After the 1900 Boxer Protocol, intellectuals and the Qing government started to seek national strength through education. As a result, a new *Zouding jingshi daxuetang zhangcheng* (奏定京师大学堂章程 Authorized Peking Normal College Regulation) modelled after the Japanese system was promulgated around 1902 to 1904. Correspondingly, Japanese textbooks began to be translated. Japanese teachers were also invited to teach in China. Psychology was

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<sup>3</sup> Xinhui Yang, *History of Psychology* (Jinan: Shandong Education Press, 1999), pp.22-74.

seen as a tool to aid and promote education more generally. This approach exactly fitted the revolutionary instinct of many Chinese intellectuals of the period. Thus, for a while, there was a drive to translate Japanese psychology textbooks and lesson plans into Chinese. However, there was a fifteen-year stagnation after this due to the extremely turbulent political conditions. Then, after the rise of the New Cultural Movement in 1919, there was a new growth of interest in psychological research from the West, this time including an increasing focus on Abnormal Psychology, and this was significant in promoting the emergence of specialist institutions for care of the mentally ill and the development of associated professions. This process lasted until the outbreak of the Sino-Japanese war in 1937 when universities evacuated to the far West. During this final period, the Nationalist government launched a New Life movement embodying mental hygiene policies. All of these developments will be addressed at greater length in the chapters that follow. The important point here is to introduce the fast-changing landscape of foreign influence from the start of the century, and the role of both Japan and the West.

Psychiatry as a specialist branch of medicine was not properly introduced to China until the 1920s. The experimental sciences, from which modern psychiatry stemmed, were not naturally accepted in China, especially knowledge related to the body.<sup>4</sup> Its acceptance in China was partly based on preliminary psychological and educational work, especially the development of new conceptual explanations. The year of 1902 was exactly the time Shuzo Kure (1865-1932), the founder of Japanese psychiatry, came back from Germany to the University of Tokyo, and set out his vision for a reformation of the 'backward' tradition of home custody for the mentally ill in Japan and began to spread the theories of Emil Kraepelin (1856-1926).<sup>5</sup> However, it was not until thirty years later that psychiatric teaching was officially initiated at National Shanghai Medical College in the early 1930s. Physiology was welcomed at the very beginning of educational reformation both in the early 1900s and 1920s and this

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<sup>4</sup> Yang, *History of Psychology*, p.60.

<sup>5</sup> Akira Hashimoto, "A 'German World' Shared Among Doctors: A History of the Relationship between Japanese and German Psychiatry before World War II", *History of Psychiatry*, 2 (2013): 180-195. Kure studied in the laboratory for the central nervous system directed by Heinrich Obersteiner (1847-1922) in University of Vienna and biological experiments diverse institutions in Germany. Many Japanese including his students followed the same path and built the Japanese psychiatry and neurology education. When Yan Fuqing set out to find teachers for psychiatry and neurology in 1932, he also sent invitation to the University of Vienna. This will be expatiated upon in the chapter of Fanny Halpern.

became the basis of psychiatry introduced to China. However, not all areas of psychological and psychiatric theories were as easily taken up. Even though educational psychiatry was introduced on the basis of its physiological nature in the 1920s, it was hypnotism that first caught Chinese attention in the late 1900s and became quite popular among a group of intellectuals. However, the perceived irrationality of the Freudian approach received fierce criticism in the far-reaching debates of science and metaphysics around 1920. Thus, Freud's psychoanalytic theories about dreams and the unconscious mind never saw the kind of institutional development in China that was experienced in Europe and North America. When the Nationalist government started to organize education in 1927, it reoriented study to draw on ideas and methods from Europe and America and it led to the recruitment of 'Western' staff. But again Freud's theories were not part of the university courses in the early 1930s. In other words, the trajectory across this period in terms of institutional development of psychiatry was towards a more physiological rather than psychological approach to the subject. But such institutional development was only part of the story. The first three decades of the twentieth century was a period of change, but also lingering confusion in how the Chinese viewed new psychological knowledge and this shaped the introduction of psychiatry. This period saw debate centre on three main issues: the limitations of previous philosophical ideas in explaining the body-mind relation in new cultural context; falsifying the existence of the 'soul'; and accepting psychiatry as an experimental science.

Understanding the history of psychiatry in early twentieth-century China cannot sidestep the analysis of these processes. We need to trace the conceptual path from the first time *xinli xue* (心理学 psychology) was imported from Japan as a rational expression of psychology, to the translation of 'mental' for *ling* (灵 soul), to the emergence of an understanding of mind based on physiology. This chapter will depict these fundamental semantic and conceptual changes. Subsequent chapters will trace the results. This will include a consequent tendency toward biological and experimental mind research, sheltered under a discourse of 'mind remoulding', and appealing to both intellectuals and the government. It will also involve subsequent analysis of the degree to which the semantic practices and experimental orientation became socially and culturally embedded to shape psy-subjects in Republican history. These issues will be elaborated in the following chapters one by one.

At the heart of the analysis that follows in this chapter is an exploration of questions of translation and a demonstration of the persistence of a degree of conceptual confusion. It is important to appreciate this if we are fully to understand the particular nature of Chinese thinking. On the surface, things may seem simple. The Chinese translation of psychiatry was *jingshenbing xue* (精神病学 mental illnesses study), the translation of psychology was *xinli xue* (心理学 mental study). However, when combing through the archives of psychiatry one discovers that in many instances there was interchangeable use of *jingshen* and *xinli*. In addressing this problem, the chapter pursues a method of lexical retrieval. Analysis of language practice also reveals that it is impossible and makes no sense to absolutely distinguish the two concepts, as both *jingshen* and *xinli* could refer to either psychology or psychiatry in different conditions. Tracing the semantic history helps to demonstrate how words and disciplinary knowledge were actually understood and explained, and how this shifted over time. Crucially, it helps us understand how two different philosophy systems interacted. This is helpful for depicting the intertwined picture of psychology and psychiatry in the 1930s and the unique nature of an emerging culture of Chinese mental hygiene.

## ***Jingshen* and Mind**

In the first decades of the twentieth century, the Chinese translation of psychiatry, *jing shen* (精神 essence and spirits) became increasingly common in relation to the discussion of mind as well as diagnosis of illness. Before the twentieth century, *jingshen* referred more to a person's external conditions and impressions, which related to the animal nature of being energetic. Bilingual dictionaries edited by missionaries offer a record of this through their exploration of Chinese meanings related to the mind.

This process can be traced back to Walter Henry Medhurst (1796-1857), who specifically translated the recorded meanings of *Shin* (神 or *shen*, mind) in the Chinese imperial thesaurus *Pei Wen Yun Fu* (佩文韵府), which was compiled in 1711 for the composition of poetry under the patronage of

the Kangxi Emperor (1654-1722). He concluded that there were two layers to the Chinese understanding of the mind. The first and only direct meaning given to the word *Shen* was *Ling* (靈 spirit or spiritual):

Spirit, whether in abstract or concrete; intelligence, and intelligent invisible beings; mind, thought, animal excitement, ardour, vigor, animation, energy, genius, temper, soul, an incorporeal substance, apparition, ghost, sprite, genius, fairy, elf, manes, as also spiritual influence, spirituality, essence, etc.<sup>6</sup>

The second layer was traced back to the ancient Chinese divination text *I Ching* (易经), the Classic of Changes, as *yin yang buce* (阴阳不测, Yin and Yang could not be forecasted). Here, the inscrutableness of the superior and inferior principles of nature was called *shen* or mysterious. This layer could include the following connotations:

Inscrutable, mysterious, unsearchable, unfathomable, hidden from human understanding, beyond common comprehension, extraordinary, wonderful, ravishing, refined, marvellous, and miraculous as though the work of spiritual beings.<sup>7</sup>

Having defined the word *shen*, Medhurst connected the phrase *jingshen* to its concrete aspect, such as ‘the animal spirits, animal energy, and animated gleam’.<sup>8</sup> Here, Medhurst cited a sentence from Zhuang Zi (庄子) about how theories of the mind related to *mo* (末 practices): ‘the *animal spirits* must be moved, and the *xin shu* (心术 thoughts, heart or mind skills) of the mind influenced’ before people practised theories. Medhurst understood this as meaning that ‘sensation and reflection must go before knowledge’. Thus, *jing shen*, the animal spirits, was the ability of sensation.

Robert Morrison (1782-1834), the famous Anglo-Scottish Protestant missionary and lexicographer, also reflected on this Chinese idea of the ability of sensation. He suggested that beyond referring to ‘life, animation, animal spirits’, *jing shen* could also mean ‘good spirit’ and ‘smart’. As one dictionary explained: ‘Having Tsing Shin (*jingshen*), is being in good spirits, and feeling a degree of

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<sup>6</sup> Walter Henry Medhurst, *Pei wen yun fu* 佩文韵府 (On the True Meaning of the Word Shin: As Exhibited in the Quotations Adduced under That Word in the Chinese Imperial Thesaurus) (Shanghai: Printed at the Mission Press, 1849), p.8.

<sup>7</sup> Medhurst, *On the True Meaning of the Word Shin*, p.8.

<sup>8</sup> Medhurst, *On the True Meaning of the Word Shin*, p.21.

animation; not having *Tsing Shin* is being low, dejected, inanimate. It is applied to animation existing or wanting in pictures of the human countenance.<sup>9</sup> Thus, *jingshen* could be judged according to a person's appearance. A positive judgement of *jingshen* could, therefore, be a medical demonstration of being healthy and socially adjusted.<sup>10</sup> He also pointed out that *jing* and *shen* could be combined together with *qi* (气) as *jing qi shen* (精气神), the 'Three Treasures' of the human body:

Semen (*jing*), breath (*qi*) and anima (*shen*) are the three precious things (三宝 *san bao*) in a human body.

In the words 'three precious', there seems an allusion to the Budh Triad, who are called the San-paou, or Three Precious Ones. The physiological triad is supposed to produce each other, the semen produces aura (*qi*), and aura produced anima.<sup>11</sup>

In addition, *jingshen* was also recognised as referring to mental energy, and was consequently connected with 'wits and brightness'. Having *jingshen* usually indicated the capability of thinking quickly.<sup>12</sup>

At the same time as missionaries were trying to understand the Chinese mental world in the manner described above, Chinese intellectuals were also looking for a new language to explain human mental activities. Due to its association with the spiritual, *Shen* seemed a poor translation for a rational research subject like psychology. Intellectuals were increasingly inclined to see such spiritualist concepts as something that held back national development. Early understanding in such circles was heterogeneous. Initially, 'Mind' was translated in diverse ways offering rather different meanings. This included: *linghun xue* (灵魂学 soul study), *xin xue* (心学 heart study), *xinling xue* (心灵学 heart soul study), *xincai xue* (心才学 heart ability study), *xinxing xue* (心性学 heart disposition study), *xing xue* (性学 disposition study) and *xinli xue* (心理学 heart philosophy study).<sup>13</sup> These terms indicate the still

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<sup>9</sup> Samuel Wells Williams, *A Tonic Dictionary of the Chinese Language in the Canton Dialect* (Canton: Printed at the Office of The Chinese Repository, 1856), p.576. Robert Morrison, *Wu che yun fu* 五车韵府 (A Dictionary Of The Chinese Language, Shanghai: London Mission Press, 1822), p.876.

<sup>10</sup> Donald MacGillivray, *A Mandarin-Romanized Dictionary of Chinese* (Shanghai: Presbyterian Mission Press 1907), p.116.

<sup>11</sup> *Qi* was another important criterion for judging health in traditional Chinese medicine. See David Eisenberg, *Thomas Lee Wright, Encounters with Qi: Exploring Chinese Medicine* (New York: W. W. Norton & Company, 1995).

<sup>12</sup> Herbert Allen Giles, *A Chinese-English Dictionary* (Shanghai: Kelly&Walsh Limited, 1912), p.267.

<sup>13</sup> The details of translations see Yan, 'An Investigation into Zhi Quan Ju Shi's Coinage of the Term Xin Li (Xue) In the Late Qing Dynasty'.



rich conceptual palette in thinking about the ‘mind’ at the time. The translations included both traditional Chinese understanding of the mind through concepts such as human nature (*xing* 性) and spirit (*ling* 灵), but also new approaches that tried to present mind in terms of new classifications of knowledge like *xinli xue*.

The retention of *xin* (心 heart) was a legacy of traditional understanding related to the origins of mental activities before the introduction of modern physiological knowledge. However, it also reflected an attempt to differentiate between the somatic head and brain and the more inscrutable aspect of the mind. There was no word in Chinese to refer to both at the same time, as the ‘mind’ did in English. However, the phrase *xin li* emerged to refer to human thoughts and mental activities. Generally, the translation of theoretical or philosophical concepts was explained through resort to neo-Confucianism (*lixue* 理学, *xingxue* 性学), which had tried to create a rational and secular form of philosophy and reject superstitious elements. For Chinese scholars seeking a more scientific and rational approach, *xinli* study was therefore initially the chosen terminology. As late as the early 1900s, *Jingshen* was rarer.

The struggles faced by Chinese intellectuals did not trouble Japanese scholars. Even though the term *jingshen* was borrowed from China, its meaning was adapted by the Japanese to refer to a new field of research, psychiatry. In Japan by the late nineteenth century, *Jingshen* was broadly used to translate English words like the ‘mind’, ‘mental’ and ‘psychiatry’. This usage was subsequently adopted by Chinese scholar Wang Rongbao, who travelled to Japan to study new knowledge after the suppression of Boxer Rebellion and latterly became a diplomat of the Republic of China (1912-1949). He, together with another student Ye Lan, compiled a dictionary *Xin erya* (新尔雅 New Erya Dictionary), which was a newly supplemented dictionary based on the first surviving Chinese dictionary *Erya*. *Xin erya* was thought of as an important source for studying Japanese loanwords and their popularization in China.<sup>14</sup>

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<sup>14</sup> Shen Guowei 沈国威, *Xin erya: fu jieti suo yin* 新尔雅：附解题索引 (New Erya: Attached with Explanations and Index) (Shanghai: Cishu chubanshe, 2011).

In Wang's dictionary, the supplementary sections referring to the new developments of psychiatry in Japan recorded the conceptual change of *jingshen*:

- 1) General education aims to eliminate disadvantages both in *jingshen* and in the body.
- 2) Sensation and consciousness are part of jing-shen life and they are subjective. Correspondingly, the body was objective. Touching an object causes a sensation, engaging in affairs triggers thoughts. These are *jingshen* effects or *jingshen* phenomenon.
- 3) Subjects covering *jingshen* effects like psychology (*xinli xue*), ethics, education, and logics, are *jingshen* sciences.
- 4) Psychology studies sensation and volition phenomenon (*xinyi xianxiang* 心意现象), *jingshen* phenomenon and function of consciousness (*yishi zuoyong* 意识作用). Parapsychology advocates sensation and volition comes from spirit. Social psychology studies *jingshen* changes in a whole society.<sup>15</sup>

*Jingshen* was used throughout the dictionary as the translation of the *mind* and *mental*, and as a substitution for *xinli*. All mental phenomenon and functions were summarized as *jingshen* activities. Correspondingly, all disciplines studying *jingshen* activities were called *jingshen* sciences or *jingshen* studies, including psychology. In this dictionary, *jingshen* was portrayed as a substitution of *xinli* but with broader meanings. As the fourth item in the definition list shows, even psychical research could be seen as a part of *jing shen* study.

After the Chinese defeat in the Sino-Japanese war in 1894, there was growing unease over such lexical adoptions among Chinese scholars. Yan Fu (严复, 1854-1921), a famous translator and politician in the Republic of China, translated a series of important English books, including *Evolution and Ethics* (天演论) by Thomas Henry Huxley, which had a wide circulation. However, he turned instead to neologisms originating from the ancient Chinese in Tongcheng (桐城), a local dialect and

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<sup>15</sup> Rongbao Wang and Lan Ye (eds), *Xin er ya* 新尔雅 (New Er Ya Dictionary) (Tokyo: Wenming Book Press, 1903), pp.52-60. Chinese scholar Wang Rongbao and Ye Lan published this dictionary when they were studying in Japan, but the language is Chinese. The supplemented connotations were mainly translated from Japanese terminology. As seen from Kewu Huang, *Only Security: Yan Fu and the Cultural Transformation of Modern China* (Taipei: United Publishing Company, 2010), p.111.

school in Anhui province. These lexicons were not widely used, though they had a strong presence in the Vernacular Movement (白话文运动) arising from New Cultural Movement leaders like Hu Shi (胡适, 1891-1962) and Chen Duxiu (陈独秀, 1879-1942), which aimed to simplify Chinese spelling and reading for a broader audience. This movement saw a large number of new terms invented.

Nevertheless, among all the new neologisms, Wasei-kango (和制汉语), the Japanese-made Chinese words which were created to solve the problem of a lack of corresponding words in translating Western writings, became the main group of loan words in China due to their similarity with Chinese vocabularies. Thousands of Chinese students travelled to Meiji Japan to study science and medicine after the First Sino-Japanese War (1894-1895). They quickly assimilated the Japanese terminology for the modern sciences under the Meiji neologism for 'science' as 'organized fields of learning'.<sup>16</sup> Wasei-kango became exposed to a wider body of students in the new public schools which were established by the Qing government after 1905 as part of its education reforms.<sup>17</sup> New terms like *xinli xue* (心理学, heart philosophy study, the Japanese translation of psychology) appeared in many writings of the day. This neologism war lasted from the late nineteenth century to the 1920s and ended with the success of *dong yu* (东语 Eastern language, loan words from Japan).

In the tide of Japanese translations, the *Xin eryl*a dictionary played a prominent role. Given that *xinli* had been introduced earlier as the translation of mind, the coming of *jingshen* now increased what had already been a complex linguistic and conceptual situation. In many cases, *jingshen* and *xinli* were used interchangeably. This resulted in confusion. Eventually, *xinli xue* became the standard Chinese translation of psychology, with *jingshen* used more often for psychiatry. But Japanese words were not accepted without contention. The cultural shock caused by Japanese translations aroused strong Anti-Japanese sentiment among both traditional and new Chinese scholars.<sup>18</sup> One concern was that indirectly

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<sup>16</sup> Tsu and Elman, *Science and Technology in Modern China*, p.23.

<sup>17</sup> Karen Steffen Chung, 'Some Returned Loans: Japanese Loanwords in Taiwan Mandarin', in T.E. McAuley (ed.), *Language Change in East Asia* (Richmond, Surrey: Curzon, 2001), pp. 161-179.

<sup>18</sup> Kewu Huang, 'Xin mingci zhi zhan: qingmo yanfu yiyu yu hezhi hanyu de jingsai' 新名词之战: 清末严复译语与和制汉语的竞赛 (The War of Neologisms: The Competition of Yan Fu's Translations and Wasei-Kango in Late Qing Dynasty), *Bulletin of the Institute of Modern History, Academia Sinica*, 62 (2008): 1-42.

borrowing Japanese readymade words, China was following her neighbour submissively and in a way that brought shame on the Chinese nation. The other concern was that new vocabularies were disconnected from traditional Chinese thinking and led to a mutual misunderstanding between traditionally trained scholars and the new generation. In looking for an alternative, some others chose to reinvent ancient Chinese knowledge. For instance, Liu Shi-pei (刘师培), a philologist, traced psychology to Chinese theories of human nature (*xing* 性).<sup>19</sup>

### ***Jingshen* and Psychiatry**

By the 1910s, *Jing shen* was commonly being used to refer to the English word ‘psyche’ in dictionaries.<sup>20</sup> The first record of a book adopting this terminology in its title was in 1913 when P. B. Cousland, a member of the Compiling and Translating Committee of the China Medical Missionary Association (中国博医会), translated *Insanity in Everyday Practice* to Chinese as *Jingshenbing jianshu* (精神病简述 Introduction of Mental Illnesses).<sup>21</sup> The terminology used by Cousland reflected the increasingly standardized translation of the day. It was seen in publications by the China Medical Missionary Association, which were widely circulated among missionary doctors and newly trained Chinese physicians.<sup>22</sup> And it reflected Cousland’s role as the main figure working on the unification of medical terminologies from the 1890s to 1930s. He, together with John Kerr, the founder of the first asylum in Canton, had organized the Terminology Committee in 1890 aiming to standardize

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<sup>19</sup> Tsu and Elman, *Science and Technology in Modern China*, p.78.

<sup>20</sup> Shen-chih Wu and Chun-mo Hu, *Shangwu yinshu guan xiuzhen yinghua zidian* 商务印书馆袖珍英华字典 (Commercial Press English and Chinese Pronouncing Pocket Dictionary with an Appendix) (Shanghai: Shanghai Commercial Press, 1912), p.548.

<sup>21</sup> Lei Luo and Ji-feng Niu, ‘Qingmo yilai Zhongguo yixue wenxian de fanyi’ 清末以来中国精神医学文献的翻译 (The Psychiatric Archive Translation since Late Qing in China), *Chinese Journal of Medical History*, 2 (2003): 49-52.

<sup>22</sup> Zhang Daqing, ‘Gao Silan: yixue mingci fanyi biao zhunhua de tuidongzhe’ 高似兰: 医学名词翻译标准化的推动者 (Philip B. Cousland: A Promoter For The Standardization Of Medical Nomenclature), *The Chinese Journal for the History of Science and Technology*, 4 (2001): 324-330.

medical terms. His most important contribution was the compiling of Cousland's English-Chinese Medical Lexicon (高氏医学词汇) which had been reprinted ten times by 1949.

*Jingshen* was used to refer to diverse psychological phenomena. For example, in the pronouncing dictionary published in 1913, 'psychic' and 'psychical' were translated into *jingshen de* (精神的, the postfix *de* means adjective form) and *linghun de* (灵魂的 soul spirit); 'psychology' was translated into several terms including *linghun xue* (灵魂学 soul spirit study), *jingshen xue* (精神学 essence spirit study), *xinling xue* (心灵学 heart soul study) and *xinli xue* (心理学 heart philosophy study) in 1913.<sup>23</sup> This added another meaning, soul, to *jingshen*.

This adoption of *jingshen* as central in the translation of psychiatric terms was important. It provided a base for further introduction of Western knowledge related to the psyche. In a dictionary edited for students' daily English usage, two connotations of *jingshen* were included: firstly, 'insane' was translated into *jingshen cuoluan* (精神错乱 *jing shen* becomes wrong and disordered) and *kuang* (狂, crazy); secondly, 'psychosis' and 'a mental disorder' was translated into *jingshen cuoluan* as well.<sup>24</sup> *Cuo luan* and *shi chang* (失常 lose normality, abnormal) were usually used after *jingshen* to express the condition of psychological disorder. *Jingshen* operated therefore as a way to begin conceptualising mental disorder, pathology and psychosis. This use of the language was becoming more prevalent than having or not having *jingshen*, or having good or bad *jingshen*, which described diverse levels of energetic conditions of the mind in the normal range. As such, *jingshen* came increasingly to refer to psychiatry (and its issues of abnormality) more than psychology (and issues of normality).

Table 1. New Terms about *Jingshen* in A Mandarin-Romanized Dictionary of Chinese including New Terms and Phrases

Chinese	English Translations	New Meanings Added
<i>Jing shen</i> 精神	mind, soul, spirit	mind, soul

<sup>23</sup> *Shangwu shuguan yinghua xin zidian* 商务书馆英华新字典 (Commercial Press English and Chinese Pronouncing Condensed Dictionary-With a Copious Appendix) (Shanghai: Commercial Press, 1913), p.409. Shanghai Commercial Press had been compiling and publishing different version of English-Chinese dictionaries.

<sup>24</sup> *Yinghua riyong zidian* 英华日用字典 (A Modern Dictionary of the English Language, Translated into Chinese) (Shanghai: Commercial Press, 1915), entries of 'insane' and 'psychic'.

<i>Jing shen jie</i> 精神界	animate creation	
<i>Jing shen rou ti</i> 精神肉体	soul and body	soul
<i>Jing shen liao fa</i> 精神疗法	Psychotherapy	Psychic
<i>Jing shen bing</i> 精神病	mental or nervous disorder	mind, nerve
<i>Jing shen yan jiu</i> 精神研究	psychical research	Psychical

In 1918, the Canadian Presbyterian Mission and Christian Literature Society for China published *A Mandarin-Romanized Dictionary of Chinese Including New Terms and Phrases* to solve the confusion caused by Romanization in Chinese pronunciation. This dictionary added new meanings onto *jingshen*.<sup>25</sup> From this chart (Table 1), we can see that the meaning of *jingshen* and relevant phrases closely connected with psychiatry and mental illnesses.

However, the situation was more complicated than this. As the table indicates, *Jingshen* was related to all three of ‘mind, soul, and spirit’. Of these, ‘spirit’ was a legacy from earlier understanding, though there was now a clear shift from ‘animal spirits’ to the human. The use of the new language of the ‘soul’ is also very interesting, particularly given that this was a period that saw fierce attacks on that concept from science. One would have thought that the connection of ‘soul’ and ‘psyche’ was not a strategy to provide *jingshen* with a favourable position. Whether there is any relationship between this deployment of ‘soul’ and the pathologization of *jingshen* is worthy of further exploration. It is perhaps revealing that the term *jingshenbing xue* (psychiatry) connected the field more with the soul than body. This also reflected the way that neurology would come to be more closely connected to physiology than was the case for psychiatry by 1930. Finally, it is important to note that *jingshen* was combined with *shenjing* (神经 spirit and channels, nerve) as well as *xinli* (心理). This may reflect the new interest in problems of neurosis and nervousness.

The adoption of such new terms, often combining multiple concepts, was a process of translation but also meaning-making. This process was complex and fluid. In Chinese texts, we find

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<sup>25</sup> Donald MacGillivray, *A Mandarin-Romanized Dictionary of Chinese Including New Terms and Phrases* (Shanghai: Presbyterian Mission Press, 1918), relevant entries.

multiple crossing meanings of *shenjing* and *xinli*, and sometimes their combination in hybrid form. Some of these conflicts still exist in the current Chinese context.<sup>26</sup>

Even though the expression of *jingshenbing* (psychosis) appeared in 1915, the Chinese translation of psychiatry as *jingshenbing xue* (psychosis study) was unseen until 1920.<sup>27</sup> The first textbook titled *jingshenbing xue* was edited by Dai Diling (戴棣龄), a graduate from Nagasaki Medical College in Japan, naming *Jingshenbing xue jiangyi* (精神病学讲义 Teaching Materials of Psychiatry) for fourth-year medical students in colleges.<sup>28</sup> Dai used the term *jingshenbing* for psychosis. For him, this term pointed out the site of mental illnesses which Chinese medicine failed.<sup>29</sup> He borrowed the Japanese translation *Jingshenbing xue* in place of what the Germans termed *psychonosologie*. At the same time, *psychonosologie* also appeared in English-Chinese dictionaries translated as *jingshenbing xue* (精神病学 mental illnesses study) and *fengkuangbing xue* (疯狂病学 *feng* and *kuang* illness study).<sup>30</sup> Even though Dai's textbook was not widely circulated, the term *jingshenbing xue* was widely accepted by the end of the 1920s. This can be ascribed to the influence of the Revision Committee of Scientific Terms of China Medical Missionary Association in 1921 and 1926 (particularly the work of Philip Cousland) and wide circulation of a small introductory book *Jingshenbing xue* (whose English title was Mental Diseases).<sup>31</sup> In 1935, The *Psychopathology Term Lexicon* compiled by the Educational

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<sup>26</sup> As the name of a subject, psychiatry is now translated into *jingshenbing xue* (精神病学 Mental Illnesses Study). Unlike psychiatry, this Chinese designation is not accepted uncritically. Many experts suggest it should be changed to another name. The majority of this group think it as too narrow a summarization because it only emphasizes the aspect of treating diseases while psychiatry is a comprehensive study of the human mind. Two terms, *jingshen yixue* (精神医学 Mental Medicine) or *jingshen weisheng xue* (精神卫生学 Mental Hygiene Study), have been suggested as substitutes.

<sup>27</sup> In 1913, P. B. Cousland translated G. Younger's book *Insanity in Everyday's Practice* in to Chinese naming *jingshenbing jianshu* 精神病简述 (Outline of Mental Illnesses) with the support of The Medical Missionary Association of China. This is first time *jingshenbing* appeared as the name of mental illness.

<sup>28</sup> Dai Diling 戴棣龄 (ed.), *Jingshenbing xue jiangyi* 精神病学讲义 (Teaching Materials of Psychose) (Shanghai: Chun Qiu Yin Shu Ju 春秋书局, before 1920).

<sup>29</sup> *Lingshu jing* (灵枢经 The Classic of Lingshu), also known as Divine Pivot, Spiritual Pivot, or Numinous Pivot, is an ancient Chinese medical text whose earliest version was probably compiled in the 1st century BCE on the basis of earlier texts. It is one of two parts of a larger medical work known as the *Huangdi neijing* (Yellow Emperor's Inner Canon). The other section, which is more commonly used in Traditional Chinese Medicine, is known as the *Suwen* (素问 Basic Questions).

<sup>30</sup> Yan Huiqing 颜惠庆, *Ying hua da ci dian* 英华大辞典 (English and Chinese standard dictionary) (Shanghai: Commercial Press, 1920).

<sup>31</sup> Zhao Hanen (Chao Han En) 赵翰恩 translated, *Jingshenbing xue* 精神病学 (Mental Diseases) (Shanghai: The Commercial Press, 1929).

Department of Nationalist Government finally affirmed it as the official translation of *psychiatrie* / *psychiatria* / *irrenheilkunde* / *seelenheilkunde*.<sup>32</sup> Actually, as Table 2 indicates, the majority of the psychopathological words were the same as their Japanese translations.

Table 2. Translations in the Psychopathology Term Lexicon

Germany Name	English Name	French Name	Japanese Translation	Chinese Name
Psychose; Insanitaet; Irresinn; Irresein; Phrenics; Phrenesis; Folie; Geistes Krankheit	Psychosis; Insanity; Psychinosis; Phrenica; Phrenesis; Mental disease	Psychose; Maladie mentale; folie	精神病 ( <i>jing shen bing</i> )	精神病( <i>jing shen bing</i> )
Psychiatrie; Irrenheilkunde; seelenheilkunde	Psychiatria; psychiatry	psychiatrie	精神病学( <i>jing shen bing xue</i> )	精神病学 ( <i>jing shen bing xue</i> )
Psychopathologie; Abnormale Psychologie	Psychopathology; Abnormal psychology	Psychologie pathologique; Psychologie anormale	精神病学; 变态心理学 ( <i>bian tai xin li xue</i> )	精神病理学 ( <i>jing shen bing li xue</i> ); 变态心理学

In summary, before 1920 the meaning of *jingshen* had been changing due to the introduction of concepts of psychology. In many cases, it was used in combination with the Chinese translation of mind or mental, *xinli*. For this reason, it did not wholly abandon the connotation of ‘soul’. This also indicates the influence of missionary psychology and certain traditional Chinese ideas. Eventually, however, the institutional and governmental interventions in the 1920s and 1930s would define it more narrowly as a biomedical concept.<sup>33</sup> In other words, across a relatively short period of several decades, we see a change from its original meaning of animal spirits to its use to refer to internal brain diseases.

<sup>32</sup> National Institute for Compilation and Translation, *Jingshen binglixue mingci* 精神病理学名词 (Psychopathology Term Lexicon) (Shanghai: Commercial Press, 1935).

<sup>33</sup> Sun Zhuo 孙琢, ‘Jindai yixue shuyu de chuangli: yi He Xin jiqi Yi Xue Ying Hua Zi Shi wei zhongxin’ 近代医学术语的创立：以合信及其《医学英华字释》为中心 (The Creation of Modern Medical Terms: A Case Study of Benjamin Hobson and his *A Medical Vocabulary in English and Chinese*), *Studies in the History of Natural Sciences*, 4 (2010): 456-474. Shen Guowei 沈国威, ‘Jindai zhong ri cihui jiaoliu yanjiu: hanzi xinci de chuangzhi, rongshou yu gongxiang’ 近代中日词汇交流研究：汉字新词的创制，容受与共享 (Studies of the Exchange of Terminology between Modern China and Japan: Character-Based Neologisms Created By Japan, And Their Chinese Reception and Assimilation) (Beijing: Zhong Hua Shu Ju, 2010). Michael Lackner, Iwo Amelung, Joachim Kurtz (eds), *New Terms for New Ideas: Western Knowledge and Lexical Change in Late Imperial China* (Leiden: Brill, 2001). Luo Lei 罗磊 and Niu Ji-feng 牛吉峰, ‘Qingmo yilai Zhongguo yixue wenxian de fanyi’ 清末以来中国精神医学文献的翻译 (The Psychiatric Archive Translation since late Qing in



## *Feng, Dian, Kuang, and Xian*

Concerns relating to madness in China were not totally absent before the coming of psychiatry. The entry of words like *mad* and *lunacy* to English-Chinese dictionaries in the mid-nineteenth century prompted missionaries to search out Chinese terms for ‘abnormal’ mental phenomenon. What this work showed was that theories and explanations relating to mental abnormality existed before psychiatry won its scientific rationality. This local language persisted in lay discourse and continued to be used even after the Educational Department of Nationalist Government affirmed official translations of medical terms in 1935.

Pre-twentieth-century Chinese physicians, officials and ritual specialists used an array of intelligibly related concepts to describe acts, words and people they considered mad, like *kuang* (狂), *dian* (癲, 颠, 痲) and *feng* (疯, 风). Detailed analysis about differences of those variants can be found in Simonis’ thesis and Messner’s book.<sup>34</sup> But in referring to madness, they can be treated as the same in a semantic sense. The radical 疒 in Chinese denotes illness. In Chinese, different characters with 疒 means illnesses relevant to different causes, for example, 疯 is the combination of 风 (wind) and 疒 (illness), 癲 is the combination of 颠 (upside down) and 疒. *Kuang* was seen in pre-imperial texts meaning anything from extravagant or impetuous to crazy or furious before tending to be stabilized as ‘mania’ around the first century. *Dian* referred to an epileptiform disorder (or seizure sickness according to Donald Harper), and can be traced back to around 200 BC. It was commonly used in the Song Dynasty (960-1279) to refer to eccentricity. *Feng* meant wind in *feng kuang* (风狂 wind mania) and *xin feng* (心风 heart wind) and was used to refer to madness in mainstream medicine before the fourteenth century. In the seventeenth century, *feng* had been thought of as a popular term of *kuang*. What Qing

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China), *Chinese Journal of Medical History*, 2 (2003): 49-52. Tseng Wen-Shing, ‘The Development of Psychiatric Concepts in Traditional Chinese Medicine’, *Archives of General Psychiatry*, 4 (1973): 569-575.

<sup>34</sup> Angelika Messner, *Medizinische Diskurse zu Irresein in China (1600-1930)* (Stuttgart: Franz Steiner Verlag, 2000), pp. 84-92.

(1644-1912) law referred to as ‘madness illness’ (*feng bing* 疯病) differed from medical insanity (*dian kuang* 癡狂). These differences derived from the functioning of juridical and legislative operations rather than from the term themselves.<sup>35</sup>

In bilingual dictionaries published in the mid-nineteenth century, *feng*, *dian*, and *kuang* were given detailed explanations in terms of their Chinese connotations. Samuel Williams (1812-1884), a Presbyterian missionary from America who had taken charge of the printing press of the American Board of Commissioners for the Foreign Missions at Guangdong and had been appointed Secretary of the United States Legation, compiled a dictionary in 1856. This dictionary showed how these three characters were multiply used in the Chinese language. Each had a long list of connotations:

疯 *fung*, the leprosy, scrofula, and kindred diseases; insane, insensate; fat *fung*, leprous; *fung un*, a lazaretto; *fung tin*, mad, crazed;

癡 *tin*, crazed, deranged, foolish, the mind overthrown; head turned, mad after, frantic; giggling, silly, out of one’s wits, infatuated; in convulsions, fits; *fát tin* (发癡 *fa dian*, *dian* seizure) insane; *tin kwong* (癡狂 *dian kuang*), raving mad;

狂 *kwong*, mad, crazed, raging, raving, wild, incoherent, hasty, unable to judge about matters, stolid; cruel, irascible; eccentric, enthusiastic, newfangled, precipitate, rash, imprudent, often sneeringly applied to the acts of others; deranged, insane, delirious; *kwong mong*, extravagant, mad, vicious; *tsau kwong*, silly from liquor; fat *kwong*, raving mad.<sup>36</sup>

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<sup>35</sup> Fabien Simonis, ‘Medicaments and Persuasion: Medical Therapies for Madness in Nineteenth-Century China’, in Howard Chiang, *Psychiatry and Chinese History*, pp.55-70. Simonis, ‘Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine’.

<sup>36</sup> Samuel Wells Williams, *A Tonic Dictionary of the Chinese Language in the Canton Dialect* (Canton: Printed at the office of the Chinese Repository 1856), p.65, p.217, p.518.

*Feng* was of particular interest due to its connection with *ma* (麻) as *ma feng* (麻疯 leprosy), which was a special concern of missionaries, with China regarded as central to a pandemic threat across the Pacific region.<sup>3738</sup> Missionaries also recognised that the meaning of *feng* varied regionally:

疯 fung: from disease and wind. In the south of China, leprosy, scrofula, and their kindred diseases; in the north, where leprosy is uncommon, it signifies insane, deranged; also palsied, paralyzed.<sup>39</sup>

This story of *feng* indicates some effort to understand China as exhibiting a unique and varied disease ecology. Yet, ultimately, translation encouraged efforts to make a one-to-one correspondence between Chinese and English diseases since the 1880s. This was caused by the educational needs of promoting Western medicine education among missionary schools, but also the drive for standardisation of communication among different regions and dialects. This rendered the simplification of the previously rich connotations of Chinese characters.<sup>40</sup> The process of simplification and standardisation is evident in Wilhelm Lobscheid's 1864 effort to list several diseases and their Chinese names, as set out in Table 3:

Table 3. Medical Words in the Tourists' Guide and Merchants' Manual.

English Name	Chinese Name	Chinese Meaning
Leprosy	痲瘋, 发疯	Leprosy, <i>feng</i> seizure
Madness	颠狂症	<i>Dian kuang</i> symptoms
Epilepsy	发痒症	itch symptom
Convulsion	痲, 发痒症	<i>Xian</i> , itch symptom
blood vessels	血筋	Blood sinew
Pulse	脉	
Epilepsy	发羊弔	Goat <i>dian</i> seizure
Insanity	发癲	<i>dian</i> seizure
Palsy	癱	

<sup>37</sup> Leung, *Leprosy in China*. Angela Ki Che Leung, 'The Segregation of Lepers in Modern China', *Historical Research*, 5 (2003): 3-15.

<sup>38</sup> Leung, 'The Segregation of Lepers in Modern China'.

<sup>39</sup> William Osler, Philip Brunelleschi Cousland translated, *Oushi neike xue* 欧氏内科学 (The Principles and Practice of Medicine) (Seventh Edition) (Shanghai: Mei Hua Shu Guan 美华书馆, 1910), p.298. Samuel Wells Williams, *A Syllabic Dictionary of the Chinese Language: Arranged according to the Wu-Fang Yuen Yin, With the Pronunciation of the Characters as Heard in Peking, Canton, Amoy, And Shanghai* (Shanghai: American Presbyterian Mission Press, 1903), p.156.

<sup>40</sup> Donald MacGillivray, *A Mandarin-Romanized dictionary of Chinese, Shanghai* (Printed at the Presbyterian mission press, 1907), p.215 *feng*, p.282 *kwang*, p.760 *dian*. P. Poletti, *A Chinese And English Dictionary: Arranged According To Radicals And Sub-Radicals* (Shanghai: Printed at the American Presbyterian Mission Press, 1907), p.193 狂, p. 211 疯, 颠.

Source: Wilhelm Lobscheid, *The Tourists' Guide and Merchants' Manual: Being an English-Chinese Vocabulary of Articles of Commerce of Domestic Use* (Office of the 'Daily Press', 1864), p.114. 痒 was combination of 犴 and 羊 (goat).

Medical practitioners like Philip Cousland had also long been urging the standardization of terms in different translations. Under his effort, a Revision Committee of Medical Terms (changed to Revision Committee of Scientific Terms in 1918) was initiated in 1915 with cooperation from the Education Association of Jiangsu Province. His efforts were compiled into a dictionary named *Cousland's English-Chinese Medical Lexicon*.<sup>41</sup>

Cousland tried to match each Chinese disease concept with one English word in his dictionary, but this proved challenging (see Tables 4 and 5). *Feng* was still recognised as having two meanings: leprosy and insanity. *Kuang* was simpler, denoting mad/ madness/ mania.<sup>42</sup> *Dian* was recognised as a term relating to external appearance rather than inner causes: an abnormality in behaving and expressing oneself. Thus, it was used to pair with other words in composing phrases, like *feng dian*, *dian kuang*, *dian xian*. This was still a radical simplification. In traditional Chinese, there was a long history of using a single character to express multiple meanings. In the process of translation, one-to-one English-Chinese translation could easily leave out the majority of these connotations. This meant that Cousland's translation missed much in the words' meanings. Chinese translators had met similar problems. Their strategy was often to refer to or adopt Japanese translations, which usually used two (sometimes three or four) characters to describe one English word.<sup>43</sup> In Chinese-English dictionaries, translators likewise often ended up using more than three words to fully express a character's meaning.<sup>44</sup>

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<sup>41</sup> Zhang Daqing 张大庆, 'Zhongguo jindai de kexue mingci shencha huodong' 中国近代的科学名词审查活动 (The Revision of Scientific Vocabulary in Modern China), *Journal of Dialectics of Nature*, 5 (1996): 47-52. Zhang Daqing, 'Zaoqi yixue mingci tongyi gongzuo: boyihui de nuli he yingxiang' 早期医学名词统一工作: 博医会的努力和影响 (Early work on the Medical Terms Unification: Efforts and Influences of the China Medical Missionary Association), *Chinese Journal of Medical History*, 1 (1994): 15-19. Zhang Daqing, 'Philip B. Cousland: A Promoter For The Standardization Of Medical Nomenclature'. Tao Feiya 陶飞亚 and Wang Hao 王皓, 'Jindai yixue gongtongti de shanbian: cong boyihui dao zhonghua yixuehui' 近代医学共同体的嬗变: 从博医会到中华医学会 (Evolution of the Modern Medicine Community: from the China Medical Missionary Association to Chinese Medical Association), *Historical Research*, 5 (2014): 79-95.

<sup>42</sup> Giles, *A Chinese-English Dictionary*, p. 441 疯, 808 狂, 1385 癡.

<sup>43</sup> Wang Guowei 王国维, 'Lun xin xue-yu zhi shu-ru' 论新学语之输入 (The Importation of New Terms), in *Collections of Wang Guo-wei* (Beijing: Social Science Press, 1997), p.386.

<sup>44</sup> Williams, *A Tonic Dictionary of the Chinese Language in the Canton Dialect*. Williams, *A Syllabic Dictionary of The Chinese Language*. MacGillivray, *A Mandarin-Romanized Dictionary of Chinese* (1907). Poletti, *A Chinese and English Dictionary*. Giles, *A Chinese-English Dictionary*.

Table 4. Words in an English-Chinese Lexicon of Medical Terms

English Word	Chinese Translation	Chinese Translation Meaning
Insanity	癲 <i>dian</i>	
Lunacy	癲 <i>dian</i>	
mad/madness	癲, 狂 <i>dian, kuang</i>	
Hysteria	癩 <i>ji</i>	<i>Ji</i> , also named <i>gan ji</i> (疳癩), meaning infantile malnutrition which normally renders hair-loss, irritability, and diarrhea with nervousness symptoms.
mania hysterical	癩狂 <i>ji kuang</i>	
Mania	狂 <i>kuang</i>	
mania epileptic	癩狂 <i>xian kuang</i>	
Mind	灵心 <i>ling xin</i>	
hysteria-epilepsy	癩癱 <i>chi zong</i>	<i>Chi</i> , sinew gets tightened; <i>zong</i> , sinew gets loosed. <i>Chi zong</i> means hands or legs get a spasm.
Neurology	脑系学, 脑学 <i>nao xue</i>	Brain sinew study, brain study
psychical centres	灵心司所 <i>ling xin si suo</i>	soul and heart governing the place
psychopathy/psychosis	灵心病 <i>ling xin bing</i>	soul and heart illnesses

Source: Philip B. Cousland, *An English-Chinese Lexicon Of Medical Terms: Compiled For The Terminology Committee* (Shanghai: Publication Committee Medical Missionary Association of China 1908). Wu, Shen-chih, Hu, Chun-mo, *Shangwu yinshu guan xiuzhen yinghua zidian* 商务印书馆袖珍英华字典 (*Commercial Press English and Chinese Pronouncing Pocket Dictionary with an Appendix*) (Shanghai: Shanghai Commercial Press, 1912), p.520, Lunacy, 癲, 月癲.

Table 5. Cousland's Translation in the Principles and Practice of Medicine

English	Chinese Translation	Chinese Meaning
Leper	<i>ma feng</i> 痲瘋	numbness and insane
	<i>feng bing</i> 瘋病	<i>feng</i> illness, or insane illness
insane	<i>dian</i> 癲	convulsive, too happy. Happiness is controlled by the heart, thus, too happy is caused by heart heat.
hysteria	<i>ji</i> 癩	
neurasthenia	<i>nao li shuai ruo</i> 腦力衰弱	brain energy decline and weaken
epilepsy	<i>xian</i> 癩	infant's <i>dian</i> illness, caused by wind, heat or scare

Source: William Osler, Philip Brunelleschi Cousland translated, *Ou shi nei ke xue* 欧氏内科学 (*The Principles and Practice of Medicine*) (Seventh Edition) (Shanghai: Mei Hua Shu Guan 美华书馆, 1910), p.13-17.

One further significant word in this lexicon was *xian* (癩).<sup>45</sup> It refers to illnesses related to nerves and the body rather than a mental seizure. *Xian* overlapped with *dian*, referring to external behaviour representation, resulting in their combination *dianxian* (meaning epilepsy now). The symptoms of *xian* were similar to *dian*. Both of them were disease descriptions that focused on body and external features

From the above analysis, we can draw several conclusions. Firstly, we find that there is such a long history of evolution that it is misleading to talk simplistically of a ‘traditional Chinese psychiatry’ in China. Secondly, it should be clear that it is too simplistic to see *feng*, *kuang*, *dian*, *xian* as sub-types of madness. Each of them contained diverse meanings covering disease causes, symptoms and extending social and cultural meanings in different combinations. Some characters obtained or lost aspects of their meanings in the long history of translation. Thirdly, the English and Chinese bilingual translation could not reflect the whole picture. Translations from German, French, and Japanese were taking place at the same time. Even though English translation was relatively more circulated due to the wide English-language missionary net, many of the translations or new phrases they created were not accepted in practice by the Chinese because of their lack of congruence with Chinese customs.

Chinese officials had attempted to systematize translation through a series of institutions since 1909. Initially, this had relatively little success. The final one, the National Institute for Compilation and Translation (国立编译馆), was organized by the Nationalist Government in 1932. Due to their inclination of choosing Japanese translation as the main reference point, a whole set of Japanese words was decided upon as standard translations. This ensured the primary influence of Japanese translation. As a result, the new *Psychopathology Term Lexicon* provided a very different lexicon to the earlier missionary translations.<sup>46</sup>

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<sup>45</sup> Simonis, *Mad Acts, Mad Speech, And Mad People in Late Imperial Chinese Law and Medicine*, p.5. *Xian* was also called *yang xian feng* (羊癩风), *yang dian feng* (羊癲风), *yang jiao feng* (羊角风), *dian xian* (癲癩), *xian bing* (癩病), *xian feng* (癩风) in Chinese, compared to *chi zong* (瘰疬).

<sup>46</sup> National Institute for Compilation and Translation, *Psychopathology Term Lexicon*.

Most of the words discussed above were absent in this new dictionary. This also reflected its orientation as a professional psychopathological collection. The triad of *feng*, *dian*, and *kuang* was also fading. Chinese intellectuals had been trying to avoid traditional single-term descriptions. Almost no single characters were now used in Chinese translations. Most English words were translated into two to four Chinese characters, while two English words were usually translated by four to eight. Characters like *feng*, *dian*, and *kuang* were much less seen in Chinese translation. Among them, *feng* was almost excluded altogether. Insanity, which used to be translated into *feng*, was replaced as *jing shen bing* in all related phrases.<sup>47</sup> Actually, the phrase *jing shen* was almost used as a point of reference for any concept related to the mind; *dian* was only seen in *dian xian* (as a translation of epilepsy), and the only use of *kuang* was in phrases including mania. Some of these terms did appear in the Japanese translation but were replaced in Chinese. For example, the insanity in ‘cyclic insanity’ and paranoia was translated into *kuang* in Japanese, but was changed to *jingshenbing* or simply to *bing* (manic depressive insanity) in Chinese.<sup>48</sup> Instead, Japanese translations were adopted in many new Chinese phrases like *zao* (躁 being restless) and *yu* (郁 being depressed). Besides, a new Chinese character, *pi* (癖 addiction), was used in the translation of *kuang*.<sup>49</sup> Hysteria was the only example of using a single Chinese word.

This standardization of terminology resulted in the disappearance of previous characters, such as *feng*, *dian*, and *kuang* in the professional context. However, continuous usage in the public sphere and even in official documents was still commonly seen. Actually, only some of the phrases in the official lexicon gained wide circulation. This included a growing use of *jingshenbing*, *jingshen shuairuo* or *jingshen cuoluan*, etc. But in the public context, words like *feng*, *dian*, and *kuang* continued to be used and they would play a significant part in the popular articulation of the new interest and concern around psychology as subsequent chapters will explore.

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<sup>47</sup> National Institute for Compilation and Translation, *Psychopathology Term Lexicon*, pp.73-79.

