Jie Yang. *Mental Health in China: Change, Tradition and Therapeutic Governance.* Newark: Polity Press, 2017. 262 pp. $22.95, paper, ISBN 978-1-5095-0296-7.

Reviewed by Shu Wan

Grounded in Vanessa Pupavac's term "therapeutic governance," Jie Yang's *Mental Health in China: Change, Tradition and Therapeutic Governance* examines interactions between the resuscitation of psychotherapy and the "one-party system" in China. In Pupavac's view, "therapeutic governance" indicates "psycho-social intervention as a new form of international therapeutic governance based on social risk management," which "is reducing democracy to a question of self-esteem."[1] Yang employs this term in exploring the underlying political implication of the flourishing mental health services in post-Mao China.

In the first chapter, Yang seeks to explore the underlying local context and historical background of mental illness and health in contemporary China. Yang distinguishes the conception of mental health in China from its Western counterpart, which is characterized by individualism. This is because "mental health in China must be understood not only by taking into account Confucian influence, but also in the context of modern history" (p. 26). According to Yang, the concerns about *mianzi* (face), *zuoren* (to be a person), and other moral and political concepts imbedded in Confucianism shape the general understanding of mental health in Chinese society. Regarding the diagnosis of mental illness, Yang believes, in the aftermath of the political culture of massive mobi-

lization in the Mao era, ordinary people in China are still encouraged to report neighbors and families as potential mental patients—presumed to be menaces to the Chinese government—to local authorities. The localized modification of Western mental health is also embodied in the overemphasis on *qingxu* (emotion) as the main cause of mental illness. By repeatedly citing the Chinese prose-poetry writer Guoping Zhou's discussion of *gudu* (loneliness) and anxiety, Yang contends that "the emotional state is a 'medicine' for accomplishment supporting the state's interests in productivity, but it may simultaneously be a 'poison' isolating the self" (p. 36).

In the second chapter, Yang examines a range of emerging mental health issues in China, "including *xialibaren zhenghou qun* (country bumpkin syndrome), *gongzhu bing* (princess disease), *wumai yiyuzheng* (smog depression/blues), *shangfang cheng yin* or *shangfang pian zhi* (petitioning addiction, petitioning bigotry, or litigious disease), *shiye zonghezheng* (unemployment complex syndrome), *kongxin bing* (empty-heart disease), and *wangyin* (internet addiction)" (p. 50). As Yang acknowledges, her discussion here is grounded in the world-acclaimed anthropologist Mark Nichter's research agenda of "idioms of distress."[2] However, Yang's biased efforts to idiomize and vernacularize mental illness appar-

ently neglect the psychological discourse of mental health and its projection on public discourse in China. In fact, the Chinese version of *DSM-V*, *CCMD-III* (the third version of *Chinese Classification of Mental Disorders*) and Chinese professional psychiatrists' academic essays and textbooks are almost totally absent in her analysis of "new mental illnesses created by psychologists and psychotherapists and reiterated by the public" (p. 73).

In the third chapter, Yang switches her attention from the ordinary discourse about emerging mental illness to the intersectionality of gender, class, and mental health in China. Grounded in her interviews with several women who attempted suicide (including Ren and Lan in Changping and Gong in Shandong) and analysis of historical data, Yang explores the underlying motivation for the disproportionate number of women committing suicide because of the ideology of gender oppression in China, in which women shoulder disproportionate mental burden. Exemplified in the feminization of certain mental health issues, such as eating disorders, Chinese women are portrayed as being particularly vulnerable to mental illness.

In chapter 4, Yang returns to the main theme of her volume: therapeutic governance. Considering multilevel stigmatization as a means of social control, Yang summarizes, "the Chinese government has used stigma (or destigmatization) as a mode of governance, for example through psychologization within a bureaucratic order by labeling Chinese officials' suicides as due to the individual illness of biomedical depression" (p. 124). Here, Yang takes a significant look into the Chinese government's use of therapeutic governance: blaming social contradiction on personal mental health issues.

In the last two chapters, Yang seeks to explore psychotherapeutic practice and the tension between psychiatrists and their patients in therapy. Based on her interviews with psychological practitioners and patients at two psychological clinics in China, she explores the proliferation of psycho-

logical counseling in China, "which resonates with the government's call for individuals to be responsible for their own difficulties and lives" (p. 178). Subsequently, Yang examines the rise of the self-help movement (*xinling jitang*, or "chicken soup for the soul," after the American book series of the same name) in contemporary China .

With an emphasis on the interaction between Chinese traditional culture and social hierarchy, the communist country's particular polity and ideology, and indigenized modernity in China, Yang highlights the extraordinary representation of mental illness and its production and therapy in contemporary Chinese society. However, Yang does not recognize the significant Western influences on psychiatry in China, which have already been highlighted in recent scholarship. When discussing the resurrection of psychological therapy, it is unavoidable to consider the re-emergence of Western interpretations of mental health in China after its decades of isolation. Consider the example of the term *lanse bingdu* (blue virus), which Yang uses in reference to mental depression in China, as featured in the government-controlled and Chinese-overseas-oriented news website Zhongguo Xinwenwang (Chinese News): one essay borrows the phrase from an Australian antidepression organization, Beyond Blue, and claims it as the most prevalent mental health issue among the Chinese overseas community in Australia.[3] More importantly, the essay is the only one pertaining to mental health that turns up in a Google search using the keywords *lanse bingdu*. Another prominent example of Western influence is *xinling jitang.* Having grown up in the late 1990s, I recollect my first impression of *xinling jitang* as primarily a symbol of the American style of living introduced by the translation of the world-acclaimed self-help book series into Chinese. In my opinion, the phenomenon Yang observes, namely that "members of the middle class are interested in reading books about individual development and career advancement and are the largest users and consumers of the *xinling jitang* genre," can be

alternatively interpreted as a sign of middle-class aspirations for a Western lifestyle (p. 185).

Overall, Yang's book extends our knowledge of mental illness and health in contemporary China. Her firsthand observation and profound analysis of the political implications of mental health in China are very thought-provoking. In particular, her insights into how the Chinese government manages mental health to ensure the stability of social and political order in China contributes to our further understanding the re-emergence of mental health services in post-Mao China.

Notes

[1]. Vanessa Pupavac, "Therapeutic Governance: Psycho-social Intervention and Trauma Risk Management," *Disaster* 25 (2001): 358-72.

[2]. "Blue Virus Invades Chinese Community in Sydney" (*Lanse bingdu ruqing xini huaren yimin*), accessed March 10, 2018, http://www.chinanews.com/hr/2014/11-13/6772216_2.

[3]. Mark Nichter, "Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case Study from South India," *Culture, Medicine and Psychiatry* 5, no 4 (1981): 379-408.

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