<sup>48</sup> *Ibid.*

<sup>49</sup> National Institute for Compilation and Translation, *Psychopathology Term Lexicon*, p.56, p.59, p.67.

## *Jingshen* and *Shenjing*

By the second decade of the twentieth century, *Jingshen* and *shenjing* (nerve) were being used to a degree interchangeably in many cases, both referring to mentally ill or ‘abnormal’ acts.<sup>50</sup> This again was a product of translation. In a dictionary published in 1915, the entry ‘mad-doctor: one who treats mental diseases’ was translated into *yi shenjingbing zhe* (医神经病者, the person who cures *shenjing* illnesses); ‘a maniac’ was translated as *huan shenjing bing zhe* (患神经病者, a person who suffers from *shenjing* illnesses). These two cases indicate how *shenjing* was coming to operate as a replacement of *jingshen*. There was a distinction, however, between *shenjing* and *jingshen*: *jingshen* corresponded with the mind and *shenjing* corresponded with the body. For instance, ‘insane’ and ‘a mental disorder’ was translated as *jingshen cuoluan* (精神错乱 *jingshen* becomes wrong and disordered), while ‘convulsive’ was translated as *shenjing cuoluan* (神经错乱 *shenjing* becomes wrong and disordered).

Once again, *shenjing* was an imported word from Japan. In traditional Chinese medicine, *jing mai* (经脉, or *jing luo* 经络, channels, meridians, and collaterals) was used to describe the network of passages in the human body through which energy circulates and along which the acupuncture points are distributed. In 1858, Benjamin Hobson (1816–1873) translated ‘the nervous system’ into the ensemble of three Chinese terms *naoti*, *naosui* and *naojin* (脑体, 脑髓, 脑筋 brain itself, brain marrow and brain sinew).<sup>51</sup> His invention of the word *naojin* was adopted by many translations afterwards. Matteo Ricci (1552—1610), in his book *Occidental Method of Memory*, translated ‘nerve’ into *xijin* (细筋 small sinew) and *nao qi jin* (脑气筋 brain qi sinew).<sup>52</sup> Right up to the 1910s, *naoqijin* remained the main Chinese expression for the nerve. The first person to translate ‘nerve’ into *shenjing* was Japanese anatomist Sugita Genpaku (杉田玄白 1733-1817) in his translation of *Kaitai Shinsho* (New Book of

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<sup>50</sup> *A Modern Dictionary of the English Language, Translated into Chinese* (1915), entries of ‘insane’, ‘psychic’.

<sup>51</sup> Benjamin Hobson, *Yixue yinghua zishi* 医学英华字释 (Medical Vocabulary in English and Chinese, Vocabulary of Terms Used in Anatomy, Materia Medica, and Natural Philosophy) (Shanghai: Shanghai Mission Press, 1858), p.8.

<sup>52</sup> Matteo Ricci, ‘*Xiguo Jifa*’ 西国记法 (Occidental Method of Memory), in Zhu Weizheng (ed.), *Li Ma Dou zhongwen zhu yi ji* 利玛窦中文著译集 (The Collection of Matteo Ricci’s Writing and Translations) (Shanghai: Fudan University Press, 2001). Kwong Ki Chiu, *An English and Chinese Dictionary* (Shanghai: Wah Cheung 1887), p.220.



Anatomy) in 1774.<sup>53</sup> Thereafter, *Shenjing* appeared in missionaries' medical translations related to anatomy about nerves.<sup>54</sup> Sin-keng (*shenjing* in Amoy pronunciation) meant 'the brain, the nerves' and sin-keng-pin (*shenjing* illness) meant brain diseases.<sup>55</sup> By 1884, *shenjingbing* was translated into nervous disorders.<sup>56</sup> However, the translation of *shenjing* (神经) had still not been broadly accepted by the end of the nineteenth century. Cousland translated 'diseases of the nervous system' into *naoxibu bing* (脑系部病 diseases of brain system) in which nerve refers to *nao* (brain).<sup>57</sup> It is interesting that 'nerve' was usually translated into 'sense and movement, energy or vigour, ambition, and courage'.<sup>58</sup> The nerves were directly translated into *shenjing xi* (神经系 *shenjing* system) in 1915.<sup>59</sup> By 1921, the Chinese were using phrases like *shenjing bing* (神经病 *shenjing* illness) and *shenjing guomin* (神经过敏 *shenjing* allergy, means nervousness or sensitive here), all commonly seen in Chinese-English dictionaries.<sup>60</sup>

## Conclusion

This chapter has examined Chinese lexical translation and semantic change in relation to mind-related words and diseases from the mid-nineteenth to mid-twentieth century. The source basis is mainly bilingual dictionaries produced by missionaries and Chinese intellectuals. The chapter has indicated the value of these sources for insight into the changing language and conceptualisation of mind in Chinese culture. They reveal a complex picture of dialogue between cultures and through the evolution of

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<sup>53</sup> Li suyun 李素云 and Zhao Jingsheng 赵京生, 'Xifang 'nerve' de yiru ji qi dui jingluo yanjiu de yingxiang tanyuan' 西方'nerve'的译入及其对经络研究的影响探源 (The Introduction and Translation of Western 'Nerve' and its Influences on Meridians and Collaterals), *Chinese Acupuncture* 中国针灸, 5 (2011): 462-466.

<sup>54</sup> For example, Benjamin Hobson's *Quan ti xin lun* 全体新论 (Treatise on Physiology) published in 1851;

<sup>55</sup> Carstairs Douglas, *Chinese-English Dictionary of the Vernacular or Spoken Language of Amoy: With the Principal Variations of the Chang-Chew and Chin-Chew Dialects* (London: Trübner, 1873), p.202.

<sup>56</sup> Tam Tat Hin and Kwok Lo-Kwai, *An English and Chinese Dictionary with English Meaning or Expression for Every English Word* (Hong Kong: Sun Sing, 1884), p.769.

<sup>57</sup> Osler, *The Principles and Practice of Medicine* (1910), p.13.

<sup>58</sup> *Commercial Press English and Chinese Pronouncing Condensed Dictionary* (1913), p.343.

<sup>59</sup> *A Modern Dictionary of The English Language Translated into Chinese* (Shanghai: Commercial Press, 1915), p.605.

<sup>60</sup> Donald MacGillivray, *A Mandarin-Romanized Dictionary of Chinese: Including New Terms and Phrases* (Presbyterian Mission Press, 1921), p.782.

language. This involved English translators struggling to understand Chinese culture, but also Chinese ambitions in reform, modernisation, and standardisation. The process was complicated further by the significant influence of Japan as a shifting mediating agent in the evolution of language in this area. In addition, the dialogue with Western thought and language involved not just English but also German and French. At the heart of the chapter is a story of one term – *jingshen* – emerging to the fore in describing the mind and its new related practices. At the same time, however, the analysis of language use also highlights ongoing confusion due to the legacy of an earlier rich palette of Chinese language and the persistence and ongoing influence of earlier terminology. This is crucial in helping to account for the tensions of development, and the understanding the particular nature of Chinese mental hygiene, that are both key elements of the analysis that will follow in the remaining chapters.

## Chapter Two: Regulating the Mad: Asylums and Psychiatric Hospitals in Shanghai

In contrast to the preceding chapter, which established a textual and linguistic analysis of the understanding of the mind, the mental and mental problems, this chapter will examine these issues through analysis of legislation and institutionalization. While previous scholarship on psychiatric care in Shanghai has focused on the opening of Mercy Hospital in 1935, this chapter will demonstrate that a long-term historical background is necessary to understand this accomplishment.<sup>1</sup> By charting development since 1900 and reflecting upon legal reformation, institutional relief and treatment and negotiations involving diverse authorities, this chapter will argue that the establishment of Mercy Hospital was the result of multilateral reformations in the law, medicine and education as well as the practical need to treat and control the indigent and disruptive insane. The multiple powers engaged in Mercy's construction meant that it was far more than a modern mental hospital. It symbolized the charitable achievement of Lu Bohong. It was the first Chinese modern hospital on a level with PUMC. And it did provide a good alternative for previous inadequate mental wards. Yet, finally, it was also a place for detaining people who broke social and legal rules. In other words, Mercy acted as a stage for various actors and forces.

Analysis in this chapter will mainly be based on the news covered in the most popular newspaper in Republican Shanghai, *Shen bao*, and correspondence from the SMC archives. The former reveals a line of continuous appeals and effort in relation to the care of the mentally ill from Chinese parties, while the latter provides distinctive perspectives on how foreign forces had been afflicted by insane refugees and how this resulted in cooperation with Chinese parties. These two aspects came together to provide the setting for hospitalization in Republican Shanghai.

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<sup>1</sup> Wenji Wang, 'An International Teamwork: Mental Hygiene in Shanghai during the 1930s and 1940s', *History of Psychology*, 3 (2019): 5-8. Baum, 'Spit, Chains, and Hospital Beds', pp.303-307.

This history in Shanghai had parallels with the construction of asylum and quarantine hospitals in other colonial sites in Australia, Indonesia, and Hong Kong in the late nineteenth century and early twentieth century.<sup>2</sup> Before asylums appeared in China, mad people were normally cared for in the household, left wandering on streets or sent to temples.<sup>3</sup> The earliest pseudo-asylum institutions in Suzhou, Canton, and Peking were all constructed by missionaries.<sup>4</sup> Foreigners settling in Chinese cities drew influence from other urban settings. Shanghai was also equipped with mental wards and madhouses in the foreigners' settlements. Reports in newspapers shared information about such development. Shanghai, however, was different from Canton and Peking in terms of the more complicated urban settings. In addition to the influence of missionaries and foreign authorities, Shanghai saw more interference from Chinese individuals and authorities as a result of its special position in the New Cultural Movement and its later status as a model for the Nationalist Government.

The hospital (医院 *yiyuan*) had become a familiar institution in Shanghai city by the early twentieth century, though it was still vaguely defined.<sup>5</sup> Hospitals were a venue in which charity, business, and medical care intersected with one another. Through Chinese history, medical care was associated with charity and social welfare; providing free medical care and drugs had been a significant part of local charity efforts since the Ming-Qing period. A considerable number of benevolent halls led by local elites continued to be active until the 1940s. Shanghai's local elites and entrepreneurs also operated charitable clinics and hospitals. Prior to the emergence of a special hospital for mental disease, these charitable institutions providing shelter or simple treatment for the mad were the main form of institutional care for the insane in Shanghai.

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<sup>2</sup> Anouska Bhattacharyya, 'Indian Insanes: Lunacy in the 'Native' Asylums of Colonial India, 1858-1912' (PhD Thesis, Harvard University, 2013). Catharine Coleborne, 'Families, Patients and Emotions: Asylums for the Insane in Colonial Australia and New Zealand, 1880-1910', *Social History of Medicine*, 3 (2006): 425-442. Harry Minas and Milton Lewis Edit, *Mental Health in Asia and the Pacific: Historical and Cultural Perspectives* (New York: Springer, 2017). Kam-Shing Yip, 'A Historical Review of Mental Health Services In Hong Kong (1841 to 1995)', *International Journal of Social Psychiatry*, 1 (1998): 46-55.

<sup>3</sup> *Shen bao*, 15th April 1914, No.14790, p.7.

<sup>4</sup> Emily Baum, 'Spit, Chains, and Hospital Beds', p.297.

<sup>5</sup> Nakajima, *Body, Society, and Nation*, p.27.

## Problematizing the Mad

The problematizing of the mad in the first two decades of the twentieth-century mirrored the larger process of regulating the mad that originated from Europe. Missionaries approached the care of the mad as an issue of humanitarian relief. Their concern was heightened by the apparent inhumanity of household treatment and the lack of specialist treatment in China. This deficiency was censured many a time as cultural backwardness before the 1930s. The vigorous nationalist movement meant that it was not just foreigners but also Chinese intellectuals and authorities who became engaged in the half-century movement of trying to develop care for the mentally ill.

### 1. Qing Government Efforts on Legislation

The move towards some kind of special treatment in China for the mentally ill can be traced back to the 1890s. This decade saw John Kerr (1824-1901), an American Presbyterian missionary doctor, calling for the establishment of asylum in Canton. It also saw the Qing government making various reforms.<sup>6</sup> This included reform of the penal code to enable juridical management of mad criminals, with implications for their imprisonment and sentencing, as the following analysis will show. This penal reform was influenced by Japanese laws.

This period also saw a growing awareness of developments further afield. The France-stationed translator, Wu Zonglian (吴宗濂), participated in an international conference held in Brussels and reported back to the Ministry of Foreign Affairs in the Qing Dynasty (*zong li ya men* 总理衙门) discussing how to examine and deal with the mad criminals.<sup>7</sup> There were also reports on the use of anthropometry. *Shen bao* suggested that:

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<sup>6</sup> Frank Dikötter, *Crime, Punishment and the Prison in Modern China* (London: Hurst, 2002), p.27.

<sup>7</sup> *Shen bao*, 16th November 1895, No.8110, p.1, 'Lun chuangshe fengrenyuan yi jiu fengren zhi ku' 论创设疯人院以救疯人之苦 (Constructing Asylum to Relieve the Affiliation of the Mad).

All college students majoring in medicine and law should learn these methods. Anthropometry should be implemented not only to examine criminals but also to identify good citizens. In addition to recording the details of each case, records also needed to be kept on the criminals including head shape, appearance, physique, general health and whether their minds were injured or not.<sup>8</sup>

These ideas were not directly taken up by Chinese prisons or penal authorities. However, the penal reformation was officially put onto the agenda by the Qing government.

In 1907, the Minister of Law, Shen Jiaben (沈家本), started to investigate foreign penal codes on imprisonment.<sup>9</sup> He reported on how to house prisoners to avoid the emergence of mental illness and how to house the mentally ill:

Many countries have adopted a separated housing system (*fen fang zhi* 分房制). Because many separated prisoners developed psychosis or other diseases, different countries set different detention lengths for them, which is harmless to prisoners' mental health. The detention length is not important. However, this system is not fit for everyone, such as those who show psychosis symptoms before detention. For those who have been separated, they should be released if abnormal behaviours or illnesses were found.<sup>10</sup>

In Shen's investigation, it was clear that the mentally ill were troublesome for the management of prisons. They needed to be put into mixed custody to avoid incidents and diseases. However, the best approach was to endeavour to stop the mentally ill going into prison even if they were officially sentenced.<sup>11</sup> Instead, they should be detained in psychiatric hospitals (*jing shen bing yuan* 精神病院).

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<sup>8</sup> *Shen bao*, 16th November 1895, No.8110, p.1, 'Lun chuangshe fengrenyuan yi jiu fengren zhi ku' 论创设疯人院以救疯人之苦 (Constructing Asylum to Relieve the Affiliation of the Mad).

<sup>9</sup> *Shen bao*, 12th August 1907, No.12405, p.10, 'Shen Jiaben diaocha riben jianyu qingxing qingdan' 沈家本调查日本监狱情形清单 (The Investigation of Shen Jiaben on Japanese Prisons). *Shen bao*, 14th August 1907, No.12407, p.10, 'Shen Jiaben diaocha riben jianyu qingxing qingdan' 沈家本调查日本监狱情形清单 (The Investigation of Shen Jiaben on Japanese Prisons). *Shen bao*, 11th June 1908, No.12702, p.26, 'Xiuding falv dachen Shen Jiaben da Wang Shurong duji faji wen' 修订法律大臣沈家本答王树荣笃疾发疾问 (The Minister of Law Amendment, Shen Jiaben Answered to Wang Shurong's Serious Illness). Dikötter, *Crime, Punishment and the Prison in Modern China*, p.46.

<sup>10</sup> *Shen bao*, 12th August 1907, No.12405, p.10, 'Shen Jiaben diaocha riben jianyu qingxing qingdan' 沈家本调查日本监狱情形清单 (The Investigation of Shen Jiaben on Japanese Prisons);

<sup>11</sup> *Shen bao*, 7th June 1915, No.15200, p.10, 'Yuguan juque fengzi' 狱官拒却疯子 (A Gaoler Refused the Admission of a Mad).

Indeed, one report on developments in Japan suggested that unless this happened there was a danger that ‘the jail will become hospital’:<sup>12</sup>

In 1909, the new Article Twelve of the Penal Code changed the law so that the mentally ill were no longer to be treated as criminals if they broke the law. They could still be detained, but not in prisons.<sup>13</sup>

However, there was a serious deterioration to the rights of the insane brought about by this new legal recognition. Article Seventy-Three of the code now stipulated that public liability (*gong pan* 公判) stopped due to psychosis or other serious diseases which disabled an individual’s judgment (*tiqi gongsu shixiao tingzhi* 提起公诉时效停止).<sup>14</sup> This opened a new language of ‘the mentally ill’ (*jingshen bing zhe* 精神病者) rather than the mad as a category in various regulations. But it also had implications for what the mentally ill could do. Foreigners with psychosis were now not allowed to rent.<sup>15</sup> The landlord could also cancel the lease at any time if tenants developed mental illnesses.<sup>16</sup> For the Chinese, people with psychosis were now not qualified to serve as publishers, editors, legislators, voters or civil servants.<sup>17</sup>

## 2. Nanking Nationalist Government (1927-1937)

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<sup>12</sup> *Shen bao*, 14th August 1907, No.12407, p.10, ‘Shen Jiaben diaocha riben jianyu qingxing qingdan’ 沈家本调查日本监狱情形清单 (The Investigation of Shen Jiaben on Japanese Prisons).

<sup>13</sup> *Shen bao*, 14th March 1909, No.12968, p.10, ‘Sufu zi xianzheng guan qianzhu xinding xinglv caoan wen xu’ 苏抚咨宪政馆签注新订刑律草案文续 (The Governor of Suzhou Consulted the House of Constitutional Politics for Annotating Newly Amended Draft of Criminal Law, To be Continued).

<sup>14</sup> *Shen bao*, March 25th 1909, No.12979, p.20, ‘Sufu zi xianzheng guan qianzhu xinding xinglv caoan wen xu’ 苏抚咨宪政馆签注新订刑律草案文 (十) 续 (The Governor of Suzhou Consulted the House of Constitutionalism for Annotating Newly Amended Draft of Criminal Law, Part Ten, To be Continued).

<sup>15</sup> *Shen bao*, 30th August 1909, No.13136, p.26, ‘Neicheng xunjing zongting niding gexiang guize xu’ 内城巡警总厅拟定各项规则续 (The Inner-town Patrolmen Headquarter Drew up Provisions, Sequel).

<sup>16</sup> *Shen bao*, 15th June 1910, No.13416, p.26, ‘Zheren gongni shengcheng fangwu zuyu wairen gongyue caoan’ 浙人拟省城房屋租与外人公约草案 (The Draft of Convention on Renting to Foreigners in Hangzhou)

<sup>17</sup> *Shen bao*, 12th October 1910, No.13535, p.26, ‘Xianzheng bianchaguan kaohe minzhengbu xiuzheng baolv tiaowen’ 宪政编查馆考核民政部修正报律条文 (The Compiling House of Constitutionalism Reviewed the Amended Laws on Newspapers by the Ministry of Civil Affairs). *Shen bao*, 16th December 1911, No.13950, p.10, ‘Yuesheng jiyi linshi shenghui caoan’ 粤省集议临时省会草案 (The Draft of Temporary Capital in Canton by the Assembly). *Shen bao*, 29th June 1912, No.14135, p.2, ‘Guohui xuanjufa zhi dajinbu’ 国会选举法之大进步 (Great Processes on the Parliamentary Selection Law). *Shen bao*, 23th August 1919, No.16707, p.7, ‘Wenguan putong kaoshifa zhi neirong’ 文官普通考试法之内容 (The Content of General Examination Law for Civil Officials).

Legal control over the mentally ill that had been a side-effect of the liberal reform of the early twentieth century took on a more extreme form in the nationalist era. The Nanking Nationalist Government adopted stricter control on the mentally ill under the goal of eugenics and national efficiency. The National Doctors Association (*quanguo yishi lianhui* 全国医师联合会) passed a resolution that citizens should receive a health check before marriage. The identified mentally ill had to undergo reproductive sterilization.<sup>18</sup> The mad also became part of criminology study in Soochow University, with law students making trips to asylums as part of their fieldwork.<sup>19</sup> Legally, the mentally ill were deprived of citizenship. People with mental illnesses were not allowed to participate in citizen vow.<sup>20</sup> They were equated with defectors, corrupt officials, people deprived of citizenship, criminals and opium addicts.<sup>21</sup> The restriction was applicable all the way down to the village authorities.<sup>22</sup>

The legislation of madness rendered more lawsuits on the pretext of mental illnesses, especially in homicide and divorce cases. In criminal cases, forensic doctors were endowed the utmost authority.<sup>23</sup> The legislation also had important implications in relation to marital relationships. An increasing number of divorce cases were ascribed to the spouse's mental problems. On the other hand, the judicial process remained keen nevertheless to reconcile marriages where possible through *ren qing* (人情 human empathy).

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<sup>18</sup> *Shen bao*, 5th January 1936, No.22519, p.18, 'Quanguo yishi lianhui zaihan juxing sici dabiaohui' 全国医师联会在汉举行四次代表会 (The Fourth Congress of National Medical Association Held in Wuhan).

<sup>19</sup> *Shen bao*, 21st May 1929, No.20174, p.12, 'Su fengrenyuan kuibao ji' 苏疯人院窥豹记 (Glimpses at the Asylum in Suzhou).

<sup>20</sup> *Shen bao*, 13th August 1936, No.22732, p.10, 'Gongmin dengji xuanshi' 公民登记宣誓 (Swear an oath on Citizenship Registration).

<sup>21</sup> *Shen bao*, 18th August 1936, No.22737, p.12, 'Zuo xuanshi ji gongmin dengji' 昨宣誓暨公民登记 (Swear and Registration on Citizenship Yesterday). *Shen bao*, 5th September 1936, No.22755, p.13, 'Zuo fagao xuanshi minzhong shu' 昨天发告全市民众书 (The Official Notice to Citizens Yesterday).

<sup>22</sup> *Shen bao*, 4th December 1936, No.22844, p.8, 'Qingcha hukou bianzhi baojia' 清查户口编制保甲 (Check on Residents and Laying out Bao and Jia).

<sup>23</sup> *Shen bao*, 19th July 1930, No.20854, p.15, 'Shasi liangming zhi fengfu xuanpan wuzui' 杀死两命之疯妇宣判无罪 (Mad Woman Who Killed Two was acquitted). *Shen bao*, 21st April 1933, No.21560, p.10, 'Xuetu kanshang tongban an' 学徒砍伤同伴案 (Apprentice Chopped His Mates). *Shen bao*, 12th May 1937, No.22993, p.12, 'Sharen anfan que huan jingshenbing' 杀人案犯确患精神病 (The Murderer is Mentally Ill). *Shen bao*, 15th June 1937, No.23026, p.11, 'Songjiang yinhang guiqiean pohuo' 松江银行柜窃案破获 (The Larceny Case in Songjiang Bank was Solved).



In 1931, a man named He Chengze (何承泽), asked for a divorce, because his wife Xu (徐氏) had been mad for two years and there was no hope to grow old together with him. The New Puyutang benevolent hall had not been able to cure Xu's disease. They had been married for more than ten years. Now, He had to rear five children and look after an eighty-four-year-old mother which was difficult without a healthy wife. During the trial, the judge reminded him, 'the new law permitted divorce with the mentally ill, however, the disease should be demonstrated incurable'. What made this case interesting was the judge's advice on He's moral responsibility:

Judge: Since she bore five children for you, you have to think about morality. I suggest you provide her with good treatment, or it will be unacceptable in human empathy.

He: I have invited both Chinese and Western doctors to treat her. I really need a person to look after household affairs.

Judge: how many properties do you have?

He: Ten thousand *yuan*.

Judge: How much do you earn each month?

He: About one hundred.

Judge: So you can definitely afford a good quality of life. You should really reconcile your problems out of the Court.<sup>24</sup>

This case was finally put aside for another session. The dialogue between the judge and He revealed that even though the medical evidence supported a lawful divorce, the judge still tried to persuade He to maintain his marriage and even provide good treatment for his wife because Xu had borne him five children. The contribution Xu made to this family made the divorce unacceptable from a perspective of human empathy. Here, human empathy outweighed the legal provisions even with medical evidence. There was a continuity of emphasizing human empathy in trials. Six years later, in another divorce lawsuit, the judge still tried to persuade the plaintiff to think about humanitarianism,

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<sup>24</sup> *Shen bao*, 18th May 1931, No.20876, p.15, 'Qi huan fengbing fu qingqiu lihun' 妻患疯病夫请求离婚 (Wife became Mad, Husband Requested Divorce).

not abandon his wife and give her good support, because ‘the law should not go against human empathy’ (法不悖乎人情).<sup>25</sup>

The possibility of divorce because of mental illness may have encountered efforts like this by judges to restrict use on grounds of morality. But it could provide opportunities for exploitation and false accusations of mental illness. In the case of Pan Jingwen, for instance, the reason that Jin escorted and confined Pan to psychiatric care was that Pan was sterile and Jin wanted to take a concubine.<sup>26</sup> As this example of divorce legislation, like that on penal reform, indicates, the influence of psychiatry was developing well beyond the provision of asylums, and the forces behind it could be complex.

## **Building Asylums: Policing, Philanthropy, and Treatment**

Having established that the move towards asylums sat within a broader process of interest in mental illness and related legislative reform, the chapter now turns to asylums. Again, one of the aims is to show that reform in this area had more diverse and longer-term roots than often suggested. In particular, it reflected the broader move towards regulation of behaviour and was closely connected to the development of municipal administration and to concerns about the problems caused by the mad in urban settings. In the Republican era, the regulation of madness mainly emerged from two concerns: sheltering the wandering and homeless and detaining criminals.

### **1. Policing and Xin Puyutang**

One of the early asylums in Shanghai was the Xin Puyutang (New Puyutang). It was rebuilt from an earlier almshouse Puyutang (普育堂 Universal Breeding Charity). The original had been built

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<sup>25</sup> *Shen bao*, 13th January 1937, No.20881, p.15, ‘Qi huan chibing, fu su lihun’ 妻患痴病夫诉离婚 (Wife became Idiot, Husband Appealed to Divorce).

<sup>26</sup> *Shen bao*, 24th March 1936, No.22592, p.11, ‘Hanren Jin Youshan qiangsong qizi ru fengrenyuan’ 韩人金右山强送妻子入疯人院 (Korean Jin Youshan Forced His Wife to Asylum).

and funded by local government in 1867 for refugees who came to Shanghai in the suppression of the Taiping Heavenly Kingdom.<sup>27</sup> It mainly provided for the disabled, the elderly and children. After entering the Republic era in 1911, philanthropists combined together as the Shanghai Charity Association (上海慈善团, SCA) seeking new charity models. Considering the maladministration and funding shortage in Puyutang, the SCA decided to build a new institution. This is why Xin Puyutang was constructed in 1913.<sup>28</sup>

Xin Puyutang was different from previous charities. The biggest difference was that it was run as a missionary institution. The sheltered would be persuaded to accept baptism.<sup>29</sup> It combined the traditional model with new needs, such as employing the nuns as nurses. It reflected the progressive and humanitarian values of the new Municipal Council.<sup>30</sup> Different from traditional Chinese almshouses which only provided shelter and feeding, it tried to train inmates to develop work skills.<sup>31</sup> It was administrated by an independent board of directors, even though it received governmental appropriations.

A key character in this process was Lu Bohong (陆伯鸿), a rising star in business and an enthusiastic Catholic preacher in Shanghai. He initiated seven charitable institutions and five primary schools in Shanghai and Peking.<sup>32</sup> Lu's emergence as a representative of Catholic philanthropy was the result of the anti-foreign movement when many missionary branches replaced foreign leaders with

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<sup>27</sup> More about charities in Qing China see Angela Ki Che Leung, *Charity and Moral Transformation: Philanthropic Organizations of the Ming and Qing periods* (Taipei: Linking Publishers, 1997).

<sup>28</sup> *Shen bao*, 7th August 1912, No.14174, p.7, 'Cishan shiye zhi jinbu' 慈善事业之进步 (The Progresses of Charity).

<sup>29</sup> He Kongjiao 何孔蛟, 'Cong Xin Puyutang Kan Cishan Zuzhi yu Zhengfu Jigou Jian de Hudong, 1912-1937' 从新普育堂看慈善组织与政府机构间的互动, 1912-1937 (The Interaction between Charity and Government: New Puyutang), *Zhongguo Kuangye Daxue Xuebao Shehui Kexue Ban* 中国矿业大学学报 (社会科学版) (Journal of China University of Mining and Technology, Social Science Edition), 3 (2007): 112.

<sup>30</sup> *Shen bao*, 1st May 1913, No.14450, p.7, 'Yijian jiang canji qigai jusong xin puyutang yizhi yi zhong rendao an' 一件将残疾乞丐拘送新普育堂医治以重人道案 (Escorting Disabled Beggars to New Puyutang for Humanitarianism Care). *Shen bao*, 12th July 1913, No.14522, p.10, 'Shouliu canfei qigai' 收留残废乞丐 (Sheltering Disabled Beggars).

<sup>31</sup> *Shen bao*, 17th May 1913, No.14466, p.10, 'Chengnei' 城内 (Inner Town). *Shen bao*, 3rd October 1913, No.14605, p.10, 'Nvfan bingbi' 女犯病毙 (Female Criminal Died of Illnesses). *Shen bao*, 27th October 1913, No.14628, p.10, 'Yingong shoushang zhi xunshi' 因公受伤之巡士 (Patrolman Injured in in Mission).

<sup>32</sup> *Shanghai Gazetteer*, Religions, Catholic, 'Lu Bohong', <http://www.shtong.gov.cn/Newsite/node2/node2245/node75195/node75207/node75222/node75230/userobject1ai90238.html>

Chinese. He thus became one of the first five Chinese members of the Board of the Committee in the French Concession in 1927.<sup>33</sup> He was the founder and main funder of the asylum in Xin Puyutang and the later Mercy Hospital for Nervous Diseases.

Xin Puyutang provided extensive shelter. There were altogether two hundred rooms.<sup>34</sup> It housed 1,100 in 1915, which rose to 2,000 in 1934. Even after 1937 when Lu was stabbed to death and the funding decreased, it still housed about 1,000.<sup>35</sup> In addition to being a poorhouse, Xin Puyutang acted to extend the reach municipal regulation of behaviour. Soon after Xin Puyutang was inaugurated, the Shanghai Municipal Council (*Shanghai shi yihui* 上海市议会) reached a resolution that all patrolmen police who took charge of patrolling on streets should escort vagrants, the disabled beggars, the trafficked and the lawbreakers for treatment or a temporary stay.<sup>36</sup> This place could be benevolence hall like Xin Puyutang or other charity, or privately run institutions, where the municipality provided subsidies.<sup>37</sup> The homeless would stay unless their home could be traced. The latter would be sent back in two months.<sup>38</sup> There was also a criminal room.<sup>39</sup> It was mainly for ill criminals under detention and

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<sup>33</sup> Zhang Zhongli 张仲礼, *Jindai Shanghai chengshi yanjiu* 近代上海城市研究 (Research in Modern Urban Shanghai) (Shanghai: Culture and Art Publishing House, 2008).

<sup>34</sup> *Shen bao*, 7th August 1912, No.14174, p.7, 'Cishan shiye zhi jinbu' 慈善事业之进步 (The Progresses of Charity).

<sup>35</sup> He, 'The Interaction between Charity and Government'.

<sup>36</sup> *Shen bao*, 1st May 1913, No.14450, p.7, 'Escorting Disabled Beggars to New Puyutang for Humanitarianism Care'. *Shen bao*, 14th November 1913, No.14646, p.10, 'Fengzi bingbi' 疯子病毙 (A Mad Died of Illnesses). Shanghai General Annuals, Volume 5: Government, <http://www.shtong.gov.cn/Newsite/node2/node2247/node4565/index.html>

<sup>37</sup> A number of private institutions also existed in the Republican era. The police could sent mad people to these places, for instance the China Madness Hospital (*Zhongguo fengbing yiyuan* 中国疯病医院, 1911-1934) and Shanghai Madness Special Hospital (*Shanghai fengdian zhuanmen yiyuan* 上海疯癫专门医院, 1933-1936). They both had a reputation in the press for success in curing and discharging patients. They were characterized by the persistence of diverse treatments. It was often reported in *Shen bao* that a miraculous doctor at one of these institutions was capable of treating madness rapidly with secret prescriptions handed down for generations. It could be elixir, acupuncture or curing on hand (*Shouzhen* 手诊). Relevant research and information could be found from Wenji Wang and Shiyong Liu (eds), *A history of healing in East Asia: Colorism, gender and modernity* (Taipei: Linking Publishing Company, 2017), p.81. *Shen bao*, 29th June 1928, No.19858, p.24, 'Yiyao xun' 医药讯 (Medicine News). *Shen bao*, 23rd November 1932, No.21420, p.16, 'Shi sheng' 市声 (News of the City). *Shen bao*, 22nd November 1938, No.23251, p.11, 'Yiyao congxun' 医药丛讯 (Medicine News). *Shen bao*, 14th February 1941, No.24042, p.4, 'Jiacang fengren qiyao' 家藏疯人奇药 (Private Wonder Medicine for Mad People). *Shanghai Gazetteers*, Volume 31, Chapter 5, Part 3, 'Prevention of Special Disease', <http://www.shtong.gov.cn/Newsite/node2/node4/node2249/node4418/node20226/node24878/node62966/userobject1ai11325.html>

<sup>38</sup> *Shen bao*, 15th September 1913, No.14587, p.10, 'Wujia kegui zhe zhuyi' 无家可归者注意 (Notice for the Homeless).

<sup>39</sup> He, 'The Interaction between Charity and Government'.

the mad who caused public troubles or broke laws. After Yuan Shikai (袁世凯), a Chinese military and government official who rose to power during the late Qing dynasty, cancelled local autonomy after he reinstated the monarchy in 1915, Xin Puyutang generally became privately run. Nonetheless, cooperation with local police continued.

What made Xin Puyutang outstanding was the creation of an asylum. In March 1914, a madhouse of fifty rooms was reported to be constructed alongside Xin Puyutang, specifically for treating and housing the mad. Rooms were enclosed with fashionable cement walls.<sup>40</sup> From late 1914 on, many more reports about treating madness in Xin Puyutang appeared in *Shen bao*, the most popular newspaper in Shanghai. By 1928, Xin Puyutang was well known for the special treatment of madness.<sup>41</sup> In the context of the Nanjing Nationalist Government's advocacy and emphasis on mental health, coverage about treating mad people gained increasing attention in *Shen bao*. However, this also meant that awareness increased and more cases of mental illness were recognized. Fifty beds could not meet their needs anymore. A larger organization was thus in need and this need partly resulted in the later emergence of Mercy Hospital in 1936, which set up three hundred beds. By then, many more patients were sent there.

In their work of escorting, patrolmen developed their own identification criteria. According to the symptoms, the mad were generally divided into two categories. One was having *shen jing bing* (神经病 nervous diseases), which tended to involve mildly abnormal behaviour and had no violent tendency. This term was similar to the Chinese expression of *wen chi* (文痴 mild idiot, which usually manifested as allophasia and abnormally behaving). The neurotics would usually be released given that their behaviours tended to be harmless, like wandering on the street weirdly, being lost or refusing to pay bus tickets.<sup>42</sup> The other was being made or having *jing shen bing* (精神病 mental diseases), which

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<sup>40</sup> *Shen bao*, 18th March 1914, No.14762, p.10, 'Xin Puyutang tianjian fengrenyuan' 新普育堂添建疯人院 (A New Asylum Established in New Puyutang).

<sup>41</sup> *Shen bao*, 12th November 1928, No.19993, p.16, 'Fengnv Zhang Guixiang zhuan song Puyutang' 疯女张桂香转送普育堂 (Mad Women Zhang Guixiang was sent to New Puyutang).

<sup>42</sup> *Shen bao*, 30th September 1914, No.14958, p.10, 'Furen si huan shenjingbing' 疯女似患神经病 (Mad Woman seemed to get Nervous Diseases). *Shen bao*, 22nd October 1915, No.15337, p.10, 'Dijie fengren zhi zhoushe' 递解疯人之周折 (Troubles in Escorting Mad People).

manifested as severely violent behaviour and was similar to what the Chinese called *wu chi* (武痴 violent idiot).<sup>43</sup> The mad would be released with relatives' claims or sent to Xin Puyutang asylum. Patrolmen themselves could make judgments.

Most reported cases were the mad who became involved in criminal acts, causing disturbances or committing crimes like homicide, arson, suicide, or destruction to property. Reported cases also involved detained criminals who developed madness in custody. Meeting such cases, patrolmen would initially arrest them. In the interrogation, the prosecutor would judge if there is a need for medical checks according to their behaviour. If the cases were taken to the Mixed Court, diagnoses were normally made by Western doctors, while the final judgment would be jointly recognized by Chinese and Western physicians on the court.<sup>44</sup> With a certification of being mentally ill, the mad would be sent to Xin Puyutang for treatment.

## 2. Problems Within the Walls of the Asylum

Treatment in the early asylums was far from satisfactory. Every institution for the mad had been reported for incidents of abuse on the patients. This included reports of suspicious deaths.<sup>45</sup> In part, deaths in the asylum were simply a result of the fact that many of its residents were seriously sick. On the other hand, this result could also be attributed to bad living conditions and the shortage of doctors. In 1932, because several people died every day in Xin Puyutang, the Shanghai Public Security sent a Commissioner to investigate. He found that there were only three voluntary visiting doctors in charge of more than 1,800 patients and that patients were sleeping on damp concrete floors, three people to a

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<sup>43</sup> *Shen bao*, 13rd April 1930, No.20479, p.15, 'Fengnv song fengrenyuan' 疯女送疯人院 (Mad Woman was sent to Asylum).

<sup>44</sup> *Shen bao*, 6th May 1914, No.14811, p.10, 'Yafan si huanyou shenjingbing' 押犯似有神经病 (A Detained seemed to Get Neuro Diseases). *Shen bao*, 29th July 1919, No.16682, p.11, 'Fengren hansong qiliusuo' 疯人函送栖流所 (Mad People were sent to Refugees' Shelter).

<sup>45</sup> *Shen bao*, 11th July 1914, No.14877, p.11, 'Fengbing yizhi wuxiao' 疯病医治无效 (Cureless Mad Diseases). *Shen bao*, 28th February 1914, No.14744, p.10, 'Daofan fabing biming' 盗犯发病毙命 (Thief Died of Illnesses). *Shen bao*, 14th November 1913, No.14646, p.10, 'Fengzi bingbi' 疯子病毙 (A Mad Died of Illnesses). *Shen bao*, 20th July 1914, No.14886, p.10, 'Zuifan bingbi' 罪犯病毙 (Criminals Died of Illnesses). *Shen bao*, 15th August 1914, No.14912, p.10, 'Jianfan bingbi' 监犯病毙 (A Detained Died of Illnesses).

narrow single room.<sup>46</sup> When inmates died, the Prosecutors Office would send a prosecutor to check that the patient had really died of illness rather than any malicious incident. Afterwards, the Office would ask families or the charity to coffin the dead.<sup>47</sup>

Segregation and stricter custody could be required in response to severe incidents of regulatory negligence. In 1930, there was a case of a woman, Jiang Xu Shi (蒋徐氏), who had been cured in the asylum and moved to female wards, but then had a sudden onset of madness and killed two nurses with a kitchen knife. After the debate, the Court acquitted the woman and sent her back to the asylum. The Court reasoned that this woman used to be mad and had again lost her mind. Being aware of this history, it was the hospital that was careless in its precautions. The Bureau of Social Affairs ordered the asylum and other institutions sheltering the mad, to institute a regime of segregation and keep a close watch on all patients.<sup>48</sup>

Another case indicates that the asylum could be used in an abusive way to enforce the subjugation of women. Pan Jingwen (潘景文), the wife of Jin Youshan (金右山), was tied up by her husband and escorted to the Shanghai Madness Special Hospital (上海疯癫专门医院 1933-1936) even though she was not mentally ill. In the hospital:

Pan was forced to sit on the chair in the yard, with hands and feet bounden. She was also forced to take medicine and watered with cold water. After her clothes were stripped off, she was locked in a small room upstairs.<sup>49</sup>

As soon as Pan was locked up, Jin paid her board expenses for one month intending long-term confinement. During her stay in the hospital, Pan was also beaten and whipped to cuts and bruises. It

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<sup>46</sup> He, 'The Interaction between Charity and Government'.

<sup>47</sup> *Shen bao*, 14th November 1913, No.14646, p.10, 'Fengzi bingbi' 疯子病毙 (A Mad Died of Illnesses). *Shen bao*, 28th February 1914, No.14744, p.10, 'Daofan fabing biming' 盗犯发病毙命 (Thief Died of Illnesses).

<sup>48</sup> *Shen bao*, 19th July 1930, No.20854, p.15, 'Shasi liangming zhi fengfu xuanpan wuzui' 杀死两命之疯妇宣判无罪 (Mad Woman Who Killed Two was acquitted). *Shen bao*, 12th June 1930, No.20547, p.15, 'Fengfu jiu bing tufa cansi erming' 疯妇旧病突发惨死二命 (Mad Women Killed Two People).

<sup>49</sup> *Shen bao*, 24th March 1936, No.22592, p.11, 'Hanren Jin Youshan qiangsong qizi ru fengrenyuan' 韩人金右山强送妻子入疯人院 (Korean Jin Youshan Forced His Wife to Asylum).

was a maid, Niu Wang Shi (牛王氏), in Jin's home who informed Pan's sister. The sister managed to visit Pan after many refusals.

This case led to an investigation into the hospital. According to the police, its equipment was substandard in many aspects. The hospital and the accused doctor Chu Jijun (储济君) had not registered with the Public Health Department. According to SMC's regulations, all people sent to asylums should firstly be examined and certified by two doctors. Again this regulation had been broken. The investigating doctor found that:

There were twenty patients. When the police went to investigate, eight of them were said to be cured and discharged. The majority of those left are women, while one man and three women show no mental problems. However, the doctors and nurses are all men.<sup>50</sup>

The unbalanced percentage of male and female patients and the fact that the majority of staff, by contrast, were men was also recognized as a problem.

Finally, the Court questioned the prescription given by doctor Chu. This prescription was sent to the Shanghai Chinese Medicine Hospital (上海国医馆) for evaluation. It was pointed out *xiang huo shang cheng* (相火上承 the fire from liver and kidney comes up) could not lead to confirmed diagnosis of mental illnesses. And after a period of observation, Pan was judged as having no mental illnesses by the forensic doctor. Workers in Jin's company, who had often met Pan, were interviewed as corroboration that Pan had no previous signs of mental illness. As this case indicates, when psychiatric and traditional Chinese medicine judgment conflicted with each other, people turned to daily observation as the third form of evidence and the key one to judge Pan's mental health.

## Calling for Psychiatric Hospitals

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<sup>50</sup> *Shen bao*, 24th March 1936, No.22592, p.11, 'Korean Jin Youshan Forced His Wife to Asylum'.



## 1. Greater Shanghai Hygiene Plan

The Nanjing Nationalist Government saw asylums as a necessary part of the modern city. In 1930, the Government planned to build a psychiatric hospital in Nanjing, the capital city of the day.<sup>51</sup> The media also added to this pressure to modernize, reporting regularly on the rising number of mentally ill and the insufficiency of hospital beds.<sup>52</sup> The action was regarded as a symbol of progressiveness. Indeed, the rising number of mentally ill was seen as a sign of social progress. As *Shen bao* reported:

*Feng chi* (疯痴 madness and idiot, both Chinese names for mental problems) is a civilizational disease.

The more progressive the society, the more often seen this disease. Shanghai is the leading commercial city in China, thus, this disease is seen consequentially.<sup>53</sup>

On the other hand, the same article also went on to suggest that the high rates were related to the Shanghai climate.

When the Nanking Nationalist Government established itself in 1927, Shanghai was given unprecedented importance. Chiang Kai-shek established the Shanghai Special City Government (*Shanghai tebie shi zhengfu* 上海特别市政府) expecting large-scale redevelopment, including higher standards of hygiene. In the Greater Shanghai Plan, Shanghai was pictured as an international metropolis compared to Paris. Besides, the new Chinese urban construction was also compared with the International and French Concessions. The existing small scale asylums were no longer deemed commensurate to Shanghai's new position. Equally, the Concessional constructions could also not represent Chinese standards. Thus, the Greater Shanghai Hygiene Plan was drawn up to include a new municipal psychiatric hospital.<sup>54</sup>

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<sup>51</sup> *Shen bao*, 14th April 1930, No.20490, p.4, 'Jingshi choushe fengrenyuan' 京市筹设疯人院 (An Asylum was established in Peking). *Shen bao*, 17th April 1931, No.20846, p.5, 'Jingshifu nische fengrenyuan' 京市府拟设疯人院 (An Asylum is under plan in Peking).

<sup>52</sup> *Shen bao*, 19th March 1931, No.20817, p.7, 'Pingshi jingshenbingzhe jizeng' 平市精神病患者激增 (Mental Patients is Soaring in Peking). *Shen bao*, 12nd June 1934, No.20963, p.10, 'Benbu fengren xuzeng buyi' 本埠疯人续增不已 (Mental Patients Increased).

<sup>53</sup> *Shen bao*, 12nd June 1934, No.20963, p.10, 'Benbu fengren xuzeng buyi' 本埠疯人续增不已 (Mental Patients Increased).

<sup>54</sup> *Shen bao*, 12nd April 1928, No.19781, p.19, 'Dashanghai weisheng sheji yijianshu' 大上海卫生设计意见书 (Opinion for the Greater Shanghai Plan).

The plan was drafted by the Health Secretary of Shanghai Special City Government Hu Hongji (胡鸿基) in 1928.<sup>55</sup> Hu regarded the existing asylums, similar to traditional Chinese treatments, as inhumane. The Psychiatric Hospital would be used to provide a quiet environment for patients to rest and recover (*xiu yang* 修养) and medical treatments would contribute to curing mental damage. This hospital was expected to be built in the broad East Huang Pu River area which was far away from the city centre. It should cover an area of 67 hectares and be equipped with five hundred beds. In a word, the scale should be large. However, even when the Greater Shanghai Plan came out in 1931, the Nationalist Government could not complete constructing it independently due to the economic crisis. The psychiatric hospital was not implemented until 1935.<sup>56</sup> It was Lu Bohong, who made the vision come true, with the Shanghai Municipal government only taking responsibility for paying for Chinese indigents.

The various problems existing in Xin Puyutang and the increasing cases of mental illness drove Lu to build a special hospital for the mentally ill. However, his early efforts for funding had been rejected, as many people thought his goal was set too high.<sup>57</sup> He got support from Yan Fuqing, the founder of National Shanghai Medical School. From 1932 on, Yan had been planning to build a small hospital for mental patients and psychiatric research. Yan introduced the neuropsychiatrist Fanny Halpern to be the medical director of Mercy.

## 2. Regulative Needs from the Concessions

Lu's plan also met the needs of the International Concession. Since the start of the century, the SMC had been dealing with mentally ill immigrants reluctantly. There was a Mental Ward in Victoria Nursing Home of 15 beds. The Hospital of the Russian Orthodox Confraternity for Chronic Mental

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<sup>55</sup> For how Hu engaged in public health development, see John R. Watt, *Saving Lives in Wartime China: How Medical Reformers Built Modern Healthcare Systems Amid War and Epidemics, 1928-1945* (Leiden: Brill, 2013), p.38, p.52. For how Hu associated with the SMC, see Jackson, *Shaping Modern Shanghai*, pp.195-198.

<sup>56</sup> Christian Henriot, *Shanghai, 1927-1937: Municipal Power, Locality, and Modernization* (Berkeley: University of California Press, 1993).

<sup>57</sup> U1-16-590, p.10.

Diseases in the International Concession also provided a service for paying patients. In 1907, the Council signed an Agreement with Consular bodies on contemporary provision and repatriation for destitute foreign mental patients.<sup>58</sup> Generally speaking, the Council was unwilling to take any responsibility for destitute patients. The Council selectively tended to dispose of cases who posed risk to the community and were sent by the Police or the Court. Consular bodies were urged to repatriate as many patients as possible if their nationality could be confirmed. Patients could be temporarily accommodated in the above institutions for at most sixty days. As ‘in western countries, the cost of maintenance of mental cases invariably falls upon the state’, the consulate would be in the position of paying for them.<sup>59</sup> For those whose nationality could not be identified, the Council would pay for their provision fees in the Mental Ward.

It was reported that SMC had tried to build an asylum in 1911 but encountered strong objection from local authorities. The key character in this story was Guan Jiongzhi (关綱之), a Chinese juryman who had worked in the Mixed Court (*Shanghai huishen gongxie* 上海会审公廨) for many years in the early twentieth century. The Mixed Court had been the joint judicial organ in the International Concessions conducted by foreign officers specifically toward Chinese. Guan became well-known for leading a rebellion against the unfair trial of the court which triggered a famous patriotic revolt and strikes against the British officials (*Danao huishen gongxie* 大闹会审公廨案) in 1905.<sup>60</sup>

Around 1911, the Shanghai Municipal Council proposed to rebuild a run-down juryman residence as an asylum. The main figure on the jury, Guan Jiongzhi, refused, arguing that ‘because the new-founded Republic (in 1911) is facing heavy fiscal difficulties, it cannot afford this construction’.<sup>61</sup> SMC replied to say that it would pay for this. But Guan believed that ‘SMC construction will lead to Chinese losing sovereignty. Besides, there must be more troubles in the future’. After several negotiations, this plan was shelved. By 1913, when the warfare near Shanghai, SMC brought up this

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<sup>58</sup> U1-3-814, ‘Mental Ward (of the Victoria Nursing Home): Indigent Patients, 1926-1932’, p.217.

<sup>59</sup> U1-3-814, pp.217-233.

<sup>60</sup> Thomas B. Stephens, *Order and Discipline in China: The Shanghai Mixed Court 1911-1927* (Seattle: University of Washington Press, 2017), p.49.

<sup>61</sup> *Shen bao*, 11th October 1913, No.14612, p.10, ‘Xieyuan zhuzhai zhi jiaosheI’ 廨员住宅之交涉 (Negotiations on Juryman Residence).

proposal again. A negotiator Zhang evaded by saying that because ‘the Court should be returned (to the new Chinese government)’, this issue would not be able to process until ‘the official president (of the new Republic) has been selected’. This building was finally torn down in autumn 1913. The negotiator still strived to stop the SMC by proposing to reconstruct the building as offices which would be useful once the Court was returned to the Chinese.<sup>62</sup> Finally, Guan and the Ministry of Foreign Affairs agreed to rebuild the structure to accommodate an increasing number of female criminals in more hygienic conditions. Several days later, it was reported that Lu Bohong was to raise money to build a hospital for the mad beside the Xin Puyutang.<sup>63</sup> Possibly due to this reason, the Council kept being unanimously opposed to erecting and maintaining a lunatic asylum for chronic lunatics, as seen in archives of SMC interior correspondings.<sup>64</sup>

By 1926, due to the increase of long-stay chronic cases and the rapid growth of Russian indigents, these wards in the Concession faced the urgent problem of discharge or expansion.<sup>65</sup> Advice resurfaced to build a big asylum, but again this was rejected. The grounds for rejection were set out clearly and are revealing. Cost loomed largely, but this ran alongside and interrelated with thinking about progressive and modern methods:

The costs not only for building but also for maintenance would be very considerable. Besides that, after erecting the asylum the Municipal Council would have to take the responsibility for all insane in the Settlement and that might lead to the intentional immigration of such people from all parts... Such an institution would also not be in conformity with the contemporary view of treating mental cases. Nowadays it is generally admitted that hospitals and asylums should detain only acute cases; all cases who have a tendency to become chronic, and also acute cases of some lengthy duration, must be discharged as soon as possible and taken care of in their own families or in case of impossibility in

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<sup>62</sup> *Shen bao*, 5th March 1914, No.14749, p.10, ‘Gongxie bangongshi gaijian nvyasuo’公廨办公室改建女押所 (Juryman Office rebuilt to Female Gaol).

<sup>63</sup> *Shen bao*, 18th March 1914, No.14762, p.10, ‘Xin puyutang tianjian fengrenyuan’新普育堂添建疯人院 (An Asylum was built in New Puyutang).

<sup>64</sup> U1-3-814, p.213.

<sup>65</sup> U1-3-3902, p.2. U1-3-813, p.70.

convalescent homes where the patient can enjoy all the convenience of home life; that prevents the chronic cases to get antisocial and helps the acute and curable cases to recover.<sup>66</sup>

In summary, there was a history of limited provision for the mentally ill in Shanghai's International Concessions area, and pressure to extend this increased with growing awareness of its inadequacy as well as the inflow of indigents. But the SMC had been trying to avoid taking these responsibilities and trying to urge consuls to repatriate as many mental patients as possible. The pressure to erect a new mental hospital increased in October 1929, when the prevention from indigents flew in became in effect.<sup>67</sup> The Russian Emigrants Committee & Relief Association proposed to build an annexe to the previous Mental Hospital, which was rejected by the Committee of the Russian Orthodox Confraternity (CROC) worrying that sheltering many mentally deranged could cause uncontrollable risks to the Russian community nearby. The CROC changed the above scheme to two discrete hospitals: a hospital for chronic cases and a ward for acute cases. The planned hospital was also to provide for Chinese patients, reflecting the entry of Chinese indigents into the International Concession.<sup>68</sup> This plan had never been put into practice. The establishment of Mercy Hospital worked as an alternation, which received funds from SMC and FMA and signed to accept 'patients' from these two Concessions.

### **Shanghai Mercy Hospital for Nervous Diseases: An Arena for Powers**

This project of developing Mercy Hospital depended on a range of different parties including local government and gentries, missionaries and settlement authorities, medical practitioners and policing forces. Medical practitioners were also involved in conducting medical education and clinical work. Mercy Hospital became a stage for actors, authorities and primarily powers in a changing Shanghai to exert influence and make a mark. These figures and activities were significant not in producing influentially medical outputs, but in the complex course of representation, mediation, compromises, and cooperation from which regulation and constriction were agreed. The symbolic

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<sup>66</sup> U1-3-813, p.70.

<sup>67</sup> U1-3-3902, p.2-11.

<sup>68</sup> U1-3-3902, p.2.

meaning of this project as a model of modernity, internationality and medical professionalization outweighed the clinical outcomes.

## 1. Mercy Hospital

Mercy Hospital opened on 29th May 1935. It was reported as the only hospital in Shanghai and the biggest in China specifically for the insane. The grand press conference with more than three hundred visitors pictured it as an extremely important piece of municipal engineering. The name ‘Hospital for Nervous Diseases’, rather than ‘asylum’ was specially designed to dispel the misgiving of normal people who thought it disgraceful to have family members in asylums.<sup>69</sup> The construction expenditure was five hundred thousand yuan. SMC and the City Government of Greater Shanghai each contributed one hundred thousand while FMA provided fifty thousand. The other half was from Lu and his connections in church and among the Chinese gentry.<sup>70</sup>

Mercy was built as a model hospital in terms of dimension, personnel, and equipment.<sup>71</sup> It covered ten hectares of land and could accommodate six hundred patients. It was situated in Bei Qiao (北桥), Shanghai, which was far from the city centre with a secluded environment for recuperation. This location conformed to the asylum site in Europe.<sup>72</sup> The design and decoration all followed the standard of big sanatoria in Austria.<sup>73</sup> Departments for physiotherapy, hydrotherapy, occupation therapy were set and served as a teaching hospital for the National Medical College of Shanghai.<sup>74</sup>

The Mercy proudly proclaimed its ambition to meet all the ‘latest demands’. This meant, not just new equipment, but also a new approach to nursing and ward-management which was very different

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<sup>69</sup> *Shen bao*, 5th August 1946, No.24594, p.8, ‘Jingshenbing yuan neimu’ 精神病院内幕 (Inside the Asylum).

<sup>70</sup> ‘Shanghai puci liaoyangyuan kaimu’ 上海普慈疗养院开幕 (Shanghai Mercy Hospital Inaugurated), *Zhonghua yixue zazhi* 中华医学杂志 (Chinese Medical Journal), 7 (1935): 821-822.

<sup>71</sup> *Shen bao*, 10th April 1935, No.22255, p.13, ‘Lu Bohong chuangshe mofan fengrenyuan quanbu jungong’ 陆伯鸿创设模范疯人院全部竣工 (The Model Asylum Initiated by Lu Bohong was Completed).

<sup>72</sup> *Shen bao*, 22nd June 1935, No.22326, p.10, ‘Puci liaoyangyuan dingqi kaimu’ 普慈疗养院定期开幕 (Mercy Hospital is opened on time). *Shen bao*, 30th June 1935, No.22334, p.14, ‘Puci liaoyangyuan zuo kaimu’ 普慈疗养院昨开幕 (Mercy Hospital Opened Yesterday). F-58-4-3-0-3, p.134-138.

<sup>73</sup> U1-16-590, p.12. *China Press*, 3rd July 1935.

<sup>74</sup> F-58-4-3-0-3, p.134.

from a traditional Chinese hospital. The grading of wards reflected practice in concessional hospitals for paying patients and aimed to satisfy the special needs of foreign patients. Likewise, the medical director and psychiatrist-in-charge was a foreigner, the Austrian Fanny Gisela Halpern, an experienced psychiatrist from the world-known neuropsychiatric research centre, the University of Vienna.<sup>75</sup> The foreign influence was evidenced by the Catholic space with two convents and a church.<sup>76</sup> Non-Catholic patients would be baptized after death.<sup>77</sup> The male patients were cared for by ‘Brothers of Charity from Trier trained in Germany and Switzerland’, and the female patients were in the hands of the Foreign Mission Sisters of St. Dominic from Mary Knoll, New York, with the support of Chinese nurses.

The foundation of Mercy Hospital was justified by a series of reports explaining the necessity of treating the insane. The emphasis was on a modern, professional, and humanitarian approach to care. Significantly, the institution was founded on the ethos that the problem of mental illness transcended racial difference. As an article in *China Press* put in in 1935:

The causes of nervous breakdown here and in Europe are similar. It must be stressed that nervous breakdown is not insanity. Our treatment here is the same as it was in Vienna, it seems evident that there is no difference between the European and the Oriental Minds.<sup>78</sup>

Thus, there was no reason why European models should not be extended to China. According to Halpern’s experiences in Vienna, ‘most of the mental disorders can be cured’ and sufferers could be returned to society once again through occupational therapy. The key was to put mental health care on a scientific basis. For this reason, there was an urgent need for laboratories and clinics. The transfer from asylums to ‘real hospitals’ became imperative to implementing the physical psychological and pedagogical methods of treatment.

Scholarship dealing with Mercy Hospital has been confined to the story and information set out above. However, far from being an example of ideal Sino-foreign cooperation, Mercy Hospital

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<sup>75</sup> F-58-4-3-0-3, p.134-138.

<sup>76</sup> Ibid.

<sup>77</sup> *Shen bao*, 22nd June 1935, No.22326, p.10, ‘Mercy Hospital is opened on Time’. *Shen bao*, 30th June 1935, No.22334, p.14, ‘Puci liaoyangyuan zuo kaimu’ 普慈疗养院昨开幕 (Mercy Hospital Opened Yesterday).

<sup>78</sup> U1-16-590, p.12. *China Press*, 3rd July 1935.

experienced continual disagreements over personnel, treatment, and finances. This began during construction and continued afterwards in the management of the hospital. Mercy Hospital was, in fact, a quadripartite-controlled organization. The partners were the SMC; the FMA and the founder Lu Bohong, who represented the Shanghai Catholic Action Society (公教进行会); the Shanghai Municipal Government and the Chinese gentries.<sup>79</sup> Each of these actors harboured different intentions, and this led to disagreements. Particular tension arose from the SMC's desire of taking control of the management.

## 2. Negotiations for Management Control from SMC and FMA

The correspondence files offer a vivid picture of dissatisfaction and manipulation by SMC. The Council's policy had been focused on restricting their responsibility to foreign acute cases, reducing chronic cases in the wards and clearing Chinese troublemakers in the foreign settlement. For such reasons, it was decided to make full use of the new Mercy Hospital and leave chronic indigents to private benevolence.<sup>80</sup> To achieve this aim, the Council had been working on taking control of management and looking for legal support for detaining, treating and paying for the dangerous mentally ill, especially the Chinese. The Council thus tried hard to involve the Shanghai Municipal Government to provide financial support.

In contrast to Chinese actors, who saw Mercy Hospital more as a symbol of progressive social engineering and benevolence, the SMC saw it in more pragmatic terms from the start. Crucially, for SMC, the Mercy Hospital could play a key role in alleviating the menace to the International Settlements and providing for chronic mental patients who could not be repatriated.<sup>81</sup>

An investigation into finances was made in advance of the opening by both administrative and medical officers from SMC. The cost of complementing a decent hospital was estimated. Similarly, the possibility of sending foreign patients to Mercy and whether they could be well treated were also taken

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<sup>79</sup> Lu was one of the earliest two Chinese members in the Committee of French Municipal Administration.

<sup>80</sup> U1-16-592, p.103.

<sup>81</sup> U38-5-1158, 'J. H. Jordan wrote Letter to Dr. Rabaute (Service D'Hygiene, French Municipal Administration, 630 Rue Amiral Byale)', 23rd March 1936.



into account.<sup>82</sup> Providing foreign food was stressed as an important indicator of whether Mercy was a proper place for foreign patients. In a letter to the Secretary, the Commissioner of Public Health, J. H. Jordan, wrote:

I noticed that the Russian patient sent in by the French Municipal Council was being given rice of a type given to Chinese patients. It is to be feared that unless some slight differentiation is made between races the Mercy Hospital will never efficiently serve the needs of the foreign population and thus to that extent nullify its value as an auxiliary to the Municipal Mental Hospital present and future.<sup>83</sup>

Ten months after Mercy Hospital first accepted patients, the SMC began to encounter problems with putting the administration in Chinese hands. Jordan wrote a letter to the French Municipal Administration, asking for cooperation to strengthen his hand in business management and patients' treatment. In his letter, Jordan raised three reasons for this proposal: firstly, he had experienced difficulty of getting poor foreigners into the hospital; secondly, if the SMC was going to support Mercy, they had to give up one of the two mental hospitals running at that moment, however, this plan was not feasible if Mercy kept removing patients and making them again a menace to the city;<sup>84</sup> thirdly, up until then, money had been spent on decorations, but more support was needed to improve appliances, equipment, and medical instruments. Such unsatisfied conditions would result in the absent of paying patients and the unsustainability. Jordan thus suggested introducing a Business Manager as in British hospitals, with representation on the Hospital Board. According to Jordan's thoughts:

Rabaute (DR. Rabaute, Director Service d'hygiene of French Municipal Administration) is a very forcible chap and if he is on our side, I am sure that with his French logic and directness of speech, he will be a good ally.<sup>85</sup>

This 'front line' was united in excluding the Chinese gentry from the administrative and medical board. Though half of the five hundred thousand Yuan was from Lu and his connections in the

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<sup>82</sup> U1-16-590, p.47-54.

<sup>83</sup> U1-16-591, p.35.

<sup>84</sup> At the present time, the Council maintained a small Mental Hospital for foreigners who could be repatriated. It was, in addition, giving a grant to the Russian Confraternity Hospital, and finally, supporting the Mercy Hospital. To support two institutions, namely the Municipal Mental Hospital and the Mercy Hospital, was the logical re-arrangement.

<sup>85</sup> U1-16-591, p.6.

church and Chinese gentry, both SMC and FMA were opposed to the representative of locals who individually contributed little in terms of finance. In a letter from Seen, the Commissioner of Public Health in FMA, to Jordan on September 1936, the Commissioner expressed strong opposition to the role of members of the of local gentry:

I confess I have little sympathy with charitable organizations whose charity is subsidized through Municipal funds and fail to understand how they get the name of charitable organizations. Hence, I consider their interference in an important matter, such as the proper direction of the hospital, like the one we are considering, would be undesirable.<sup>86</sup>

It was finally suggested that: (a) the Board should consist of seven members: two of the SMC, two of the Shanghai City Government, one of the FMA, one of the Catholic association and one president of the hospital; and (b) that a separate medical committee of five be formed to act in a consultative capacity only: one of SMC, one of the SMG, one of the FMA, one of the Catholic lobby, and the Chief physician of the Hospital. The local gentries were totally excluded from the board. Representation from religious organizations was also diluted.

### 3. Seeking Legal Support: Authorizing Detention and Payment Responsibility

The most important reason SMC agreed to fund Mercy Hospital was to clear troublemakers on the street, among whom the majority were Chinese. It took four years for the Council to finally make the decision. This decision came from a careful examination of Chinese laws and urgent need arising from the current situation.

As early as August 1930, Jordan had written to B. T. Bryan, the Municipal Advocate, to ask about Chinese Civil Law for the compulsory detention of lunatics who were certified by a competent medical practitioner as being a danger to the public.<sup>87</sup> Bryan made clear two points in his reply. Firstly, there was no specific provisions and recognized procedure in Chinese law related to the detention of

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<sup>86</sup> U1-16-591, p.26.

<sup>87</sup> U1-16-590, p.156-158.

lunatics, however, he managed to find that a person might be detained if found to be insane by a Court after a proper inquiry in the Article 4 of the Police Regulations. This article read:

Insane persons shall not be penalized for being an obstruction to police, except when the offence is committed when they are sane. Whenever insane persons commit a breach of police regulations, their parents or guardians shall be informed and directed to place them under their own surveillance, without regard to whether or not they have been penalized. In cases where their parents or guardians cannot be found, they shall be sent to insane hospitals or refuges.<sup>88</sup>

As it was the responsibility of the Shanghai Special Area District Court to enforce this regulation in the International settlement, Bryan deemed that the Court needed to be given the authority to order the detention of an insane person who has committed an overt act.

Bryan also drew upon another provision, Article 31 of the Criminal Code:

Article 31: (1) an act done by any person who is insane, shall not be punishable, provided that such person may, according to the nature and circumstances of the case, be subjected to measures restrictive to his liberty. (2) Where an act is done by any person who is feeble-minded, the punishment shall be reduced; provided that such person may, according to the nature and circumstance of the case, be subjected upon execution or remission of sentence to measures restrictive of his liberty.<sup>89</sup>

This provision was obviously to stress the reduction of punishment for the insane. Bryan, however, trenchantly found loopholes that could be manipulated to put the insane into asylums. He stressed two points:

It is essential that an offence is committed. It is not sufficient for a person to be certified insane by a competent medical practitioner. The culprit must be charged with an offence, brought before the Court, found guilty and proved to be of unsound mind to the satisfaction of the court. Otherwise, detention in an insane asylum cannot be ordered.<sup>90</sup>

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<sup>88</sup> U1-16-590, p.158.

<sup>89</sup> Ibid.

<sup>90</sup> Ibid.

Based on this analysis of the law, Bryan concluded that it was possible to make use of the existing Police Regulations, which, according to him, were ‘quite ample’ and easy to handle, because it was most probable that ‘any person who is insane to the extent of being a danger to the public could be charged with some offence and detained by the court if found guilty and proved to be insane’.

Bryan was trying to make use of the loopholes to ensure stricter control over insane offenders. This procedure actually contradicted the Chinese provisions which used leniency in meting out punishment. On the contrary, Bryan’s approach saw a move towards condemning offenders and normalizing the procedure of detaining them afterwards.

This issued was raised again in October 1934 in a discussion over how to deal with the mentally defective prisoners in gaol. Under Chinese law, ‘insane persons could not be committed to prison, (be treated in the gaol) and convicts developing insanity must be discharged’. Detaining such offenders was therefore not enough to clear troublemakers.<sup>91</sup> They would be discharged and would be back in the streets again. Chinese laws were therefore again combed in a search for legal support for transferring such prisoners to ‘hospitals specially equipped for the purpose’. A solution came in Article 485 of the Code of Criminal Procedure:

Where a person has been sentenced to imprisonment or detention, such sentence shall in any of the cases hereinafter set forth be suspended at the direction of the procurator until such person recovers or the cause of suspension is removed: (1) Where the person suffers from a mental disorder.<sup>92</sup>

This law meant that, literally, an insane person could ‘not be subjected to any form of punishment’. Nonetheless, it actually provided a legal basis for transferring the insane to organizations where detention methods could be adopted.

For the cases when the Prosecutor or the Execution Judge fails to determine the sanity of the accused or such was not apparent, convicts might be refused admittance.<sup>93</sup> In terms of convicts who developed insanity while serving his sentence, the Article 66 wrote:

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<sup>91</sup> U1-16-590, p.165.

<sup>92</sup> U1-16-590, p.166.

<sup>93</sup> Ibid.

Where a convict is suffering from mental infectious or other diseases, which cannot be adequately treated in the gaol, the gaol may petition the Supervisory Public Office concerned for permission to release the prisoner on security in order that he may receive proper medical treatment or enter a hospital.

Bryan drew four conclusions from his analysis. Firstly, it was the duty of the Executive Judge in the Shanghai First Special Area District Court to suspend the sentences of prisoners if he certified that they were insane. Secondly, the gaol might, in its discretion, refuse to accept insane prisoners. Thirdly, if a prisoner developed insanity while being confined, he might, on application to and order of the Court be sent elsewhere for treatment, provided there were no adequate facilities in the gaol concerned for treatment of such prisoners. And fourthly, there was no Chinese law that definitely required gaols to discharge prisoners found to be suffering from insanity. The ultimate solution was to meet the ‘crying need for an insane asylum’ for both foreigners and the Chinese suffering mental disease. This was the reason the SMC finally decided to provide financial support to Mercy Hospital.<sup>94</sup>

#### 4. Problems in Accepting New Treatments

Although Xin Puyutang and Mercy Hospital were described by contemporaries as grand and popular, asylums were not automatically accepted in China. The Shanghai Madness Hospital (*Shanghai fengbing yiyuan* 上海疯病医院) was a private hospital established by a doctor Chen Shunde (陈顺德). It claimed to be modern both in equipment and personnel. For instance, it provided rubber-furnished wards and it offered special canvas clothes similar to the straitjacket for use with the psychotic. Such equipment, due to their strength to avoid people causing harm to themselves or others, were common in Western asylums and hospitals. However, a letter to *Shen bao* from one of its patients Deng Zongxin (邓宗信), a previous Major in the army, provides us with insight on a lawsuit brought against the hospital in February 1948. In the process, we are provided with insight on the way that popular attitudes were sometimes more hostile towards this psychiatric modernity. Deng’s letter made four points of complaint. Firstly, the ward environment was extremely filthy. Secondly, he could not find a doctor,

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<sup>94</sup> U1-16-590, p.169.

medicine or water in the first two days of his stay in the hospital. Thirdly and most importantly, his hands and feet were bound in the nights and this inhumane punishment was not what doctors should do. Finally, he got three injections in the hospital and was charged for twelve.<sup>95</sup>

Deng's high reputation brought the case to the attention of the Mayor of Shanghai, Wu Guozhen (吴国桢), who ordered an investigation into the case. Wu received a note explaining the general conditions of mental care of the day and setting out areas of failure in this case. This document provides us with a good insight into expectations by the late 1940s:

Special treatment of mental patients has recently been recognized by academics as important. Safe Wards and Watch Rooms should only be used if essential in the case of heavily ill and violent patients. The nursing and equipment should make patients feel no different from normal people so as not to over-stimulate patients. Even if this hospital was described as *feng ren yuan* (asylum, 疯人院 mad people yard), theoretically, some of its treatments were improper. The hospital should make improvements in both equipment and nursing methods.<sup>96</sup>

Deng had been diagnosed as having mania and dementia. He was accommodated in a four-patient room, and he was bound to prevent escaping, suicide and beating other patients.<sup>97</sup> However, the investigator felt that the equipment Mercy Hospital was acceptable. Only its administration could be improved. The binding was to avoid accidents rather than malicious. Considering the hospital's normal running and in-patients' interests, the investigator suggested 'absolute prohibitions' of binding patients and employing more nurses in case of unexpected accidents.<sup>98</sup>

Following consideration of the case, the Shanghai Municipal Health Bureau (*Shanghai shi weisheng ju* 上海市卫生局) concluded that there were areas of minor improvement in relation to equipment. The rubber room was not using real rubber, which could not compare with Western psychiatric hospital standards. More seriously procedural mistakes had been made in gaining

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<sup>95</sup> Q400-1-2037, 'Shanghaishi weishengju guanyu Deng Zongxin konggao Shanghai zhongguo fengbing yiyuan qiaozha an' 上海市卫生局关于邓宗信控告上海中国疯病医院伤害敲诈 (Shanghai Health Bureau: Deng Zongxin Accused of Shanghai Madness Hospital), p.4.

<sup>96</sup> Q400-1-2037, p.19.

<sup>97</sup> Q400-1-2037, p.69.

<sup>98</sup> Q400-1-2037, p.24.

permission from relatives in relation to confinement. However, it was also accepted that, in cases of dangerous patients, such confinement might be justified. Deng was actually thought of as having mental illnesses. Even though nurses should try to avoid adopting confinement measures and using canvas gloves, confinement for Deng's conditions was thought acceptable. The only problem was that the hospitals should have obtained their relatives' permission in advance. However, this was a matter of procedure but not treatment.<sup>99</sup>

This case indicates that even as late as the 1940s there was still far from being a consensus over new Western methods Deng himself could not accept his treatment. He thought it was inhumane. This countered the view of his doctors. Because of Deng's status, Mayor Wu took a hard line on the incident. On the other hand, the investigator largely accepted the doctor's good intentions. His suggestion of absolutely prohibiting confinement was not taken into practice. In the end, the Health Bureau only ordered the hospital to ask for relative's permission over confinement alongside minor improvements on issues of equipment.

## 5. The Mercy in Warfare

Mercy's management had been closely intertwined with its financial conditions. When Shanghai fell into flames of war with the Japanese army in August 1937, Mercy met difficulties in getting funds from all of its backers. This situation became even worse by the end of this year after Lu Bohong, who used to raise funding among various groups, was killed in December.<sup>100</sup> Shanghai Municipal government, which had been caught up in the conflict, could not provide any financial support. In order to solve the increasing deficit problems, a new administrator, the Reverend Father Verdier, procurator of the Mission du Kiangnan, was appointed on July 1st, 1938. His work in the following years was focused on maintaining support for about three hundred destitute patients, in the face of limited grant-in-aid from SMC and FMA and soaring prices.<sup>101</sup> As five-sixth of the patients were

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<sup>99</sup> Q400-1-2037, p.20.

<sup>100</sup> U1-16-592, 'Letter from Loh Yingkeng to Public Health Department', 14th January 1938, p.157.

<sup>101</sup> U1-16-592, p.182, p.251. p.256.

from Chinese administrative areas, the SMC and FMA urged the hospital administrators to request payments from Chinese authorities, but this ended in failure because the Nationalist Government also fell into a financial crisis.

Actually, the investment in Mercy Hospital had not created any financial burden to both the SMC and FMA. It was ‘a very cheap investment for the Council’.<sup>102</sup> By February 1940, both these two institutions accepted the reality that the administrative team in Mercy Hospital could not get fixed payment from the Chinese. Mercy Hospital had been acting as ‘a very cheap method of getting the lunatics off the streets’.<sup>103</sup> The total sum spent on the hospital would not, in European countries, establish a mental ward for a small town. These two parties thus agreed to provide the fullest possible support. However, the efforts to persuade Chinese authorities to take their share of responsibility continued.<sup>104</sup>

The other problem was that the alliance of SMC and FMA was not stable. Both of them were unwilling to pay for Chinese patients. In May 1940, the SMC complained to the hospital administrator, ‘if the example of the French Administration was followed and financial support was limited to contribution in respect to patients sent..... I cannot see why this example should not be followed and I recommend that payments be made during 1940 be limited to those for patients sent by the Municipal Police or Health Department’.<sup>105</sup>

This shaky alliance thus organized an Advisory Committee consisting of two members from each part to make the necessary financial arrangements in October 1941.<sup>106</sup> No patients were accepted from other organizations unless the full cost of patients’ maintenance was paid.<sup>107</sup> This arrangement was also made to obviate the Catholic Kiangnan Mission to finance the hospital as well as secure adequate payments from the Shanghai Municipal Government in respect to patients sent by SMC and FMA but who emanated from Chinese administrative districts. This situation ended in 1943, when

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<sup>102</sup> U1-16-592, p.271.

<sup>103</sup> U1-16-592, p.272.

<sup>104</sup> U38-1-168, p.105.

<sup>105</sup> U1-16-592, p.275.

<sup>106</sup> U38-1-168, p.87.

<sup>107</sup> U38-5-1176, p.86.



Shanghai Municipal Government could not pay the default and Mercy said it would stop accepting new free patients from August 1943.<sup>108</sup> Paid patients continued to be accepted until 1951.<sup>109</sup> By 1949, Mercy still had 350 beds and 337 patients.<sup>110</sup>

In July 1951, Mercy Hospital was taken over by South China Health Department (*Huanan weishengbu* 华南卫生部) as a religious organization. In 1954, Mercy Hospital was renamed as Shanghai Municipal Psychiatric Hospital (*Shanghai shili jingshenbing yuan* 上海市立精神病医院).<sup>111</sup> In 1958, the psychiatric faculties of Shanghai First and Second Medical College and all other mental hospitals were amalgamated into one as Shanghai Psychiatric Hospital (*Shanghai shi jingshenbing fangzhi yuan* 上海市精神病防治院) serving as a preventive, teaching and research as well as advisory centre.<sup>112</sup>

## Conclusion

In conclusion, the problematizing of the mad and the move towards new forms of hospital care in Shanghai drew heavily on a process of legal reform in relation to insane offenders. It was this issue that helped to bring the problem of mental illness to the attention of Chinese governors. Chinese laws on the mad, especially mad criminals, were utilized by SMC to strengthen strict surveillance on mentally disordered wanderers. SMC had been rejecting any responsibility toward insane foreign immigrants and Chinese refugees. Such concerns about social order were the main thrust of SMC in funding and managing a mental hospital. This issue was particularly strong in Shanghai because of the increase of both foreign chronic insane cases and uncontrollable Chinese refugees in the International Settlement in the late 1920s, which in turn can be partly attributed to the easing of policies in Chinese law toward mental deficiencies. This need coincided with the inadequacy of existing provision through Xin

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<sup>108</sup> U38-5-1176, p.7.

<sup>109</sup> Q580-16-10, pp.11-36.

<sup>110</sup> B242-1-477, p. 220.

<sup>111</sup> Q580-16-12, p.13.

<sup>112</sup> B242-4-346-8, p.28.

Puyutang, but also the Catholic missionaries' willingness to provide assistance. Lu Bohong thus took the chance to enforce cooperation in constructing a psychiatric hospital with support from National Shanghai Medical College. As this chapter has argued, this project was not simply a medical achievement but also needs to be seen in terms of the ongoing effort to regulate and control people with mental deficiencies.

## Chapter Three: In-between Medicine and Nation: Psychological Education and Mental Hygiene Promotion in Shanghai

This chapter examines another aspect of the history of mental disorders in China, which is largely ignored by existing literature. By examining mental hygiene promotion in Shanghai from the 1920s and 1930s, I will show how medical knowledge was introduced and adapted to the native environment, and how this process entwined with China's shifting political and economic situation. The approach will highlight the benefits and necessity of positioning the history of mental health in an overlapping arena of ideas in which not just psychiatry but other disciplines, such as psychology and education played important roles.

In the late nineteenth century and early twentieth century, the Chinese mentally ill attracted increasing attention as, essentially, a symbol of national deviancy. Local authorities, international forces, philanthropists, educators and medical professionals all made efforts in these areas, though in diverse forms. Chiang has portrayed this as part of a trend of mental medicalization.<sup>1</sup> The existing scholarship includes work on madness and traditional literature, asylums and treatment, family care, governmental forces, and regulation.<sup>2</sup> Important as they are, I found these approaches insufficient when it comes to the analysis of my subject. Here, one needs to move beyond a focus on discipline and mental institutions such as asylums, to include consideration of shifts in the broader understandings about the relationship of body and mind, the spiritual and the somatic, the mental and everyday life, and to pay attention to how corresponding practices were, as a result, complicated and constantly changing. Analysis of the turn to mental hygiene demands attention to a variety of theories, eclectic ideas and changing social

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<sup>1</sup> Chiang, *Psychiatry and Chinese History*, p.1.

<sup>2</sup> Chiang, *Psychiatry and Chinese History*. Baum, 'Spit, Chains, and Hospital Beds'. Chen, 'Medicine, Society, and the Making of Madness in Late Imperial China'. Pearson, 'Mental Illness in the People's Republic'. Shapiro, 'The View from a Chinese Asylum'. Simonis, 'Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine'. Szto, 'The Accommodation of Insanity in Canton, China'. N.G. Vivien, *Madness in Late Imperial China: From Illness to Deviance* (Norman and London: University of Oklahoma Press, 1990).

situations and calls for analysis crossing the border of a single discipline and reaching beyond medicine itself.

From 1930 onwards, a group of psychologist-educators, who pursued psychological training mainly from the United States but were primarily keen on national education reformation, started to concern themselves with mental issues and the introduction of international mental hygiene practices. More than providing better care for the mentally ill, they looked forward to remoulding Chinese personality, adapting it to a new social reality and the idealised figure of the new citizen.

Analysis of abundant psychological scholarship from the time reveals mental hygiene in China as an area of emerging interest but one still largely neglected, not only by psychologists but also by psychiatrists. This ignorance largely resulted from a single-disciplinary-oriented perspective. Mental hygiene was based on multidisciplinary thinking. It was a science of promoting mental health and preventing mental illness through the application of psychiatry and psychology in public education. In China, the mental hygiene movement in the mid-1930s was launched jointly by psychologists, psychiatrists, and educators.<sup>3</sup> However, the psychological scholarship from the time focuses mainly on branches of psychological thought like structuralism, functionalism, behaviourism, Gestalt psychology, and psychoanalysis. According to Wang Wenji's research, 'the rise of the mental health movement in China since the 1920s led to a closer connection between contemporary social movement, sociodynamics psychiatry, and popular psychology'.<sup>4</sup> I will follow up on this suggestion to demonstrate that extending the analysis beyond a single disciplinary line can reveal a hidden history of emerging interest in mental hygiene.

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<sup>3</sup> K. C. Wong, 'A Short History of Psychiatry and Mental Hygiene in China', *Chinese Medical Journal*, 3 (1950). Wu Nanxua 吴南轩, 'Xinli weisheng yundong di qiyuan he fazhan' 心理卫生运动的起源和发展 (The Origins and Development of the Mental Hygiene Movement), *Panguan xunkan* 旁观旬刊 (Spectacular), 6 (1935); Zhang Dasha 张达善, *Jingshen weishengfa* 精神卫生法 (Mental Hygiene), (Shanghai: Zhonghua Book Company, 1946). Baum, 'Spit, Chains, and Hospital Beds', p.90.

<sup>4</sup> Wenji Wang, 'Neurasthenia and the Rise of Psy Disciplines in Republican China', *East Asian Science, Technology and Society: An International Journal*, 9 (2015): 1-20.

I will explore the way this trend came into being, how relevant ideas were introduced and practised, and how mental hygiene was reinvented as a sound personality. The chapter includes three parts. The first part studies why psychologist and educators started to concern themselves with mental hygiene, and how they viewed mental disorders. The second part focuses on Zhang Yinian, who played a key role in the promotion of mental hygiene both in Shanghai and at a national level, and his endeavours to propagate mental hygiene in Great China University and Shanghai. The third part will exemplify reinvention of mental hygiene as a broader project of personality remoulding, through analysis of Zhang's repeatedly printed book, *Introduction of Mental Hygiene*.<sup>5</sup> The chapter also prepares the way for comparison in the next chapter of the different orientation of Chinese educators and foreign psychiatrists in remaking people and remoulding the mind.

Before beginning this analysis, I will offer some broader reflections on the relationship between the history of psychiatry and psychology in the period. In fact, the two discourses were not clearly divided in Republican China, where the influence of Western disciplinary boundaries was still limited. In 1897, John Kerr, a missionary physician in Canton, established the first psychiatric hospital in China. The first set of formal lectures on psychiatry from a biomedical perspective was delivered in Tung Wah Hospital in Hong Kong in 1905.<sup>6</sup> A. H. Wood, a neurologist, was the founding director of the division of neurology and psychiatry at PUMC and the first professor of neurology and psychiatry at a Chinese medical school in 1919 (National Shanghai Medical College) He initiated courses in both subjects in 1922.<sup>7</sup> In 1932, Wood was succeeded by Lyman, who arrived in Shanghai in 1931 and left China in 1937. Lyman came to China at the invitation of Yen Fuqing to teach at the National Shanghai Medical School. Lyman possessed a strong interest in sociology and social work. He left soon finding the PUMC better as an experimental environment. The famous Chinese psychiatrist, Su Zonghua (粟宗华) was one of his graduates in PUMC.<sup>8</sup> Following in the biosocial interactionist tradition promulgated by Adolph Meyer in Johns Hopkins, Lyman supported research and teaching on neurological, personality

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<sup>5</sup> Zhang Yinian, *Introduction of Mental Hygiene* (Shanghai Commercial Press, 1936).

<sup>6</sup> Kleinman, *Social Origins of Distress and Disease*, p.7.

<sup>7</sup> *Ibid.*

<sup>8</sup> *Ibid.*

and sociocultural influences on mental illness within a broadly integrative psychosomatic framework for diagnosis and therapy, which was latterly expressed by a biopsychosocial model in medicine. In this department, Bingham Dai, a Chinese psychologist who latterly sojourned in America, practised a psychodynamic approach to personality problems, Francis Hsu worked at medical social work, L. C. Chou and Y. C. Lu conducted a sociological study of mental patients.<sup>9</sup> Ling Mingyu returned to Hsiang-Ya (the later Human Medical College) and organized a clinic for neurology and psychiatry, which was burned in the invasion of the Japanese army after 1937. Another early centre was Shanghai, where Fanny Halpern took up a teaching post at National Shanghai Medical College in 1933. The psychiatrist Xia Zhenyi was one of her graduates. Halpern's story will be expanded in the next chapter.

### **Calling for Mind Remolding**

From 1840 to 1920, Western psychology penetrated to China through Japanese translations of Western psychological works as well as Western missionary schools after the Opium War in 1840. Many missionary-school-educated Chinese students later sailed to the United States for further education largely due to the Boxer Indemnity fund in 1901. They were largely exposed to and highly interested in Western psychological research with an expectation of a national reform perspective. When the New Culture Movement, which revolted against Confucianism and at the same time called for the creation of a new Chinese culture based on global and western standards, especially democracy and science, spread vigorously, many of them returned to China around 1920 and actively played role in social reformation. This group of intellectuals shared several common features: they showed a critical attitude towards at least parts of Confucianism; they expressed determination for reshaping the nation in scientific methods, and they did not conceal their urgent aspiration of catching up with Western advances.

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<sup>9</sup> Ibid.

From the turn of the twentieth century to the 1920s, the penetration of Western abnormal psychology into the Chinese context occurred in fits and starts.<sup>10</sup> Mental issues like madness, dementia, epilepsy, and handicap were seen to be catalogued within the spectrum of abnormal psychology.<sup>11</sup> Increasingly universities began to provide courses about abnormal psychology or abnormal children. By 1934, out of 55 national, provincial, and private colleges and universities in China, 21 had a department or division of psychology.<sup>12</sup> A series of institutional activities and periodicals were also launched notwithstanding bad organization. Unsurprisingly, the majority of these articles responded to social problems like low morale and individual self-strengthening.

However, sporadic research was tried on the abnormal in the early 1930s. Before 1935, abnormal psychology and abnormal children's study had been carried out in many universities equipped for psychological studies, like Southeast University, the predecessor of National Central University (NCU), Tsing Hua University, and Peking Normal University.<sup>13</sup> Nevertheless, little of this research related to the mentally ill. For example, abnormal psychology research in NCU involved primary school children's colour blindness, children's depression, criminality, and personality disorder.<sup>14</sup>

## 1. Madness and Cultural Backwardness

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<sup>10</sup> Baum, 'Spit, Chains, and Hospital Beds', p.81.

<sup>11</sup> Zhu Guangqian 朱光潜, *Biantai xinli xue* 变态心理学 (Abnormal Psychology), (Shanghai: Shanghai Commercial Press, 1933)

<sup>12</sup> David B. Baker (ed.), *The Oxford Handbook of the History of Psychology: Global Perspectives* (Oxford University Press, 2012), p.99.

<sup>13</sup> Zhao Liru 赵莉如, 'Zhongguo xiandai xinlixue de qiyuan he fazhan' 中国现代心理学的起源和发展 (The Origin and Development of Modern Psychology in China), *Xinli xue dong tai* 心理学动态 (Psychology News), (1992): 23. Xiao Xiaorong 萧孝嵘, 'Guoli Zhongyang Daxue Xinlixue xi Gaikuang' 国立中央大学心理学系概况 (Overview of Psychology Department), *Jiaoyu Xinli Yanjiu* 教育心理研究 (Study of Educational Psychology), 3 (1941): 1. Shu Pan 潘菽, 'Benxiao xinlixue xi' 本校的心理学系 (Psychology Department), *Guoli Zhongyang daxue banyue kan* 国立中央大学半月刊 (Semimonthly Journal of National Central University), 2 (1929): 139-141. Yang, *History of Psychology*, p.157, p.162. 'Xinli xuejie xiaoxi' 心理学界消息 (Psychology News), *Zhongguo xinli xuebao* 中国心理学报 (China Psychology Journal), 2 (1936): 178, 180. *Beijing shifan daxue xiaoshi* 北京师范大学校史 (History of Beijing Normal University), (Beijing Normal University Press, 1982), pp. 61-62, pp.95-98.

<sup>14</sup> Yang, *History of Psychology*, p.160.

Chinese intellectuals adopted a clearly politicized approach toward the mad. In terms of causality, Chinese intellectuals can be differentiated from Western views in two respects: they tended to associate madness with backwardness, while Western intellectuals often deemed it as a symbol of progress; and they interpreted mental problems as a cause of cultural backwardness, rather than its result.<sup>15</sup> Even though it was admitted that industrialized changes did pose harm to the function of mind, the Chinese tended to blame the mad themselves for national backwardness. Thus, this group needed urgent eradication in order to attain modernity.<sup>16</sup> This line of thinking resonated with a critique of Confucianism in the New Cultural Movement, with psychology appropriated to denounce superstitious beliefs and unscientific approaches in traditional Chinese culture.<sup>17</sup>

In this context, a pragmatic inclination and educational application were advocated by the intellectual majority in various domains. Cai Yuanpei (蔡元培), a leader of the cultural movement, was an epitome of this tendency. Due to his training in Leipzig, Germany, and France, he firmly held a point that psychology should be applied to education for cultivating the individuality of children as well as designing pedagogy for children.<sup>18</sup> Actually, he was thought to urge an aesthetic education for a higher level of mental as well as ethical development. Even if Cai based his position on experimental psychology, his pragmatic claim fitted with contemporary psychologists' concern about civil mental quality. Intellectuals, like Cai, who received psychological training and became concerned about educational reformation, plunged into endeavours of psy disciplinary establishment.

Intellectual philosophy echoed the socio-political needs of the day. Sun Yat-sen, the Xinhai Revolution leader and first provisional president of the Republic of China, also advocated psychology from a perspective of political construction. He put "Psychological Development" as the first chapter

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<sup>15</sup> Baum, 'Spit, Chains, and Hospital Beds', p.72.

<sup>16</sup> Baker, *The Oxford Handbook of the History of Psychology*, p.98.

<sup>17</sup> Matthias Petzold, 'The Social History of Chinese Psychology', in M. Ash and W. Woodward (eds), *Psychology in Twentieth-Century Thought and Society* (New York: Cambridge University Press, 1987), p.218. Chen Daqi, 'Pi "lingxue"' 辟《灵学》 (Refuting the Study of the Supernatural), *Xin Qingnian* 新青年 (New Youth), 4 (1918): 5. Chen Daqi, 'Xinling xianxiang lun' 心灵现象论 (The Mental Phenomena), *Beijing daxue Rikan* 北京大学日刊 (Beijing University Daily Publish), 21st May 1919, p.422.

<sup>18</sup> Yeh Hsueh and Benyu Guo, 'China', in Baker, *The Oxford Handbook of the History of Psychology*, pp.97-98.



of his book *A Constructive Scheme for Our Country*. According to him, ‘national development depends on the citizen’s psyche’, and ‘the foundation of a nation is built upon its psychology’.<sup>19</sup> This chapter, even though all about fostering democratic and scientific mind construction among citizens, reveals his willingness to utilize this knowledge in organizing a new country.<sup>20</sup> Such concern turned mental illness from a taxonomic subject of abnormal psychology towards a marker of cultural backwardness. The effect of this was to detract from a focus on biological aspects of mental illness and to turn attention instead of incorrect personal behavioural inclination. It can be argued that psychological theory was being appropriated as part of the new biopolitics.

## 2. Abnormal Psychology and The Rise of Mental Hygiene

While abnormal psychology struggled to shine, mental hygiene had already sprung up. Although there are no materials demonstrating that the seminal American Mental Hygiene Movement aroused the Chinese movement, official contact was established through the First International Congress on Mental Hygiene held in Washington in 1930.<sup>21</sup> In 1930, the GMD Nanking Government received an invitation to attend the first ICMH in Washington D.C. The Nanking government took it as a chance for increasing international engagement. Two governmental officers (without any medical training), Y. C. Sun (孙润陈) and T. Tisang Wang (王祖祥), together with three other people were dispatched for the conference. The decision was announced in the governmental newspaper, *Hygiene*

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<sup>19</sup> Sun Yat-sen, *A Constructive Scheme for Our Country* (Shenyang: Liaoning People Press, 1994), pp.64-73.

<sup>20</sup> Liu Yiwei, ‘Minguo shiqi de liuxuesheng yu zhongguo xiandai xinlixue de zaoqi fazhan’ 民国时期的留学生与中国现代心理学科的早期发展 (Returned Students and the Development of Modern Psychology of China), *Xinlixue tanxin* 心理学探新 (Psychological Exploration), 26 (2006): 30-34. Yang Xinhui, ‘Cai Yuanpei zai zhongguo xiandai xinlixue shi shang de xianqu diwei yu gongxian’ 蔡元培在中国现代心理学史上的先驱地位与贡献 (On the Contributions of Cai Yuanpei as a Pioneer in the History of Contemporary Chinese Psychology), *Xinli kexue* 心理科学 (Psychological Science), 21 (1998): 293-296, 314.

<sup>21</sup> *Shen bao*, 7th August 1930, p.4, ‘Xinli Weisheng Yian 心理卫生议案 (Motion of Mental Hygiene)’. ‘Diyi jie guoji xinli weisheng huiyi’ 第一届国际心理卫生会议 The First International Congress on Mental Hygiene, *Anhui Jiaoyu* 安徽教育 (Anhui Education), 5 (1930): 3. ‘Weishengbu gonghan di 315 hao, han waijiaobu, hanfu diyici guoji xinli weishenghuiyi yian’ 卫生部公函第 315 号, 函外交部, 函复第一次国际心理卫生会议一案 (Health Ministry Official letter 315: To Ministry of Foreign Affairs, reply to the First International Congress on Mental Hygiene), *Hygiene Gazette* 卫生公报, 4 (1930): 157.

*Gazette* (卫生公报), with an emphasis that the American President had assumed the honorary presidency of the conference and that the American government expected Chinese attendance. A provincial journal, *Anhui Education* (安徽教育), gave a follow-up report about conference topics, organizers and participants. Basically, the conference was depicted as important and high-level. Psychologist, Wang Jingxi (汪敬熙), gave a report about Chinese mental hygiene conditions. The Minister of Health of KMT, Liu Ruiheng (刘瑞恒), was elected as Honorary Vice President.<sup>22</sup>

The first five years of the 1930s saw the increasing introduction of mental hygiene in universities. In August 1930, Zhang Yinian (章怡年) returned from American study and assumed a chair in psychology at Jinan University (暨南大学) in Shanghai. He opened the first mental hygiene course there and was thus called the First Man of Mental Hygiene in China.<sup>23</sup> Zhang and his deeds in Shanghai will be analyzed in the next part of this chapter. In 1932, mental hygiene courses were introduced in Yenching University by American missionary Randolph C. Sailer (夏仁德), in NCU by Wu Nanxuan (吴南轩), and in Peking University, though these courses sometimes used the term psycho hygiene rather than mental hygiene.<sup>24</sup> In 1935, Sailer published his handouts as a book, *Personality, and everyday behaviour*. In 1936, Zhang published his book, *Introduction of Mental Hygiene*.<sup>25</sup>

At the same time as these developments, abnormal psychology was encountering serious difficulties in 1934. On the one hand, there was greater pressure than ever for psychology to escape a theoretical focus and so as to respond to urgent social needs for national strengthening;<sup>26</sup> this was

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<sup>22</sup> Yang, *History of Psychology*, p.188.

<sup>23</sup> Yang, *History of Psychology*, 189. Shu Yueyu 舒跃育, 'Zhang Yinian: Zhongguo xinlixue diyiren' 章怡年: 中国心理学第一人 (Zhang Yinian: A Pioneer of Mental Health in China), *Ziran bianzhengfa tongxun* 自然辩证法通讯 (Newsletter of Natural Dialectics), 6 (2015): 93. Guo Shenchan 郭沈昌, 'Mianhuai qianbei, kaituo weilai 缅怀前辈 开拓未来 (In Memory of Predecessors and Exploiting the Future)', *Linchuang jingshen yixue zazhi* 临床精神医学杂志 (Clinical Psychiatry Journal), 4 (2000): 193-194.

<sup>24</sup> Yang, *History of Psychology*, p.162, p.189. 'Zhongguo Xinli Xiehui Gongzuo Baogao' 中国心理卫生协会工作报告 (Work Report of China Mental Health Association), *Jianguo jiaoyu* 建国教育 (Jianguo Education), 1 (1938): 39-42. HuYanfeng 胡延峰, *Liuxuesheng yu zhongguo xinlixue* 留学生与中国心理学 (Overseas Returned Students and Psychology), (Tianjin: Nankai University Press, 2009), p.103. The terminology of 'psycho' and 'mental' will be discussed in another chapter.

<sup>25</sup> Yang, *History of Psychology*, p.189.

<sup>26</sup> Yang, *History of Psychology*, pp.171-173.

intensified by warfare from 1931 so that most institutional activities, like Chinese (*Zhong hua* 中华) Psychological Society (CPS), had to be called off and failed to resume until 1937 just on the eve of Sino-Japanese War. On the other hand, owing to the grim economic and military situation, the Nanking government started to readjust collegiate and disciplinary resources. The humanities were deemed impractical and useless in a context of urgent national needs and subjects such as psychology encountered pressure to dissolve if not merge with others.<sup>27</sup> More importantly, the Guomintang Nanking government implemented a New Life Movement promoting the hygiene of body and mind in 1934, based on the aforementioned politicized plea and aiming to cultivate healthier citizens.<sup>28</sup> Thus, ‘rules of behaviour’ were formulated for positive moral values and national consciousness, while preventive action, including eugenics, was proposed as the basis for a Mental Hygiene Movement (心理卫生运动) for improving mental health.<sup>29</sup> As a result, mental hygiene found itself, despite being so new, in the position to defeat abnormal psychology in the struggle for influence and resources.

There is a need to explain the situation of the New Life Movement initiated by the Nationalist Government, as it was an important catalyst for the (mental) hygiene movement.<sup>30</sup> As Chapter Two showed, long before the establishment of the Nanking Nationalist Government, there were police powers, both in foreign Settlements and Chinese jurisdiction, concerned with ‘public hygiene’. When the New Life Movement was formally launched in Nanchang by Governor Xiong Shihui and General Chiang Kai-shek in February 1934, this model continued to intervene in the public’s physical and moral health and with changing and controlling *fengsu* (customs).<sup>31</sup> When the national New Life Movement was brought to Shanghai by the local party branch of the Guomintang in April 1934, it was asserted as the only way to reform the Chinese nation. It was welcomed as well by the public. By April 11, more than five thousand people had registered with the Shanghai New Life Movement Acceleration Association.<sup>32</sup> The governmental propaganda had a nationalist tone. Citing foreigners’ critique toward

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<sup>27</sup> Yang, *History of Psychology*, p.162.

<sup>28</sup> Arif Dirlik, ‘The Ideological Foundations of the New Life Movement’, *Journal of Asian Studies*, 4 (1975): 945. Baum, ‘Spit, Chains, and Hospital Beds’, p.88.

<sup>29</sup> Baum, ‘Spit, Chains, and Hospital Beds’, p.188.

<sup>30</sup> Baum, ‘Healthy Minds, Compliant Citizens’.

<sup>31</sup> Wakeman, *Policing Shanghai*, p.232.

<sup>32</sup> Wakeman, *Policing Shanghai*, p.233.

Chinese as barbarians and a backward race, it argued that China should prioritise the nurture of scientific personnel. Following Japan's successful model of restoration, China should likewise retrieve its national spirit (*jing shen*).

But while New Life rules thoroughly regulated public activities, they probably failed to penetrate very deeply into the individual's private political consciousness. As Wakeman has concluded, this party-led and police-run set of exercise became increasing 'perfunctory and desultory'.<sup>33</sup> So even though this movement tended to thoroughly regulate public activities, this cultural control appeared to be more important in the political aspect to exterminating the 'Red' (Communists) rather than really producing a generation of new citizens who might achieve a self-generating renewal of the national spirit. For this reason, even though mental hygiene was appropriated as a tool of regulation, I will suggest being cautious in evaluating its biopolitical effects among the masses. The top-down model can easily lead to overemphasizing the state's power as well as the influence of a phenomenon like the New Life Movement in everyday life. This analysis of mental hygiene thus highlights the problems with seeing Chinese nationalism as 'part of a widespread cultural change among ordinary people', a process 'in which the creators, disseminators, and recipients of the new political culture were all involved in shaping its nature'.<sup>34</sup>

The rise of mental hygiene was not unique to China. Mathew Thomson has highlighted the international spread of mental hygiene propaganda in the interwar period. However, he has suggested that mental hygiene often emerged independently in various countries. This certainly applies to the Chinese situation. Among the three strategies he concluded for promoting international mental health (propaganda, research and educational and restrictionist), Chinese intellectuals tried the first two in their practice. In a wartime context, the mental hygiene propaganda strategy was particularly appealing and thus the Chinese mental hygiene movement became increasingly socio-political. From 1920 to 1934, inspired by a desire for national modernity, abnormal psychology had been imported as a scientific way to cope with mental issues. But already intellectuals and their political allies were becoming obsessed

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<sup>33</sup> Wakeman, *Policing Shanghai*, p.234.

<sup>34</sup> Harrison, *The Making of the Republican Citizen*, p.6.

about mental ill-health as a symbol of cultural backwardness, and consequently turned their focus towards personal maladjustment in the face of social change. Therefore before substantial research was established, there was already the start of a reorientation towards a more pragmatic and less scientific approach in the form of mental hygiene. This reorientation was encouraged further by a deterioration of the social situation and by warfare. In particular, this context was crucial to the GMD government's ambition to see mental hygiene as part of new citizen health. Abnormal psychology therefore gradually lost its appeal and handed the flag to mental hygiene as the new fashion in mental healthcare.

## Chinese Mental Hygiene Movement

Facing a difficult situation in 1934, psychologists began discussing the future of psychology. They agreed with the necessity to integrate resources within cities, build inter-university connections and, most importantly, apply psychology to everyday life. In order to facilitate these ideas, the Chinese Mental Hygiene Association (CMHA) was founded in April 1936 in Nanking.<sup>35</sup> There was no national psychological association at the time, so CMHA functioned in effect as the national institution for the discipline and profession.

It was Shanghai that implemented the most impressive mental hygiene activities; however, NCU became the leader and convener of CMHA due to its national and central status and superiority in gaining government financial support. NCU therefore also took the lead in organizing publishing and seminar activities. In 1934, resonating with the New Life Movement, an NCU journal, *Jiaoyu Congkan* (Education Collection 教育丛刊) published two special issues about mental health. Those articles were mainly translations of foreign research by members of staff in university psychology departments. The articles also, however, introduced the International Mental Hygiene Movement and expressed the necessity of facilitating a similar movement in China. Psychologists at Great China University (GCU)

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<sup>35</sup> Zhang, *Introduction of Mental Hygiene*, p.227.

and in Shanghai organized a series of activities this year and I will discuss this in the next part of the chapter.

As to the initiation of the association, the records are full of a patriotically ‘nation-strengthening’ tone. A document marking the ‘origin of the Chinese Mental Hygiene Association’ illustrates the aim and nature of CMHA quite well and is worth quoting at length:

What is the foundation of a country? It is the civil mind or national spirit. A country with strong-minded citizens will become powerful, or it will decline. Mind cultivation matters the most for pursuing scholarship, managing the mind is vital for supervising the army, and the cultivation of reasonable and honest minds is crucial for building a country.

Ancient Western scholars valued much about the body, however, ancient scholars in our country placed particular emphasis on the mind. Cultivating the mind is the best way of nourishing the body. We should cherish what our predecessors achieved even it has not yet been explained in a scientific way.

The scientific theory on exercising the mind prevalent in Western countries is called mental hygiene, or psycho hygiene, or personality hygiene. It is based on the latest scientific psychology, psychiatry, psychotherapy, and prevention and it has been applied to all areas through the so-called ‘mental hygiene movement’. It has huge benefits for improving social efficiency and civil wellbeing as well as diminishing criminality and backwardness.

Our country is in great difficulty now. Our people have been labelled the ‘East Asian Patient’. Looking at current society, needless to say, that mental illness is more common, even normal people present worse psychopathy. Some even sell the country and serve our enemy. It is nothing but a mental breakdown. How could they take the burden of strengthening our country?

Our revolutionary predecessors Sun Yat-sen and Chiang Kai-shek have already expressed the importance of mental construction. We ourselves have to do self-examination and improve our own habits and meet the requirements of the New Life Movement. Other laymen will naturally learn from us and we do not even have to guide one by one.

Thus, we are organizing the Chinese Mental Hygiene Movement purely aiming to improve national mental health and prevent mental disorders, and facilitating mental hygiene research and enterprise.<sup>36</sup>

Inspired by mental hygiene, intellectuals began to link individual psychological development and social and national health. In the process, the focus of their concern had unconsciously changed from an imagined minority to a vivid majority. As the text above shows, the preoccupation was not with the mad, who loomed but were hard to quantify. Instead, the new anxiety was centred on normal people who were behaving worse and who risked spreading moral degeneration in daily life. The silent mass was relabelled as behaviourally defective before any examination and check. The shift was justified by pointing to Chinese predecessors, who were turned to in the New Cultural Movement for their philosophic and moral doctrines, and who here act as prophets for guiding and responding to the moral and behavioural bankruptcy. As a result, mental illness is reinterpreted as personality bankruptcy which can be traced everywhere, and the government is called upon to regulate and remould minds and personalities in an officially identified way.

The Mental Hygiene Association, as with many other such groups, exhibited an exciting birth but a short life. It was briefly illustrious, both through publications, but also in settings such as Shanghai. Public figures (231 convenors and 146 supporters), including psychologists, intellectuals, medical practitioners, civil officers, and social activists, signed up and showed their support. The Association drafted an ambitious work plan in 1936 and a set of detailed regulations.<sup>37</sup> However, it only functioned for one year before the Japanese opened hostility in East China in July 1937. Records about CMHA's practical work are mainly related to Great China University and the Shanghai region. This will be expounded in the next part of the chapter. Generally speaking, mental hygiene publications were popular in these three years. From 1932 to 1939, 545 articles were published about psychology, among

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<sup>36</sup> Yang, *History of Psychology*, p.189. Zhang, 'Appendix: origin of Chinese Mental Hygiene Association', in *Introduction of Mental Hygiene*, p.231.

<sup>37</sup> See appendix, also see Yang, *History of Psychology*, p.193, 195.

which, fifty-two were titled as mental hygiene, secondary only to educational psychology (71), applied psychology (78) and tests (100), and far outnumbering coverage of abnormal psychology (20).<sup>38</sup>

From 1937 on, most regular academic activities were forced into a termination and only sporadic practices were tried in Shanghai, as the international concession negotiated a contemporary compromise with the Japanese for a period. Fanny Halpern had cooperated with a group of Chinese elites to set up a Shanghai Mental Hygiene Association in 1939 with psychiatric courses, children's clinics, and publicity.<sup>39</sup> This will also be expanded upon in the next chapter. Tang Zijie (唐自杰) had organized a Mental Hygiene Association in Chongqing (重庆), the contemporary capital of KMT, in 1948.<sup>40</sup> In the following part, I will explore Zhang's achievements in Great China University.

## Zhang Yinian and Mental Hygiene in Shanghai

In several articles, Zhang Yinian is deemed to be the pioneer of Chinese mental hygiene, due to his serial practices in introducing mental hygiene and his repeatedly published book, *Introduction of Mental Hygiene*.<sup>41</sup> His main efforts were in institutional construction and practical publicity to enhance understanding and change public attitudes. His individual endeavours reflected the coming together of a propitious set of international, national and regional factors.

### 1. Zhang Yinian

Zhang was awarded a Bachelor's Degree in Psychology in Jinling (金陵 Nanking) University and a Master's Degree from the University of Michigan. In the years he studied in America, Clifford

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<sup>38</sup> Yang, *History of Psychology*, p.222.

<sup>39</sup> Zhang Yaoliang 张耀翔, 'Zhongguo xinlixue fazhan shi lue' 中国心理学的发展史略 (Brief History of Psychology in China), *Jiaoyu xinli yanjiu* 教育心理研究 (Study of Educational Psychology), 3 (1941): 27. Yang, *History of Psychology*, p.171.

<sup>40</sup> Yang, *History of Psychology*, p.200.

<sup>41</sup> Shu, 'Zhang Yinian: A Pioneer of Mental Health in China', p.93.



Beers, the famous convener and leader of the American Mental Hygiene Movement, was not sparing in his efforts to propel mental hygiene in the forefront of public consciousness. In 1930, the same year as the First International Mental Hygiene Congress, Zhang returned to Shanghai and initiated a mental hygiene course as part of psychological education at Jinan University (暨南大学).<sup>42</sup> However, as with many other overseas returnees, Zhang harboured a wish to make a real difference to the country. He thus soon became engaged in politics in his role as the president and professor of Provincial Hangzhou Normal School (省立杭州师范学校). His involvement in educational practice enabled him to recognize the importance of mental hygiene. According to Zhang, both ‘education and mental hygiene are aiming to create a complete and healthy personality, a sound education system must take mental hygiene into consideration’.<sup>43</sup>

In July 1934, he returned to Shanghai and focused on mental hygiene propaganda. This was a period in which psychologists in Shanghai sought inter-university cooperation, and Zhang soon organized a series of activities at Great China University.<sup>44</sup> Due to his efforts, the Educational Psychology Department was assessed as the best psychological department in 1936 and won appropriation from the Ministry of Education.<sup>45</sup> Zhang consequently assumed the role of the director. Apart from running courses and seminars, he set up a Psychological Association (心理学会) and a Children’s Mental Clinic (儿童心理诊察所) in Great China University in 1935. A series of talks, debates and radio broadcasts and psychiatric hospital visits followed, aiming to acquaint students with psychology and get across to normal people ideas of changing daily life. Tests were also conducted in his department and in primary schools. The setting-up of a Department of Educational Psychology and

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<sup>42</sup> Guo, ‘In Memory of Predecessors and Exploiting the Future’, pp.193-194.

<sup>43</sup> Zhang, ‘Brief History of Psychology in China’, p.98.

<sup>44</sup> Yang, *History of Psychology*, 166. Jinan Daxue 暨南大学 (Jinan University), Daxia Daxue 大夏大学 (Great China University), Guanghua Daxue 光华大学 (Kwang Hua University), Fudan daxue 复旦大学 (Fudan University) and Hujiang Daxue 沪江大学 (University of Shanghai).

<sup>45</sup> Yang, *History of Psychology*, p.166. The appropriation was limited as funding and support for private universities were much less than public university. See Shu Han 韩成, ‘kangzhan shiqi de buxiao zhi zheng yu zhengxue guanxi 抗战时期的部校之争与政学关系 (Conflicts between Ministry of Education and universities, and the Relations of Government and the Educational in War Time China)’, *Jindaishi Yanjiu* 近代史研究 (Modern Chinese History Studies), 1 (2016): 124-137.

the periodical journal *Psychology Quarterly* (心理季刊) in 1936, revealed an academic orientation.<sup>46</sup> In line with this, he translated several pieces about foreign psychological research. He also published his teaching materials through his book *Introduction to Mental Hygiene* (心理卫生概论), expecting it to serve as both a textbook and popular reading. This book was seen as the first Chinese monograph about mental hygiene and was repeatedly published in China.<sup>47</sup> Within the book, Zhang expressed his great admiration for Beers and the urgent need for a figure like Beers in China to firmly facilitate mental hygiene.<sup>48</sup>

From 1937 on, Zhang had been trying to find a teaching job in the turmoil. In 1939, Zhang had held a meeting discussing the psychological application in wartime in order to enhance civil adaptation. He also tried to give a broadcast about 'Psychology and resistance'.<sup>49</sup> Before the foundation of the PRC, he had worked for the Wang Puppet Regime, which led him to work for six years with an alias, Zhang Zhongzi (章仲子). But in 1957 the Anti-Rightist Movement still marked him out as a Rightist, an intellectual who favoured capitalism and opposed collectivization. Zhang was punished by a two-year *Laogai* (劳改 reform through labour) before his death in 1960. Because of his deeds in the field of mental hygiene, he had even been called the 'Chinese Beers'.<sup>50</sup> However, he had never achieved the kind of status that Beers did in America, even in Republican China. He may have been an effective educator but he was not a good politician. His name did appear often in psychological institutions but never as a leader, which was usually taken by figures from the GMD government, mainly those in NCU.

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<sup>46</sup> The first one was held by Zhang Yaoxiang in 1922 in Peking.

<sup>47</sup> Yunji Wang 王蕴瑾, 'Zhongguo xinli weisheng yundong de lingluren, Wu Nanxuan' 中国心理卫生运动的领路人吴南轩 (Nan-Hsuan M. Woo: The Pioneer of Chinese Mental Health Campaign), *Xinli jishu yu yingyong* 心理技术与应用 (Psychology: Techniques and Applications), 1 (2015): 60-64.

<sup>48</sup> Zhang, *Introduction of mental hygiene*, p.23. 'Xinli xuejie xiaoxi 心理学界消息 (News of Psychology)', *Zhongguo xinli xuebao* 中国心理学报 (China Psychology Journal), 1&2 (1936): 177, 189. 'Zuijin xinlixuejie xiaoxi 最近心理学界消息 (News of psychology)', *Xinli jikan* 心理季刊 (Psychology Quarterly), 1&2 (1936): 141, 3&3 (1936): 176. Yang, *History of Psychology*, pp.166-171.

<sup>49</sup> 'Xiao wen 校闻 (University News)', *Great China University Weekly* 大夏周报, 24 (1939).

<sup>50</sup> Xu Jiaming 徐佳明, 'Zhongguo de biersi: Zhang Yinian yu zhongguo xinli weisheng yundong zhi faren' 中国的比尔斯: 章颐年与中国心理卫生运动之发轫 (Chinese Beers: Zhang Yinian and Chinese mental hygiene movement), *Dazhong xinlixue* 大众心理学 (Popular Psychology), 8 (2016): 47. Hu Yanfeng 胡延峰, 'Liumei xuezheshangyinian yu daxia daxue xinli xuehui' 留美学者章颐年与大夏大学心理学会 (Zhang Yinian and Psychology Association in Great China University), *Xuzhou shifan daxue xuebao* 徐州师范大学学报 (Journal of Xuzhou Normal University), 1 (2009): 5.

## 2. Psychological Association and Promotion of Mental Hygiene

With the foundation of the Great China University Psychological Association in 1935, a series of activities were launched, including debates, seminars, fieldwork, and the establishing of a children's clinic and a journal, *Psychological Quarterly*. All these activities boosted thoughts about why mental health mattered and how daily life related to this knowledge.

Zhang facilitated various inter-university events to expand the influence of mental hygiene. From 1934 on, Zhang invited psychologists and educators to give lectures about the International Mental Hygiene Movement, applied psychology and psychological testing.<sup>51</sup> There were also debates among associational members or universities in 1936, on subjects like 'only if people believe in behaviourism could psychology be promising', and 'heredity outweighs environment in influencing crime'. Three hundred students reportedly attended.<sup>52</sup> Besides, Zhang organized an abnormal psychology class for mental patient research with visits to Suzhou Gospel Hospital (福音医院) and Shanghai Mercy Hospital.<sup>53</sup>

Regardless of academic interactions, Zhang unsurprisingly put more effort into practical work. One of his most celebrated acts as the foundation of the first Children's Mental Clinic in China in September 1936. Aiming to 'promote children's psycho health and help those who suffered social adjustment disorder', the clinic carried out intelligence and daily-manner tests, interviews and

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<sup>51</sup> *Daxia zhoubao* 大夏周报 (Great China University Weekly), 11 (1936): 5, 15, 12 (1936): 10, 13 (1936): 1, 10, 21, 27.

<sup>52</sup> 'Benxiao xinlixi yu Jinan jiaoyuxi jiang juxing bianlun bisai' 本校心理系与暨南教育系将举行辩论比赛 (Debates will be held between Psychology Department and Ji Nan University), *Great China University Weekly*, 12 (1936): 9. 'Xinlixi huodong jinxun 心理学会活动近讯' (Latest News of Psychology Department), *Great China University Weekly*, 13 (1936): 10. 'Benxiao jiaoyuxinli xi, jinan jiaoyuxi diyijie guoji bianlun bisai 本校教育心理系、暨南教育系第一届国论辩论比赛 (The First Debate Competition between Psychology Department and Education Department of Ji Nan University), *Great China University Weekly*, 12 (1936): 10.

<sup>53</sup> 'Xinli xuehui huodong jinkuang 心理学会活动近况 (Recent news of Psychology Association), *Great China University Weekly*, 12 (1936): 7. 'Biantai xinli ban cangan Suzhou jingshenbing yuan 变态心理班参观苏州精神病院 (Abnormal Psychology Class Visit Gospel Hospital in Suzhou)', *Great China University Weekly*, 12 (1936): 5.

investigations among college students, primary school students and mental patients.<sup>54</sup> Given the paucity of well-trained personnel and research staff, most of this work was tentative. It is also hard to trace the outcome.

In addition to being the subjects of observation and investigation, a wider audience was exposed to everyday guidance through new technology in the form of radio broadcasts. From April 1934, thirteen biweekly talks themed as ‘daily psychology’ were given on Shanghai Telegraph Broadcaster in three months. Topics included: abnormal psychology, household application of mental health, mood control, depression and happiness, duty and life, weariness, concentration and work, reputational formation, mass behaviour, learning others’ personality and adapting to the environment.<sup>55</sup>

### 3. *Psychology Quarterly*

Another of Zhang’s significant achievements was the founding of the journal *Psychology Quarterly* (心理季刊), as it was the first and only popular psychological journal in China at that time. From April 1936 to June 1937, 87 articles were published, with forty-nine related to a daily psychological application.<sup>56</sup> In his foreword to the journal, Zhang, as the chief editor, expressed two reasons why this was needed. Firstly, despite some progress for psychology in China, not a single psychological journal had been able to survive and establish a permanent presence. It was, therefore, necessary to build a platform for Chinese psychological achievements and ideas. The second concern was to counter popular ignorance: a ‘large mass exposed to unscientific approaches like astrology, divination, ghost’s belief, corporal punishment, crime, suicide, and neurasthenia’. His slogan ‘applying

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<sup>54</sup> ‘Daxia xinli xuehui she xinli zhencha suo 大夏心理学会设心理诊察所 (A Clinic will be set up by Psychology Association)’, *Xinli jikan* 心理季刊 (Psychology Quarterly), 2 (1936): 1. ‘Benhui xinli zhenchasuo chengli 本会心理诊察所成立 (The Clinic of Psychology Association has been set up)’, *Psychology Quarterly*, 2 (1936): 2. ‘Kuoda wenti ertong xinli zhenchasuo 扩大问题儿童心理诊察所 (The Expansion of Children Psychological Clinic)’, *Psychology Quarterly*, 13 (1936): 21.

<sup>55</sup> *Great China University Weekly*, 22 (1934):13-15.

<sup>56</sup> Yang, *History of Psychology*, p.62.

psychology to improve everyday life' was commended for pioneering the introduction of psychology into people's everyday lives.

Zhang was not immune from attributing mental illness to 'ethnicity'. But this went alongside a strong populist orientation:<sup>57</sup>

Their (mentioned above) ethnicity is cheating, loafing on jobs and speculation. (Look at today's psychological research) How many effects does our research now produce on normal people?! This research is important, and more needs to be done to apply research to daily life and improve normal people's life. This is what this journal would more like to take in the future.<sup>58</sup>

Such populism set Zhang's journal apart from academic psychological journals as the only psychological journal in China attracting waves of subscription.<sup>59</sup> After the evacuation of Great China University in 1937, the journal ceased publication and most of its editors dispersed.

Zhang's efforts reflected a more general call in China for psychology to be applied to daily life. The turn from doctrine to practice, and from academia to the public, was one response to the insecure position of professional psychologists in China. For this reason, his and his followers' promotion of mental hygiene was rather different to the development of mental hygiene in the United States, where more emphasis was placed on patient care. For Zhang and his fellow pioneers, the label mental hygiene served mainly, if not only, as a rallying call for education and guidance related to social reform rather than as a tool of medicine. The establishment of clinics for the observation and treatment of mental patients contrasted with mental hygiene promotion among the normal masses. The mentally ill were largely out of the picture of the mental hygiene movement and were only occasionally dragged in to serve as objects of valuelessness to highlight the importance of mind remoulding among the mass of the population. Thus, mental patients, like abnormal psychology, gradually drifted out of the focus of public concern.

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<sup>57</sup> P. K. Crossley, 'Thinking about Ethnicity in Early Modern China', *Late Imperial China*, 1 (1990): 1-35.

<sup>58</sup> 'Chuangkan hua' 创刊话 (Inauguration), *Psychology Quarterly* 心理季刊, 1 (1936).

<sup>59</sup> 'Xiao wen 校闻 (University News)', *Great China University Weekly*, 22 (1936).

It was never easy to facilitate institutional work amidst the turmoil that China was experiencing by the second half of the 1930s. Lacking a stable authoritative framework and financial support, solid practical achievements were always unlikely. Not all psychologists stayed or treated mental hygiene as anything more than a form of political engagement and strategy for changing the country. Zhang's persistence and focus reflected his belief that mental hygiene could really be vital in rebuilding society. The 'First Man' of Chinese mental hygiene 'movement' is veritable in terms of his continuous endeavours, and this work was important for the later efforts of the CMHA and the Shanghai Psychological Association(上海心理协会), but the Chinese 'movement' did not turn out to be vigorous as others in America and Europe.<sup>60</sup>

#### 4. 'Mental Health' Bottle, 'Personality Soundness' Wine

The relatively minor role of concern about the mentally ill is a striking aspect of the Chinese mental hygiene 'movement'. Mental hygiene propaganda was often directed towards a socio-political rather than strictly medical end. Even if it shared the idea that mental disorders were a sign of national deviance, abnormal psychology talked a lot more about medical symptoms and mental illness, while mental hygiene instead emphasized personality and its formative arenas, like family, school, factory, and court.<sup>61</sup> Psychologists inspired by mental hygiene argued that they should focus on creating a better environment for individual development. Children were their main target as childhood was considered a key time for one's cultivation. In this context, a group of intellectuals embarked on endorsing mental hygiene to the public.

Scholars like Emily Baum have convincingly argued that Chinese efforts in relation to the mentally ill were inspired by concerns about national backwardness. This was almost certainly, as I have suggested, an important factor also in the motivation behind efforts in relation to personality

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<sup>60</sup> Yang, *History of Psychology*, p.172.

<sup>61</sup> Gui Zhilian 桂质良, *Xiandai jingshen bing xue* 现代精神病学 (Modern Psychology), (Shanghai: Qinyue shudian, 1932). Gao Juefu 高觉敷, *Xiandai xinli xue* 现代心理学 (Modern Psychology), (Shanghai: Shangwu yinshu guan, 1935). Zhang, *Introduction of mental hygiene*.

through mental hygiene. However, documenting this through the available evidence is challenging. In part, this is because the process was more complex. In this section of the chapter, I will explore this issue through a focus on the texts and through conducting a conceptual analysis of how madness was reinterpreted and quietly replaced by concern about personality. Zhang's well-known monograph, *Introduction of Mental Hygiene*, acts as a good case study for this analysis.

Zhang's book consists of two parts: the first expounds the origin and history of the mental hygiene movement, standards of mental health and sound personality, and elements (like fears, failures and conflicts) that can harm personality; the second part explains methods of promoting mental health in various realms like medical science, parents, education, legislation, and industry. Despite being based on his university teaching, it adopts the style of a conversation with a compatriot. Although it introduces the latest research, the book has a didactic and wishful tone. It aimed to develop an awareness of prevention. It promoted a vision of rational personality cultivation for the next generation. It also offers a vision of how China could be involved in international affairs.

At the very start of the book, Zhang redefined and enlarged the domain of 'mental diseases' from medical symptoms to everyday behaviour. He wrote that people normally imagined mental illness as being associated with very strong symptoms like craziness and idiocy, however, mental illness could take many different forms, and could manifest itself in less intense conditions. More concern, he argued, should be paid to early-stage physical symptoms like headache, insomnia and vomiting, and symptoms in social intercourse like a solitary disposition, over-naughtiness and lack of courage. This pathologization of everyday behaviour induced two important consequences. On the one hand, it provided a way to connect mental illnesses to childhood environment and long-term inappropriate upbringing. On the other hand, it meant that strategies of prevention could be directed at and modified by parents and teachers.

By doing this, Zhang repositioned mental illness from 'happenstance' to 'causality', and from 'personal' to 'social'. This causality rendered mental disorder less as an interior result of thinking things too hard or being inherently unable to adjust to society, and more as an outcome of the individual's relationship to the external world. This transformation partly released the stress of individual patients,

as, before this, mental illness was totally treated as a private or a family affair, with the ill deemed incompetent in social adjustment and responsible for their condition, and families normally suffering in private and reluctant to make it public. The transfer from a focus on the single person to the social required wider and deeper intervention into the public sphere. In addition, individuals themselves, who had never previously been the focus of concern, needed to raise their vigilance and undertake self-examination in daily life. Thus, mental illness jumped over the fence of 'other's business', and became 'our issue'. This aligned with the way intellectuals adopted the call for unity and cooperation to save the country.

Zhang's vision also included vital practical advice and techniques that were important in terms of potential popular appeal. Mental hygienists were aware that members of the public were increasingly exposed to new ideas like spiritualism, hypnotism, divination, and planchette, which seemed to provide some kind of psychological explanation and sustenance. But psychologists regarded these popular practices with great scepticism, and they presented mental hygiene as a modern more scientific alternative. Organizations like Shanghai's spiritual association fell into disfavour. Zhang presented mental hygiene as a better salve for the domestic worries and adaption problems brought about by industrialization and urbanization, like the crisis of traditional family structure, the instability of relationships and the increasing difficulty of earning a living. All created a need for a rational and reassuring guide to help adaption to the changing times. Rather than turning to the supernatural, mental hygiene turned to the science of self-change and adjustment. This resembled American approaches to achieving self-actualization through psychology.<sup>62</sup> Zhang provided standards of mental health and called for self-examination in daily life. Both offered reassurance and a practical way forward in conditions of social flux.<sup>63</sup>

In addition to self-adjustment, Zhang agreed with positive guidance and education from outsiders. Although he admitted that mental diseases could be cured, Zhang referred to American data to support the idea that prevention was more important than treatment as it would save prospective

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<sup>62</sup> Baum, 'Spit, Chains, and Hospital Beds', p.112.

<sup>63</sup> Zhang, *Introduction of Mental Hygiene*, p.23.



expenses and strengthen the personality of the next generation. In order to develop sound personality and mental health, the whole society should exert positive intervention in personality formation. It would not be achieved unless various social functional organizations, like families, schools, governments, and companies, took up their responsibility and worked together to create a better environment for the next generation.<sup>64</sup> This transformation from ‘individual personality’ to ‘public personality’ followed the example of the international mental hygiene movement but was also in line with the pursuit of national education reformation.<sup>65</sup>

The preventive approach partly resulted from the limitations of the theoretical basis and a compromise with social reality. Wholesale care and treatment for the mentally ill were unrealistic for China at the time. Prevention released conflicts and stress as well as providing a basis for the ultimate aim of building sound personality. China might need a Beers, however, ‘they should not wait for him coming but become Beers themselves’.<sup>66</sup>

## **Conclusion**

If previous chapters showed how the mentally ill became a target for regulation and relief, this chapter has shown how this group acted as a prime example of national deviance which elicited a wish for national rejuvenation. Due to the governmental readjustment of subjects in universities in the early 1930s, psychology was forced to transform and gain practical appeal to survive. Mental Hygiene promoted by newly returned experts and international conferences provided an alternative option. The preventive orientation of the mental hygiene movement met the needs of both educating the next generation and creating new citizens. Thus, psychologists, educators, and politicians took delight in publicizing mental hygiene and this led to a national mental hygiene movement.

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<sup>64</sup> Zhang, *Introduction of Mental Hygiene*, p.106.

<sup>65</sup> Zhang, *Introduction of Mental Hygiene*, p.21.

<sup>66</sup> Zhang, ‘Prologue’, in *Introduction of Mental Hygiene*, p.23.

Even though the movement was largely blocked by the Japanese invasion, Zhang's efforts in Great China University and Shanghai were remarkable. He tried various ways to propagate psychology and mental hygiene like giving lectures and radio talks, holding debates, asylum visits and publishing the first demotic psychological journal. All these regional endeavours tended to be valuable when a national connection was impossible in circumstances of great social and political turmoil. But it also disclosed the difficulty of facilitating activities in tumultuous social conditions. Lacking sustained contact with the population and powerful practical tools, mental health care turned out to be impractical, especially when warfare gradually spread across East China, as the government needed practical support for maintenance.

Apart from seeing it as an attempt at promoting mental health, Zhang's deeds can also be understood as part of the pursuit of creating the modern citizen. Citing the international mental hygiene movement in the first part of his book, Zhang then directly turned to chapters about building sound personality. In this vision of mental hygiene, the mentally ill were almost invisible. The absence of integral medical knowledge and emphasis on preventive intervention and personal adjustment reveal his primary social concern and his primary interest in social reformation. Even the concern about child development is part of this. This disguised replacement of mental hygiene and the stress on personality's importance to national destiny are indicative of elite thinking about the issue of national backwardness. The international mental hygiene movement endowed their efforts an aura of professional authority and rationality, but the lack of sound personal guidance and psychological education together with the neglect of the issue of the mentally ill mean that we should really see this Chinese program of mental hygiene as an attempt to shake off passivity and backwardness far more than a path to better mental health.

This is not the first time mental illness was deemed to be an issue of behaviour rather than biology. According to Ng. Vivien Wang, there was a transformation of madness from illness to deviance in Qing China, brought about by the drive of the central government to control and regulate the potential

danger of madness.<sup>67</sup> By the Republican period, mental issues were raised again by psychiatrists and several psychiatric hospitals were built for better treatment and research. However, the social and political situation meant that psychiatry was less attractive and useful for Chinese politicians and intellectuals (this will be expanded upon in the next chapter). Psychologists, educationalists, and politicians expecting a wider reformation reorientated mental problems from the mentally ill to a wider mass and called for a mental hygiene movement in order to cultivate sounder citizens with a sounder personality. Thus, the mentally ill fell back into neglect before receiving substantial medical treatment and research. From the Qing government to Republican elites, from minority deviance to majority unsound personality, mental illness had travelled a century but was still trying to find a position in Chinese medical history.

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<sup>67</sup> Ng, *Madness in Late Imperial China*, p.165.

## **The work plan of the Chinese Mental Hygiene Association for 1936**

1. About association: 1) Inviting more members; 2) engaging specialized directors; 3) engaging technical personnel; 4) raising money; 5) building clubs.

2. About publicity: 1) publishing mental hygiene journals; 2) publishing mental hygiene collections; 3) translating and introducing mental hygiene books; 4) holding mental hygiene lectures; 5) holding exhibitions and collecting data; 6) choreograph drama and casting film; 7) setting up library; 8) build material exchange station.

3. About investigation: investigating mental patient, feeble-minded children, and mental hospital.

4. About the research: 1) carrying out mental health tests; 2) studying the cause, nature and preventive therapy of mental illness.

5. About education and training: 1) promoting mental hygiene education; 2) training psychiatric professions, mental health workers, psychiatric nurses, psychiatric social workers, visiting teachers.

6. About relief and treatment: 1) assisting in improving mental hospital conditions; 2) assisting to build governmental or private mental hospitals; 3) assisting the establishment of the psychiatric department in hospital; 4) assisting the establishment of mental health clinics; 5) assisting the establishment of feeble-minded home and classes.

7. About prevention: 1) advocating control on mental illness and eugenism; 2) advocating parental education; 3) organizing children's wellbeing symposiums; 4) setting up infant and children observation clinics; 5) setting up adult mental hygiene consultation office; 5) setting up marriage guiding office; 6) setting up occupational guiding office.

8. About specific relief and prevention: 1) facilitating criminal psychology observation; 2) build youth court and reformatory; 3) observation for soldiers; 4) entrepreneur administration.

9. International contact: 1) preparing for the second International Conference on Mental Hygiene; 2) investigating mental hygiene in various countries.

## Chapter Four: A Jewish Psychiatrist in China: Fanny Gisela Halpern and Mental Health Promotion

Existing research talks a lot about asylums, psychiatrists and psychiatric hospitals in Republic Peking and Canton. In this context, foreign psychiatric practitioners, like John Kerr in Canton and Robert Lyman (1891-1959) in Peking Union Medical College, have been shown to have had an impact on Chinese practitioners and psychiatric training and practice.<sup>1</sup> However, few historians have drawn attention to developments in Shanghai, which was actually the centre and pioneer in the promotion of mental health in China.

In this chapter, I will set out the story of Fanny Gisela Halpern, a female Vienna Jewish psychiatrist, who was involved in introducing psychiatric education and clinical practice in Republican Shanghai for nineteen years. Her coming to China provides a fresh perspective on the promotion of psychiatry in this setting. Firstly, she did not come for missionary work but was invited by Chinese patriot educator, Yan Fuqing (or Yen Fu-Ching 颜福庆), who, unsatisfied with the supremacy of ‘Western medicine’ and personnel, devoted his whole life to setting up ‘modern Chinese medicine’. This provides a challenge to our understanding of missionary work derived from the other Canton and Peking. Secondly, Halpern’s work in Shanghai intersected a lot with the International and French Concessions, and this indicates that medical development could involve compromise with political forces, a finding at odds with the dominant story of psychiatry being driven by colonial professionalization. Thirdly, as a Jewish psychiatrist, Halpern was heavily influenced by German intellectual and political development. In fact, her work in Shanghai could not be separated from this background, including her ideas toward mental problems.

Halpern’s story exemplifies the international transmission of knowledge and intellectuals

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<sup>1</sup> Nava Blum and Elizabeth Fee, ‘The First Mental Hospital in China’, *American Journal of Public Health*, 9 (2008): 1593. Anne C Rose, ‘Racial Experiments in Psychiatry’s Provinces: Richard S. Lyman and his Colleagues in China and the American South, 1932-51’, *History of Psychiatry*, 4 (2012): 419-436.

between Europe and China. It allows us to re-examine the initiation of psy disciplines and mental hygiene in Republican China. Most importantly, it challenges previous arguments that foreign missionary medicine contrasted fundamentally to traditional Chinese practices and had to break through a cultural barrier and conventional superstition. The interaction between the two sides and adjustment on each side provides us with a fresh insight into the history of mental health in China.

## **Fanny Gisela Halpern and Vienna University Medical Training**

Fanny Gisela Halpern (1899-1952) was born in a Jewish family in Krakow, Poland. Her Father, Simon Halpern (1865-1939), retired from service as a physician for the Austria army with the rank of General-stabsarzt (Major General in Medical Division).<sup>2</sup> Halpern received a good education and systematic medical training. She attended middle and high school in a Gymnasium and passed the Matura examination.<sup>3</sup> From 1917 to 1918, she studied medicine at the University of Graz, one of the best medical schools in Europe of the day. Afterwards, she entered the University of Vienna and was awarded the Doctor Diploma of Medicine with *Sub auspiciis* honours (all examinations with the highest grade) in December 1924.<sup>4</sup> She published four articles during this period. In the picture below, she is standing in the second row, the fifth from the right.

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<sup>2</sup> F-58-4-1-0-1, p.2

<sup>3</sup> A gymnasium is a type of school with a strong emphasis on academic learning, and providing advanced secondary education in some parts of Europe. In Austria, the Gymnasium has two stages, from the age of 11 to 14, and from 15 to 18, concluding with Matura. Matura is a Latin name for the high-school exit exam or 'maturity diploma'.

<sup>4</sup> In Austria, the highest possible honor for achievement is the *promotio sub auspiciis* (præsidentis rei publicae). The Austrian doctoral degree depends on a Ph.D. thesis (Doktorarbeit) and an oral examination (Rigorosum). For the *promotio sub auspiciis*, both have to be rated with one and 'passed with distinction' has to be given.



Figure 4. Jauregg and Staff in 1927

Images from the History of Medicine, Description from: Bulletin of the New York Academy of Medicine August 1965, <https://collections.nlm.nih.gov/catalog/nlm:nlmuid-101433214-img> 'Vienna, Universität'. Front row (left to right): Max Weissmann, Bernhard Dattner, Heinrich Kogerer, Heinrich Herschmann, Julius Wagner-Jauregg, Josef Gerstmann, Paul Schilder, Heinz Hartmann, Otto Kauders. Second row (left to right): Erwin Stengel, Edith Vincze, Lydia Sicher, Annie Reich, Ludwig Horn, Clara Strassky, Robert Stern, Fanny Halpern, Otto Isakower, Alexandra Adler, Hans Hoff, Edward Bibring. Back row (left to right): Gottfried Engerth, Friedrich Stumpfl, Stefan Betlheim, Ludwig Eidelberg, Edith Klemperer, Ernst Haase.

In October 1920, she received rotating clinical training in Medicine, Surgery, Gynaecology and later in the most prestigious clinic in Vienna, the Clinic of Internal Medicine, with Professor Norbert Ortner from October 1920 to April 1923. After graduation, she was employed as a hospital, resident physician, and clinical assistant at university hospitals and clinics, including the Pediatric University clinic of Vienna led by Professor Clemens von Pirque, the Internal Medicine Department and Psychiatry Department of the General Hospital of Vienna.<sup>5</sup> From July 1926, she started to work as an assistant for Professor Julius Wagner-Jauregg at the Clinic of Neurology and Psychiatry of Vienna University, one of five women in the clinic group of Jauregg, who would be a huge influence.<sup>6</sup> She taught post-graduate courses offered for American physicians from 1931 to November 1933 (just before her call to China). She obtained the certificate of 'Specialist for Neurology and Psychiatry', and became a member of the

<sup>5</sup> Hospitant is a student teacher sitting in on school classes for instruction in methods of teaching.

<sup>6</sup> F-58-4-2-0-10, p.166. Professor Julius Wagner-Jauregg: The Conqueror of General Paralysis of the Insane. Wagner-Jauregg was the first psychiatrist to win the Nobel Prize for Medicine (in 1927) and has remained the only psychiatrist to receive the prize for research on mental illness (developing the malarial treatment of syphilis). Wagner-Jauregg regarded mental illnesses as biological entities for which he sought 'physical' cures. F-58-1-1-0-9, pp.61-63.

Specialists Association of Vienna in 1930. She was also a member of the Neurology and Psychiatry Association of Vienna and later assumed as an honorary foreign correspondent when she left for China. From 1929 to 1932, she published six academic articles.

Halpern's work in the Clinic was of a high standard and put her on track for a promising career in the field. The Neuro-Psychiatric Clinic was a preeminent site for psychiatry. In particular, it represented the official organically-oriented clinical psychiatry (the other approach was Otto Peotzl's neuropsychology). As the only teaching hospital in Vienna, it is recognized as providing complete training in psychiatry. Thus, whatever impact psychiatry had on Viennese medical circles, it was almost totally concentrated within the Neuro-Psychiatric Clinic.<sup>7</sup> In addition, its organizer was Wagner-Jauregg, the only Viennese neuropsychiatrist Nobel Prize winner, who was a believer in scientific psychiatry based on experimentally-demonstrated facts rather than driven by theory.<sup>8</sup> His neuro-psychiatric orientation and his achievements ensured the Clinic's scientific and official status. This was at a time when public and professional opinion in Vienna was not favourable to psychiatry in general and its influence on public life was negligible. Even though psychiatry was experiencing a remarkable transformation towards a scientific discipline under Wagner-Jauregg, it was still mainly undertaken in asylums rather than in general hospitals, where other medical specialities could be practised.<sup>9</sup> Freud's psychoanalysis was the second line of innovation, but it was not introduced into official university circles until the late 1930s.<sup>10</sup> Neurology, which was closer to the work of Wagner-Jauregg, was seen as a more 'pure' medical science in a world of anatomically-based medicine and its academic status also benefited from its independence from any 'applied' function.<sup>11</sup> The pursuit of higher medical status for psychiatry was accompanied by the pursuit of higher social status for the Jews who worked in the field.<sup>12</sup>

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<sup>7</sup> J. T. Salvendy, 'Psychiatry in Vienna today', *Canadian Psychiatric Association Journal*, 2 (1971): 172-174. K. A. Jellinger, 'A Short History of Neurosciences in Austria', *Journal of Neural Transmission*, 113 (2006): 271. The First Department of Psychiatry (in the building of the lunatic home of Lower Austria) and the Second Department of Psychiatry (in the General Hospital- Allgemeines Krankenhaus) were united in 1911.

<sup>8</sup> Jan Lindsten, 'Nobel Lecturers: Physiology or Medicine, 1922-1941', *World Scientific*, (1999): 171.

<sup>9</sup> Sander L. Gilman, 'The Struggle of Psychiatry with Psychoanalysis: Who Won?' *Critical Inquiry*, 2 (1987): 294. Andrew Scull (ed.), *Madhouse, Mad Doctors, and Madman: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981).

<sup>10</sup> Salvendy, 'Psychiatry in Vienna Today'.

<sup>11</sup> Sander L. Gilman, 'The Struggle of Psychiatry with Psychoanalysis: Who Won?' *Critical Inquiry*, 2 (1987): 295-296.

<sup>12</sup> Erika Weinzierl, *The Jewish Middle Class in Vienna in the Late Nineteenth and Early Twentieth Century* (Minneapolis: University of Minnesota, 2003), p.13.



The relatively lower status of psychiatry provided chances for Jews to enter the medical speciality. Finding a job was still difficult for them though, and worse for Jewish women given that women were not allowed to study medicine in Austria as late as 1900.

Wagner-Jauregg influenced Halpern's psychiatric ideas and her later work in China as well. He was judged by his pupils and friends to be rather reserved, cool and aloof, but was generally respected, and all his students were proud to work with him. He worked hard and conscientiously and was well known for his sense of justice. He occupied himself intensively with questions concerning forensic medicine and the legal aspects of insanity, assisting in and formulating the law regarding certification of the insane.<sup>13</sup> Wagner-Jauregg explored an approach which we now term 'social psychiatry', concerned with humanizing approaches to institutional care and treatment. This led to the idea that psychiatry had to go beyond the clinical field to include advocacy, lobbying and direct academic psychiatric input into legal bills and acts of parliament. He was not a friend of Freud's psychoanalysis. Almost all of Halpern's later work in China reflected Wagner-Jauregg's tendency. For example, she too placed an emphasis on forensic psychiatry, clinical work, education, propaganda, and prevention. Just like Wagner-Jauregg, Halpern was not a supporter of psychoanalysis, even though some other assistants were.<sup>14</sup> When Wagner-Jauregg died in 1940, Halpern published memorial articles in *Shen bao*, highlighting his influence.<sup>15</sup> The article detailed Wagner's discovery of the therapeutic value of malaria inoculation in the treatment of dementia paralytica and his opposite standpoint with Freud.

Professional achievements did not ensure Halpern a fair career in anti-Semitic Vienna due to increasing strictures on the Jewish population. The German Student Association at the University of Vienna, which dominated campus politics, was nativist, demanding the exclusion of Jews and Slavs from the University, and campaigning for quotas on the number of Jewish students and faculty. In 1930, the rector of the university-sponsored a law to limit the number of Jews at the University to their

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<sup>13</sup> Jan Lindsten, 'Nobel Lecturers: Physiology or Medicine, 1922-1941', *World Scientific*, (1999): 171.

<sup>14</sup> For example, Otto Pötzl, Helene Deutsch, Paul Ferdinand Schilder and Heinz Hartmann. Julius Wagner von Jauregg: a reappraisal. Riebl L, et al. *Australian & New Zealand Journal of Psychiatry*. 1992.

<sup>15</sup> *Shen bao*, 15th October 1940, No.23929, p.10, 'Zhuinian aoguo jingshenbing zhuanjia huagena yeleike jiaoshou' 追念奥国精神病专家华格纳叶雷克教授 (Recollecting the Austria Neurologist Wagner-Jauregg). The other two parts seen *Shen bao*, 17th October 1940, No.23931, p.18; and *Shen bao*, 18th October 1940, No.23932, p.18.

proportion of the population.<sup>16</sup> Halpern had tried to integrate herself into this environment. She converted to Christianity in 1932, but this did not make the situation better. The problem of being Jewish was a matter of origin, not of religion or self-affirmation. Converts from Judaism to Christianity were still liable to be excluded as Jewish by gentiles and by college fraternities. There were circles made up purely of Christians, others made up purely of Jews, and a very large middle group in between, partly of baptized Jews, partly of Christians who had made friends with the Jews.

More importantly, her Clinical Director's Nazism left Halpern little room to choose. Wagner-Jauregg was an enthusiastic Nazi, even before the annexation of Austria by Germany in 1938. He became a proponent of 'racial hygiene' (eugenics) and the president of the Austrian League for Racial Regeneration and Heredity and advocated the forced sterilization of people who were mentally ill, criminal or regarded as genetically inferior as early in 1928.<sup>17</sup> Wagner-Jauregg's successor, Otto Pötzl (heading the Clinic from 1928 to 1945), even joined the National Socialist German Worker's Party twice in 1930 and 1941. Thus, even though scientific activities seemingly continued as usual under the Austro-Catholic fascism of Dollfuss in 1933 to 1934, Halpern, as the 'minority' (Jew), actually could not work well with the mainstream Directors of the Clinic anymore.<sup>18</sup> Halpern's colleague, Paul Schilder, one of the founding fathers of group psychotherapy, left to America in 1932 but was deprived of his 'venia legendi' (right of teaching) in 1938 diaspora.

## **The Invitation from China**

In 1933, the president of National Shanghai Medical College (NSMC), Yan Fuqing was searching for an expert to conduct teaching and research in neurology. He sent an invitation via the Ministry of Education of Nanking Nationalist Government to the Austrian Government for assistance.

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<sup>16</sup> Jerry Z. Muller, *The Mind and the Market: Capitalism in Western Thought* (New York: Knopf Doubleday Publishing Group, 2007), p.355.

<sup>17</sup> G. Gartlehner and K. Stepper, 'Julius Wagner-Jauregg: Pyrotherapy, Simultanmethode, and "Racial Hygiene"', *Journal of the Royal Society of Medicine*, 8 (2012): 357-359.

<sup>18</sup> Edwin R. Wallace IV and John Gach (eds.), *History of Psychiatry and Medical Psychology* (New York: Springer, 2008), p.638. Brian Ault, 'Joining the Nazi Party before 1930: Material Interests or Identity Politics?' *Social Science History*, 2 (2002): 273-310. Muller, *The Mind and the Market*, p.355.

As the leading institution of neuro-psychiatric research, the Clinic of Neurology and Psychiatry of Vienna University took on this task. The director of the Clinic, Otto Pötzl, recommended Halpern, who was teaching courses offered for American physicians, as Assistant professor of Neurology and Psychiatry to NSMC.<sup>19</sup>

There is no surprise that Vienna was turned to for help. From the late nineteenth century on, German and Austrian universities had a special attraction for the training of medical specialities. The path to Vienna or Berlin for would-be analysts was a congenial one before the Anschluss in March 1938.<sup>20</sup> In the early 1900s, universities such as Johns Hopkins, Harvard, Yale, Pennsylvania, Syracuse, and Michigan had been modelled on the Germanic schools. Many graduates went to Germany for further training.<sup>21</sup> In the domain of psychology and psychiatry, Vienna and Berlin pioneered active treatment and prevention of anxiety states, neuroses, and psychoses, and played a key role in facilitating psychiatry and psychoanalysis becoming part of mainstream scientific medicine internationally.<sup>22</sup> The medical connection also benefited from the Sino-Germany cooperation from 1926 to 1941.<sup>23</sup> Even though Germany and Austria introduced discriminatory policies towards Jews, especially after 1938, the China Nationalist Government showed a welcome attitude to the refugees who would like to take overseas positions. It was able to attract medical refugees through its generosity and efficiency in giving visas, whereas the uncertainty of obtaining an American visa could be ‘sterile’ and ‘heartbreaking’.<sup>24</sup> The situation was also difficult for German and Austrian refugees who reached England, wherein war-time conditions they encountered an ambivalent government policy, and often moved on to the USA as soon as they could obtain permanent visas.<sup>25</sup>

China was in an era of medical reformation. From 1906 to the 1920s, the official medical

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<sup>19</sup> F-58-4-1-0-1, P1. <http://www.scmp.com/article/552284/freud-honoured-though-his-sex-theories-still-taboo>

<sup>20</sup> Wallace and Gach, *History of Psychiatry and Medical Psychology*, p.636.

<sup>21</sup> Wallace and Gach, *History of Psychiatry and Medical Psychology*, p.144.

<sup>22</sup> Volker Roelcke, Paul J. Weindling, Louise Westwood (eds), *International Relations in Psychiatry: Britain, Germany, and the United States to World War II* (Rochester: University of Rochester Press, 2010), p.218.

<sup>23</sup> Sun Yat-sen, *The International Development of China* (Taipei: China Cultural Service, 1953), p.298.

<sup>24</sup> Yvonne Kapp and Margaret Mynatt, with a foreword by Charmian Brinson, *British Policy and the Refugees, 1933-1941* (Abingdon, Oxfordshire: Frank Cass & Co. Ltd., 1997), p.32. Gao Bei, *Shanghai Sanctuary: Chinese and Japanese Policy toward European Jewish Refugees during World War II*, (Oxford: Oxford University Press, 2013). Gao Bei, ‘The Chinese Nationalist Government's Policy toward European Jewish Refugees during World War II’, *Modern China*, 2 (2011): 202-237.

<sup>25</sup> Wallace and Gach, *History of Psychiatry and Medical Psychology*, p.638.

education was disorganized. Medical schools and hospitals funded by different countries and organizations coexisted but went their own way. This disorganization became the biggest problem for medical reformation. After the foundation of the Hygiene Department in 1928, the Nationalist Government started to map a new medical system (also called hygiene system) which proposed that China should stop singly modelling itself on the ‘middleman’ of international knowledge exchange, Japan, but turn instead to American and European countries straightway.<sup>26</sup> The government, therefore, sent a cohort of delegates to those countries for medical study.<sup>27</sup> Popular medicine magazines like *Medicine Review* (*Yi yao ping lun* 医药评论) from 1929 to 1930 and *The Chinese Medical Journal* (*Zhonghua yixue zazhi* 中华医学杂志) in 1932 began publishing translations and discussions about overseas’ models. Universities and hospitals also started to build programs of practical cooperation.

Vienna’s medical system met the need of Chinese medicine reformation. The voice of learning from Germany (Austria inclusive) was higher even than the American & British model (represented by John B. Grant from PUMC, funded by the Rockefeller Foundation, and the Chinese intelligentsia who were educated in these countries) and exerted the biggest influence due to political support. Delegates had been sent to explore the medical systems of France, Germany, and Austria in 1929. More importantly, both scholars and the public thought German medicine and training better than others. Critics thought German medicine more advanced than American, and indeed many American textbooks were translated from German. In Shanghai and Peking, German doctors were the most popular and respected.<sup>28</sup> In 1929, at the request of the Minister of Education, Professor Knud Faber from Gottingen University was delegated by the Health organization of the League of Nations to study the state of medical education in China and to suggest means of rendering it adequate to meet the medical requirements of the country.<sup>29</sup>

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<sup>26</sup> It was generally thought that Japanese modern medicine was originated from Germany. Japanese style medical schools in China upheld Germany medicine modelled Germany medical curriculums and taught in German. Many Japan-educated Chinese continued to study in Germany.

<sup>27</sup> Gao Xi 高晞, ‘Between the State and the Private Sphere: The Chinese State Medicine Movement, 1930-1949’, in Liping Bu, Darwin H. Stapleton, Ka-Che Yip (ed.), *Science, Public Health and the State in Modern Asia*, (London: Routledge, 2012).

<sup>28</sup> Gao Xi, ‘The Establishment and Evolution of Western Medical System in China in the 20th Century (1900-1949)’, *Shi Lin* 史林, 5 (2014): 98-100.

<sup>29</sup> Knud Faber, *Report on Medical Schools in China* (Geneva: League of Nations Health Organization, 1931).

Up until this time, scattered work in the field of psychiatry had developed in China's coastal cities, like that inspired by John Kerr in Canton and by Lyman in Peking.<sup>30</sup> As to Shanghai, despite several private clinics in the Concession area, dealing with mentally ill cases, NSMC was the first medical institution providing psychiatric training and practice. Yan invited Lyman, a graduate from the School of Medicine of Johns Hopkins University, to Shanghai to lecture on neurology and psychiatry in the 1931 to 1932 school year.<sup>31</sup> Following in the biosocial interactionist tradition promulgated by Adolph Meyer at Johns Hopkins, Lyman supported research and teaching on neurological, personality and sociocultural influences on mental illness within a broadly integrative psychosomatic framework for diagnosis and therapy, which was latterly expressed by a biopsychosocial model in medicine. Lyman also engaged in research with J. R. B. Branch on brain-injured Chinese casualties of the resistance to Japanese attacks upon Shanghai in 1932. A doctor Barrie succeeded Lyman the following year provisionally when he departed for PUMC and Europe. Yan simultaneously began to search abroad for a highly qualified person to continue this work. That was why Halpern got the invitation.<sup>32</sup> PUMC was the best equipped medical centre of the day, however, the increasingly anti-colonial atmosphere was turning against the dominance of American medical personnel. The establishment of NSMC was the result of a series of patriotic movements for developing modern Chinese medicine to compete with PUMC and improve Chinese medical practitioners' status. This was the ambition of Yan, even if he himself had an American-style education. Given the obvious attraction of PUMC for American physicians, it is no wonder that Yan looked instead to Vienna for new teachers. Thus, the encounter of Halpern and NSMC was the result of specific situations both in unstable Vienna and in the turmoil of China.

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<sup>30</sup> Roelcke, Weindling and Westwood, *International Relations in Psychiatry*, p.219.

<sup>31</sup> R. S. Lyman, V. Maeker and P. Liang (eds), *Social and Psychological Studies in Neuropsychiatry in China*, Unknown Binding, 1939.

<sup>32</sup> F. G. Halpern, *Care of the insane in China*, Inaugural address at the opening of the Shanghai Mercy Hospital for Nervous Diseases, 29<sup>th</sup> June, 1935.

## Halpern, Yan and National Shanghai Medical College

At the end of 1933, Halpern left to NSMC and to life in the French Concession.<sup>33</sup> She opened a series of courses and activities there with the support of Yan. Yan's broad relationships in the Government, among the gentry and in the medical circle all provided a convenient setting for her work. She worked with foreigners' institutions and associations partly due to the lack of professional physicians. In contrast to the majority of foreign missionaries, her work was more focused on pure medical activities. And because of this, she became known as 'the First Person of Mental Health in China'. However, working among a variety of political powers in chaotic Shanghai left her little space to pursue a brighter career. Her progress had to overcome negotiating with various powers and a variety of medical theories as well as the changes brought about by upheaval of Shanghai's situations. Yan helped her to settle down in Shanghai and after that, she survived through the Japanese invasion and Chinese civil war with her skills in medicine and support from other foreign associations until 1951. General courses, like Neuro-anatomy, Neurology, and Psychiatry, were soon opened to medical students in the spring term of 1934, accompanied by the establishment of a Neurology and Psychiatry Division in the Medicine Department.<sup>34</sup> Nursing courses were also given to undergraduate and postgraduate for the training of psychiatric nurses. As the only Neurological and Psychiatric Associate Professor, Halpern was entitled to full autonomy in promoting activities.

Another significant move was the effort to build cooperation between the college and hospitals. Previously, medical institutions and associations funded by different organizations and countries were run separately. NSMC led the tide of college-hospital cooperation. Soon after the launch of the courses, NSMC reached an agreement with the First Hospital of the Red Cross Society of China (*Hong shizi hui di yi yiyuan* 红十字会第一医院), to become a teaching hospital, where Halpern established and later expanded a temporary Neurology Clinic. This met with Yan's initial expectation for neurological research based on an underlying belief that neurology was more scientific than psychiatry, possibly due

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<sup>33</sup> F. G. Halpern, Care of the insane in China. Inaugural address at the opening of the Shanghai Mercy Hospital for Nervous Diseases, 29<sup>th</sup> June, 1935.

<sup>34</sup> F-58-4-1-0-3, p.116.

to the negative reputation of psychoanalysis in China. Nevertheless, a Chinese-run General hospital was always on schedule. In 1937, NSMC finally owned its official teaching hospital, which was named as Zhong Shan Hospital (Chung Shan Hospital 中山医院). Following its inauguration, the Neurology Clinic was transferred to Zhong Shan Hospital. In the previous quarters, Halpern set up a new Psychiatry Ward.

Halpern also took concurrent posts in several other colleges as well as their cooperative teaching hospitals. In the autumn of 1934, by special arrangements (Yan's uncle was the president of St. John's and he himself was educated there) among the three Medical Schools, students of St. John's University (Pennsylvania Medical School) and the Women's Christian Medical College, which was directed by Josephine C. Lawney (1881-1962, 1921-1943 in service), also joined the lessons.<sup>35</sup> These three medical schools in Shanghai and the PUMC were the only ones in China offering regular courses in psychiatry as late as 1934.<sup>36</sup> Westwood from St. John's and Lawney later became two of Halpern's close partners after NSMC had to evacuate after 1937.

Mental problems were paid special attention. Yan had planned to build a specialized hospital for neurotics at Jiangwan (Kiangwan 江湾), a suburb of Shanghai, where Chinese authorities got control. This expectation was satisfied in another way. In 1935, the well-known philanthropist, Lu Bohong (Lo Pa-Hong 陆伯鸿) planned to build a hospital at Min Hang (Minghong 闵行) for the needy, which later became Shanghai Mercy Hospital (SMH, 上海普慈疗养院). A cooperation agreement was therefore made between Yan and Lu that NSMC would use the hospital as a teaching hospital. In return, the College would provide doctoral and nursing staff to undertake professional responsibility. Halpern took part in establishing the hospital and became Medical Director after its inauguration in 1935. SMH was said to be the first big modern Mental Hospital in Eastern China with capacity for 500 patients. SMH was co-funded by several powers like Lu, Shanghai Municipal Council (the governing body of the International Concession force), the French Concession Municipality and other Chinese

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<sup>35</sup> Women's Christian Medical College, or Shanghai Women's Medical College, was sponsored by Methodist Episcopal Church (South), Women's Foreign Missionary Society and some other American missions, Year: 1924. Archive Holdings: Methodist GCAH, Yale, RAC (FA114).

<sup>36</sup> K. C. Wong, 'A Short History of Psychiatry and Mental Hygiene in China', *Chinese Medical History Journal*, 3 (1951): 4.

organizations.<sup>37</sup> A course was begun in the Shanghai Mercy Hospital for the nursing staff by the laborious effort of Sister Mary Homa who patiently gave lectures and practical instructions.<sup>38</sup> Halpern, as a medical director, had a say in medical equipment and most of their apparatus were bought from Vienna.

## **Mental Hygiene: Beyond Colleges and Hospitals**

While her early activities were more or less limited to the ‘professional’ sphere, Halpern started to engage in public activities after being recruited as Professor and Director of the Neuro-psychiatry Division in 1935. This expansion of activity was in consonance with Wagner-Jauregg’s example, as described already.<sup>39</sup> Following a series of lectures on psychiatry and mental problems in China, she, together with her colleagues, were aware of the needs of integrating limited psychiatric personnel and setting up a unified ideology and team which could defend experts’ rights as professionals as well as pave the way in building up the education system and eliminating backward attitudes toward mental problems, legally and academically. Activities were conducted to meet social needs. This included publishing articles, giving radio talks, treating nerve-wounded soldiers and opening consultation clinics. However, her scope of activities after 1937 meant that she had turned from relying on Chinese elites to foreign circles and authorities.

### 1. Problems of Psychiatry in China

Since neurology and psychiatry courses were given in three medical colleges and Shanghai Mercy Hospital, the issue of how to coordinate such effort was put on the agenda. At the Third Biennial Conference of the Chinese Medical Association (CMA) at Canton in October 1935, physicians from

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<sup>37</sup> F-58-4-1-0-3, p.115.

<sup>38</sup> F-58-4-3-0-3, Richard Wang, ‘The History of Mental Welfare in Shanghai’, given at the Club Institute Day of the Joint Committee of Shanghai Women’s Associations, May 10th, 1938. Richard Wang was from the Neuro-Psychiatry Service in the First Hospital of the Red Cross Society of China, Shanghai.

<sup>39</sup> *Shen bao*, October 15th, 1940, p.10, ‘In Memory of Austria Psychiatrist Professor Wagner-Jauregg’,



various parts of China discussed the urgency of launching mental health activities in China. Halpern presented a paper entitled ‘Problems of Psychiatry in China, from Medical, Social, and Legislative Viewpoints’.

In her talk, Halpern identified the problems facing psychiatric education in China and set out her long-term blueprint for professional psychiatric education and for a sound environment in which psychiatrists could carry out treatment and social engagement. Rather than buildings, equipment, and hospitals, she placed the most stress on personnel development:

Believing, as we do, that buildings and equipment, important as they may be, are secondary to the personnel, here in China we have to place a greater stress upon the education and training of those, who will join the army of professionals...there are still many medical schools in China--I may say the great majority-- which do not give the required courses in Neuropsychiatry...We wish that ours and other prospective Mental Institutions in China become places in which the new profession of psychiatric nursing will find a home, where all forms of accepted research can be carried out and where science will find a forum to be taught and practised.<sup>40</sup>

Halpern’s ideal plan fits well with Yan’s proposal for an international comprehensive medical centre in Shanghai. The boldness of her vision was also in tune with the broader climate. And the absence of missionary colour was a delight to Chinese patriotic intellectuals.

Personnel development was based on the clarification of previous thinking about mental illness but also a new attitude towards psychiatry as scientific research. It was thought that nothing could be achieved if ‘the sentiments of aversion and scepticism for psychiatry’ in Chinese culture could not be replaced by a new spirit’. This point was actually expressed repeatedly by predecessors that the Chinese mentally ill lived in a terrible plight, locked up at home, and lacking basic medical care. Chinese intellectuals saw this as a symbol of a decadent and backward culture waiting for redemption by missionaries. In order to achieve this, Halpern called for higher status for psychiatrists, especially in the courts. This reflected the influence of Wagner-Jauregg’s ideas and differentiated her from previous practitioners in China. According to Halpern, physicians must know that between these two stratifications of ‘insane’ and ‘sane’, there were “plenty of types of abnormal psychology which cannot

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<sup>40</sup> F-58-4-3-0-3, Wang, ‘The History of Mental Welfare in Shanghai’.

be understood without a deep knowledge of psychopathology that transgresses the contents of the ‘Textbook of Psychiatry’”. Psychiatrists needed to be legally protected against any assault by insane patients or their families when they had to use force. Qualified specialists should be authorized to run psycho-observation-wards, and solely authorized to give expert-evidence in court to prevent unqualified physicians from giving the decisive and grave opinion in the question of ‘responsibility’.

Halpern distinguished herself in terms of her clear intention for psychiatry to reach far beyond the scope and border of professional circles, to enter all spheres of life through an ability to understand mental problems and to meet the vast majority of nervous ailments. She believed that this was the key to its success in China. In looking to extend the reach of psychiatry, she envisaged various forms of psychiatric social work in China. As to the formation of mental problems, she believed that the character of man became formed in childhood and was dependent on the psychological and pedagogical ability of his parents and educators. Thus, the first step was to ‘promulgate adequate child-guidance and protection of psychically endangered children’. To attain this aim, she proposed the building of Parents Clinics, the introduction of special courses for teachers and educators, the creation of schools for feeble-minded, neurotic and problem children, and the training of psychiatric social workers, who would be prepared and capable enough to assist the legions of discouraged, disappointed, unstable and drug-addicted or to refer them to a psychotherapist. Again, this would all need a new system of legislative protection. This would include ‘legislation regarding the admission and discharge of patients to and from a mental hospital who often not conscious of their diseases, refuse to stay in the hospital and on the other hand, left at home, represent a danger to their community’.

## 2. Committee on the Problem of Psychiatry

On this basis, Halpern offered a resolution, seconded by Doctor Seldon from the Canton Mental Hospital, to the National Conference, that a Committee on the Problem of Psychiatry in China should be appointed to study the problem of psychiatry in China, and its chief scope of action should be included the following areas:

- (1) Education in psychiatry for medical and nursing students in Psychiatry, as well as postgraduate training for physicians;
- (2) A survey of psychiatric institutions in China with a special view to converting the “Asylum-type” into real modern Hospitals for Mental Diseases;
- (3) Preventive Psychiatry and Mental Hygiene, especially in the following fields and through means like:
  - A) Child guidance clinics;
  - B) Promoting courses in Psychology and Curative Pedagogics for teachers and educators;
  - C) Parents’ Clinics;
  - D) Schools for feeble-minded and ‘Problem Children’;
  - E) Training for psychiatric social workers;
  - F) Psychotherapy clinics;
- (4) Legislation regarding:
  - A) A Civil Code and a Penal Code in relation to the Insanity and Psychic aberrations;
  - B) Legislation on admission and discharge of patients committed to, and their discharge from, a mental institution; the question of “responsibility”;
  - C) Psychiatric Expert testimony in Courts.<sup>41</sup>

As a result, the proposal was accepted, and a Committee was formed accordingly. At its first meeting on February 1936 in Shanghai, Yan was selected as Chairman with Halpern as Secretary. Among all the items on its program, the initial step was taken toward making suggestions for drafting legislation in the Chinese Civil and Penal Codes with respect to insanity and mental aberrations for presentation to the Nationalist Government.<sup>42</sup> For this task, a special subcommittee was built, consisting of the following members: Halpern as Convener, K. F. Suen, and H. P. Chu, and two lawyers, F. Lin, and C. Fisher. Unfortunately, the outbreak of the Sino-Japanese War in 1937 prevented the completion

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<sup>41</sup> F. G. Halpern, *Problems of Psychiatry from Medical, Social, and Legislative Viewpoints. Report of Committee on Psychiatry*, Third Biennial Conference, Chinese Medical Association, Canton, Nov. 1-8, 1935. Proceedings abstracted, *Chinese Medical Journal*, 49 (1935): 1333.

<sup>42</sup> *Shanghai Medical News*, 9 (1936).

of this ambitious program, as it required regular contact with other parts of China.<sup>43</sup> In 1937, she together with J. Grey founded and took charge of the Department of Neuro-pathology for investigation and treatment of injuries to the Central Nervous System for Chinese soldiers at the First Hospital of the Red Cross Society of China.

Halpern's work among different forces was not easy, especially after Yan gradually turned his focus to other affairs after 1937. When different parties argued about responsibilities and money burdens, medical work inside of the hospital was actually degraded, with the focus turning to keep the mentally ill under control and in good conditions rather than curing mental diseases. Even though a Chinese-run medical system had long been Nationalists' and Chinese medical practitioners' goal, it seemed to be too difficult to achieve. The Japanese invasion in 1937 ruined the newly built Zhong Shan Hospital, while it expelled NSMC all the way to remote southeast China. This led Halpern to reconsideration about her future life. When Halpern went back to Europe in 1939, she actually wanted to seek opportunities to settle in London. According to her brother's letters, Halpern earned a lot in Shanghai, but she got tired of living there and wanted to go elsewhere. As the NSMC had moved to inner China, it was hard to know what kind of new changes lay in front of her.<sup>44</sup>

### **Solitary Island: Mental Welfare in Warfare**

In 1937, the Japanese army occupied Shanghai (except the two foreign concessions), and Shanghai entered its Solitary Island period (1937-1941).<sup>45</sup> Both Halpern and Yan's dream evaporated in warfare. Before the concessions were fully controlled in 1941 (when the Japanese attacked Pearl Harbour), Shanghai saw abnormal prosperity which contrasted with much of the country. Shanghai benefited from the evacuation of Chinese escaping the Japanese military, the presence of foreigners benefiting from the privilege of extraterritoriality, and flooding in of rich families and refugees seeking protection. Earlier efforts at educating the masses about mental hygiene were now less of a priority than

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<sup>43</sup> *Shanghai Medical News*, 9 (1936).

<sup>44</sup> F-58-1-1-0-6, p.207.

<sup>45</sup> The International Settlement and the French Concession became collectively known as the Gudaο because the Japanese army occupied Shanghai except in these two concessions.

the propaganda of resistance against the Japanese invasion. Chinese intellectuals who previously sought to save the nation's mind were now dislodged. Missionaries stepped into the breach, working with Halpern in promoting mental hygiene as a gospel to address the broader suffering.

In these five years (1937-1941), Halpern's life was closely bound up with missionary work, and her brother and mother were baptized in Shanghai. The family's escape to Shanghai in 1939 directly led to Halpern's work shifting towards foreign institutions, most of which was as a missionary. In February 1940, she was employed as Professor of St. John's after the evacuation of the NSMC to Kunming, a Southwest China city, and entitled to a seat on the University Council.<sup>46</sup> From 1940 to April 29, 1949, she also became Head of the Department of Neurology and Psychiatry of its teaching hospitals (St. Luke's<sup>47</sup> and St. Elisabeth's) and took part in their Clinical Conferences.<sup>48</sup> From September 1, 1949, to August 1950, she worked as Adjunct Professor before a sick leave in March 1951.<sup>49</sup> In this last period, she earned 147.5 dollars every month from teaching. Meanwhile, she worked as an Adjunct Professor of Neurology in the Medical School of National Tung-Chi University from March 1st, 1939. She was the chief physician of the Therapeutic Institute for Nervous Diseases of the Red Swastika Hospital (World Red Swastika Society Hospital) from June 1940 to January 1943, which ceased on account of local warfare later. She was a Consulting Doctor in Shanghai General Hospital, overseeing consultations in the Neurology Department every Thursday, and became the honorary chief doctor of the department treating patients of that branch from 7th March 1946.<sup>50</sup> She also acted as consultant Neurologist of the Chinese Lester Hospital, the Margret Williamson Hospital and Tong Ren Hospital (同仁医院) at the same time.<sup>51</sup> From 1940 onwards, Su Zonghua (粟宗华) succeeded her psychiatric work in the Red Cross Hospital.

Earning her living in missionary universities and affiliated hospitals, Halpern's public engagement was mainly related to activities conducted by associated missionary organizations like

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<sup>46</sup> F-58-4-1-0-3, p.60.

<sup>47</sup> There were two St. Luke's Hospital then, one belonged to the American Church Mission where she was a physician, located in 219 Kiukiang Road, the other, St. Luke's No.2, was the American Hospital For Refugees where she was the Head of the Division of Neurology and Psychiatry, located in 37-B Renmin Road.

<sup>48</sup> F-58-4-1-0-3, p.77.

<sup>49</sup> F-58-4-1-0-3, p.96.

<sup>50</sup> F-58-4-1-0-3, pp.71-86.

<sup>51</sup> <http://www.christianweekly.net/2010/ta21551.htm>

Young Women's Christian Association (YWCA). Actually, her relationship with YWCA could be traced back to the early 1930s when Halpern taught post-graduate courses offered for American physicians from 1931 to November 1933. Among the first groups supervised by the Austro-American Institute of Education (AAIE) were those from the YWCA, a group from Vassar College and a large student group from Amherst College under the leadership of Professor Manthey-Zorn.<sup>52</sup> According to SFU archives, her work with missionary institutions was received positively.<sup>53</sup> Nevertheless, few of these activities extended into the Chinese context, and they were not much mentioned in the International Concession's records. It is quite possible that these efforts were mainly confined to colleges and charitable organizations in Concession areas in Shanghai. However, this work should not be overlooked, as it did pioneer mental health in wartime China alongside Chinese psychologists' efforts. There was been little notice of this work before Wang Wenji's recent research on Halpern's experience as a Jewish psychiatrist in China.<sup>54</sup>

In a report about how psychiatry and mental hygiene took root in China, Halpern's contribution was praised as introducing 'the most modern, scientific therapy', promoting 'educational campaigns', and enlightening Chinese the necessity of sending to mental institutions the insane patients. Her biggest contribution was seen as the launching of a mental hygiene movement in China:

Lastly, it cannot be emphasized too strongly that mental hygiene is a movement not to be carried out only by professionals, but the active participation of and cooperation from the public is indispensable. However, the great misfortune of war... led to the first opportunities afforded serious-minded students to visit mental wards of a few hospitals...thus opening up new possibilities for teachers to promote the study of mental hygiene, abnormal psychology, personality factors and traits, psychological diagnosis, and therapy. Hence, at least some of us teachers seized upon these new opportunities, to work out plans

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<sup>52</sup> Hermann Weissgärber, *You Can't Copy Tradition: A View on the Eventful History and Bilateral Work of the Austro-American Institute of Education from 1926 – 2016*, Volume 1 (1926-1971) (Norderstedt: BoD – Books on Demand, 2016). AAIE, Austro-American Institute of Education, was an institute to promote American education in Vienna and Wagner-Jauregg was one of its members. Local Y.W.C.A., Y.M.C.A. and Red Cross usually cooperated with each other.

<sup>53</sup> Charles Westbrook, 'Psychiatry and Mental Hygiene in Shanghai', *The American Journal of Psychiatry*, 4 (1953): 301-305

<sup>54</sup> Wenji Wang, 'Hanfen yu Shanghai jingshen weisheng' 韩芬与上海精神卫生 (Halpern and Shanghai Mental Hygiene), in Pan Guang (ed.), *Laihua youtai nanmin ziliao huibian* 来华犹太难民资料汇编 (Compilations of Jewish Refugees in China) (Vol.3) (Shanghai: Shanghai Jiaotong University Press, 2017).

for the development of both academic and practical features of mental hygiene.<sup>55</sup>

Taking the war as a chance of promoting mental care among the public, Wong was eager to develop a Chinese-version Mental Hygiene Movement as a symbol of advancement as well as a compassionate helping hand to suffering Chinese. Wood, a professor from the Department of Neurology, PUMC, cited Wong's talk in his article as an indication of missionary accomplishment in Shanghai.<sup>56</sup>

With her shift from Chinese to foreigner's circles around 1938, Halpern's focus moved from the development of psychiatry to the promotion of mental health. As I have already demonstrated, there had been some initiatives in this direction before 1937, mostly in the form of lectures and efforts to mobilize the medical profession. Legislative action was disrupted as national connection became gradually difficult in severer warfare. Certain work was occasionally carried forward in a large Shanghai area. Skipping the aspiration of setting up professional disciplines and systematic studies, this group cared more about team enlarging and permeation into the public possibly due to their missionary background, in a way not quite professionally but broadly and eye-catching. The latest methods were utilized to attract attention, participation, and assistance from lay circles. With a focus on mental health prevention, these activities gradually developed into the so-called Chinese Mental Hygiene Movement, echoing the International Mental Hygiene Movement growing vigorously in other countries. As noted earlier, this was not the first time of seeing mental hygiene in China. In 1930, the Nanking Nationalist Government had sent three delegates to participate in the First International Mental Hygiene Movement hosted in Washington D.C. and later reported on in newspapers and governmental hygiene reports. This was followed by Chinese psychologists' efforts in building connections and calling up responses in broad laymen which will be expanded upon in another chapter.

#### 1. Mental Hygiene Association of Shanghai and Training Clinics

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<sup>55</sup> F-58-4-3-0-3, Wang, 'The History of Mental Welfare in Shanghai'.

<sup>56</sup> Andrew Woods, 'The Nerves of Chinese', *Archives of Neurology and Psychiatry*, 3 (1929): 542-570.

Halpern's work began with Women's organizations. Following a series of lectures, the Joint Committee of Shanghai Women's Organizations chose mental welfare problems as the theme of its activities. On May 19, 1938, 'Mental Welfare in Shanghai' was discussed as an all-day schedule at the Tenth International Conference of the Joint Committee of Shanghai Women's Associations.<sup>57</sup> A Committee on Mental Welfare was set up on June 17, 1938, consisting of representatives from women's clubs but not limited to medical professions with Halpern as Medical Adviser. It was recognized as a Sub-committee on the Psychiatry of CMA.<sup>58</sup> Halpern was assisted in the work among women's groups and clubs by A.W. Sherriff, professor of history and political science at St. John's University and the University of Shanghai, who was also the Chairman of the Vocational Guidance and Vocational Education Committee of the Joint Women's Associations of Shanghai, and Charles Hart Westbrook from Department of Education and Psychology of the University of Shanghai. Such cooperation with educational organizations was valuable in the development of students' interests in clinical and personality psychology and mental hygiene. Enlargement of those involved in mental hygiene was one of the movement's main aims and was seen as necessary to exert influence on the public at large. About 100 volunteers, including psychologists, teachers, social workers and representatives of social organizations, participated in a preparatory course given by Halpern and later assisted in the newly established clinics on December 7, 1938.

At its second meeting, June 29, 1938, the Committee decided to rename itself as the Committee on Mental Hygiene with regular officers: Chairman, Chen Heqin (陈鹤琴 or Chen Ho-Ching), Chinese Education Officer of Shanghai Municipal Council; Secretary, Florence J. Sherriff; and Treasurer, H. J. Van Hengel of the Young Women's Christian Association. Chen was keen on doing research on children. Halpern, Sherriff, and Westbrook were responsible for drafting by-laws and a Plan of Training and Activities which turned out to be the continuation of the action of Committee on the Problem of Psychiatry in 1935. In March 1939, a Sub-Committee on Mental Hygiene Clinics was appointed for definite preparation of a clinic. Soon after, Halpern left for a six-month visit to England and the USA

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<sup>57</sup> F-58-4-3-0-3, Wang, 'The History of Mental Welfare in Shanghai'.

<sup>58</sup> *Shanghai Medical News*, 4 (1938): 46.



inspecting mental hygiene clinics and training institutions.<sup>59</sup> She returned in December of 1939 and gave a report on Hygiene Clinics and Training Institutions abroad. It was decided to open a clinic as early as possible in the coming year, by courtesy of J. C. McCracken, Director in St. Luke's No. I Hospital. The clinic, later known as Shanghai's First Mental Hygiene Clinic, was opened in January in St. Luke's Hospital No. I (teaching hospital of St. John's University). Given the significance of this moment, it is worth detailing at some length evidence on the organisation, personnel and scope of the new institution:

The Clinic was organized with five Divisions, and a Psychiatrist as Director of each Clinic.

I. Division of Medicine and Psychiatry, F. G. Halpern

II. C. Hart Westbrook, Ph.D., Director: Division of Psychological Testing,

Associates and Interpreter for European Cases: Dr. Frederick Gruenberg, M.D., (Vienna), Resident Physician, Therapeutic Institute for men;

Assistant for Chinese Cases: Mrs. Hsien-Hwei Yao Kiang, B.A., (Education & Kindergarten Elementary Teaching), University of Shanghai.

III. C. Hart Westbrook, Ph.D.: Acting Director, Division of Educational Guidance and Counselling

Adviser and Counsellor: Professor, A. W. Sherriff, Ph. D.

IV. Dr. Constance Carter, M. B., Ch. B.: Director of Division of Psychiatric Social Work.

Associate and Psychiatric Social Visitor: Miss Hsu-Sun Bien, B.A., (Yenching University, School of Social Work); Formerly with Red Cross Hospital of Shanghai as a Psychiatric Social Worker. Also Secretary of the Clinic.

V. Mrs. Joseph Brown: Director of Recreation and Play Division. In Personal Charge of Children's Playroom Activities.<sup>60</sup>

In May 1940, the Committee was enlarged and reorganized as the Mental Hygiene Association

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<sup>59</sup> She visited President Floyd Heck Marvin and Dr. W. A. White in George Washington University, for their institutional work which is being conducted for mental cases, and Professor Arnold Gesell the Director of the Yale University Psycho-Educational Clinic of Yale University. F-58-4-1-0-1, pp.5-6.

<sup>60</sup> F-58-4-3-0-3, p.174.

of Shanghai (上海心理卫生促进会), which in substance remained consistent with the original Committee's Constitution.<sup>61</sup> The Committee kept in close touch with CMA as well to secure 'harmony with ideals of the medical profession, and an acceptable foundation of mental hygiene on the neurological and psychiatric sciences'. The Mental Hygiene Bureau, composed of the Clinical Committee and the Divisional Directors, also worked in cooperation with schools, refugee camps, and charitable organizations, with increasing frequency, were availing themselves of its services. Halpern was appointed as the Director of the Mental Hygiene Bureau.

In order to gain a wider and firmer popular basis and broaden influence to the whole metropolitan Shanghai (including the International Settlement, the French concession, and the Greater Shanghai Municipality), it opened membership to more professions and organizations to secure greater interests, cooperation and financial support necessary to meet local needs.<sup>62</sup> Approaches like bilingual lectures were adopted. Volunteers trained and worked under Halpern's guidance in the newly established Mental Hygiene and Child Guidance clinics. There was particular progress in intelligence and educational testing in universities. Accordingly, general, abnormal, clinical, personality and experimental psychology were increasingly taught while curricula were enriched with sociology, cultural anthropology, child development, and clinical psychology. Social work in jails was also tried but with little recorded impact. Students majoring in Education were encouraged and agreed to take up the teaching of retarded children when 'special teachers' qualifications for such work were not yet available in China.

It was, however, a huge challenge to reach out to Greater Shanghai. The effect of the clinic was

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<sup>61</sup> F-58-4-3-0-3, p.174. Organization of the Mental Hygiene Association of Shanghai. The officers for the first year was as follows: its President was C. Hart Westbrook; Hwang Chia-Yin (*Huang Jiayin* 黄嘉音), an editor of the popular Chinese magazine *West Wind*, as vice-president; H. T. Van Voorst, lecturer from St. John's University, as Secretary; H. J. Van Hengel, B. A., Secretary, International Y. M. C. A., as Treasurer and Halpern from St. John's Medical School, who was director of the Bureau of Mental Hygiene then, as Medical Adviser; Y. C. Yseng (曾景臣), of the Hungjiao Sanitarium (*Hong qiao liao yang yuan* 虹桥疗养院). And the following were elected to serve with the officers as members of the Executive Committee: Professor James H. Pott, B. S., M. A., A. C. P., Associate Dean and Professor of Education, St. John's University; Miss Li Djoh-I, Child Welfare Division of the Shanghai Municipal Council, S. M. C.; Mr Ting Kwang-Hsün, Students' Work Secretary, Shanghai, Y. M. C. A..

<sup>62</sup> F-58-4-3-0-3, p.139. Constitution and By-laws for the Mental Hygiene Association of Shanghai. F-58-4-3-0-3, p.174. Organization of the Mental Hygiene Association of Shanghai.

limited and relatively few patients actually came forward for help.<sup>63</sup> From late 1943, the Japanese army occupied the whole of Greater Shanghai Area for two years. The Mental Hygiene Association of Shanghai was therefore obliged to cease functioning until after the period of internment of Western ‘civilians’ had been completed. After the end of the Pacific War (December 1941 – September 1945), attempts were made by the members to re-establish previous activities of the Association; but due to the departure of trained personnel, undertaking any larger work became impossible. However, members were again invited to lecture to various organizations. A child guidance clinic, sponsored jointly by the Shanghai Community Church and by the Shanghai Advisory Committee for Child Welfare and Boy’s Town, even came into existence in 1948 despite the challenging circumstances

Through changing the name from committee of ‘welfare’ to association of ‘hygiene’, and through collaboration with missionary universities and organizations, as well as private or governmental universities, and the public at large, the mental hygiene lobby tried to involve more personnel from the concessional authority as well as influential Chinese intellectuals. The praised psychiatrist, Halpern, acted as a mentor among the team but not as before when she drew up an integrated plan for Chinese psychiatric problems. Chinese archives record few details about their activities, while English archives indicate their work as pioneering, groundbreaking and rich. Nowadays, Chinese scholars track the Chinese pioneering work partly as the origin of Chinese mental health care, while English language scholarship tends to place more emphasis on the foreigners’ role in boosting this discourse. Such scholarship needs to be very cautious about overstating these pioneering but in truth relatively limited efforts. Given Shanghai’s wartime plight it was hugely difficult to expand influence into inland regions.

Halpern’s nascent team was ambitious about the breadth and reach about various projects. Few of the members had received professional psychiatric, neurologic or mental hygiene training. They were often educators or psychologists, with a background in preaching in missionary universities in China. The mental hygiene approach became popular among them due to its inclusiveness for both

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<sup>63</sup> According to the Summary of the Clinical Services, ‘28 cases registered in 1940, 17 in 1941, and only 2 in January 1942. Of these 47 patients, 14 were behaviour problems, 11 were feeble-minded, 4 presented educational problems, especially; 3 were epileptics; 2 moral insanity, and 2 psychopathic; 1 hydrocephalic-feeble-minded; 1 neurological; 1 a deaf and dumb person; 1 a cerebral case; 1 an imbecile; 1, a melancholic; 1, a psychiatric; and 1, a neurotic case.’ In-patients of the Therapeutic Institute were also given intelligence tests and were interviewed by social worker. F-58-4-3-0-3.

professionals and amateurs. It also fitted into China's social reality of limited medical personnel but an enthusiastic cultural call for a mental transformation. The Mental Hygiene Movement provided a route of social mobilization to spread the ideas of mental hygiene effectively to broader audiences. The only problem was that they were confined in the region of Shanghai or latterly the Settlements.

## 2. Clinical Training

Training programs were initiated as alternatives when collegiate education and the sprouts of political interventions, like the initiation of forensic laws, were disrupted by wars. While some courses were still open to students in missionary universities, the Association turned their focus to expanding social engagements through training of psychiatric aides and social workers, or disseminating mental health ideas. This reorientation was conducted through four clinical training programs from 1939 to 1941.

Halpern was also persistent in her efforts to establish forensic psychiatry in China. She believed that forensic medicine professionals obtained a higher social status than other fields of medicine. The recognition from authority would bolster practitioners' legal status in court trails, but it would also help avoid troubles in propelling their other work. The problem was that there was no single powerful government in China to endow this official protection. Thus, Halpern's ambitions struggled to fit into Chinese political realities. The legal legitimacy of neuropsychiatric science in Vienna was impossible to replicate in China.

Two of the training schemes were for social workers. The first one (May 5th, 1939) was a two-hour course for fourteen weeks in psychiatric aid. Seventy people attended Halpern's introduction about Psychopathology and Mental Hygiene at the YWCA with training observations arranged in the Red Cross Hospital. The majority of the attendees were nurses, teachers, and women from the medical profession. A third training course for volunteers focused on mental tests and was conducted once a week for a two-hour session during the spring of 1939 for about eight to ten weeks. However, only four students followed the course through to the end. For the demonstration of individual testing, the 1937 Stanford Revision of the Binet-Simon Intelligence Tests, Form L, was used in the training. Lectures

were planned as supportive methods for training courses. As part of this program, Chen Heqin, a Chinese secretary in SMC, undertook Non-Verbal Group Intelligence Tests in a Chinese Elementary School in Seymour Road of the Municipal Council.<sup>64</sup>

A second project was to segregate Chinese dull and feeble-minded children in war-refugee camps. The Association planned to cooperate with staff from the Chinese Education Testing Division of Shanghai Medical Committee, including Chen Heqin, and the China Vocational Education Association.<sup>65</sup> Before this endeavour being put into operation, however, the camps were broken up, and the refugees, largely from rural areas, returned to their homes, even if Chen had plans to extend this project to the whole Shanghai area.<sup>66</sup> The child guidance clinic also facilitated a project among refugee German children and Jewish 'problem children' involving the use of Terman and Merrill's revision of the Binet-Simon Intelligence Tests (forms L and M).<sup>67</sup> A fourth training project (from July to August 1940) was for Occupational Therapy for mentally subnormal persons at Lester Hospital.<sup>68</sup> Finally, Julia Ching-Chun T'ang started a Nurses' Training School for psychiatric services in the autumn of 1940, hoping to meet the needs of mental cases in other centres. This hope was also blasted by the worsening war conditions.

With its missionary background, the Association's programs were of a social gospel colour, and their focus was largely on spreading the message of mental hygiene rather than conducting research on diseases or medical training. Given the big evacuation of Chinese universities and citizens, Shanghai was mainly occupied by armies, foreign residents and Chinese refugees. Social workers and volunteers came largely from a female and Christian background. Intelligence tests, however, were used and targeted at the mentally disabled in refugee camps as assistance for hospital work. Women, who were involved in such work, were also the objects of evangelization, the same as children. Organizers were mainly foreign missionaries from universities and religious groups, including a handful of Chinese

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<sup>64</sup> Luh Chi-Wei, *Chinese Adaption of the Stanford Binet-Simon's Intelligence Tests* (Shanghai: The Commercial Press, 1924).

<sup>65</sup> CVEA was founded in Shanghai in 1917 by Ministers of Education of the day. 'Social Reality and Educational Reform' in *The Case of the Chinese Vocational Education Association 1917-1927*.

<sup>66</sup> Charles Hart Westbrook, 'Psychiatry and Mental Hygiene in Shanghai: Historical Sketch', *The American Journal of Psychiatry*, 4 (1953): 301-306.

<sup>67</sup> Westbrook, 'Psychiatry and Mental Hygiene in Shanghai'.

<sup>68</sup> Westbrook, 'Psychiatry and Mental Hygiene in Shanghai'.

followers who aspired to increase their political and social influence. One noteworthy figure was Huang Jiayin, who acted as vice president of SMHA but became better known for his chief-editing and publishing the journal *West Wind*. This journal recorded Chinese attempts to connect the grassroots with intellectuals in broadcasting or exchanging ideas about mental health and mental problems. This venture will be discussed at much greater length in the chapters that follow.

### 3. University Courses

University courses were opened as well.<sup>69</sup> Students were required to attend mental hygiene clinics and mental wards in hospitals, for observation and participation in clinical activities in order to prepare for specializing in clinical psychology, guidance, and counselling, as part of a Major in Psychology. Training in personality and educational tests was a particular requirement.

In line with the mental hygiene movement's holistic orientation, courses in psychology and education were expected to be integrated with other subjects like sociology, cultural anthropology, criminology, and psychiatric social work in the Sociology Departments. The hope was that this would be extended to more universities in the Greater Shanghai area if possible. According to Westbrook, the plan was authorized and put into the Clinical Psychology curriculum in the Department of Education and Psychology of the University of Shanghai in 1948 before he returned to the USA. Compared to psychiatric education before 1937, courses in this period acted more as a supplement to social policy as less expectation was now put on the college for delivering medical personnel to clinics. It can be argued that this followed the American Mental Hygiene Movement's track, with a move towards combining medical education with sociology science.

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<sup>69</sup> In the University of Shanghai, Westbrook gave a course in Diagnosis of Character and Conduct in 1933, one in The Psychology of Adjustment, Spring, 1937; Mental Hygiene, Fall, 1938; Psychology of Character and Personality, 1939; Clinical Psychology, 1940; and Abnormal Psychology, Spring, 1941 and 1942. For courses in other universities, see his article 'An Historical Sketch of Psychiatry and Mental Hygiene in Shanghai, China', F-58-4-3-0-3, p.94.

## Mental Hygiene in the Airways

This period was also significant for seeing new methods exploited to spread the message of mental hygiene as physical meetings became harder to conduct under strict Japanese control. Radio was thought of as one effective way to reach a broader audience of listeners and to speak to them in the context of their daily life. Such a strategy appealed to foreigners as well as Chinese intellectuals. This was because radio broadcasting saw a boom during the Japanese Occupation, with the increasing popularity of entertainment and limited general knowledge programs.<sup>70</sup>

Before Pearl Harbour and following full control of Japanese forces over the whole Shanghai area, SMHA launched three series of radio talks on psychology, mental health and social problems like criminology. As Chinese radio stations were all cut down under Japanese censorship, talks were given on the British-owned station XCDN and the American Christian station XMHD. Presenters came from foreign authorities (SMC), missionary institutions (YWCA, Shanghai Baptist Alliance), missionary universities and affiliated hospitals (University of Shanghai, St. John's University). In terms of listeners, as these stations were forced to agree with restricting transmission power to the International Settlement, only concession-based residents could get access to the programs. Refugees who sought protection in the international concessions composed a significant part of the audience. These wireless talks provide an alternative perspective on the spread of mental hygiene and to a degree challenge the linear narrative of imparting 'modern' mental-health knowledge to uncultivated China.

Shanghai saw its first radio station in 1923 and a steady increase to the impressive number of forty-four by 1937. In the early 1930s, medical advice became a staple of daily meal-time programs.<sup>71</sup> This was replaced by a turn to resistance towards the Japanese invasion in 1937, and this, in turn, led to collective closure of Chinese radio stations under strict censorship by Japanese.<sup>72</sup> Hereafter,

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<sup>70</sup> Carlton Benson, 'From Teahouse to Radio: Storytelling and the Commercialization of Culture in 1930s Shanghai' (Ph.D. Thesis, University of California, Berkeley, 1996).

<sup>71</sup> De Giorgi, Laura, 'Media And Popular Education: Views and Policies on Radio Broadcasting in Republican China, 1920s-30s', *Interactions: Studies in Communication & Culture*, 3 (2016): 281-296.

<sup>72</sup> *Jiu zhongguo de shanghai guangbo shiye* 旧中国的上海广播事业 (Broadcasting business in Republican Shanghai), (Shanghai: Archive Press 档案出版社, 1985), p.385. Zhang Xuemei 张学美, *Gudao shiqi shanghaied guanbo diantai* 孤岛时期上海的广播电台 (Radio Stations in Solitary Shanghai (1937-1941)), (Shanghai: East China Normal University, 2009), p.23. Peter J. Behrens, 'Psychology Takes to the Airways: American Radio Psychology between the Wars, 1926-1939', *American Sociology*, 3 (2009): 214-227.

entertainment programs became the only theme of radio broadcasting under Japanese censorship, with advertisements and everyday knowledge as a supplement. The number of medical-knowledge-giving radio stations fell from fifteen in 1937 to six in 1940, and all of them were owned by anti-Allied authorities like Japan, Germany, and Italy. In 1939, Britain and France entered into war against Germany and its Axis allies. In August 1940, the British withdrew their garrison from Shanghai's International Settlement. In October 1940, the US State Department issued a statement recommending that all American civilians in the Far East return to the United States. Their radio stations would not come back until the Japanese surrender in 1945. Thee talks given by SMHA were among the last radio programs given by allied authorities before 1945.

XCDN was the call number of an English language radio station operated by Britain's Ministry of Information and 'Voices of Europe' that was popular in Shanghai at the time. Each of the major powers had its own broadcasting station, the main pro-Allied ones were the British-owned XMHA and XCDN, the broadcasting arm of the North China Daily News.<sup>73</sup> XMHD was a bilingual (English and Chinese) nondenominational station operated by the Shanghai Christian Broadcasting Association (SCBA, an American missionary organization).<sup>74</sup> The majority of SCBA's board members were Chinese from institutions like National Christian Council (affiliated with the YMCA), Shanghai Baptist Alliance and the YMCA. Both of these stations were located in the International Settlement under the cover of the extraterritoriality and were limited to transmitting inside the International Settlement by 1940.<sup>75</sup>

The Shanghai Christian Broadcasting Association saw radio as the most effective instrument of communication, able to reach the illiterate and overcome the distance and time as well. The reformist and social-gospel inspired public health was broadcast only occasionally in English. Its aim was in accordance with Chiang Kai-shek's New Life Movement, and there was an ambition that the message

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<sup>73</sup> Bernard Wasserstein, *Secret War in Shanghai: Treachery, Subversion and Collaboration in the Second World War* (London: Tauris Parke Paperbacks, 2017).

<sup>74</sup> Micheal A. Krysko, *American Radio in China: International Encounters with Technology and Communications, 1919-41* (New York: Palgrave Macmillan, 2011), p.145. XMHD-China was from the International Christian Broadcasters Bulletin, date unknown but probably sometime in the 1960s or 1970s. <http://www.ontheshortwaves.com/Stations/XMHD-Shanghai.pdf>.

<sup>75</sup> Krysko, *American Radio in China*, p.126.



could be projected into rural China and areas like Jiangxi province where Chiang launched the Movement. By contrast, XMHD's daily schedule was dominated by decidedly evangelical contents like Bible readings, offers of tracts, stories of religious conversion. A Chinese language version was broadcasted to the Chinese citizens. Public health broadcasting was the only non-evangelical theme among the seventeen Chinese language stations.<sup>76</sup> Krysko has given the example of 'Mr. Chang' 'harnessing radio's tremendous power and influence over its listeners in the service of spreading Christianity' in his book *American Radio in China*. But he also highlights how this message could be combined with one of good health

Medical programs came in the form of fifteen to twenty–minutes-long mealtime talks. Topics ranged widely from medical knowledge, mental hygiene, criminology, social work, physical character, sex education, adolescent children, religion and modern psychology, to occupational therapy. Most of the broadcasts offered advice on daily life and social relations from a behaviourist perspective. Speakers were from missionary universities (University of Shanghai and St. John's University) and affiliated clinics and hospitals, the staff of organizations like SMC, NCU, and other missionary institutions. Halpern was taken as the leading figure in promoting mental hygiene among those persons. Private practitioners and Nationalists were also involved.

The target audience of such radio broadcasting was mainly female students, nurses and members of the YWCA, who were actually wives and mothers. It is difficult to measure the influence of radio talks. By mid-1938, according to one local magazine, three or four out of ten families owned a receiving set and several hundred thousand radios were in operation. This number might not be wholly accurate, but it is an indication of the broad spectrum of radio listeners.<sup>77</sup> As one of the few sources of entertainment on the isolated island of Shanghai, there is no doubt that talks could reach quite a wide audience. Whether those who had escaped war and sojourned in the Settlement paid much attention to messages about the right modes of thinking, feeling and behaving is another question. However, their Chinese counterparts (like Huang Jiayin) also made efforts in mass education by posting psychological

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<sup>76</sup> Krysko, *American Radio in China*, p.133. Krysko thought this showed a perspective of inner changes of American missionary movement from narrow evangelizing to social gospel.

<sup>77</sup> Krysko, *American Radio in China*, pp.73-80. Andrew J. Nathan, *Chinese Democracy* (Berkeley: University of California Press, 1986), p.163.

knowledge and guides about personal mental hygiene, as evidenced by Chapter Five.

But in May 1943, following years of disturbances in WWII, the Executive Committee met to plan for the revival of the activities. Another series of ‘lecture and radio program’ was projected under the theme of ‘Mental Hygiene in Present-Day Life’ in Chinese, English and sometimes local vernaculars at the Chinese YMCA. Five experts presented on psychological testing, educational and vocational guidance, and general consultations. Their aim, they said, was ‘not to attempt to supersede local hospitals but to supplement their activities’, which rarely cared about the borderline or mild cases.<sup>78</sup>

Attempts were made to re-establish activities after the war but ended in failure due to the dispersal of trainees. The end of WWII brought about a tide of appeal for post-war mental hygiene care, as discussed in Chapter Five. However, the era of institutional mental hygiene promotion generally ended in 1945 when China entered a period of civil war. Compared to the critics in the first few decades of the twentieth century, who had criticised the absence of care and awareness, the radio mental health talks of the early 1940s provide us nevertheless with a powerful indication of how much had changed. The radio talks paralleled and extended a broader phenomenon of preaching social gospels about daily life troubles and worries. Its strength lay in the way that it addressed a public need to connect mental improvement with cognition, inner peace or signs from spirits in the context of such troubled times.

## **Pacific War and After: From Salvation to Self-Redemption**

Throughout the Pacific War (1942–1945), Halpern was appointed by the Swiss Consulate General as attending Neurologist and Psychiatrist to the internees in the Civic Assembly Centres in Shanghai, mainly in charge of the American, British and Netherland’s interests.<sup>79</sup> St. Luke’s Hospital No. I was requisitioned by the Japanese for a ‘Civic Assembly Center’s Hospital’, that is, to function as an internment camp hospital for Westerners. From October 1945, Halpern worked as Consultant

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<sup>78</sup> Westbrook, ‘Psychiatry and Mental Hygiene in Shanghai’, p.302.

<sup>79</sup> Lunghua Civil Assembly Centre was one of the internment camps eventually established by the Empire of Japan in Shanghai for European and American citizens, who had been resident under Japanese occupation since December 1941. Many had formerly lived in Shanghai within the Shanghai International Settlement before its occupation by the Japanese army. J. G. Ballard was interned in the camp as an adolescent. His experiences there inspired the book (and subsequent movie) *Empire of the Sun*.

Neurologist for the previous internees under the British Red Cross, and from 1947 as Consultant Neurologist of the Foreign Service Department of the American Consultant General in Shanghai.

For the second half of her time in Shanghai, Fanny shared her life and home with her mother, Rosalie Halpern, who joined her there after her father Simon Halpern's death in 1939. In October 1938, George Halpern, Fanny's brother, a Ph.D. in chemistry and the owner of a medicine factory, and his wife Ida Halpern moved to Shanghai to be with Fanny. While there, Ida taught music history at the University of Shanghai. Both George and Rosalie were baptized in Shanghai in 1939.<sup>80</sup> George considered opening a pharmaceutical factory in Shanghai as well, but instead in 1939 he and Ida left for Canada. In August 1950, Halpern and her mother had applied for Canadian citizenship, but before this was authorized her mother fell badly ill and died in June 1951. Shortly after her mother passed away in 1951, Fanny moved to Vancouver to be near her brother. Fanny Halpern died on June 26, 1952.<sup>81</sup>

In fact, Halpern's health condition had been very poor for some time. She had contracted pulmonary tuberculosis and was put into hospital soon after arrival in Canada and stayed there for three months before making any progress. It was then that Halpern was found behaving strangely. According to her medical superintendent's letter dated March 8<sup>th</sup> 1952, she had marked psychoneurosis. Her superintendent wrote to her brother to ask for a transfer to another hospital due to a lack of necessary equipment and her unmanageable condition. She was not happy there in the hospital and felt 'very put out because of our (their) criticisms regarding her behaviour'.<sup>82</sup> She felt her situation intolerable, and asked to sign herself out and for transfer to a private sanatorium or back to Montreal but definitely not to Vancouver, where she had too many friends, as she felt ashamed of her tuberculosis and wanted to hide her treatment. However, she died soon and before such a move could be managed.

After Halpern's death, her friends Josephine Lawney and A.W. Sherriff published her obituary in the *New York Times*. Lawney was a great admirer of Fanny's and one who appreciated her as a great healer and had worked with her in China, where Lawney was the Dean of the Women's Christian Medical College in Shanghai. Lawney suggested her manuscript be sent to Edward H. Hume who had

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<sup>80</sup> F-58-1-1-0-6, p.160, p.194. George was baptized in Sacred Heart Church (Roman Catholic Mission), Hongkew, 260 Nanjing Road.

<sup>81</sup> <http://atom.archives.sfu.ca/index.php/f-58>

<sup>82</sup> F-58-1-1-0-9, p.59.

praised Halpern as 'the most brilliant and talented of all of Professor Jauregg's students'.<sup>83</sup> Finally, Westbrook and Sherriff sorted her articles and published an article '*On the Mental Hygiene and Psychiatric Movement in Shanghai and in China*' in the journal of the American Psychiatric Association. Westbrook later published an article 'psychiatry and mental hygiene in Shanghai: historical sketch' in the *American Journal of Psychiatry* in his name, in which he valued mental hygiene promotion as an important part of his missionary contribution in China and in which Halpern was depicted as the primary expert in this movement.

In 1956, George Halpern tried to set up a memorial fund to sponsor Austrian or Chinese students at McGill University.<sup>84</sup> However, this plan failed because the university preferred funds not restricted to certain nationalities. Rather, they suggested targeting religious groups like Jewish or Catholic candidates since they had previously accepted an award restricted to Protestants. The university thought it impossible to guarantee proposed candidates meeting with expectations if the standards were to be the 'sound religious, ethical and moral character' as they could not assure students would not advocate national socialist or other objectionable principles.

## **Conclusion**

While the last chapter expounded how Chinese psychologists, educators, and politicians initiated and appropriated mental health as a way of creating modern citizens, this chapter has examined Halpern's experience in promoting psychiatry and mental hygiene in Shanghai. In doing so it provides a case study to assess translational knowledge transformation. It has also depicted the rather different promotional discourses of Chinese intellectuals and foreign sojourners and how they interplayed with each other. The chapter provides evidence of how a personal history became entangled with warfare, political events, and international movements. In contrast to the top-down national storyline in Chapter Three, this Chapter has enabled insight on how personal choice and accomplishment complicate a purely institutional narrative. It has unfolded developments that demand attention to individual

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<sup>83</sup> F-58-1-1-0-9, p.63.

<sup>84</sup> F-58-1-1-0-10, pp.12-14.

circumstance. For example, Halpern received and accepted Yan's invitation in her own personal tough times in Vienna. She viewed psychiatric problems in China from an outsider's perspective, but also one shaped by her training and which therefore differed from earlier missionary views. She stayed in Shanghai and joined missionaries' activities because her family fled to Shanghai and depended on her connections with these groups. Without attention to these aspects on an individual life, it is easy to be trapped in an institutional as well as colonial narrative in which Halpern is portrayed as simply part of an international team that cooperated as sowers of scientific knowledge and redeemers of the backward Chinese mind.

In fact, Yan Fuqing's role could not be ignored in triggering speciality-oriented and course-and-observation-combined psychiatry and neurology education in NSMC as well as China medical association. His early exit due to warfare and political turbulence was a huge blow. It left Halpern's agenda vulnerable to loss of its practical basis and to being converted into a strategy of evangelization through the mental hygiene movement. Yan's earlier attempts to promote academic education differed from either Chinese psychologists' emphasis on remoulding the Chinese mind or Lyman's adoption of social experiments. Yan's patriotic and nationalistic accomplishment in NSMC and his model of disciplinary development differentiated Shanghai from Peking and Canton where the approach to mental illness had a more colonial colour.

The significance of this chapter also lies in its uncovering of an ongoing story of mental hygiene development within the increasingly solitary island of Shanghai that complements and complicates existing stories of the Chinese being banished from Shanghai and their blueprint of mental strengthening being smashed by the Japanese invasion. The chapter shows that even after the Japanese invasion mental hygiene promotion was pushed forward, but now by another group of missionaries and mainly among Christian organizations in limited settlements' areas. Halpern's story, in fact, indicates the limitations of an analysis that sees development as either foreign or Chinese. When the Japanese invasion ruined Chinese efforts in psychiatry construction, it created trauma among both Chinese and foreign residents. Halpern was in a position to step into this vacuum. This third party's involvement, drawing together and activating both sides, challenges the cliché of both colonial and modernization narratives.

The next chapter will build upon this line of analysis. The limitation of this analysis of

Halpern's role in mental hygiene is that it offers little if any insight on the effect of such work. The next chapter will examine, the content of mental hygiene, in particular through the analysis of one important literary vehicle for its popularisation, the periodical *West Wind*. Such a source is particularly valuable because it casts light on the way in which mental health ideas, were translated to the public, but also how that audience, in turn, wrote back to participate in the discussion about their confusion, problems, and opinions in mental problems. This process of mutual communication provides a chance to probe into the public's knowledge and acceptance of mental health as a new conception. This will be the focus of the next chapter.

## **Chapter Five: Personal Psyche, Public Exposure: *West Wind* and Psychological Knowledge Dissemination**

Up until this point, this thesis has considered how different parties integrated thinking about the Chinese mind into the broader discourse of modernization. This chapter surveys the interaction of intellectuals with the populace through the case of a Western-knowledge-translation periodical, *West Wind* (西风 *xi feng*). It draws attention to quieter but more practical changes in integrating a psychological dimension within individual life that reflected connection and participation with the civil process of ideological remoulding. This was encouraged initially by top-down propaganda promulgated by authorities or elites. Although treated as objects of regulation, discipline, salvation, and treatment, the readers were not inactive in this process. Actually, their roles were vital in mediating the effects of top-down actions and in the development of public attitudes towards these policies. A key objective of this thesis is to explore how psychological knowledge and methods were manipulated in editor-reader interactions. This shift of analysis to the populace reveals real dialogue, but also limited inclusion of broad groups, the difficulty in reaching and affecting everyday practices, and a continuing division between ideal and reality that held back and modified the influence of psychological education.

Print provided a medium for the dissemination of psychological knowledge through academic journals which were circulated among teaching groups based in colleges and high schools, but also for a broader reach through newspapers and magazines which were widely read among the literate population. *West Wind* was one of these publications and acts as an ideal vehicle to analyse knowledge transmission to the 'public'. From the first issue, its aim was set to translate articles from Western journals and introduce European and American society and life which became a success. It was published from 1936 to 1949 (with temporary closure from 1941 to 1944 due to warfare) achieving large popularity in Shanghai but with a nationwide influence. During its publication across thirteen years, *West Wind* released 118 issues, while the *Supplement* was published for eleven years with forty-

one issue and the *Abstract of Western Books* saw ten issues. Its highest-selling issue sold more than twenty thousand copies, and it was normal for thousands of copies to be in circulation.<sup>1</sup>

Translations from more than one hundred journals mainly from America and Europe were published through *West Wind*. Examples included: *Hygeia: The Health Magazine of the American Medical Association*, *The Journal of Criminal Law & Criminology*, and *The Journal of Nervous and Mental Disease*. In total more than such 170 articles covered diverse facets of the latest progress in psychiatry, psychology and mental hygiene in America and domestic efforts in promoting mental health care. The interest in mental hygiene extended into a diverse range of column headings, for instance on the themes of on: *Science & Nature*, *Mentality & Education*, *Women & Family*, *Biography & History*, *Travel & Adventure*, and *Society & Exposure*. The publications took different forms like features, excerpts, tests or maxims. The number of contributions from readers was also considerable, even making up almost fifty percent in the 1940s issues. The editors received 685 articles for its Third Anniversary Article Solicitation and 197 articles in 1944 even in the midst of the Sino-Japanese War.<sup>2</sup> A significant amount of contributions related to madness and household problems. Those articles offer enough sources for us to analyse the presentation of psychological knowledge to the public but also readers' reactions in some detail.<sup>3</sup>

During the first half of the twentieth century, newspapers and magazines had been the main battlefield and provided the main power-base for literary ideologies and social science knowledge to be projected to a wider audience. Such publications played a vital role in the imagining of modernity and nation.<sup>4</sup> Starting in the 1910s, this trend peaked in the year of 1934, the so-called 'Magazine Year' or 'Vernacular Literature (New Literature) Year'. This period saw a magazine boom and the creation of a

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<sup>1</sup> Wenji Wang, 'Xinli de xiaceng gongzuo: xifeng yu 1930-1940 niandai dazhong xinli weisheng lunshu' 心理的下层工作: 西风与 1930-1940 年代大众心理卫生论述 (*West Wind Monthly and the Popular Mental Hygiene Discourse in Republican China*), *Taiwanese Journal for Studies of Science, Technology and Medicine*, 13 (2011): 23.

<sup>2</sup> 'Xifeng jiuzhou jinian zhengwen jixiao yinyan' 西风九周年纪念征文揭晓引言 (The Result of Ninth Anniversary Memorial Article Solicitation and the foreword), *West Wind*, 87 (1946): 202.

<sup>3</sup> Wenji Wang, 'West Wind Monthly and the Popular Mental Hygiene Discourse in Republican China', *Taiwanese Journal for Studies of Science, Technology and Medicine*, 13 (2011): 24.

<sup>4</sup> Lee, *Shanghai Modern*, pp.43-81. Barbara Mittler, *A Newspaper for China? Power, Identity, and Change in Shanghai's News Media, 1872-1912* (Cambridge, MA: Harvard University Press, 2004). Lu Wang, 'West Wind: Being "Modern" and "Chinese" through Translation' (Ph.D. Thesis, Newcastle University, 2017).



‘public space’ in newspapers and magazines to allow criticism toward politics as well as invite common readers into discussions and expressions.<sup>5</sup> By the 1930s, the New Culture Movement had developed from focusing on replacing Confucianism with Science and Democracy into the exploration of literature for the Communist Revolution.<sup>6</sup> The League of Left-Wing Writers (左翼作家联盟 *zuoyi zuojia lianmeng*) thus called for Popularization of Literature and Art (文艺大众化 *wenyi dazhong hua*) to improve mass literacy and to encourage writing for the populace.<sup>7</sup>

In previous scholarships, historians have focused on the relation of literacy and magazines. This chapter will consider the relation of social science, specifically psychology and psychiatry, knowledge and the popular publications in the ‘public space’ created for and by common readers.<sup>8</sup> This was not just a simple reinvention of widely circulated periodicals, but also a natural result deriving from the

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<sup>5</sup> Colleges, newspaper and magazines, and groups had been the main triangle forces, and jointly created what was similar to Jürgen Habermas’s public space, to spread new ideas ever since late Qing in China. See Jianhua Chen, ‘Republican Constitutional Politics and Family-State Imagination: Zhou Shoujuan and the “Free Talk” Column in Shenbao: 1921-1926’, *Contemporary Chinese Thought*, 1 (2012): 36-69. About the discussion of public space, see Wang Hui, Leo Ou-fan Lee, and Michael M. J. Fisher, ‘Is the Public Sphere Unspeakable in China? Can Public Spaces Lead to Public Spheres?’ *Public Culture*, 6 (1994): 597-605. Leo Ou-fan Lee, ‘Piping kongjian’ de kaichuang—Cong “shenbao zi-youtan” tanqi’ 批评空间的开创，从《申报·自由谈》谈起 (Creating a ‘Critical Space’ in Shenbao ‘Free Talk’), *Ershiyi shiji* 二十一世纪 (Twenty-First Century), 19 (1993): 39-51. Taofu Zhang, *Baozhi fukan yu Zhongguo zhishifenzi de xiandai zhuanxing—yi Chenbao fukan weili* 报纸副刊与中国知识分子的现代转型：以《晨报副刊》为例 (Newspaper Supplements and Chinese Intellectuals’ Modern Transition: A Study of the Morning Post Supplement) (Guilin: Guangxi shifan daxue chuban she, 2007).

<sup>6</sup> Leo Oufan Lee, ‘Literary Trends: The Road to Revolution 1927-1949’, in John K. Fairbank (ed.), *The Cambridge history of China* (Cambridge, England: Cambridge University Press 1986), p.421. Lawrence Wang-Chi Wong, *Politics and Literature in Shanghai: The Chinese League of Left-Wing Writers* (Manchester: Manchester University Press, 1991), p.100. Jürgen Habermas, *Der Strukturwandel der Öffentlichkeit: Untersuchungen zu einer Kategorie der bürgerlichen Gesellschaft* (Neuwied & Berlin: Luchterhand, 1962). English translation by Thomas Burger and Frederick Lawrence, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (Cambridge: Polity, 1989), p.181.

<sup>7</sup> Lu Xun 鲁迅, ‘Wenyi de dazhonghua’ 文艺的大众化 (Popularization of Literature and Art), *Da Zhong Wen Yi* 大众文艺 (Public Literature and Art), 3 (1930). The definition of *Wen Xue* was still unclear. Michel Hockx, *Questions of Style: Literary Societies and Literary Journals in Modern China, 1911-1937* (Leiden: Brill, 2003). Denise Gimpel, ‘A Neglected Medium: The Literary Journal and the Case of “The Short Story Magazine” (小说月报 *Xiaoshuo yuebao*), 1910-1914’, *Modern Chinese Literature and Culture*, 2 (1999): 53-106.

<sup>8</sup> Few researches have explored topics related to psychology. Yu Jia, ‘A Periodical for A Science: *Xinli* and Psychological Knowledge in Republican China 1922-1927’ (Master’s Thesis, University of British Columbia, 2017). G. Blowers, Boris Tat Cheung, and Han Ru, ‘Emulation vs. Indigenization in the Reception of Western Psychology in Republican China’, *Journal of the History of the Behavioural Sciences*, 1 (2009): 21-33. Emily Baum, ‘Controlling Minds: Guo Renyuan, Behavioural Psychology, and Fascism in Republican China’, *The Chinese Historical Review*, 2 (2015): 141-159. Tao Jiang, Philip J. Ivanhoe, *The Reception and Rendition of Freud in China: China’s Freudian Slip* (New York, NY: Routledge, 2013). Jiří Hudeček, ‘Science and Cultural Conservatism in the *Dongfang zazhi* (Eastern Miscellany), 1911-1927’, The 8th Annual Czech and Slovak Sinological Conference 2014. Jilin Xu, ‘Social Darwinism in Modern China’, *Journal of Modern Chinese History*, 2 (2012): 182-197.

close connection of literature and social science knowledge in the specific era of vernacular literature promotion and the particular context of science translation in Republic Shanghai.

This ‘public space’, fostered the kind of critical consciousness that has been theorised more generally in the work of Jürgen Habermas, but this extended well beyond the scope of politics. In the public space of *West Wind*, the practice of criticism shaped the way intellectuals pictured the human mind. Through the medium of such print meeting places but also radio, Shanghai’s public sphere radically expanded in this period from tangible street-space. Apart from when the Nanking Nationalist government reached onto the streets in the New Life Movement or in the clinical and social work of the Mental Hygiene Movement in the late 1930s and early 1940s, most communication over mind remoulding actually took place in the print media. It was here that medical professions and intellectuals found their best opportunity to forge new social roles, and to promote medical and scientific theories.<sup>9</sup>

The problem of how the public was exposed to the Mental Hygiene Movement has long been neglected. In her history of madness in the Republican era, Emily Baum challenged narratives of medical and institutional ‘progress’ and top-down discourses of scientific rationality and biopolitical control. Examining various everyday practices in Beijing, she found they were influenced more by contemporary concerns than by officially sanctioned discourses. Thus, she argued that contemporaries in fact operated with a plurality of dispersed and conflicting interpretations about the causes and cures for mad behaviours.<sup>10</sup> Geoffrey Blowers and Shelley Wang Xuelai have explored psychological knowledge popularization in Shanghai through examining the contents of *West Wind*.<sup>11</sup> However, they focused more on several characters and how their political experiences affected and held back their ideas. These figures included Huang Jiayin (黄嘉音 1913-1961), the chief editor and publisher of *West Wind*, Su Zonghua (粟宗华 1904-1970), one of the leading psychiatrists, Ding Zan (丁瓚 1910-1968), a psychotherapist and the founder of Chinese Psychological Institute, and Cheng Yulin (程玉磨 1905-

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<sup>9</sup> Thomas H. Broman, *The Transformation of German Academic Medicine, 1750-1820* (Cambridge: Cambridge University Press, 1996), p.11.

<sup>10</sup> Baum, ‘Spit, Chains, and Hospital Beds’.

<sup>11</sup> Geoffrey Blowers and Shelley Wang Xuelai, ‘Gone with the *West Wind*: The Emergence and Disappearance of Psychotherapeutic Culture in China (1936-38), in Chiang, *Psychiatry and Chinese History*, pp.143-160.

1993), one of the earliest Chinese psychiatrist who set up the first public psychiatrist hospital in Nanjing. Wenji Wang is the only one focusing on *West Wind*.<sup>12</sup> As with this chapter, he has examined the presentation of mental hygienic knowledge and readers' responses. However, his focus is more on how mental hygiene was influenced by the broader social discourses of the day, such as the stresses on the self, family background, and ethics. Important though this work is, this focus tends to underestimate or overlook the proactivity of individuals. This is a theme that I, therefore, bring to the fore in my own analysis.

As I will show in the following analyses, this public sphere played an important role in testing and adapting psychological and psychiatric knowledge in the local context and in projecting it into personal life. Editors invited readers into discussion and knowledge construction. This was accompanied by a rise in self-awareness and cultural reconstruction. These new understandings were in part the result of revolutionary needs and as Chapter Three shows they reflected and projected political aims. Finally, though this chapter focuses on *West Wind*, I am not claiming that this type of function was unique to this single periodical. Instead, I use this case study of *West Wind* to exemplify a broader move from theories to practice through the role of scientific and modernizing discourse in the public sphere.

The following analysis is in sympathy with Baum on the existence of a hidden realm of understanding, interpretation, and practice among the mass of the population, and on the danger of assuming the successful translation of propaganda into daily life. I will argue that such transmission was also affected by the influences of tradition and personal judgment based on ever-changing practical needs. In terms of analyzing the encounter and conflicts of psy-knowledge and local life, Shanghai is absolutely the best site, considering its fullest and earliest exposure to mental hygiene education, publication and practice. However, existing work approaching this subject has tended to be limited. Blowers places emphasis on the authority of intellectuals and Wang on the prevailing influences of

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<sup>12</sup> Wenji Wang, 'West Wind Monthly and the Popular Mental Hygiene Discourse in Republican China', *Taiwanese Journal for Studies of Science, Technology and Medicine*, 13 (2011): 23.

social tendencies. Neither of them has successfully developed an integrated picture involving editors, writers and readers' and their interplay.

In the following analysis, I am going to clarify how psychological knowledge was translated or adjusted to meet readers' tastes, and how readers understood, accepted or reacted to this information. Furthermore, I will examine how 'science' and 'mental problems' were reinterpreted; what the approaches of discovering, problematizing and treating of the 'self' meant in the discourse of modernization and in the intellectual-lay relationship; and to what extent the discourse of knowledge dissemination resonated with nationalism and political transition. This demands more than a social-cultural depiction of the phenomenon of *West Wind's* function as a public space, but close textual analysis as well. Employing the translingual practice developed by Lydia Liu, I will demonstrate that the lexical changes examined in Chapter One left traces in popular culture.

## **Editing Popular Psychology**

Before turning to content analysis, it is necessary to make clear who was contributing to magazine articles. Here, research on the American *Readers' Digest* (founded in 1922) is helpful. This magazine became a model of mass print capitalism targeting the cultivation of quintessentially 'middlebrow' reading tastes.<sup>13</sup> It looked to the selection of genres and topics that would generate the most sales, made use of excerpted articles to cater to this appetite and recognised the value of catering to the hopes of its audience for easy cures and self-improvement. *West Wind* confronted different social realities in America. Besides, it was privately funded and largely affected by its managers' ideologies. Nevertheless, it drew upon the example of *Readers' Digest* as a way to break through to a large audience.

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<sup>13</sup> Joanne P. Sharp, 'Publishing American Identity: Popular Geopolitics, Myth and the *Reader's Digest*', *Political Geography*, 6 (1993): 491-503.

## 1. From Middlebrow to Common People

The initial success of *West Wind* was also rooted in a style not dissimilar to *Readers' Digest*. *West Wind* editors, Huang Jiayin and Huang Jiade (黄嘉德, 1908-1993), and their consultant, the famous writer Lin Yutang (林语堂, 1895-1976) admired the *Analects* school (论语派 *lun yu pai*) which advocated 'humour, self-expression, and leisure'. This set them apart from left-wing writers, who criticized such an approach in 1934 for its bourgeois aesthetics, personality fetishism and neglect of social realities.<sup>14</sup> As all graduates from St. John's University, an Episcopalian missionary school founded in 1879 in Shanghai, the editorial team represented middlebrow values, which put them in touch with the new urban culture but set them in tension with revolutionary taste. This paradox created many difficulties. Following Lin's move to America in 1936, *West Wind* fell under the editorship of Huang's brothers, with Huang Jiayin particularly influential. This saw a move towards left-wing ideology. Huang was twenty-three years old when establishing the magazine. *West Wind* was his starting point in public affairs. Afterwards, he actively engaged in the China Mental Hygiene Association (中国心理卫生协会) and the Mental Hygiene Association of Shanghai (上海心理卫生促进会) before starting clinical work with psychiatrist Su Zonghua (粟宗华, 1904-1970) in 1949. His ideology changed notably with the growing influence of Russian psychologist Ivan Pavlov after the establishment of PRC. Prior to this, his knowledge about mental problems was mainly based on minor courses on psychology in St. John's University and later associative activities. Although translating several books like *A Bell for Adano*, Huang was well-known for his work on *West Wind* and the promotion of mental hygiene, which also led to his unfortunate fate in the Anti-Rightist Campaign of the late 1950s. Huang's story after 1949 will be expanded upon in the next chapter.

*West Wind* took on the responsibility of educating and enlightening the public about mental hygiene. This resulted partly from its market-orientation. It was also a product of political circumstances. Facing the difficulty of the Nationalist government's crackdown on ideologies, editors evaded political critique and focused more on society and culture. An obvious change was retargeting

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<sup>14</sup> Qian Suoqiao, *Liberal Cosmopolitan: Lin Yutang and Middling Chinese Modernity* (Leiden: Brill, 2010), p.83.

its intended audience from intellectuals to common people. In 1938, the *Psychology and Education Column* was launched for such reasons. Its introductory statement is revealing:

Psychological education should deal with knowledge about behaving and relationship coping rather than being mysterious. Psychological knowledge should be popularized, universalized and pragmatic. However, the educational and psychological knowledge introduced to China has been mostly monopolized by professional intellectuals and presented as obscure and boring theories. As far as we know, theoretical and straightforward articles coexist in Western countries, however, the latter was rarely introduced before. Thus, we decided to make up for this shortcoming and do some lower-level (下层 *xia ceng*) but valuable work now.<sup>15</sup>

The content editors were trying to present should be: practical, interesting and most importantly, accessible to readers. *West Wind* targeted the literate living around urban areas or towns. When the editors claimed to ‘do some lower-level work’ and hoped ‘everybody can write articles’, they were really referring to the literate. A further indication of the nature of readership comes in the frequent assumption that most readers should obtain a formal and remunerated job, and this is also demonstrated by consistent contributions in the ‘Readers’ Mail Box’ in response to the Article Solicitation about ‘My Occupation’. So even though they talked about representing and reaching out to the masses, it is important to bear in mind that they were largely detached from the majority of illiterate laymen.<sup>16</sup>

Authorship and readership would be quite complicated during wartime. After the Japanese occupied Shanghai in late 1937, they adopted strict scrutiny of publications and controlled the post offices, which served as the main distribution channel for the dissemination of print media. As a result, publishing institutions in Shanghai all closed in January 1942.<sup>17</sup> The editor of *West Wind*, Huang, was consistently harassed in this period. From 1938 to 1941, *West Wind* was published under the name of Ma Binhe (马彬和, MA Pin-Ho, J. A. Mac Causland), the British consultant in the International

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<sup>15</sup> Author translated, ‘Introduction to the Special Issue of Psychological Education’ in 1937, cited from Wenji Wang, ‘*West Wind Monthly* and the Popular Mental Hygiene Discourse in Republican China’, p.27.

<sup>16</sup> Zhitian Luo 罗志田, ‘Wenxue geming de shehui gongneng yu shehui fanxiang’ 文学革命的社会功能与社会反响 (The Social Functions and Influences of Literature Revolution), *Social Science Research*, 5 (1996): 86-92.

<sup>17</sup> Huang Jiayin, ‘Shanghai xifengshe tingbi jingguo’ 上海西风社停闭经过 (The Closure of Shanghai *West Wind* Society), *West Wind*, 69 (1944): 309.

Publicity Bureau of Nationalist Government, in order to survive under Japanese censorship.<sup>18</sup> Huang opened a branch in Guilin, a southwest city out of Japanese control, from October 1941 to August 1944, republishing previous issues. It was not until July 1944 that *West Wind* was again put into publication (from Issue 66 to 81) in Chongqing, the Nationalist capital of the day.<sup>19</sup> In November 1945, after victory in the war, Huang returned to Shanghai and lasted there until the foundation of PRC. During the above period, both contributors and readers were limited to survivors in Shanghai, especially in the Concessions, or a small number of residents in publishing sites. The contributions from foreigners, missionary colleges and institutions increased especially in the Solitary Island Period, when *West Wind* showed strong features of enlightenment and achievement.

The style of *West Wind* enabled it to stand out from other publications. Unlike newspapers, which focused on tracing domestic events, *West Wind* spent a larger proportion of space on translating the ideas of the West. It also benefited from staying away from academic rules. Being understandable, not academic, was its first consideration. Themes could be ‘unscientific’ but needed to be attractive; conclusions could be open and daring. As a result, the knowledge presented in *West Wind* differed from its appearance in textbooks. These differences reflected the non-academic orientation, but they also highlight the ineffectiveness of authority in public knowledge acceptance.

## 2. Editing Mental Hygiene

Mental hygiene was defined in *West Wind* from two angles: direct definition and the identification of problems. Direct definition tended to emerge from listing qualities of a ‘healthy’ mind, or unhealthy symptoms or behaviours. The latter was more prevalent, though. Definition through the exploration of problems accounted for a larger proportion of magazine discussion. Problems were often

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<sup>18</sup> Feng Fang 冯方, ‘Cong Ma Bihe he ‘Zhongsheng’ banyuekan deng huodong shenshi qi dui zhonguo wenhuashiye de gongxian’ 从马彬和办《众生》半月刊等活动审视其对中国文化事业的贡献 (Ma Binhe’s Contribution to Chinese Literature: Discussing on His Activities in Initiating *Human Half-Monthly*), *Journal of Changchun University of Technology* (Social Sciences Edition), 26 (2014): 146.

<sup>19</sup> ‘Xifeng chuankan ershinian’ 西风创刊十二年 (The Twelfth Anniversary of *West Wind*), *West Wind*, 110 (1948): 96.

seen illustrated by real stories. This made such writing more comprehensible for common readers. Such stories still specified the sorts of behaviour that needed to change. At the same time, they exemplified what kind of stories editors were expecting from readers.

Not only was the concept of mental hygiene altered, but its connotations were also enriched in the process of propaganda.<sup>20</sup> *West Wind* was established under the co-influences of the mental hygiene movement and the booming printing industry in Shanghai. In this period, the general trend of psychological care swayed from professional-controlled institutionalization (care in forms of the hospital) towards prevention that was supported by a far broader group of actors, professional and non-professional. As Halpern put it: ‘Since old psychiatry was replaced by new psychiatry, the need for prevention became increasingly important.’<sup>21</sup> Treatment and nursing were not upmost important tasks anymore. Judging normality or abnormality gave way to developing sound personality and seeking emotional peace or changing ‘wrong’ thoughts, behaviours and unpractical anticipation. The propaganda became a combination of introduction to the field, rationalization of ideas, and meaning appropriation. The next section of this chapter is going to examine how mental hygiene was defined, legitimized and presented to normal readers through the vehicle of *West Wind*.

The journal deployed a variety of techniques, such as underlining certain sentences, setting up Readers’ Column, soliciting contributions from readers and adopting the story-telling style, to help convey an editorial opinion, highlight themes or make information more palatable. These changes added the editors’ opinions to original articles and translations. A typical example of the editors’ manipulations was ‘Diverse Madness’, an article translated from *Scientific American*, introducing classification, causes, and treatment for neurosis and insanity. According to the original author, ‘not much’ could be done facing the difficulties of mental illness research. ‘We may truthfully say that, up to now, our progress has indeed been slow in actually dispelling the mists of madness’. The editors of *Scientific American*, however, directed readers to see the hope. Even ‘the actual cases do not always stack up just that way (making definitely sharp diagnoses of each insanity)’, and very often cases

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<sup>20</sup> Emily Baum, ‘Healthy Minds, Compliant Citizens: The Politics of “Mental Hygiene” in Republican China, 1928-1937’, *Twentieth-Century China*, 3 (2017): 233.

<sup>21</sup> Fanny Halpern, ‘*Lun xinli weisheng*’ 论心理卫生 (Mental Hygiene), *West Wind*, 46 (1940): 351.



exhibit symptoms of several types of insanity or neurosis, thus, if someone ‘fails to fit exactly some of the descriptions given, do not give up hope - he may still be whatever he is’, said the editors words. As to *West Wind* editors, the tune changed dramatically in a blindly positive and exaggerated way: ‘Believe it or not, madness is actually the presentation of true human logic. Mad persons are actually the pathologically mental-sanity’.<sup>22</sup> This expression gave both the madness and the mad a higher position than the common people. As the following analysis will show, this type of exaggeration was used with a purpose.

Examining editions in *West Wind* helps us understand how the conceptions of a healthy mind and modern psychology were reinterpreted, and how this compared with the professional discourse. The selection of themes was influenced by social but also by political currents. Earlier articles were mainly introducing asylums, madness categories and definitions, and treatments. After the Japanese occupied Shanghai in 1937, articles on wartime mental health began to be published. Due to the ideology and publishing control, few translations were undertaken in this period. Instead, the magazine included a series of reports on domestic developments. From 1944 to 1949, the thematic focus shifted to after-war mental health care and reconstruction. Interestingly, spiritualism and hypnotism appeared again notwithstanding the fact that the science-metaphysics debate around 1920 had ended up judging them as forms of superstition. From 1946 to 1949, Huang Jiayin and his colleagues who engaged in clinical work contributed to the majority of psychological articles. Thus, more articles talked about causes and treatments.

## **Justifying Mental Illnesses and Treatments**

The magazine’s early years saw its editors trying to convince readers of the significance of understanding mental health. Eight articles on the subject were translated in 1936 and 1937, introducing readers to miserable scenes in asylums, the relation between mental illnesses and modern civilization,

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<sup>22</sup> Xiao Jing 萧静, ‘Fengkuang zhongzhong’ 疯狂种种 (All Kinds of Madness), *West Wind*, 8 (1937): 198. Translated from G. H. Estabrooks, ‘The Mists of Madness’, *Scientific American*, (1936): 198.

and the nosology of madness and psychotherapies. Apart from popularizing knowledge, the main aim of these articles was convincing the public of the need to pay attention to mental problems.

### 1. Disenchanted the Mind: The Invention of Mental Problems

*West Wind* coopted a cosmopolitan hypothesis to demonstrate the urgent need of China paying more attention to the mentally ill. For instance, the article *Modern Civilization and Mental Illness* talked about the escalating rise in hospital beds for mental cases in America and a horrible prediction that ‘half the population of the United States will be in asylums and the other half to support them’. Such an example prompted a widespread worry that modern civilization was too much for human organisms to cope with. This author suggested that the report was more apparent than real because the statistics came from the low turnover of mental patients in hospitals and the relatively high proportion of old people. However, for a Chinese audience, he also significantly concluded that mental disorders were no respecters of culture, race or environment.<sup>23</sup> When it came to the translator, the relationship between mental illnesses and civilization was still significant. America pictured a possible future for China. The high rates of mental illness were soon to be expected in China. Thus, despite the hesitation of the American author, Chinese intellectuals still created a demand for mental science based on a biomedical universalism, rather than investigation or experiments. In most cases, there was no wholly sound theoretical base for this assumption. The ‘lack’ itself became the compelling reason for the transformation:

Nowadays, the more civilized a country, the more attention is put on mental health. To what extent a country is civilized can be seen from how the mentally ill are treated. Psychiatry in China has always been backward. As such, there is insufficient care for patients’ treatment and cure.<sup>24</sup>

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<sup>23</sup> Jin Anren 金安人, ‘Xiandai wenming yu jingshenbing’ 现代文明与精神病 (Modern Civilization and Mental Illness), *West Wind*, 12 (1937): 322-324. Translated from Farnsworth Crowder, ‘But Is the World Going Mad?’ *Survey Graphic*, 26 (1937): 219-220.

<sup>24</sup> ‘Zhongguo xinli weisheng xiehui dierjie nianhui xuanyan’ 中国心理卫生协会第二届年会宣言 (The announcement in the Second Annual Meeting of China Mental Hygiene Association), *West Wind*, 120 (1948): 543.

Not only was the existence of modern psychiatry and its services deemed to be normal, but it was also an element of modernity. Editors emphasized their own sympathies by underlining sentences in the article: ‘it is not surprising that mental patients increase considering the life in the modern period becoming so tense. The sane have to take the courage to squarely face the reality and be able to confront the increasingly boring adult world brought by growingly complicated civilization’.<sup>25</sup> Mental illness represented the reality coming with the modern world. Civilisation would bring about mental illness, but it also provided the conditions for giving that condition normality or thus for progress in attitudes and treatments. According to the editors, ‘to live in a modern world, it is more than natural to accept the existence of mental illness, and thus taking the courage and ability to deal with problems accompanied tended to be basic’.

The editors were not just normalizing the existence of insanity but the insane as well. An article on ‘*The Village of Mad People*’ introduced a Belgium village Gheel, which was said to have collected all the mad people of Belgium.<sup>26</sup> The village accepted patients (without a violent predisposition) and gave them freedoms like normal outdoor activities and social intercourse, as long as they returned to their house in the night. More patients were said to be cured due to this full freedom. As the article put it: ‘Villagers have been endeavouring to make patients comfortable. Nonetheless, many patients do look like normal. This must be the most humanitarian asylum in the world.’ Calling for an end to discrimination towards the mentally ill had been the consistent aim of *West Wind*. As they put it:

We should know that psychotic patients are not strange, mysterious or isolated. They are the same as us.

Those abnormal behaviours overstated as just a form of expression, just like the exaggeration.<sup>27</sup>

Therefore, a model such as Gheel was drawn upon as inspiration; even it was, in fact, a rather unique experiment.

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<sup>25</sup> Xiao Jing 萧静, ‘Fengkuang zhongzhong’ 疯狂种种 (Diverse Madness), *West Wind*, 8 (1937): 198.

<sup>26</sup> Hu Bei 胡悲, ‘Feng ren cun’ 疯人村 (Village of Mad People), *West Wind*, 6 (1937): 728.

<sup>27</sup> Zhu Geli 诸葛丽, ‘Jingshenbing huanzhe de fuyin’ 精神病患者的福音 (The Gospel of Mental Patients), *West Wind*, 74 (1945): 187. Abridged from Edith M. Stern’s article in *Coronet*, 1943, Issue 10.

At times, the editors could even grant a superior position to madness. Until 1946, when Su Zonghua, the psychiatrist in National Shanghai Medical College, talked about *The Attitude We should hold to Psychosis*, he still said:

From the perspective of world civilization, the majority of the progress we have achieved today should be attributed to psychotics. Many great men tended to be eccentric and imaginative, which made their behaviours look abnormal and delirious. Napoleon was psychotic, so he was the Mental Hygiene initiator C. W. Beers. Thus, if a person has some mental illnesses, it is not shameful, but something to be quite proud of.<sup>28</sup>

Su also deployed economic arguments. ‘Our country has about three million mental patients. If one person costs ten Yuan each month, they altogether cost forty thousand each year, which is equal to the trade deficit.’ The heavy cost of the mentally ill was one of the main reasons to call for urgent attention and measures on the mentally ill in America. By copying this mode of argument, Su was again presenting his call for action on mental problems as an issue of progress.

In summary, *West Wind* drew on examples from the west, often in translation, to claim that it was normal to get mental problems in the modern world. As Fanny Halpern put it, writing in *West Wind* in 1940, ‘only the saint can suppress the extremely conceited ideas and get rid of psychoneuroses’.<sup>29</sup> As I have shown, *West Wind* even went as far as arguing that mental illness could be not just a product of modernity but could be a response that was more than normal. In the blind belief of the editors, these people could even obtain a superiority. In these ways, comparison to development in the West was often crucial to the argument of why more attention should be paid to mental issues.

## 2. Problematizing the Personality: Cultivating Belief and Self-education

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<sup>28</sup> Su Zonghua 粟宗华, ‘Duiyu jingshenbing ying bao de taidu’ 对于精神病应抱的态度 (The Attitude We should hold to Psychosis), *West Wind*, 60 (1941): 569.

<sup>29</sup> Fanny Halpern, ‘Lun xinli weisheng’ 论心理卫生 (Mental Hygiene), *West Wind*, 46 (1940): 352.

Central however in *West Wind's* coverage was individual experience and problems. It was this that helped crystallize the national mental problems. Here, a line of analysis emerged that tied mental disorder to a much broader issue of lifestyle, which meant that the reach of such a message was far greater. As one article from 1935 typically put it: 'Nervous disorder was caused by unsoundness of emotional life. The origin of diseases was in personality.'<sup>30</sup> More important therefore than neurotic problems was the close relationship between personality and coping with daily life. In turn, this suggested the need for a reorientation in the focus of mental hygiene: 'Now psychologists increasingly believe that success in a person's career depends on one's personality far more than intelligence or training.'<sup>31</sup>

For common people, self-testing was the easiest way to understand one's own personality. *West Wind* facilitated this through publishing forms for self-examining such issues as introversion and extroversion.<sup>32</sup> Having taken such a test, one could then make corresponding lifestyle changes and choose proper jobs depending on the results. Another kind of form provided methods to examine *ren wang* (人望 popularity and prestige), and *cai xing* (才性 talent and character), to know one's popularity.<sup>33</sup> Other forms broadly tested happiness and honesty.<sup>34</sup> Such tests arrived at these assessments through questions about habits, inclinations and personal preferences. A key difference to psychoanalysis was that readers could do self-tests rather than seeking help from rare and costly experts.

In terms of treatment, *West Wind* provided a body of straightforward and readable advice with simple examples. In 1946, a Psychosis Common Knowledge Test was published to assist understanding.<sup>35</sup> It listed thirty-five key questions about mental illnesses and patients. Through one-sentence descriptions and Yes/No answers with short explanations, readers could straightforwardly get

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<sup>30</sup> Bo Ren 勃仁, 'Jingshenbing liaofa' 精神病疗法 (Treatment for Psychosis), *West Wind*, 9 (1937): 308. Translated from Winfred Rhoades, 'Group Training in Thought Control for Relieving Nervous Disorders', *Mental Hygiene*, 19 (1935): 373.

<sup>31</sup> Xie Shifei 谢士非, 'Gexing he zhiye' 个性和职业 (Personality and occupations), *West Wind*, 5-6 (1937): 569. Abridged from Reginald D. MacNitt's article in *Modern Psychologist Monthly*, April 1936.

<sup>32</sup> Xie Shifei, 'Personality and Occupations'.

<sup>33</sup> 'Ziwo gexing ceshi' 自我个性测试 (Personality test), *West Wind*, 8 (1937): 190.

<sup>34</sup> Ling Shuang 凌霜, 'Chengshi ceyan' 诚实测验 (Testing Honesty), *West Wind Supplement*, 5 (1939): 159. Translated from London *Psychologist*, December 1938.

<sup>35</sup> Huang Jiayin, 'Jingshenbing changshi ceyan' 精神病常识测验 (Test of Common Knowledge on Mental Illnesses), *West Wind*, 88 (1946): 371. Translated from Frank S. Caprio's article in *Your Life*, August 1946.

an idea about basic knowledge and what attitude they should take. Readers were also provided diverse rules to follow. Huang selected eighteen entries with keywords. Actually, these maxims were all about life tips or behavioural guidance to reach self-control, as well as calm and peace in the heart.<sup>36</sup>

Real stories were seen often cited to gain an understanding of professional treatments. In the article ‘New Treatment for Blindness’, the editors gave a divorce case in Xuzhou China. ‘The character’s father got blind due to this sudden misfortune. His conditions are obviously similar to the case in “New Treatment for Blindness”. He must have had hysterical blindness. If he could be treated by a psychiatrist, there would be a big possibility of being cured.’<sup>37</sup> Translators were not teaching psychological knowledge to their readers, and in many cases, they themselves did not have a great depth of understanding those principles. Instead, what they targeted were simple maxims that could guide readers.

The core value editors provided was self-improvement in daily life. ‘For most mental or neuro illnesses, what patients needed was re-education but not medicine or a surgeon’.<sup>38</sup> For individuals, education could be achieved through self-help. One possible way was to develop good habits. For example, the article ‘Treatments for Psychosis’ suggested patients to abandon bad habits in order to cultivate a normal personality and to master themselves through balancing the body and the mind, such as going to sleep and getting up in certain time for a better life attitude, releasing body nervousness with cold water and scrubbing, developing good eating and exercise habits, doing physical works to release psychological weariness, giving up impractical aims or adopt a practice of self-suggestion.<sup>39</sup>

Self-education was in accordance with the aim of breaking professional barriers and reaching out to the public. Again, it drew on the translation of American literature to advance this point: ‘In the past forty years, the psychotherapy for these diseases occupied an important position in the medical profession (医学界 *yi xue jie*). However, the recipients have been limited to rich people who can afford

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<sup>36</sup> Qian Baoyu 钱宝瑜, ‘Shenjing guannengzheng ziliaofa’神经官能症自疗法 (Self-treatment of Psychoneurosis), *West Wind*, 66 (1944): 593.

<sup>37</sup> Zeng Weiming, ‘Zhi mang xin shu’治盲新术 (New Treatment for Blindness), *West Wind*, 8 (1937): 179.

<sup>38</sup> Bo Ren 勃仁, ‘Jingshenbing liaofa’精神病疗法 (Treatment for Psychosis), *West Wind*, 9 (1937): 308.

<sup>39</sup> Bo Ren, ‘Treatment for Psychosis’.

the high costs. The common people in Boston are harbouring the same worries. This is why there are calls for doctors to organize to teach mental and moral hygiene methods every week'.<sup>40</sup> It was for this reason that few psychologists and psychiatrists appeared in *West Wind* in its early years. West Wind Society (西风社 *xi feng she*) also published the American broadcaster Marion S. Taylor's *The Voice of Experience* in 1937, as a guide for ordinary people.<sup>41</sup> Again, this indicates a philosophy of looking beyond medical professionals.

In such popularisation, the appeal of mental treatments was increased through an emphasis on its added value for curing somatic diseases. In some cases, mental therapy was depicted as a panacea that could cure insomnia, impotency, and even blindness. Such claims reflected the fact that somatic diseases were now ascribed in part to the mind. For example, 'Headache might not be a somatic complaint; it could usually be attributed to the mind. If your headache is distending pain, you should analyze your thoughts and emotion first.'<sup>42</sup> Mental treatment was also presented as a key tool for solving sexual problems:

Most impotency was owing to mental not organic diseases. It was a product of emotional immaturity rendered by the wrong education in childhood...now psychiatrists can cure impotency in hours or weeks by talking with patients to diminish painful childhood memory and re-orientate distorted ideas toward sex. For those unconfident people, hypnotism can also be used to stimulate sexual desire. It has been said that the psychiatrist Dr. Oskar Diethelm can assure patients a satisfying sexual life in three weeks.<sup>43</sup>

An even more often emphasized 'efficacy' of mental treatment lay in non-medical areas. Broadly speaking, it could help 'building a new, ambitious, hopeful, and thoughtful world' or 'to achieve freedom, not only in physical but also in mental' life.<sup>44</sup> More specifically, it could remedy unhealthy habits. Readers were told that 'if psychiatrists could have the chance to know the causes,

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<sup>40</sup> Bo Ren, 'Treatment for Psychosis'.

<sup>41</sup> Huang Jiayin, 'Jingyan zhitan'经验之谈 (My Experiences), *West Wind*, 12 (1937):721.

<sup>42</sup> 'Toutong de yuanyin'头痛的原因 (Reasons of Headache), *West Wind Supplement*, 36 (1949): 553.

<sup>43</sup> Hu Bei 胡悲, 'Male Impotency'男子性无能, *West Wind*, 113 (1949): 416.

<sup>44</sup> Bo Ren, 'Treatment for Psychosis'. Huang Jiayin, 'Jingshen weisheng jinxun'精神卫生金训 (Mental Hygiene Maxims), *West Wind Supplement*, 13 (1939): 34-35. Translated from Arthur Frank Payne, 'Twenty Maxims for Mental Health' in *New Yorker*, October 1931.

mental treatments could cure most gambling addicts.<sup>45</sup> Fears could also be treated as mental problems. ‘Fears were not neurotic or medical problems. They developed from one’s own personality, not from outside.’<sup>46</sup>

Readers were usually urged to develop faith in mental treatments. As ‘All Kinds of Madness’ showed, ‘believing made achieving’ was a common creed of the editors. Readers could easily be exposed to sayings like ‘if you follow this treatment for a period, you will build peace and tranquillity in your heart’.<sup>47</sup> In the introduction to an account on new treatments of hysteria-caused blindness, the editors wrote, ‘no problem cannot be solved as long as patients have firm faith in this treatment’.<sup>48</sup>

Whether illness was psychogenic or not, articles tended to present the capability of treatments and called for faith in them. This blind belief could partly be attributed to the allure of the Western or blur understanding of new science. It also reflected an appeal from editors. Rather than an interest in talking about therapies, this literature actually reflected the editors’ stress on the capability of changing one’s life. It was not the belief in certain therapies that was central in the *West Wind* vision, but the belief in making changes. Moreover, the analysis of these texts also reveals an important role for the magazine in deciding how to present issues. Eye-catching topics could be published with little concern for scientificity. This can be seen from this chapter’s subsequent analysis of spiritualism and hypnotism.

## War, Sound Society, and Mental Hygiene

From December 1941 to July 1944, *West Wind* stopped publishing after the Japanese army took control of the Concessions.<sup>49</sup> Huang latterly opened a publishing branch in Chongqing, the Nationalist

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<sup>45</sup> ‘Ba dutu dang bingren’把赌徒当病人 (Taking Gamblers as Patients), *West Wind*, 113 (1949): 394-395. Abridged from *Magazine Digest*, October 1948.

<sup>46</sup> Sun Shishu 孙世淑, ‘Kefu kongbu’克服恐怖 (Overcoming Fear), *West Wind Supplement*, 11 (1939): 426. Abridged from Henry, C. Link’s article in *The Ladies Home Journal*, August 1938.

<sup>47</sup> Qian Baoyu 钱宝瑜, ‘Shenjing guannengzheng ziliaofa’神经官能症自疗法 (Self-treatment of Psychoneurosis), *West Wind*, 66 (1944): 593.

<sup>48</sup> Zeng Weiming, ‘Zhi mang xin shu’治盲新术 (New Treatment for Blindness), *West Wind*, 8 (1937): 179.

<sup>49</sup> ‘Xifeng chuankuan shiernian’西风创刊十二年 (The Twelfth Anniversary of *West Wind*), *West Wind*, 110 (1948): 96.



capital of the day. There he had more contact with Nationalist psychologists from the China Mental Hygiene Association (中国心理卫生协会 *zhongguo xinli weisheng xiehui*) who were mainly based at the National Central University in Nanjing. After *West Wind* resumed publication in 1944 and one year later moved back to Shanghai, a batch of articles were published from members of National Institute of Health (中央卫生实验院 *zhongyang weisheng shiyan yuan*) like the Director Ding Zan, his successor Huang Jian-hou (黄坚厚) and the Director of Institute of Mental Illnesses Prevention (精神病防治院 *jingshenbing fangzhi yuan*) in National Health Administration (卫生部 *wei sheng bu*) Cheng Yu-lin (程玉麐).<sup>50</sup>

During this period, the presentation of mental hygiene changed dramatically. Firstly, contributions from professionals tended to be more academic. Secondly, the painful experiences in WWII led to a reformation of Chinese thinking. For the first time, the focus changed from individual health to the importance of a sound society. Thirdly, a more diverse range of treatment methods was introduced either for mental diseases or for personality cultivation. Finally, in 1947, after China entered into an extremely turbulent period of civil war, mental hygiene lost its political attraction as a way to sounder citizenship.

## 1. Society, Democracy and Post-War Mental Hygiene

In the period of turmoil, the key actors did persist in their efforts to project mental hygiene into the public sphere. This now included an analysis of its relationship with the war. Two articles were published in 1944 arguing that war harmed the human mind. Pre-mental testing of soldiers was also

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<sup>50</sup> Ding Zan 丁瓚, 'Renji guanxi yu xinli bingtai' 人际关系与心理病态 (Social Relationships and Mental Abnormality), *West Wind*, 71 (1944): 429. Ding Zan 丁瓚, 'Misan le de chouhen' 弥散了的仇恨 (Dispersed Enmity), *West Wind*, 73 (1945): 2. Ding Zan 丁瓚, 'Bei mogui chanrao de nvzi' 被“魔鬼”缠扰的女子 (The girl Hunted by Ghosts), *Mental Hygiene Features*, *West Wind*, 80 (1945): 108. Ding Zan 丁瓚, 'Jiao lv' 焦虑 (Worrying), *West Wind*, 107 (1948): 375. Cheng Yulin 程玉麐, 'Shenjing shuairuo yu xinli weisheng' 神经衰弱与心理卫生 (Neurasthenia and Mental Hygiene), *West Wind*, 95 (1947): 445-450. Cheng Yulin 程玉麐, 'Xinli fenxi' 心理分析 (Psychoanalysis), *West Wind*, 107 (1948): 383. Huang Jianhou 黄坚厚, 'Tan xinli zhiliao' 谈心理治疗 (Talking Mental Therapy), *West Wind*, 98 (1947): 105. Huang Jianhou 黄坚厚, 'Wei hu zizunxin de xinli gongshi' 维护自尊心的心理工事 (Maintaining Self-esteem), *West Wind*, 101 (1947): 418-419.

advocated to ensure they were mentally equipped to deal with the challenges of conflict.<sup>51</sup> But, compared to more urgent issues of funding and manpower, this thought failed to gain traction with the armed forces.

Illness treatment was also reassessed in the new social context. Ding Zan thought there was a particular significance of was when it came to thinking about youth mental hygiene:

There are two reasons: firstly, youthful age is, according to statistics, the most vulnerable age for mental problems; secondly, mental problems can be prevalent after wars. From a psychological perspective, it is quite easy to explain that psychosis usually comes from maladjustment to a new life. I see special mental problems among young people after the surrender of Japan in August 1945.<sup>52</sup>

The real shift in such thinking was that Ding now attributed problems to social factors, rather than personality. He was particularly scathing of Nazi approaches, which had focused on the latter and which he presented as a blind alley of mental health. The Faith Healing of Rudolf Hess and the Will Therapy of Otto Rank, for instance, had aimed to repress the free will. Ding Zan, therefore, called instead for a loosening of these restrictions. 'Youth has been restricted from all aspects. We need to fight for new social arrangements and break barriers so that both the physical and mental desire of young people can be satisfied.'<sup>53</sup>

Democracy was presented as a tool and product of mental hygiene. Huang Jiayin depicted the relationship between democracy and mental hygiene as mutually generated:

Thinking broadly, mental hygiene is a science of life adjustment, aiming to improve personal life, ameliorate interpersonal relationships, and thus create a better family life and stable society. Thus, mental hygiene starts with self-cultivation and ends in the whole society...The respect toward individual personality encouraged by mental hygiene cannot be realized unless under the air of democracy. Both

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<sup>51</sup> Ding Zan 丁瓚, 'Junzhong xinli weisheng gongzuo' 军中心理卫生工作 (Mental Hygiene in the Army), *West Wind*, 6 (1944): 161-163. Xiao Chuanwen 萧传文, 'Zhanshi jingshenbing' 战时精神病 (Wartime Mental Illness), *West Wind*, 66 (1944): 607-611, abridged from *Science Digest*, February 1941.

<sup>52</sup> Ding Zan 丁瓚, 'Peiyang qingnian de yingbian nengli: dangqian qingnian de xinli weisheng wenti' 培养青年的应变能力: 当前青年的心理卫生问题 (Cultivating Youth Ability of Adjustment: Current Mental Problems among Young People), *West Wind*, 78 (1945): 474.

<sup>53</sup> Ding Zan 丁瓚, 'Heli shehui bangzhu xinli jiankang' 合理社会帮助心理健康 (Sound Society Helps Mental Health), Mental Hygiene Features, *West Wind*, 78 (1945): 545.

mental hygiene and democracy are seeking to assure the happiness of the majority. Both democracy and mental hygiene should be cultivated from an early age.<sup>54</sup>

A democratic environment was thought good for promoting mental hygiene. Conversely, the mental hygiene movement could contribute to cultivating sounder democratic citizens and facilitating a healthier democratic system. The emphasis on the importance of democracy appeared after 1945, and it took the reported Nazi hygienic policies as a polar opposite. As Huang put it in a *West Wind* article:

Someone might argue that Hitler promoted the most thorough mental hygiene polices in the most undemocratic society... However, the arrogant ethno superiority of targeting 'inferior races' totally runs counter to true mental hygiene doctrines. People have been on tenterhooks with endless horrors, inferior feelings, and mistrust, not even to say mental hygiene. Hitler's Nazi government absurdly created national mental problems!<sup>55</sup>

Through the lens of democracy, Ding was in dialogue with Nationalist authority. But his call for after-war mental care and emphasis on the importance of mental health policies equally relied on the facilitation of government. At a time when the Nationalist Party was in bitter battles with the Communist Party for full control of the country, this made such ideas about mental hygiene politically sensitive and potentially dangerous. In such a context, ideas often ended up staying on the paper.

Ding's ideological changes provided an example of how intellectuals' attitudes changed along with warfare. His viewpoints saw a reversal from standpoints before 1937, when self-change was the primary concern. Mind remoulding used to be the keynote and had served a role in national modernization. After 1945, through the ideas of figures such as Huang and through vehicles such as *West Wind*, the responsible party moved from individuals to the society or the authorities. At the same time, the ethnic policies adopted by the Nazis made Chinese intellectuals rethink any previous sympathies toward eugenic strategies, and instead encouraged thinking about the relationship of mental hygiene to democracy.

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<sup>54</sup> Huang Jiayin, 'Xinli weisheng yu minzhu' 心理卫生与民主 (Mental Hygiene and Democracy), write for Mental Hygiene Association, *West Wind*, 99 (1947):196-198.

<sup>55</sup> Huang Jiayin, 'Mental Hygiene and Democracy'.

## 2. Treatment Methods

The pressing challenges of warfare also raised new concerns about mental therapies.<sup>56</sup> Many of these therapies were novel. One of these was psychodrama, which was presented as something that could:

Help those in sorrow regain recognition in their life, furthermore, this cognition is based on new psychoanalysis. Some believe that psychodrama is the biggest progressive following Freud's psychoanalysis.<sup>57</sup>

This article claimed that everybody had certain roles in their lives. If their living environment changed, their roles changed substantially. Psychodrama allowed people to experience various roles to find inner eagerness and ability, changing their surroundings and finding which role was best. Through learning to control their own life on the stage they could learn to control their own lives.<sup>58</sup>

Another innovation covered by *West Wind* was sleep therapies. The editors recommended narcosynthesis therapy as the latest psychosis therapy in wartime and one of the most important inventions during WWII.<sup>59</sup> In this article, the psychiatrist, Roy R. Grinker, who served in the American army, punctured a needle into soldiers' veins and made them sleep so that they could talk about their miserable experiences. It worked through recalling, narrating, and re-experiencing to rebuild the broken personalities in the war. Another article recommended cryogenic narcosis (冻眠 *dong mian*).<sup>60</sup> In this therapy, after narcosis, patients would be put 'into a freezing oxygen box surrounded by ice water for

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<sup>56</sup> Xie Gengyao 谢庚尧, 'Xinli zhiliao dazhonghua' 心理治疗大众化 (The Popularization of Mental Therapy), *West Wind*, 73 (1945): 72. Translated from Maurice Zolotow's article in *Collier's* September 1949. Qian Baoyu 钱宝瑜, 'Shenjing guannengzheng zhiliaofa' 神经官能症自疗法 (Self-treatment of Psychoneurosis), *West Wind*, 66 (1944): 593. Qian Baoyu 钱宝瑜, 'Xinli weisheng de tujing' 心理卫生的途径 (The Way to Mental Hygiene), *West Wind*, 111 (1948): 217.

<sup>57</sup> Zhao Ming 赵铭, 'Xinli xiju zhiliao' 心里戏剧治疗 (Psychodrama Treatment), *West Wind*, 76 (1945): 406. Abridged from Gretta Palmer's article in *Coronet* September 1944.

<sup>58</sup> 'Fengren yanxi' 疯人演戏 (Mad People Playing Dramas), *West Wind*, 66 (1944): 566.

<sup>59</sup> Hu Bei 胡悲, 'Anmian weihe zhiliaoshu' 安眠卫合治疗术 (Narcosynthesis), *West Wind*, 80 (1945): 194. Translated from Do Wharton's article in *Reader's Digest*, July 1945.

<sup>60</sup> 'Dongmian zhiliao jingshenbing' 冻眠治疗精神病 (Freezing-narcosis Cures Mental Illnesses), *West Wind*, 66 (1944): 566.

twenty-four or thirty-seven hours'. Among eight experimenters, 'one died, but all the others have seen improvements'. War, in other words, provided an opportunity for fresh thinking about treatment due pressing need, but this was rather to the preoccupation about mass civilian mental health that had been such a central preoccupation for the magazine.

### 3. Recurrence of the 'Unscientific'

Ever since scientification had emerged as one of the main national aspirations in pursuit of modernity, Chinese intellectuals had been confronting the task of demonstrating the inexistence of an incorporeal world of the mystical and spiritual. However, they had never fully succeeded. As Huang Kewu has shown, belief in the spiritual and interest in planchette writing have never disappeared in China.<sup>61</sup> Thirty years after the science-metaphysics debates, which fiercely criticized the belief in the soul as superstition, *West Wind* reported the progress of parapsychology (超官能知觉研究) research in America, including the development of new methods such as ESP (Extra Sensory Perception).<sup>62</sup> Here it found itself in an interesting position in relation to the debate over metaphysics and to its readers. As the report admitted: 'If you do not believe in the existence of ghosts, I cannot expect you to believe humans can see ghosts. Equally, I cannot hope you to believe in my story.'<sup>63</sup> However, they tried to build the credibility of research by stressing the authoritative position of the experts involved: "Ever since Professor Rhine (Joseph Banks Rhine) at Duke University raised the viewpoint that certain people can see spirits, the phrase 'extrasensory perception' has become well-known. The author of this article

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<sup>61</sup> For the spiritualism and planchette practices in China, see Huang Kewu 黄克武, 'Minguo chunian shanghai de lingxue yanjiu: yi shanghai lingxuehui weili' 民国初年上海的灵学研究: 以上海灵学会为例 (Research into Spiritualism in Early Republican Shanghai: A Study of Shanghai Spiritualism Society), *Bulletin of the Institute of Modern History, Academia Sinica*, 55 (2007): 99-136. For intellectuals' views on religion, superstition, and science during this period, see my work: Huang Kewu, 'Lingxue yu jindai Zhongguo de zhishi zhuanxing: minchu zhishi fenzi dui kexue, zongjiao yu mixin de zai sikao' 灵学与近代中国的知识转型: 民初知识分子对科学, 宗教与迷信的再思考 (Spiritualism and the Intellectual Transformation of Early Modern China: The Rethinking of Science, Religion and Superstition by the Intellectuals of the Early Republic), *Sixiang shi (History of Ideas)*, 2 (2014): 121-96.

<sup>62</sup> San Xin 散心, 'Linghun cunzai de yanjiu' 灵魂存在的研究 (The Research of Existence of Spirits), *West Wind*, 74 (1945): 189-190. Abridged from John O'Neill's article in *New York Herald Tribune*, February 1944.

<sup>63</sup> Yue Lin 越邻, 'Linghun zhentan' 灵魂侦探 (Spirits Detective), *West Wind Supplement*, 11 (1939): 425.

was such a person with extrasensory perception. He is a very famous spiritualist teaching at Dartmouth College. He published many spiritual books. He is also a technical member of the British Society for Psychical Research.”<sup>64</sup>

The best example of the return of the ‘unscientific’ study was hypnotism. A seven-page research article was published in 1947, aiming to justify the effectiveness of hypnotizing methods. Yet in China, hypnotism had long been treated as magic, even dangerous power. Stories of the utilization by sorcery to treat strange diseases, by wizards to kill people, or by magicians to please their audiences, shaped the way hypnotism was imagined. As a consequence, doctors had been very cautious in flagging its application in practices. This *West Wind* article, moved radically away from this position, recasting hypnotism as being progressive and modern, with strong therapeutic effects like mitigating pain. Howard Klein, a famous hypnotist who was selected to work for the US army was quoted to demonstrate the applicability of hypnotism in army services. The editors also attributed the effects to individual psychology, thereby converting what had previously been seen as mystical into a branch of science. ‘The effect of hypnotizing depends on both the personality of the hypnotist and hypnotized person’. However, none of these efforts could overcome public suspicion. Physicians as a result often chose to claim that they were using psychotherapy or other methods rather than use the word ‘hypnotism’. Nor were they willing to appear in publications as supporters of the method.<sup>65</sup> It is a reluctance that indicates the challenges of overcoming public attitudes, and the difficulty for *West Wind* in its efforts to present such phenomenon in scientific guise.

## **Mental Hygiene from Readers**

The people who met in the public sphere created by *West Wind* were not a homogeneous entity, either in terms of authorship or readership. Even though the editors censored contents to be published,

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<sup>64</sup> Yue Lin 越鄰, ‘Linghun zhentan’ 灵魂侦探 (Spirits Detective), *West Wind Supplement*, 11 (1939): 425.

<sup>65</sup> Ye Qun 叶群, ‘Cuimianshu de moli’ 催眠术的魔力 (The Magic of Hypnotization), *West Wind*, 99 (1947): 240-246. Abridged from Daniel P. Mannix’s article in *Collier’s*, July 1947.

they also opened up translating spaces for readers. This involved adjustment to the content of the magazine, and even more importantly inviting readers onto the stage to make their voices heard. Indeed, readers' reactions composed a significant half of the interaction space. The next part of this chapter will examine how readers responded to the call for mental care and personality self-examination, how they built their own knowledge structure and how this interaction affected readers' behaviour in seeking out medicine. In doing so, the chapter also makes clear that readers were not a singular entity. Their different identities are an important issue in the analysis that follows.

The sources at the centre of this analysis come from incoming letters from the *West Wind* Mailbox Column (读者信箱 *du zhe xin xiang*) and contributions from the Article Solicitation column (征文 *zheng wen*). The Mailbox was set up in 1937.<sup>66</sup> The editors called for contributions related to certain topics like society, family, occupation, marriage, social intercourse, mentality, children and mental hygiene.<sup>67</sup> Readers were also encouraged to respond to articles or ask for suggestions and solutions about personal problems. By 1938, summaries of knowledge in the field could not satisfy readers' concerns on daily-life difficulties. *West Wind* Supplement was therefore launched on the first anniversary together with the first Article Solicitation call. As the magazine proclaimed: 'Pioneers think, if a magazine wants to fulfil its social duty, it has to integrate with the readers.'<sup>68</sup> Thus, the editors hoped to go beyond simply introducing new foreign knowledge to encouraging readers to write for the periodical.<sup>69</sup> Article Solicitation was directed to certain topics. These included:

1. Stories about mad people (with stress on psychopathic descriptions and causes)
2. Illegitimate child autobiography (To reveal the darkness, ignorance, and cruelty of the society)
3. My family problems (conflicts, happiness, and sorrow)

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<sup>66</sup> Wang Wenji, 'West Wind Monthly and the Popular Mental Hygiene Discourse in Republican China', *Taiwanese Journal for Studies of Science, Technology and Medicine*, 13 (2011): 34.

<sup>67</sup> 'Xifeng xinxiang tougao yuehan' 西风信箱投稿约函 (*West Wind* Mail Box is calling for Contributions), *West Wind Supplement*, 1 (1938): 20.

<sup>68</sup> 'Xianjin zhengqiu duzhe yijian' 现金征求读者意见 (Cash Reward for Readers' Suggestions), *West Wind*, 12 (1937): 704.

<sup>69</sup> 'Xifengshe zhengwen qishi' 西风社征文启事 (Announcement of Solicitation), *West Wind Supplement*, 1 (1938): 26.

4. The feeble-minded I have met (heredity, environment, current conditions and how they are treated)
5. My confession
6. My marriage (success or failure, happy or sad, new or old style, revolutionary or feudal, with stress on mental depiction)
7. A crank (stress on psychopathy)
8. Ideal society<sup>70</sup>

In 1940, in order to encourage broader participation, Special Issues were also set up to promote on-the-spot observation and more concrete features.<sup>71</sup> Accordingly, Article Solicitation changed to focus on three topics:

1. My occupational life
2. Protest against the current educational system
3. My ...(Topics about oneself)<sup>72</sup>

It should be noticed that, due to the interruption caused by the Pacific War from 1941 to 1944, most soliciting articles were seen published after 1944. The ‘occupation’ call was not limited to professionals. Rather, it could include any walk of life, including beggars, monks or waifs. Nevertheless, autobiographies from doctors and psychologists were still published in the ‘My occupational life’ column. Indeed, there were increasing contributions from professional psychologists and psychiatrists hereafter, as analyzed in the last part of this chapter. Generally, this audience-targeting reveals the editors imagined a readership that was not confined to the middlebrow. The editors even called for stories of protests and they encouraged contributors to disclose distinct lifestyle and diverse backgrounds.

Yet, the question of exclusivity is important to raise here: who really was able to write in the periodical style advocated by the editors? This was the common issue not only for publishers but for

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<sup>70</sup> ‘Xifengshe zhengwen qishi’ 西风社征文启事 (Announcement of Solicitation), *West Wind Supplement*, 1 (1938): 26.

<sup>71</sup> ‘Bianzhe de hua’ 编者的话 (Editors’ Words), *West Wind Supplement*, 25 (1940).

<sup>72</sup> ‘Xifeng jixu zhengwen qishi’ 西风继续征文启事 (Announcement of Continuing Soliciting), *West Wind Supplement*, 25 (1940): 26.



the whole intellectual community in Republican China when print media was in its take-off stage. Scepticism over the ability to reach the kind of audience imagined by the editors does not eclipse the significance of their ambition but does it demand caution over its realisation. What we are left with, nevertheless, is a pioneering venture in developing new readership and citizenship. The section of the chapter that follows considers how this took place.

### 1. Writing Psychopathy from Diverse Angles

The invitation for Article Solicitation in 1938 had outlined both the scope and focal points for contributions. Those eight topics were actually entangled. They tended to stress the accountability of family or society rather than the ‘abnormal’ themselves. Actually, the exploration of the inner world and the plight of individuals functioned, to some extent, to arouse a sympathy that challenges the very idea of the ‘abnormal’. The themes raised here shared similarities with the popular newspapers, *Shen bao*.<sup>73</sup>

This can be exemplified by three responses from readers with different backgrounds and identities. The first case was a third-person description of how a man became mentally ill from personal predicaments, while the second one turned to a patient’s confession about being confined. These two cases show how mental illnesses were considered to develop from social surroundings and personal experiences, and, more importantly, how individuals understood mental problems and proper ways to treat the ill. The third case moved to the perspective of a psychiatrist who stated how he entered his occupation and how his attitudes changed along with his different identities.

*West Wind* tended to group similar topics from translations and readers’ contributions together to enhance resonance. In 1939, it published an article called ‘A Madman’s Autobiography’ translated from Clifford Beers’ *A Mind That Found Itself: An Autobiography*. The Supplement then published a

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<sup>73</sup> Weipin Tsai, *Reading Shenbao: Nationalism, Consumerism and Individuality in China 1919-37* (Basingstoke: Palgrave Macmillan, 2009), p.176.

similar article named ‘A Madman’s Story’ based on a reader’s contribution.<sup>74</sup> This was a story of Madman Zhao, a college classmate of the author, Dai Cangluo. The article’s structure was totally in accordance with the editors’ requirements. Dai spent one-third of the piece describing Madman Zhao’s abnormal behaviour: ‘His thoughts, dispositions, behaviours, and expressions all fit into our common understanding of mad people. He can always behave in the way that normal people are shy to do.’ After this, Dai made a transition by stating:

But, is he mad? No, he is not. He is smarter than any other else. He can speak many dialects and mixed them in one opera play. He can sing diverse genres of operas. He installed phones for each of us in the dormitory. He is talkative. What actually makes him crazy? Let me reveal this secret to you. He was super smart. However, he experienced the cruellest and most miserable conditions in childhood and youth. These plights left inefaceable scars in his life and made him an extreme, obtrusive and abnormal person. Society is a big tragedy. He unluckily became the main character of this tragedy.<sup>75</sup>

Then, all the rest of the article was devoted to narrating Zhao’s miserable experiences in childhood and adolescence. However, these experiences were not seen as causing Madman Zhao’s abnormality. That took the trigger of his engagement in party activities. This part of the story, however, was outlined in just a few sentences at the end:

He started to read social science and philosophic books in high school. Afterwards, he became surreptitious. I latterly heard he joined in a party and was captured by the garrison army. His headmaster rescued him in the name of psychosis. However, he had already been a little bit abnormal due to five months’ misery. His conditions became even worse in college. Everybody knows him as a madman. Who knows all these experiences?<sup>76</sup>

This was a model response to editors’ call for madness writing. The main body of the article was about mad behaviour and pathogenies in upbringing, which was exactly the editors’ key requirement. However, the editors’ key viewpoint was hidden in the broader narrative. The narrative

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<sup>74</sup> Clifford W. Beers, translated by Xu cheng, ‘Yige fengzi de zizhuan’ 一个疯子的自传 (A Madman’s Autobiography), *West Wind*, 22 (1938): 353-358. Dai Cangluo 戴沧洛, ‘Yige fengzi de gushi’ 一个疯子的故事 (A Madman’s Story), *West Wind Supplement*, Solicitation Articles 27, 10 (1939): 408.

<sup>75</sup> Dai, ‘A Madman’s Story’.

<sup>76</sup> Dai, ‘A Madman’s Story’.

put no blame on the mentally ill man himself. In that sense, it rejected the earlier emphasis on personality. Instead, the tragedy of Madman Zhao mirrored the tragedy of society, and as a result, it justified sympathy. However, as becoming ill was still seen as a tragedy, the author's attitude also shows that attitudes remained a long way from the normalization of the mentally ill. Depicting mental problems became a way of presenting a new identity derived from social psychology. Increasingly, the focus shifted away from symptoms. In contrast to the trend of specialization seen in professional literature, this writing focused more on patients' interpersonal relationships and experiences. This holistic view of individual problems fit with existing sympathies among Chinese common people.

The second article was an autobiography of the author, Ji Gu. She had been isolated from the outside world by her mother since childhood due to tuberculous arthritis. She had been suffering great mental pressure and physical pains. Her situation became worse after the Battle of Shanghai (August 13, 1937- November 26, 1937). Reading mental hygiene in *West Wind* aroused her consciousness and empathy for others. The editors introduced her to members of the Shanghai Mental Hygiene Association. Her mental sufferings were relieved in the communication with this group.

I read an article from *West Wind* talking about an eight years old girl who was imprisoned as the result of an intelligence test. The description was so brief that I cannot refer to her mental and physical changes during imprisonment. I am also a girl in irons, in a much more miserable way. My incarceration was not several years for tests but lifelong by my family. The guard was my mother! ... She did so not because of the feudal ethics but her anti-social mind. She was a psychopath and a misanthrope. So she stopped me from getting contacts with others.<sup>77</sup>

Jo Gu detailed her mother's personality and habits and mainly her depressed feelings throughout the years of isolation. Her mental conditions got better when she was freed from household constraints and entered the hospital with 'green trees, red buildings, white butterflies and grape trellis'.<sup>78</sup> Conditions got worse after a long-term stay in the ward. 'I had tried to find a way out. I believed one

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<sup>77</sup> Ji Gu 寄谷, 'Wode jingo shenghuo' 我的禁锢生活 (My Confined Life), Featuring on me, *West Wind Supplement*, 37 (1941): 33.

<sup>78</sup> Ji Gu, 'My Confined Life'.

could overcome the plights if only one has strong willpower and confidence. However, my nerve was so weak and I am used to fearing facing difficulties.’ Later she went on:

(In *West Wind*), I find a thing for my life. That is human empathy. The *Mental Hygiene Movement* resonated with my feelings... In the communication with friends in Shanghai Mental Hygiene Association, I felt warmth, passion, and sincerity which encouraged me a lot and relieved my negative feelings.<sup>79</sup>

One important point raised by Ji Gu was empathy. *West Wind*'s readers' columns fostered mutual understanding about her experience, a feeling of connection to a community and sense of similarity with other mental illness sufferers, and even an outlet for venting and sharing unhappiness. *West Wind* was taken as a stage of free expression and channel of connection. Rather than seeing herself as a psychopath, Ji Gu came to view her mother as being abnormal. For her, confinement referred to both her family and the hospital. It was a view that therefore conflicted with the hospitals were the embodiment of progress.

Professionals also responded to such solicitation for autobiographical stories. Liu Lunci provides my third example of the value and nature of these *West Wind* patient narratives. Liu Lunci wrote about his occupational experiences as a student and then a psychologist. The main body of his article described various patients he met in Peking Municipal Asylum (later changed to Peking Municipal Hospital), though this was mixed with reference to his study of mental illnesses in PUMC. However, the discussion of his own attitudes is revealing. At the start of his article, Liu wrote:

I am a psychologist. All my patients have unbelievably strange ‘heart diseases’ (mental diseases 心病 *xin bing*). ‘Heart diseases should be treated with heart medicine’ (心病还需心药医 *xin bing hai xu xin yao yi*). Thus, the antidote I am giving is ‘heart medicine’.<sup>80</sup>

This sentence revealed one facet of how Chinese psychologists' understanding of mental diseases could still be rooted in their tradition. ‘Heart disease’ was a traditional term for mental diseases, which is still

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<sup>79</sup> Ji Gu, ‘My Confined Life’.

<sup>80</sup> Liu Lunci 刘沧慈, ‘Fengkuang shijie’ 疯狂世界 (Crazy World), Featuring on Me & My Occupation, *West Wind*, 86 (1946): 189.

in use today in lay opinion. In common discourse, ‘heart disease’ developed into emotional hurt, worries or mental burdens. The saying ‘Heart Diseases Should Be Treated With Heart Medicine’ derived from the Song Dynasty.<sup>81</sup> It is commonly used together with another saying ‘To Untie The Bell It Still Needs The One Who Ties It’. For Liu, psychiatrists’ treating through, for example, psychotherapy, needed to give ‘heart medicine’ and ‘untie the bell’ in patients’ hearts. In other words, left to write in this autobiographical way, Liu showed that even a professional felt and operated with a combination of traditional understanding and new theories.

This narrative also reveals how his feeling for patients changed from being a student to a professional. Before his first visit to Peking Municipal Asylum, he shared popular prejudices: ‘because the mad people are always hidden and have the tendency of beating or scolding, people usually hold sceptical attitude and fears to them. I am not different’. The first time Liu saw the mad in the asylum, he was shocked and lost his head: ‘they are all carrying waistband because the belt was not allowed in case of suicide. They looked quite strange’. In the mental tests, he met an old man who regarded Liu as his son and another youth who kept bowing because he had suffered cruel beating by Japanese soldiers. ‘Many other visitors stood and laughed at him, I, however, only felt discomfort.’ After reading the patients’ records, Liu made up his mind to try to help and sympathize with the patients. He recalled his subsequent shift of attitude having made this decision.

It is strange that, after I have sympathy, my mind also changed. I am not afraid of them anymore. Sometimes they became crazy or ripped off my tie. I did not feel annoyed. Sometimes they spat on my face, I did not mind. I really love them to some extent. I became determined to study mental illnesses and cure them.<sup>82</sup>

Latterly he met more patients who challenged the normal understanding of madness. This included *Wen Chi Wu Dian* (文痴武癡 *wen chi wu dian*), whose symptoms tended to be milder and where the underlying psychoneurosis was hard to detect.<sup>83</sup> Rather than receive sympathy, this kind of

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<sup>81</sup> Hui Hong 惠洪, ‘*Lin Jian Ji*’林间集 (下) (Collection of Woodland, Scroll Two), Song Dynasty.

<sup>82</sup> Liu, ‘Crazy World’.

<sup>83</sup> Wen Chi was referring to those symptoms which tended to be remain seated or few noises like idiot. Wu Dian refers to those mania symptoms which featured excitement, singing, running, shouting or violence.

patients tended to get less understanding and be jeered. Liu then discovered psychotherapy. Based on the idea of ‘healing yourself before healing others’ (医人先医己 *yi ren xian yi ji*), he undertook training that involved exploring one’s own subconscious, analyzing one’s own personality and developing an understanding of patients. In the end, Liu concluded:

Mental torment is much more severe than physical pain. People who do not understand this illness think it affectitious. Few of those know how to get the best treatments. Many patients tend to be outstanding, both in intelligence or education. The more we have contact with them, the more we become interested in curing them. Curing them makes me happy. I will devote all my life to these patients.<sup>84</sup>

Liu’s mental journey was published as a model of psychiatrists. His first-hand experiences exploring the predicament as a patient demonstrated how a person could build mental connections and empathy with patients. His attitudinal changes told readers how one could achieve what he did. However, a close analysis of his narrative also reveals that his thinking on mental illness had traces of traditional understanding. Adding neologisms from a traditional theoretical frame worked as an important method of developing a quick understanding of new concepts. This moderate combination created space and allowed adjustment on both sides. Even at this professional level, therefore, we have seen a compromise to tradition.

## 2. Understanding the Mind and Mental Problems

How did readers respond to the messages and language of the editors? When it came to understanding mental problems, the key message expressed by *West Wind* was to problematize. In line with what psychologists had been advocating, this problematization turned out to focus on family environment and personality, like ‘You are right, being shy is a kind of problem originated from

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<sup>84</sup> Liu, ‘Crazy World’.

childhood and usually caused by parents wrong attitudes’, or ‘Obviously, your brother got angry because of your parents’ injustice.’<sup>85</sup>

Many readers responded to this call by confessing their disease and identifying causes in their life. As one reader wrote, ‘Dear Sir Editors: I believe I am a schizophrenic. Mental abnormality can sometimes be so ridiculous that it’s difficult to understand oneself’.<sup>86</sup> In most letters, readers tried to reveal their life history to trace the origin of personal problems, following this with a detailed history of disease symptoms and questions. Their depiction was usually combined with detailed self-analysis and simple self-diagnosis, and sometimes they attached doctors’ diagnoses.

Readers could reject the theoretical frame editors drew for them. A letter from Fen Qing questioned the influences of family environment on mental conditions. ‘One of my elder female cousins grew up in a normal family with normal parents and the company of siblings. She is a good student with no strong personality issues. In any case, she should not be an unhappy person.’<sup>87</sup> This stood out from the majority of readers’ letters.

Another writer, Yi Bo, questioned the close relationship between personal experiences, either family background or personal surroundings, and emotional irritability and nervousness. He also expressed doubt about the effects of self-learning.

I grew up in a poor family, however, my parents’ child-rearing methods was not bad. I have been an excellent student since primary school. I have also been actively engaged in student activities. However, progressiveness in life cannot stop my emotional sorrow and depression. I have been learning psychology, controlling my restlessness and developing an extravert personality. I was failed again and again when confronting relationship problems and unpleasant leaders. I have always believed in the value of self-education. I have tried various methods like music, religion, and auto-narcosis but all ended up with failure. What can I do to relieve my oversensitivity? How can we benefit from the well-developed

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<sup>85</sup> ‘Didi de xingwei wenti’ 弟弟的行为问题 (The Problem of My Brother’s Behaviour), *West Wind*, 105 (1948): 273.

<sup>86</sup> ‘Yige jingshen fenliezheng huanzhe’ 一个精神分裂症患者 (A Schizophrenic), *West Wind*, 109 (1948): 90.

<sup>87</sup> ‘Tao hua chi’ 桃花痴 (Peach Blossom Delusion), *West Wind*, 60 (1941): 636.

hypnotism method? Can you introduce me to real psychologists or mental hygienists in Shanghai please if you think necessary?<sup>88</sup>

An impressive point about Yi Bo's account is his willingness to experiment with various methods, which did not have to be professional. Any methods that could lead to inner peace, like music, religion, and autohypnosis, could be his choice. However, none of these methods solved his problems. His letter, therefore, asked for something more than self-help. The editors deemed his problems to lie in personality flaws like self-abasement and over subjectivism which derived from conflicts of inner passion and outward expression. The final suggestion was to see a professional mental analyst.

Readers could sometimes raise questions beyond the conceptual sphere of psychiatry. For example, they could ask about traditional explanations about certain symptoms. The editors' reply was usually composed of old theoretical frames which were combined with new psychiatric ideas. This was evident in the case of Fen Qing. 'She now and then fantasized herself to be engaged, married or have children. Relatives said her neurosis was called *tao hua chi* (桃花痴 Peach Blossom Delusion). She has no boyfriend. Why could she have this lovesickness then?'<sup>89</sup> *Tao Hua Chi* was a folk adage for an over-active sex drive. Fen Qing and her relatives compared it to a nervous disease. After consulting the expert, the editors replied that it was the reflection of psychosis, to be exact, schizophrenia. 'It was a portent (病征 *bing zheng*), but not a symptom (病症 *bing zheng*). It could not be cured only through sexual activities. The closest concept in psychiatry was a sexual neurosis, which was not accepted by the majority of scholars yet.' These cases showed how readers' views about the pathology and the nosology of mental illnesses often conflicted with what editors provided.

It should be noticed that the majority of incoming letters got published tended to echo editors' propositions, which often addressed the Western ideas. Letters stressing the traditional end thus became more valuable, as they unfolded the less manifested folk values which were unfavourable to the progressive intellectuals. The disconnecting of mental illnesses with personal surroundings questioned

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<sup>88</sup> 'Yige xiaobeiju zai banyan le' 一个小悲剧在扮演了 (A Small Tragedy is Going On), Mail Box, *West Wind*, 89 (1946): 503.

<sup>89</sup> 'Tao hua chi' 桃花痴 (Peach Blossom Delusion), *West Wind*, 60 (1941): 636.



the total repudiation of traditional culture and value. It showed that the populace was actually open to diverse methods of seeking inner peace. Despite the professionalization gained increasing support among intellectuals, these responses revealed inconsistent aspects beyond this trend.

### 3. Medicine-seeking Behaviour

With a vague understanding of personal problems, many readers wrote to ask for a recommendation for articles and books or professional advice related to certain diseases. The editors would give suggestions after consulting experts. The preliminary suggestion usually turned out to be self-help. Many others would end up with ‘you had better see an expert’.

Yi Bo detailed his personal information and abnormal mental symptoms to the editors. The latter included walking in even number steps and reading silently. The editors, after consulting psychiatrists, diagnosed him as suffering from obsessive-compulsive neurosis. ‘These symptoms developed from yourself, thus they could be cured by yourself.’<sup>90</sup> He was told to obey four behavioural rules in daily life. In his letter to *West Wind* in 1939 Yu Jian wrote:

Because of working too hard, I often feel headache and strong heart-beating (心扑扑跳). I am prone to panic, and cannot calm down. I visited a doctor who graduated from Berlin University in Germany, and he told me it was neurasthenia. The doctor said I would get better through enough sleep, cultivating calm attitudes and doing more exercises. It is seemingly believable. However, once I start to worry about something, the heart cannot help beating quickly again. How can I slow down the beats, please? I know you sir have a good knowledge of psychiatry. My disease could be said similar to psychosis. Please instruct me.<sup>91</sup>

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<sup>90</sup> Yi Bo 易帛, ‘Qiangpo guannian zuosui’强迫观念作祟 (Obsessive-compulsive Neurosis is Haunting), Mail Box, *West Wind*, 86 (1946): 196.

<sup>91</sup> Yu Jian 欲健 (Want to be Healthy), ‘Xin pupu tia’心扑扑跳 (My Heart Beats Strongly), *West Wind Supplement*, 16 (1939): 197.

In this letter, Yu Jian did not believe in or accept the doctor's diagnosis, even if the doctor was from an authoritative Germany university.<sup>92</sup> While the doctor diagnosed his symptoms as neurasthenia, he self-diagnosed as 'similar to psychosis', based on his readings from *West Wind*. Neither did he think the doctor's advice pragmatic for a slowing beating heart. *West Wind* editors became his second choice for seeking medical advice.

The editors therefore effectively became a third party to making the medical judgment. In this instance, they had differentiated psychosis and neurosis and concluded that 'your disease was neither of them'. Instead, they pointed to possible specific psychological reasons, and perhaps more crucially to the behaviour and specific personal qualities underlying this. 'It is possibly because you are lacking in confidence. In order to be able to calm down, one need to strengthen confidence. ' In other words, they focused on the practical way to solve Yu Jian's problem, and this appears to have had a popular appeal that was perhaps lacking in mere medical diagnosis. However, they also steered such readers towards other readings in *West Wind* that could be helpful. This kind of dialogue could also develop into mutual help through readers' direct contact for exchanging practical experiences. This will be analyzed in the next chapter about Tong Shu-ye.<sup>93</sup>

Apart from seeking medical advice, readers also inquired about the upkeep of the mad. From the late nineteenth century, the Chinese way of caring for the mad had been consistently criticized as a counterexample of modern psychiatric care. In the first few decades of the twentieth century, experts, intellectuals and officials had also built up infrastructures for treating and caring for the mentally ill. This was accompanied by a call for changing attitudes toward this group. *West Wind* offered insight on those practices and attitudes, and on the degree to which they really were changing.

Any topics related to locking up or imprisonment of the mentally ill could bring about fierce criticism. Huang Xuan wrote about her sister's stealing habit. 'After her dismissal from the school, my father imprisoned her for more than a year. After being freed, she soon stole again. My father was so

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<sup>92</sup> Germany medicine was thought as authoritative in the day. See chapter four about Fanny Halpern.

<sup>93</sup> Quan Ming 全明 (Understanding everything), 'Yige xinli biantaizhe de zīgongzhuang' 一个心理变态者的自供状 (Out of the Cage of Strange Diseases: The Confession of a Psychopath), *West Wind*, 91 (1947): 2.

enraged that he imprisoned her again in a small dark room.’<sup>94</sup> This letter made the editors very emotional. Before explaining the relevant facts about the underlying disease, the editors firstly wrote a whole paragraph to express dissatisfaction about her father’s deeds:

Your letter only makes us feel heartache. We feel this way because there are still so many well-educated people knowing little about kleptomania and treating it as ‘shameful’ and ‘inglorious’. They still easily get angry with such obvious mental diseases, locking up patients but not curing them with proper therapy. This is an ignorant and unforgivable sin! Would the imprisonment of a malarial fever patient be seen as reasonable? Your relatives’ attitudes toward this issue are too primitive! Your father needs to wake up immediately! ... This disease needs to be treated by professional doctors.

The imprisonment of the mad had been the first critical object when missionaries and psychiatrists began to rationalize modern psychiatry in China. The serious attitude toward imprisonment and stigma here was a public show of how progressives shamed this tradition, largely under the imagined discourse of psychiatry. *West Wind* provided a vehicle for extending this reformist attitude to a broader public.

However, the psychiatric hospital seemed not the best choice for most common people, as seen in the following letter:

My mother is a half-mad. Seeing her neurosis, none of her relatives wants to live with her. Her disease is chronic. But if I send her to mad hospital, she cannot be cured in the short term and the cost is unaffordable.<sup>95</sup>

This dilemma was far from unique for families with mad relatives. The editors also suggested not sending her to a mental hospital. Apart from the heavy economic burden, it is also ‘difficult to find a good psychiatric hospital. We suggest you undertake a general study on abnormal psychology so that your family knows how to treat mental patients with sympathy.’ This provides a striking example of advice to readers on self-help, in part for economic reasons, but also because of the lack of confidence

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<sup>94</sup> Huang Xuan 黄暄, ‘Wode meimei you touqiekuang’ 我的妹妹有偷窃狂 (My Sister has Steal Mania), Mail Box, *West Wind*, 94 (1947): 402.

<sup>95</sup> ‘Banfeng de muqin’ 半疯的母亲 (Half-mad Mother), Mail Box, *West Wind*, 66 (1944): 630.

in-hospital care. This conclusion might come from the damage and appropriation from the Japanese army. However, it also showed that paying for mental illnesses treatment, as provided in Mercy Hospital, was not affordable for the majority of common people.

*West Wind* also offered insight on readers' rejection of prevailing mental health care policies. We find for instance that readers did not always endorse calls for building. An article from Xie Tianrui recalled his visit to the Federal Lunatic Asylum as part of his sightseeing tour to Ipoh in Northern Malaysia.<sup>96</sup> The asylum was said to be special and famous. After walking in three corridors, the author concluded:

We feel that even though the asylum is large, its management and treatment are not satisfactory. In management, even though patients are not beaten and reviled, they are often ignored or meanly treated. In terms of treatment, there is little...The administrator told us, few patients could recover. Those few who luckily recover will take eight to ten years. The superintendents here are British while the staff is mainly Chinese and Indian. White patients were not admitted here. They will be sent to Singapore.<sup>97</sup>

Such evidence indicates that there could be resistance among the lay population towards the prevailing promotion of confinement by the authorities. From the dialogue between the editors and lay contributors, it seems that public feeling was often that there was no better choice for patients' families than taking care of their mad relatives at home. However, those families, following the advice of *West Wind*, had also to learn new knowledge for better care. This seems something of a utopian future rather than an achievable one. In general, it was the critiqued family structure that dominated the pages of the magazine.

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<sup>96</sup> Xie Tianrui 谢天瑞 from Singapore, 'Malaiya fengrenyuan canguanji' 马来亚疯人院参观记 (A Travel to a Malaysian Asylum), *West Wind Supplement*, 34 (1941): 460-461.

<sup>97</sup> Xie, 'A Travel to a Malaysian Asylum'.

## Conclusion

This chapter has used analysis of the magazine *West Wind* to show how mental health knowledge was communicated and translated to common people and how readers responded. As to the site of this interplay, I call it a ‘translated public space’ where practices of translation occurred and produced multiple meanings according to Chinese contexts. Its emergence saw a rich encounter between intellectuals and the broader literate public over psychological knowledge and through the medium and vehicles of the new print media. Authorship was from middlebrow intellectuals rather than leading professionals. These intellectuals drew upon professional ideas through translation, but adapted them through processes of selection, presentation and translation. The readers’ receptivity also affected the periodical’s format and content. Both authorship and readership were dynamic and active. The public space of the journal altered with their interplay.

The editors of *West Wind* translated a cosmopolitan theory on understanding and treating mental problems, expecting to disenchant madness and mental illnesses with a socio-psychological hypothesis. The ever-changing situations and rudimentary imagination toward civil society, however, made it difficult to implement this idea.<sup>98</sup> A further expectation was pinned on self-changes in daily life. This was not only a panacea for somatic or mental diseases, but also an easy cure for struggling out of social turbulences with sounder personal mentality. This vision of mental hygiene also had implications at a political level: sounder personality would foster a sounder society with democracy. Mental hygiene thus served also for healing social abnormality. The authorship and editorship, however, tended to be unclear about both symptoms as well as antidotes. Ideas drawn from modern psychiatry and psychology were mixed with what was criticized as superstitious approaches.

Although the editors seemed to be the controlling power in this public sphere, readers were able to manifest their voices through replying to articles through letters. Literally, *West Wind* was a

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<sup>98</sup> For debates on the emergence of civil society in China, see Frederic Wakeman, ‘The Civil Society and Public Sphere Debate: Western Reflections on Chinese Political Culture’, *Modern China*, 2 (1993): 108. Philip C.C. Huang, ‘“Public Sphere” / “Civil Society” in China? The Third Realm between State and Society’, *Modern China*, 2 (1993): 216.

polysemic space. Equipped with their own understanding of mental illness and mind, readers showed diverse responses in grappling with neologisms and new concepts. The reading process could be understood as comprising misinterpretation, appropriation, redefinition as well as rejection. Readers, to some extent, had to make use of the linguistic unevenness to create their own understanding of the questions on madness, family structure, and social needs. It was true that most of the replies were based on editors' calls, however, readers' responses were generally based on everyday practices and real-life needs.

The call of normalizing mental patients and treatments from editors was not automatically accepted. Readers tended not to attribute madness to personality or personal reasons. Dispelling bias toward the mad was interpreted as developing sympathy toward those suffering from social turmoil and unhealthy family environments. *West Wind* acted as a platform of nourishing connections, mutual help and empathy, where neologisms and developing theoretical frames were tested and adjusted. Some questioned Western explanations for emotional irritability. A holistic explanation was thus suggested which also revealed diverse trials in seeking inner peace. Traditional concepts had never disappeared, either in etiological explanation, symptoms as well as treatments. Hospitalization was often under question and seen as inapplicable in Chinese contexts and its social realities. And physicians were not necessarily trusted on matters of mental illness. The editors of *West Wind*, therefore, acted as a third party in delivering diagnoses and advice. Redefinition was consequently a key feature in correspondence. *West Wind*, of course, offers us only a limited window onto everyday life, but it reveals a tip of pluralist understanding and practices in indigenous contexts.

## Chapter Six: The Editor-doctor and the Patient-doctor: The Mental

### Hygiene Practices of Huang Jiayin and Tong Shuye

The last chapter examined the publicizing of mental hygiene knowledge in the case of *West Wind*. As the main editor of *West Wind*, Huang Jiayin played a key role in manipulating knowledge presentation and interplay among writers and readers. His efforts, however, went far beyond editing. After 1945, Huang spent a lot more time in practising mental hygiene, from which he gained increasing fame as a mental hygienist. Huang's endeavours in the practical realm brought him benefits but also difficulties.

Huang's shift in roles can be compared with a historian, Tong Shuye, who also plunged himself into clinical work. The difference was that Tong himself was suffering from mental problems. Tong had been the patient of Su Zonghua (粟宗华), who was also Huang's instructor in practising mental therapy. Before this, Tong had also been a reader of *West Wind*, and thus a target of Huang's editing work. However, unsatisfied with current treatment services, he learned psychology and psychiatry by himself and began practising self-curing after 1946. His achievements brought him to the attention of professional practitioners and publicists like Huang. He also engaged in treating other patients. His identity as a patient-doctor provided him with a special status among mental hygiene promoters.

This final chapter will focus on these two characters. Their identity changes will provide a revealing standpoint for reflecting on the nature of mental hygiene in a period of social and political upheaval. Their move from the roles of editor and reader to mental hygiene practitioners provides an ideal perspective to analyze the different attitudes of healers and patients as well as different experiences of the professional and common people in the dramatic changing time of the late Republic and the early PRC. Both Huang and Tong have consistent influences in modern Chinese history. Their contributions

have recently been highlighted in psychological and psychiatric history studies.<sup>1</sup> Taking them as examples, this chapter sets out to examine knowledge transmission and generation between editors and readers, and experiences in adjusting new knowledge to everyday practices.

## **Huang Jiayin: From Scientific Hygiene to Decadent Hygiene**

Huang was regarded as the pioneer of mental hygiene in China.<sup>2</sup> This work brought both the major peaks and troughs in his life. His experiences illuminate the broader fortunes of mental hygiene in China and its entanglement with political discourse from the 1930s to the 1950s. While the previous chapter focused on his editorial work in *West Wind*, the following discussion will examine his own subsequent publications. This will more directly show his personal understanding of mental hygiene.

Huang gained his education at St. Johns University in Shanghai. He started his career with *West Wind* at twenty-three. Besides his work in for *West Wind*, Huang also actively engaged in the Mental Hygiene Movement in Shanghai. Through these activities, he associated closely with both Nationalist psychologists and foreign mental health practitioners. These activities made him well-known. However, his engagement in clinical work was unintentional. In 1949, he received an invitation from the psychiatrist Su Zonghua, who worked at Hongqiao Sanatorium (虹桥疗养院) and Shanghai Municipal Psychiatric Hospital. After several months' mentoring by Su, Huang was granted permission to work from Shanghai Hygiene Bureau in July 1950. This gave him official approval to deliver mental treatment. From 1938 to 1952, he published more than 29 articles and several books on mental health care, among which many were case studies.<sup>3</sup> However, such work sealed his fate of being seen as a figure of the ideological Right. In 1956, he joined the Democratic League in Shanghai. One year later, he proposed to set up psychotherapy clinics to cope with an increasing number of mental patients in *Da*

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<sup>1</sup> Wang Zucheng, 'Caihua hengyi dan mingyun duochuan de xinli weisheng xue xianqu, ji Huang Jiayin xiansheng' 才华横溢但命运多舛的心理卫生学先驱——记黄嘉音先生 (A Talented Mental Hygiene Pioneer Who Suffered Many a Setback), in Huang Jiayin, *Huang Jiayin xinli zhiliao wenji* 黄嘉音心理治疗文集 (Collections of Mental Treatment) (Shanghai: Shanghai Jiaotong University Press, 2015).

<sup>2</sup> Huang, *Collections of Mental Treatment*, pp.1-13.

<sup>3</sup> Wang, A Talented Mental Hygiene Pioneer Who Suffered Many A Setback.



*Ming Da Fang* (大鸣大放 Free Airing of Views). This suggestion received fierce criticism in 1958. Five psychiatrists jointly published an article denouncing Huang Jiayin's mental therapy.<sup>4</sup> At that time, Pavlov's theory was the only authorized form of mental treatment. Besides, mental problems now tended to be thought of as ideological problems. In September 1958, he was exiled to the northwest mountainous area in Ningxia until he died in 1961. Huang was rehabilitated in 1980.

### 1. Practising Mental Therapy

Huang's viewpoint on mental hygiene changed dramatically in line with the changes in his social situations. During the four years before 1941, his publications were evangelistic in introducing the benefits of mental hygiene to China. He portrayed the Shanghai Mental Hygiene Movement activities as something to be prized, a beacon for the Chinese nation lighting the way to democracy and freedom.<sup>5</sup> In doing so, he looked to the example of other recent pressure groups: 'Shanghai women's associations put up a bright torch recently which lightens up this chaotic city. We hereby salute this group of social fighters wishing the torch glitters forever in the world'. Developing mental hygiene could enable one to obtain both somatic and mental freedom.<sup>6</sup>

After 1945, Huang began practising mental therapy with Su. Different from the editing life, he now started to write on medical theories and treatments. Here, he drew upon his new experience of clinical cases while stressing the curability of mental illnesses and the importance of prevention. The majority of his case studies were published in this period. They included *A Girl Self-deemed as Queen*, *Cases of Children Mental Illnesses Prevention*, and *Three Hundred Cases of Mental Treatment*. In this work, he no longer stressed the existence of mental illnesses but instead tended to view the health of

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<sup>4</sup> 'Bochi Huang Jiayin de jingshen zhiliao' 驳斥黄嘉音的精神治疗 (Refuting Huang Jiayin's Psychotherapy), *Dazhong yixue zazhi* 大众医学杂志 (*Public Medicine Journal*), 1958. Cited from *Collections of Mental Treatment*.

<sup>5</sup> Huang Jiayin, 'Mental hygiene and democracy' 心理卫生与民主, *West Wind*, 99 (1947). Write for Mental Hygiene Association, p.198.

<sup>6</sup> Huang Jiayin, 'Jingshen weisheng jinxun' 精神卫生金训 (Mental Hygiene Maxims), *West Wind Supplement*, 13 (1939): 34.

the mind or psyche as a relative phenomenon.<sup>7</sup> For him, there was no clear symptomatic difference between the normal and the psychoneurotic. The only difference was that personality became abnormal. From the study of personality, he traced a patient's family history and personal experiences to find pathogenic factors. Therefore, the cultivation of mental health needed to begin from childhood, and parents needed to learn educative methods in order to exert positive influences on their children.

For Huang, mental treatment was a process of re-education, which could be achieved through talk. Huang published treatment notes of his first patient, Lu Xiulan (陆秀兰), who deemed herself as a queen and had talking treatments with Huang. In order to understand Lu's background, Huang urged her to write an autobiography. Based on the problems showed in the autobiography, Huang would take a Q&A talk with Lu, which was called Talking Therapy by Huang. Usually, Huang tended to ask her motivations for making certain behaviours and gave suggestions to follow in daily life. After twenty-eight times of treatment, Lu was able to calm down, gain confidence and courage, work efficiently and daydream less. This article established the basic structure of Huang's case study: depiction of symptoms, illnesses analysis, taking records (autobiography or diaries), and identification of causes in family relationships, personal experiences or school education.

Political discourse left many traces in Huang's case studies. The influences of socialism and the Soviet Union are particularly evident in Huang's writing. Medical treatment records mixed with expressions like re-education, democracy, respect for personal independence, and self-criticism. Child development was increasingly imposed with political meanings. Raising children was key in cultivating the success of socialism.<sup>8</sup> Mental hygiene was about accepting new ideas and ideologies and understanding one's own standpoint and maladaptation to the new society. Ideas about mental health were now shaped by political correctness and socialist discourse. Huang defined personality as the result of all of one's mental activities including consciousness, ideas, mood, characters, manners, and habits. It was the mirror of a person. Personality reformation was the same as a person's political and

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<sup>7</sup> 'Qingxing jingshenbing' 轻性精神病 (Psychoneurosis), in Huang, *Collections of Mental Treatment*.

<sup>8</sup> 'Ertong xingwei fanchang jingshen zhiliao shili' 儿童行为反常精神治疗实例 (Children Behaviour Disorder Cases), in Huang, *Collections of Mental Treatment*.

ideological reformation.<sup>9</sup> According to such logic, most personality-related diseases were a consequence of petite bourgeoisie ideology and behaviour.

## 2. Good Citizenship and Personality Reformation

Huang's understanding of mental hygiene changed accordingly. The 'mental' of mental health was replaced by a focus on 'good' citizenship, in line with political expectations. Mental hygiene was about 'contributing to society and others, living happily, productively and efficiently'.<sup>10</sup> The mental hygiene movement and regime reformation led to the same goal. The success of the October Revolution exemplified how revolutions created good social conditions for the mental hygiene movement. In the New China, the path to mental health was to be one based on love, in contrast to the focus on obedience in Old Society. One should be able to love the nation and the people, love working and science, have the spirit of patriotism and internationalism and also be willing to sacrifice to democracy and world peace.<sup>11</sup>

Soviet influences led to the invention of a new treatment, which Huang named as *ge xing gai zao* (个性改造 personality reformation).<sup>12</sup> Different from previous talking therapy, this treatment took Pavlov's classical conditioning as its guiding ideology, combined with a 'materialist dialectic' analysis.<sup>13</sup> After illness diagnosis and analysis of patients' autobiography or diaries, Huang added a step of personality-defects inquiry to treatment. This approach involved the use of a form designed to identify defective personalities easily and quickly, either by practitioners or by patients themselves. Once defects had been identified, the therapist would use talking therapy or a set of guidelines for

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<sup>9</sup> 'Jieshao renga quexian jianchabiao' 介绍人格缺陷检查表 (Introducing Personality Defect Inquiry Form), in Huang, *Collections of Mental Treatment*.

<sup>10</sup> 'Xinli weisheng' 心理卫生 (Mental Hygiene), in Huang, *Collections of Mental Treatment*.

<sup>11</sup> 'Xinli zhiliao sanbanli' 心理治疗三百例 (Three Hundred Mental Treatment Cases), in Huang, *Collections of Mental Treatment*.

<sup>12</sup> 'Dazhen chiyao zhibuhao de bing' 打针吃药治不好的病 (Diseases Unable to be cured through Medicines), in Huang, *Collections of Mental Treatment*.

<sup>13</sup> 'Xinli zhiliao sanbanli' 心理治疗三百例 (Three Hundred Mental Treatment Cases), in Huang, *Collections of Mental Treatment*.

reforming personalities according to the rules of classical conditioning. Simply speaking, the inquiry was a list of ‘bad’ characters and habits and the guidelines tended to be suggestions and demands on developing good habits and attitudes.

Huang Jiayin seems not to have been an advocate of eugenics, though. In 1937, he translated nineteen pages of the best-selling book by Alexis Carrel, *Man, The Unknown*.<sup>14</sup> What he abridged was part three *Body and Physiological Activities*, part four *Mental Activities* and part six *Adaptive Functions*. Huang avoided presenting Carrel’s advocacy of the use of gas to rid humanity of ‘defectives’ and his more general endorsement of scientific racism discourse in part eight of *The Remaking of Man*. The translation instead focused on how the human mind works, its relations with the body and how to make improvements through work.

The acceptance of Huang’s invention was controversial. Huang himself was proud of this ‘new’ method. It was seen in almost all his case studies after 1950.<sup>15</sup> He claimed its success in curing the majority of mild mental illnesses, greatly shortening treatment time, securing thorough reformation of personality and preventing recurrence of the illness. Thus, he also suggested the value of large-scale popularization. However, the close alignment with political ideology did not assure its acceptance among the professionals in the field. In the Second Shanghai Neurology and Psychiatry Conference in 1951, he gave a report on *Three Hundred Mental Treatment Cases*, aiming to promote his method. It was criticized as nothing newer than previous Western theories.<sup>16</sup> He argued that previous Western psychoanalysis turned out to be idealistic, time-consuming and unaffordable for common people, which were not fit for mental treatments in New China. He thought Western therapists made the treatment too tortuous. All the friendly contacts and time-consuming discussions before treatment could be omitted. Chinese therapists should come straight to the point to make treatments simpler.

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<sup>14</sup> Huang Jiayin, ‘Shenmi renlei’ 神秘人类 (Mysterious human), *West Wind*, 8 (1937): 261, and *West Wind*, 9 (1937): 396-405. Translated from Alexis Carrel’s book *Man, The Unknown*, New York: Harper & Brothers, 1935

<sup>15</sup> ‘Bafuluofu gaoji shenjing huodong xueshuo zai jingshen zhiliao shang de yingyong’ 巴普洛夫高级神经活动学说在精神治疗上的应用 (The Application of Pavlov Higher Nervous Activity Theories on Mental Illnesses & Hysterias), in Huang, *Collections of Mental Treatment*.

<sup>16</sup> ‘Xinli zhiliao sanbanli’ 心理治疗三百例 (Three Hundred Mental Treatment Cases), in Huang, *Collections of Mental Treatment*.

### 3. Capitalist Mental Hygiene?

All the advantages that mental hygiene had obtained on the strength of the nationalist atmosphere in the 1930s backfired in the reverse political situations of the 1950s. While Huang Jiayin was still adapting mental hygiene to the new situation, his brother Huang Jiade confessed their sinful deeds through *West Wind Monthly* in 1952.<sup>17</sup> The *West Wind* had now come to be seen as an agent for propagating capitalist decadent culture. Its interest in Western culture and life led to the accusation that it was pro-American and a source of comprador ideas. As to the ‘scientific’ knowledge presented in *West Wind*, even this came to be seen as decadent and in essence Western, and as such shameful and harmful to the national mind. Articles like *Jing Shen Bing Huan Zhe de Bei Ge* (精神病患者的悲歌 Elegy of the mentally ill) were now accused of being full of decadent and dissolute ambience. Besides, the editors of the journal totally neglected the revolutionary achievements in the Soviet Union. The readers, rather than being progressive, came to be seen as the backward and petite bourgeoisie. The editors needed to be denounced for all these deeds and for staying back in the Concessions during the Sino-Japanese War transmitting such ideologies.

As one of the main proponents of mental hygiene in the Republican era, Huang had explored the potential of mental hygiene in changing China. His career was mainly dedicated to the dissemination of understanding about mental health and treatment. The focus on practice also helped him to engage in broader efforts and social reformation and associated political activities. The close connection between mental hygiene and social and political reform placed him in a very precarious position in a new era of political reformation after 1949. The chaotic situation and ideological confusion in the International Concession in 1937 allowed him to survive. In this context, *West Wind*'s ideological

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<sup>17</sup> Huang Jiade, ‘Huang Jiade, chedi qingchu wo fandongde maiban sixiang: bingdui wo bianji xifeng zuo chubu jiantao’ 黄嘉德, 彻底清除我反动的买办思想: 并对我编辑《西风》作初步检讨 (Thoroughly Clean My Reactionary Comprador Ideas: Self-Critic on My Editorial Work in *West Wind Monthly*), *Wen shi zhe* 文史哲 Literature, History, and Philosophy, 4 (1952): 37-370. Huang Jiade, ‘Pipan wo ban xifeng zazhi ti meidiguo zhuyi zuo xuanchuan gongju de fandong maiban sixiang’ 批判我办《西风》杂志替美帝国主义作宣传工具的反动买办思想 (Critic Myself about Printing *West Wind* as Publicity Tool for American Imperialism), *Guangming ribao* 光明日报, 11th July 1952.

position was confusing amidst divisions between the Left and Right, and between foreigners and national thinking. However, he could not be unclear anymore after the Communist Party stabilized its rule and as thinking about mental health became tied to communist ideology in the 1950s. This misfit of mental hygiene with current social and political needs was exacerbated by the previous politicization of psychology. Huang's exile to and death in Northwest China was a case of punishment for decades of radical learning from the West.

### **Tong Shuye: Being a Patient-Doctor**

The second part of the chapter will move from mental hygiene practitioners to patients. By doing this, I want to explore how psychological knowledge was accepted in the case of a single individual. Even if readers' letters published in *West Wind* were ultimately down to the selection of editors, and although readers' exposure to knowledge was to a significant extent passive, this second case study will indicate that we should not accept complete passivity on behalf of readers. Instead, it provides evidence of an independent writer who voluntarily studied and claimed to cure himself. The writer was Tong Shuye (童书业 1908-1968), a famous historian in modern China. He exemplified the phenomenon of lay people seeking medical advice, self-learning and self-treatment.

Tong Shuye, also known as Feng Hong (冯鸿) in print media, was a historian well-known for his research on diverse aspects of ancient history in China.<sup>18</sup> He settled in Shanghai after the 1911 Revolution. Eventually, he was just as famous for his writing about self-treatment for mental illness.<sup>19</sup> From 1947 to 1965, he published more than 14 articles discussing psychosis and treatments. More importantly, in July 1949, under the invitation of publisher Shu Xincheng (舒新城 1893-1960), he

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<sup>18</sup> His widely studied geography, ideology, art, economy history before Qin Dynasty, history philosophy, and textology.

<sup>19</sup> Tong Jiaoying 童教英, *Tong Shuye Biography* 童书业传 (Bibliography of Tong Shuye) (Beijing: Encyclopedia of China Publishing House, 2018).

published a book named *Mental Illnesses and Mental Hygiene*.<sup>20</sup> I will use the republished version in 2007, which included his articles in magazines. The following section will analyze the sources collected in *Tong Shuye Collections*. His fame in the field of mental hygiene can also be attributed to his close relationship with the psychiatrist Su Zonghua and his assistant Huang Jiayin. All of them were active actors in mental hygiene promotion after 1945 in Shanghai. The first psychiatric article of Tong was published on *West Wind*, which had Huang as the chief editor.<sup>21</sup>

Tong's role in the history of psychiatry has long been neglected by historians, possibly due to his identity mainly as a historian rather than a physician. However, despite a lack of clinical training, Tong's publications were influential in providing evidence of how an individual acquired psychiatric knowledge coped with new diseases. He was an active follower of the psychiatric propaganda produced by intellectuals like Huang Jiayin and psychologists like Zhang Yinian. The only difference between him and other readers was that he tried to feel, practice and respond as what we might call a patient-doctor. As an intellectual-patient and patient-doctor, his experiences are of great interest in revealing the interaction among professionals, patients, and public readers.

Tong's interests in mental illnesses grew from his own need as well as the shortage of relevant research of the day. His mental problems began in 1946 and reappeared in 1958 when his life was in great pressure from chaotic social conditions. His research on mental illnesses started from consultation with psychiatrist Su Zonghua in 1946 when he was diagnosed with neurasthenia. He developed a great interest in this knowledge from then on and set out to read more books and know more patients. The publication of *Mental Illnesses and Mental Hygiene* was a summary of his understanding of mental illnesses and was mainly acquired from these experiences. For Tong and the publisher Shu Xincheng, the book was also a response to the great shortage of accessible literature and urgent demand for more information from increasing numbers of mentally ill patients. Tong expected that his book could work as a reference for other patients. The next section of the chapter looks at this publication in detail under

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<sup>20</sup> Zhong Hua Shu Jü, also known as Zhonghua Book Company, formerly spelled Chunghwa or Chung-hua Shu-chü, and sometimes translated as Zhonghua Publishing House, is a Chinese publishing house that focuses on the humanities, and especially on classical Chinese works.

<sup>21</sup> Feng Hong 冯鸿, 'Zuanchu guaibing de laolong' 钻出怪病的牢笼 (Boring out of the Jail of Strange Diseases), in *Mental Illnesses and Mental Hygiene*.

a series of headings. In doing so, it aims to demonstrate the pluralism and dynamic concerning knowledge acceptance and application in individual experiences.

### 1. Criticism of Freudianism and Behaviourism

Tong discussed two theories: Freudian psychoanalysis and behaviourism. He had been cautious in accepting new theories. From the following analysis we can see, he disagreed with Freudian theories but accepted the ‘suggestive therapy’ in psychoanalysis; and he accepted the newly popular behaviourist explanations for ascribing mental illnesses to outer cultivating environments, but thought it too mechanical in discounting people’s agency.

Psychoanalysis was the first treatment Tong was exposed to. He tried it in relieving neurasthenia symptoms even before turning to medical advice from Su. All these efforts ended up with no progress, though. According to him, ‘Psychoanalysis is effective in several mental illnesses, but not to neurasthenia. There are many points inexplicable’.<sup>22</sup> Furthermore, by 1949, his attitude toward Freudian schools became mainly critical. ‘In our opinions, we should recognize the treatment outcome of psychoanalysis methods, but criticize their theories’.<sup>23</sup> Ideologically, in consonance with Huang, he thought Freud’s theories as unscientific but rather *wei xin zhu yi* (唯心主义 idealistic) and mythical.<sup>24</sup>

Tong’s criticism of Freudian schools essentially came from a materialist perspective. His acceptance of suggestive therapy, by contrast, was based on practice. For Tong, there was only one kind of mental activity based on physiology. Mental illnesses were therefore caused by problems of physiology and not just of the mind. The problem with the model of consciousness deployed by Freud was that it paid insufficient attention to this material basis of mental life. The idea of unconsciousness (*qian yishi* 潜意识), just like the soul, could be treated as a metaphysic concept. Thus, attributing mental illnesses to unconsciousness was unacceptable. However, the problem of theories did not affect the

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<sup>22</sup> ‘Preface’, in *Mental Illnesses and Mental Hygiene*.

<sup>23</sup> ‘Our opinions toward Freudianism’, in *Mental Illnesses and Mental Hygiene*, p.49.

<sup>24</sup> ‘Jingshen fenxi pai de jingshen bing xue’ 精神分析派的精神病学 (The Psychiatry of Psychoanalytic School), in *Mental Illnesses and Mental Hygiene*, p.37.



recognition of treatments. According to Tong, psychoanalysis could produce effects through ‘suggestive therapy’, which had been demonstrated through many cured cases. Even though it exerted no material effect, this method should, therefore, be adopted in treatments. Nevertheless, he still thought the ‘suggestive therapy’ method was not the best approach. The most thorough way was re-education. Significantly, this was also a political expression.

The endorsement of materialism contributed to Tong’s acceptance of behaviourism, which emphasized the strong impact of the environment on mental conditions. Tong ascribed mental illnesses to five factors: inheritance, physiology, environment, habits, and the subconscious (*xia yi shi* 下意识). This supported his conclusions that mental illnesses were preventable and could be cured through personal efforts. Different from Huang Jiayin, Tong’s book made little mention of Pavlov. Tong’s self-treatments were mainly composed of introspection (*nei xing* 内省), conditioned or unconditioned (*zhiyue yu jiechu zhiyue* 制约与解除制约), and occupational therapy. While doctors’ understanding of patients came from their autobiography, diaries, and statements, Tong’s understanding came from introspection.<sup>25</sup> Tong strongly agreed with William Brown, a British psychologist, and psychiatrist who specialized in mind-personality relations, on the importance of self-understanding. As Tong explained: ‘Even though Brown did not break away from the Freudian stereotype, his stress on the importance of self-knowledge really accords with my opinions’.<sup>26</sup> However, Tong had also been struggling between adopting suggestion therapies and risking being a supporter of idealism, and this would cause criticism from materialists.

## 2. Being Your Own Doctor

In Republican Shanghai, there was a trend of emphasizing human ability in making differences, either to the society or to oneself. This was demonstrated in Chapter Three. White nationalists like Shu

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<sup>25</sup> Tong, *Bibliography of Tong Shuye*.

<sup>26</sup> William Brown, Hua Chao translated, *Psychology and Psychotherapy* 心理学与精神治疗法 (Shanghai: The Commercial Press, 1929), p.143.

Xincheng preferred to encourage efforts on changing social environment, Tong, as a patient, suggested focusing on the self. According to him, even though the supreme way to reduce mental illnesses was to change the environment, this could not be achieved rapidly. Thus, the best way was to change oneself to adapt to the environment, and ‘the best doctor is yourself’.<sup>27</sup> In terms of explaining mental symptoms, patients themselves were best placed to understand their situation.<sup>28</sup> Several important ideas underpinned Tong’s logic. Firstly, mental diseases were based on physiology, so the mind could not be healthy when the body was sick. Secondly, causes were acquired (from habits or environments) and thus were preventable.<sup>29</sup> Thirdly, even though social changes were hard to achieve, one could make strides towards this through self-understanding and individual action: ‘Diseases would finally be conquered if only one had the will’ and ‘belief is the best medicine’.<sup>30</sup>

Tong detailed his ideas of self-treatment in both articles and his book.<sup>31</sup> He advocated six methods: introspection, self-criticism, biography, collecting individual cases, free imagination and limited imagination. Based on experience in practising these methods, he set out the steps that patients could follow. The proper sequence should be introspection, self-analysis, and then environmental inspection. In order to enhance understandability among readers, he drew an analogy between the mechanism of mental illness generation and ancient Chinese government constitution to show the correlation of the above three steps.<sup>32</sup> Although he advocated self-treatment, he sometimes co-treated with doctors or treated other patients alone.<sup>33</sup> The psychiatrist Su had even introduced patients to Tong for talking therapy.<sup>34</sup>

It should be noted that all of Tong’s writing took the grammatical form of the first person talking to the second person. Reading his articles is therefore like listening to talks between patients or between patients and doctors. This kind of expression shortened the distance between writers and readers,

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<sup>27</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.272.

<sup>28</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.108.

<sup>29</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.118, p.113.

<sup>30</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.162.

<sup>31</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.143, p.176.

<sup>32</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.127.

<sup>33</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.309, p.312.

<sup>34</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.163.

fostering empathy in readers and encouraging feedback. This form also indicated that cases and experiences could be copied by others. It was quite close to the way knowledge was transmitted in Traditional Chinese Medicine, which was highly based on case experience, face-to-face diagnosis and negotiable in therapy selection.

The crucial point about Tong's work was the emphasis on self-help in treating mental problems, to be supplemented by mutual-help among sufferers, and the move away from relying on professional treatments. Mental problems, for him, were about dealing with the relationship between the self and the environment. Thus, he placed less emphasis on the authority of professionals. Tong returned to the pattern of patient-doctor relationships before Western medicine gained authority in China. In this relationship, patients had more power in making their own assessment about diseases, meditating with doctors on diagnoses, therapies, and including their own experiences and feelings into treatment.

### 3. Confronting Discrimination and Bias

Mental problems had long been underappreciated in Chinese medicine. There was also widespread bias and discrimination toward the mentally ill. In the Republican era, these doubts took diverse forms. Given madness had not developed into a specific disease category in the pre-modern era, mental problems were widely thought of as incurable. One of the *West Wind* editors' primary aims had been to demonstrate the curability of mental illnesses.<sup>35</sup> This aim was central in public propaganda led by the professionals or by the intellectuals and was further concern for Tong.

In fact, fighting against ingrained biases mattered, even more, when it came to attracting patients to physicians. In the public imagination, being mentally ill itself was disgraceful. It was even shameful to say that one had gone to a doctor for consultation. Discriminations also existed for those broaching psychiatric topics in public. Talking about mental diseases took the risk of being doubted as having or had mental problems. As Tong put it: 'I heard many times the saying that people who talked

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<sup>35</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.176.

about mental illnesses and mental hygiene were mental patients themselves.<sup>36</sup> Even studying relevant knowledge could be seen as likely to render healthy people getting sick. Tong rebutted such a claim: ‘As for saying that the stud of mental hygiene will cause mental illnesses, this is nonsense.’<sup>37</sup> However, Western psychiatric knowledge did not necessarily solve this problem. Actors still needed to stress repeatedly a belief in the new science and its doctors, and this was difficult given the earlier culture of silence and shame.

The difficulty of dealing with unbelief and stigma was a distinguishing feature of academic and public texts. Tong took a different approach in his book and in magazine articles. In the book, Tong would say that we could try our best to make changes; in the magazine texts, however, he usually took a more forthright tone and stressed that ‘mental illnesses could be cured’.<sup>38</sup> The central objective was to foster empathy with other readers or possible patients. He could do this by talking about his own experiences: “According to statistics, ten percent of Chinese are mentally disordered. For normal people, mental illnesses are imagined as states of madness or idiocy. Few of my friends, therefore, accept me as having a mental illness. Some of them even stopped me from seeking doctors. Even my family always say, ‘you don’t have mental illnesses, if you think you do, you will just be giving away hard-earned money to doctors.’”<sup>39</sup> These explanations were absent in his book. The confrontation with normal people directly through his more popular work demanded more efforts in diminishing doubts and building beliefs.

#### 4. Seeking Explanations from Traditional Chinese Medicine

One important facet of Tong’s position was that he had never avoided the efficacy of Traditional Chinese Medicine. Rather than rejecting traditional medicine as was generally the case in Republican

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<sup>36</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.123.

<sup>37</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.123.

<sup>38</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.176.

<sup>39</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.177.

medicine, Tong made many positive comments about previous achievements.<sup>40</sup> Starting from current translations from Western psychiatric schools, his research also looked back to traditional medical understandings. For instance, he drew upon the discussion of mental illness from medical literature like the *Inner Canon of the Yellow Emperor* and *Ru Men Shi Qin* (儒门事亲 The Scholars' Care of Their Parents), which could be dated back to the 1200s.

Tong regularly annotated traditional descriptions with Western concepts, usually based on his own experiences. Expressions like ‘this was indicating the condition of delirium (*zhan wang* 谵妄), a phenomenon of severe mental illnesses’ or ‘this was talking about the genetics principles about mental illnesses’ could be found everywhere.<sup>41</sup> More important was his longer comments. He valued the many findings recorded in early times. Examples of this included:

At that time (around the Christian era), physicians had already known many mania symptoms like optimistic moods, grandiose delusion, and agitation. This is valuable.

Here (14th century), *Kuang* and *dian* had been clearly distinguished. The pathogenies were also pointed out. Although not perfect, these workers were remarkable.

These descriptions about restlessness and infirmity were from practices. They are of referential value.<sup>42</sup>

These comments showed Tong’s appreciation of Traditional Chinese Medicine. He agreed with the findings, categories, and methods of Chinese medicine, and recognized its insight on questions of mental illness long before modern psychiatry. In his comments on another item, he said, ‘some expressions tended to be exaggerated, which is not scientific. However, it showed the effect of sleeping therapy for mental illnesses, which is of scientific value. At least, the Chinese had invented this method in as early as the Tang Dynasty.’<sup>43</sup>

Examination of Tong’s writing indicates the pluralism that could be a feature of how individual Chinese understood psychology and psychiatry, and the fact that traditional systems of thought could

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<sup>40</sup> ‘Zhongguo jingshenbing xue shi ziliao’ 中国精神病学史资料 (Historical Sources of Chinese Psychiatric History), in *Mental Illnesses and Mental Hygiene*, pp.336-347.

<sup>41</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.336.

<sup>42</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.337-339.

<sup>43</sup> Tong, *Mental Illnesses and Mental Hygiene*, p.346.

run alongside new paradigms for explaining. As the last few chapters have shown, Republican era medicine saw Western and scientific theories obtain growing authority. As mental illnesses were newly imported concepts in the late nineteenth century, with support from missionaries and overseas graduates, and Traditional Chinese Medicine was struggling to survive, medical explanations came to be mainly dominated by Western schools. Clinical practices were also based on new knowledge. However, when it came to individual experiences, the authority of psychiatry became less ineffective. The mixed usage of neologisms and inclusiveness of both Chinese and Western theories and methods reflected a pluralism and vivid picture of knowledge acceptance in everyday practice.

Several conclusions emerge from this analysis of Tong's work. Firstly, even though psychiatry and psychology were promoted by professionals and the media, Chinese medical thought still weighed heavily in the way individuals thought about their own well-being. Secondly, readers were not merely passive recipients of mental hygiene propaganda. On the contrary, many of them were active in mutual communication and self-learning. Readers treated magazine knowledge seriously but were also discriminating among diverse schools in personal treatments. Tong's only partial acceptance of Freudianism and behaviourism, as well as ongoing use of Traditional Chinese explanations, exemplifies lay initiative in knowledge dissemination. Even more, many ordinary people exchanged first-hand experiences, sometimes published personal experiences, and discussed between themselves prevailing theories.

Tong cannot represent other common readers who studied a few mental therapies. However, his role in directing other patients revealed a different way of gaining knowledge and active interactions among lay readers, which became an important element of knowledge popularization. He was aligned with Shu Xincheng, who was concerned more about social transformations and personal backgrounds. Tong's focus, however, was on the practical effects of self-curing. In Shu's view, self-treatment was not fit for all. Normal people should start with changing life surroundings. Tong exemplified the outcome of long-term self-introspection and self-help as a proper path to mental health.

## Conclusion

The identity change of Huang from being an editor to a mental hygiene practitioner allows us to trace how the nature of mental hygiene could shift remarkably across these years in line with political changes and personal ambition. His approaches were affected to a large extent by his own shifting identity. In the move from a focus on public enlightenment to stressing the curability, from re-education to personality reformation, we see Huang manipulating mental hygiene as an identity flag. Huang stressed the curability of mental illnesses when he was learning clinical treatments. The promotion of re-education can be attributed to his engagement in the Mental Hygiene Association which facilitated a series of educational programs. Finally, by stressing the value of Pavlov's methods of personality reformation for the mass population, Huang expressed his political ambition as a Democratic League member.

Tong's case shows more vividly the role of personal choice in treatment-seeking. His involvement in practice and his writing, however, are also illuminating for our understanding of the eclectic nature of popular thought. Tong was strikingly open-minded to diverse genres of psychological theory. He did not refuse the fruits of Traditional Chinese Medicine, even if it had been fiercely criticized and delegitimized. He accepted Freudian suggestion therapies while objecting to their tendency of 'idealism'. Yet he also accepted the theory of Pavlov based on his agreement with its materialist ideology. Tong's case shows how flexible the doctor-patient relationship could be in the treatment of mental problems. This was partly a reflection of the traditional Chinese doctor-patient relationship and the flexibility of its philosophy.

Both Huang and Tong were driven by a vision of the importance of human efforts in the search for mental health. The differences lay in their points of emphasis. Huang tended to focus on the curability of treatments while Tong, on the contrary, was less concerned with thinking about the population as a whole. Tong stressed personal efforts instead. Both men's understanding of mental hygiene showed the influences of the political situation, especially after the foundation of PRC, when

psychological theories from Russia gained ascendancy. The political preference accelerated support for Russian theories and magnified their effectiveness, but this was not the whole story.

No matter what approaches they had chosen, their experiences showed a dilemma for thinking about mental health in mid-century China between turning to tradition and modernity. Huang's chasing of the latest psychological trends revealed more about the instrumentality of mental health care as a tool of social reformation. Tong's personal experiences, however, show that when it came to the individual practical outcomes could be more important. His case shows how complex individual predicaments could be in such fast-changing concrete situations. In such challenging circumstances, the infrastructures of mental hygiene were not enough to meet the need of the public, nor were diverse imported theories. Individuals had to rely on whatever ideas and practices were helpful. As such, they often turned to reinterpret traditional understandings in light of new theories. Their understanding of new ideas was always mixed with traditional concepts, as demonstrated both in the last chapter and this one. However, neither choice could totally relieve their pressure in such a tumultuous era. Mental hygiene problems never had a single solution.



## Chapter Seven: Conclusion

The main focus of this thesis has been the history of mental hygiene promotion in the first half of twentieth-century Shanghai, which, I have argued, played an integral role in Chinese national reformation. By considering what the mind and mental health/hygiene meant for the Chinese, I am aiming to show how global mental hygiene became a key aspect of Shanghai's medical, political and mental life, but also how it was adapted in line with local contexts and needs. Under pressure from Westerners and in sharp contrast to Japan after the Restoration, Shanghai's pursuit of sound mind was accompanied by a strong desire to participate in global modernity and increasing awareness of Chinese backwardness. The resulting reformation of mind would be conducted in diverse form, reaching from the social level to private life. Crucially, it was not just the importation of Western ideas and practices. Invariably, the remoulding of mind was embedded with strong local features, reflecting the particular conditions of modernity in China and Shanghai.

From the semantic perspective, traditional Chinese scholars of the period learnt from and compared themselves to Western medicine in efforts to understand the mind. The semantic and conceptual transition was challenging. Despite ongoing confusion about the interplay of terms like heart, mind, soul, and nerve, the mind was gradually differentiated from the other three, a process assisted by the introduction of anatomy and science-metaphysics studies in the 1910s. But this was not enough on its own for the turn to mental hygiene. Due to the rise of nationalism and patriotism, Chinese nationalists also problematized the Chinese mind. Medical doctors and intellectuals alike broadly engaged in introspecting, redefining, and constructing national mind and personal mind. Those overseas (or missionary-university) educated Chinese psychologists and a group of literati started to position mind remoulding, as a vital way to save the nation from repetitive humiliations. Losing the national spirit was thought of as the key reason for cultural backwardness. A reformation of Chinese mind could be the solution to this national malaise, to be addressed by policies that promoted 'sound' ideologies, behaviours, and personalities. The Nationalist Government politicized these transformations in the

1930s to include eliminating communism as well as cultivating new citizenship as ways of legitimating a new regime. From the late 1890s to the foundation of PRC, as one of the first few social science disciplines introduced to China, psychology had been deeply involved with cultural interpretation and nation-building.

The New Cultural Movement looked to move beyond traditional Chinese thinking such as Confucianism, and this extended to its view on Traditional Chinese Medicine. It looked to eradicate superstitious practices like planchette and the belief in spirits and soul. Traditional holistic explanations lost favour. Conventional Chinese family structure and moral constraints were criticised for their failure to provide proper care, if any, for the mentally ill. Instead, family milieu and its effects came to be seen by the intelligentsia as among the main factors causing mental problems. As a result, families, child-rearing cultures, and education came to be viewed as major reformatory objects.

The institutionalization of psychiatry, centring on the creation of special institutions and professionalization, stemmed in part from a colonial critique of Chinese family care. The Chinese received continuous criticism from missionaries who took the professionalization of mental health in Europe as the modern and progressive model. The saying that mad people were often locked up in China, was widely cited by foreigners in justifying China's need for modern care methods. What also encouraged reform was that there was a need for specialist institutions for foreign settlers who developed mental maladjustment. Mental wards were therefore constructed in most treaty port cities like Canton, but the situation in Shanghai became the most serious due to a large number of refugees, especially Russian and Jewish. The SMC had been confronting appeals to construct asylums for decades before they finally decided to co-fund the establishment of Mercy Hospital. The key final factor in bringing this about was alarm over the loss of social control due to massive Chinese refugees caused by warfare.

As with this initial opening of Mercy Hospital, the development of mental hygiene that followed would be closely related to Shanghai's urban setting and its shifting political situation. While the earliest efforts of creating special mental wards were located in the Concessions, this eventually extended to Chinese sovereignty. For instance, the Chinese benevolent hall, Xin Puyutang, which would

specialise to accommodate and simply treat the mad, was located to the South Gate of what had previously been Shanghai country town, an area surrounded by the indigent and needy. Private mental hospitals, though, were all opened within the Concessions and presenting their modernity designed to attract patients. Generally, it was the foreign Concession areas led the way in the development, especially in the Solitary Island period.

The emergence of China's first psychiatric hospital, Mercy Hospital, relied heavily then on foreign influence, but this was not the whole story. The thesis has shown that it, in fact, resulted from a more complex set of forces, including the philanthropic benevolence of both Chinese charity and missionary evangelism, but also the influence of the local Chinese gentry, a patriotism fostered by collegiate development, and concern about public sphere policing and regulation that came from the Concessions but also the Chinese authorities. Chinese nationalists saw the critique of the absence of mental care in China as something that brought shame on the nation. Both this shame and responsive methods were symbolically presented through this municipal project. The 'presence' of new treatments was seen as proof of the nation's capacity of achieving modernity, which could help to justify China's assertion of territories occupied by foreign settlers.

If this combination of foreign stimulus and nationalist ambition provided the context for development, transnational personnel mobility and new modes of knowledge communication provided the means and the opportunity for rapid change. The introduction of new disciplines, such as psychology, psychiatry, medicine, education, and sociology, provided new interpretive modes for addressing the human mind. The establishment of colleges and research institutes played a key role in translating professional knowledge into China. They recruited overseas-educated Chinese, missionaries, and even foreigners like Fanny Halpern. They set up neuropsychiatry courses in universities and clinics in affiliated hospitals. Although relatively few graduates would go on to work on the treatment of mental illness, these institutions and their personnel were influential in the emergence of a Mental Hygiene Movement initiated under the cooperative efforts of Chinese and foreign psychologists and psychiatrists. This cooperation depended on the connections of the Chinese Medical Association but tended to be loose. The lack of a solid institutional base meant that the

movement was vulnerable to upheaval and affected by warfare. The turbulence largely weakened the achievements of the Mental Hygiene Movement after Chinese universities and personnel had to evacuate to the far south-west. The later stage of this movement was therefore roughly confined to the Concessional regions in Shanghai.

Even though Shanghai was the face of modern China and a site where, as the thesis shows, conditions for the development of mental hygiene were peculiarly favourable, there was still a huge challenge when it came to the discourse's influence on normal people's minds and lives. The rise of public media in Shanghai in the 1930s contributed to the popularization of new knowledge to the populace. Young literate citizens of Shanghai, inspired by the New Cultural Movement, actively embraced new ideas. Under the influence of the Mental Hygiene Movement, mental problems and mental hygiene became an important part of the life of the literate, as shown through analysis of print media like *West Wind*. Periodical writing such as this was manipulated by editors as a tool to transmit knowledge to lay audiences, and as a public space to propel interaction and discussion between intellectuals and the lower-levels of literate Shanghai society. Analysis of *West Wind* s uncovers a vivid and dynamic picture of lay engagement in the process of mental hygiene promotion. Reading this material carefully has also made it possible to reveal insights on attitudes beyond the intelligentsia and in everyday life, indicating a pluralism and significance of locality that is missed in the grand narrative of modernization and scientification. Crucially, my analysis has shown that common people were largely pragmatic and open-minded to diverse approaches regardless of superstition or progressiveness. That said, there was a persistence of traditional thinking that mirrored intellectuals' radical progressiveness. Consequently, readers could also show disagreement with prevailing trends in modernisation such as the setting up of asylums.

Mental hygiene in Shanghai was characterised by a discourse that problematized self and personality. This ambition, however, also reflected the limited power to facilitate a practical program of social engineering. Given that the imagined modernity of the nation could only be embodied in personal thoughts and behaviours, young people, especially the children, were targeted as the main objects of remoulding and re-educating. Ultimately, the implementation of change could only be fully

achieved by individuals acting on themselves due to the lack of strong social mechanisms. These transformations, though, were not thorough. Some radical aspects of the mental hygiene program such as eugenics were unable to gain significant support. However, self-introspection had a long history in Chinese philosophy and religion, and this meant that people were receptive to the advocacy of self-improvement.

War interrupted this situation and transformed the longer-term situation for mental hygiene. Initially, there were some new opportunities. Clinical practices played a role in relief and cure patients and soldiers suffered from wars. However, the plan for preventive mental hygiene promotion was held back by Japanese occupation. Perhaps most importantly, the protracted warfare led Chinese intellectuals to turn from problematizing personality to centring their efforts on cultivating a sound society. In due course, the revolutionary and literary enthusiasm for questioning the self was adopted by the Communist Party after 1949 in nation-building, but it would be transformed into a tool for instilling ideological purity rather than personality and mental hygiene. Eventually, the association of mental hygiene with earlier regimes and with the West would situate it as bourgeois and counter-revolutionary project.

The Communist victory in the civil war in 1949 brought considerable change to Shanghai and to the lives of Chinese intellectuals. In the early 1950s, the Chinese Communist Party was heavily influenced by ideas from the Soviet Union. Ivan Pavlov, a Russian physiologist, became a new guiding light for understanding human behaviour in a way that was in line with political orthodoxy as something that could be shaped by modification of the environment. When China-Soviet relations broke down in 1958, this theory lost its political superiority and was undermined in the Anti-Right Campaign (1957-1959).<sup>1</sup> The fate of Huang Jiayin, discussed in Chapter Six, was an example of this kind. In the Cultural Revolution (1966–1976), the mental healthcare system in China was largely dismantled. Psychiatrists also suffered, as psychology and psychiatry were politically deemed as bourgeois. Some of them were officially reclassified as counterrevolutionaries and sent to prison.<sup>2</sup> In a survey of cases at the Shanghai

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<sup>1</sup> Gao, 'Pavlovianism in China: Politics and Differentiation across Scientific Disciplines in the Maoist Era'.

<sup>2</sup> Robin Munro, 'Political Psychiatry in post-Mao China and its Origins in the Cultural Revolution', *American Academy of Psychiatry and the Law*, 30 (2002): 97-106.

Municipal Mental Health Center in 1970 and 1971, Zheng Zhanpei, a forensic psychiatrist, found that, political lunatics accounted for 72.9 percent of all cases.<sup>3</sup> Part of the reason for this astonishing figure is that not all mental patients could access the medical treatment of the day, which was not surprising considering the nation-wide turmoil. But it also makes clear that psychiatric facilities had evolved into a political tool for correcting thoughts.

Psychiatry in Shanghai entered a new pioneering stage in the era of Openness from 1978. Despite the intervening years of disruption, Shanghai once again emerged as foundational for mental illness research in China as a whole.<sup>4</sup> A Mental Illness Research Clinic was established in the Shanghai Psychiatric Hospital (the later Shanghai Municipal Mental Health Center, and the previous Mercy Hospital) in 1978.<sup>5</sup> In 1981, a plan was submitted to the National Health Department to build cooperation with WHO.<sup>6</sup> This led to the growing cooperation of Chinese psychiatry with foreign institutions. This cooperative project started in 1982 with 2,400 primary school students as respondents for the project of 'Family and Transcultural Mental Hygiene' research.<sup>7</sup> From the 1980s on, scholars began to study the history of psychiatry and mental illness in China. As the Introduction showed, the anthropological perspective was widely adopted in history but also psychiatry and medical research. Chinese culture was critiqued again as a key factor in causing mental illnesses. And social milieu like family structures was again investigated as an important pathogeny.

From the start of the twentieth-first century, due to the rise of concern over human rights in China, mental illnesses and human rights have become a core concern of historical research. In 1999, the Chinese government launched a continuing campaign against *Falungong*, a heterodox Buddhist sect, as the government stated. Practitioners of *Falungong* were to be sent to mental hospitals by police authorities. This event raised scholars' interest in examining psychiatry in China. In 2000, Robin Munro, a Research Fellow at School of Oriental and African Studies and member of the School's Law and Public Health in Developing Countries Research Group, published a report on 'Judicial Psychiatry in

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<sup>3</sup> Robin Munro, 'Political Psychiatry in post-Mao China and its Origins in the Cultural Revolution'.

<sup>4</sup> Shanghai Municipal Archive, 'Shanghai Municipal Health Bureau', B242-4-412-78, p.84.

<sup>5</sup> B242-4-412-78, 'Shanghai Municipal Health Bureau', p.88. B242-1-351-45, p.45.

<sup>6</sup> B242-4-571-4, 'Shanghai Municipal Health Bureau', p.90. B242-4-346-8, p.28.

<sup>7</sup> B242-4-897-58, 'Shanghai Municipal Health Bureau'.

China and Its Political Abuses’, which unlocked a sequence of research on this topic.<sup>8</sup> After a new Mental Health Law was finally administered in China on 1 May 2013, another round of concern emerged on mental illness treatment in China. Harry Yi-Jui Wu raised a neologistic catchphrase, *bei jingshenbing*(被精神病), which referred to someone who had been misidentified as exhibiting symptoms of mental illness and admitted to a mental hospital out of either humanitarian or malicious intent.<sup>9</sup> He cited proofs in China from the Republican period to show the long existence of *bei jingshenbing* in Chinese history.

My own research suggests the need for caution in this line of argument. In this thesis, I have demonstrated that mental illnesses gained new attention in the Republican era for a variety of reasons. Rather than a political trajectory, the path to mental hygiene was pluralist. On one hand, I have traced the multiple causes that jointly contributed to the establishment of a psychiatric hospital. On the other hand, I have shown how individual cases could reveal a quite complex composition of ideologies and practices. In terms of medical treatment, people who were put into the asylums or mental hospitals can rarely be seen as simply *bei jingshenbing*. Concerns about the regulation of the public sphere were certainly a factor, but it sat alongside a host of others including humanitarian and medical concerns.

Indeed, my analysis indicates that bio-political perspectives risk exaggerating government power in the area of mental hygiene. In fact, a large portion of mental health in the Republican era was in the realm of imagination and print. The Chinese authorities before 1927 made limited strides in seriously treating patients. More important was their indirect role through the responsibility of maintaining order on the streets. Even when mental treatments were provided, many ‘mad’ people were soon discharged (with the result that the foreign counterparts complained about the troublemakers returning to the streets). The Nationalist Government did act as a precedent of politicizing mental illnesses to enhance recognition of new government. However, this movement turned out to be largely

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<sup>8</sup> Munro, ‘Judicial Psychiatry in China and Its Political Abuses’. Williams and Munro, ‘Dangerous Minds: Political Psychiatry in China Today and Its Origins in the Mao Era’. Munro, *China's Psychiatric Inquisition: Dissent, Psychiatry and the Law in Post-1949 China*. Bonnie, ‘Political Abuse of Psychiatry in the Soviet Union and in China: Complexities and Controversies’. Yip, ‘Political Dominance of Mental Health Services in the People's Republic of China’.

<sup>9</sup> Wu, ‘The Moral Career of “Outmates”’: Towards a History of Manufactured Mental Disorders in Post-Socialist China’.

symbolic and had a limited pragmatic impact on normal people's everyday life. Comparing Republican with current Chinese situations, the most significant difference was the presence of a powerful government. The crucial point, however, is that this focus on government can mislead. The history of mental hygiene in Republican Shanghai indicates that a full understanding of such development demands a much wider framework of analysis. This has important implications for our understanding of the past. It may also have lessons for the present. While building up a mental health care system refers to the Western countries, Chinese medical reformers have to take social, cultural and political factors into consideration, with which a better understanding about how much Chinese increasing mental problems can be attributed to non-medical reasons and how many intervenes from different parties should be involved in.



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File F-58-4-1-0-4 - Autograph Books and Notebook, 1908-1922

Item F-58-4-1-0-4-1 - Notebook, [19--]

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