Research on the development of psychiatry and mental illness in non-Western countries has, with only a few exceptions, been less prodigious. After all, any engagement with psychiatry in Asia poses wide-ranging methodological and conceptual challenges. Not only should such research concern itself with the complex array of interactions and exchanges between Western science-based psychological medicine and Asian medical systems and community (folk) care practices, it also requires an adequate understanding of the economics and cultural politics of colonialism and globalization.

The articles presented here fill the existing gap. Importantly, their authors are cognizant of the specific political and cultural context of Western psychiatry as well as being attuned to the wider colonial and post-colonial political settings of specific indigenous modes of healing.

They have also stressed the legacy of high-profile yet unduly limiting and simplistic notions, such as Fannin’s assumption of a ‘colonial condition’ and the hackneyed Foucauldian suggestion of an ‘all-pervasive and subjugating’ Western psychiatric ‘gaze’. Writing in the tradition of the latter tendency to focus on Western hegemonic discourse and assumed that colonial subjects were at best able to ‘respond to’ and ‘resist’ Western discourses of colonial or medical power. Those treading in Fannin’s footsteps emphasized that the colonized and their post-colonial brethren had so internalized their colonizers’ derogatory perspective that they fell into a state of quasi-pathological, lethargic passivity. Both approaches led to all too sweeping generalizations and reasserted largely deterministic, orientation, implicitly taking Western colonial and post-colonial discourses as their major point of reference.

The articles presented here put emphasis on interactions and exchanges. They challenge preconceived notions, such as that the westernization of mental health services in the East need always be the first step towards cultural hegemony and is necessarily bad news for the mentally ill and their families. National political reform and ongoing market changes that have opened China to the West have recently led to accounts examining the abuse of psychiatric practice as a means of social control, torture, and punishment in the style familiar from Nazi-Germany and the Soviet Gulag period. As Chen argues in her article on China, in regard to health care provision for the general public, patients and their families have benefited from the wider availability of services. Although Western biomedically-focused approaches have been introduced, these are set alongside traditional Chinese practices and have been adapted to the particular needs of Chinese communities by putting emphasis on family and community provision and outreach education programmes. In contrast to Chen’s account of the current expansive impact of Western-style mental health services on patients in China, Pukering explores how the benefits of an Eastern tradition can inform Western psychological models and practices. While being well aware of the Orientalist distortions of Eastern health practices in the West and their commercial exploitation – often referred to as the ‘McDonaldization’ of traditional Asian medicine – he focuses on the potential for fruitful and enriching cross-fertilization. Buddhism encourages the assessment of mental problems less as ‘abnormalities’ that need to be treated, cured, and done away with (as suggested in the orthodox Western psychological tradition), than as part of normal life and manifestation of human suffering, requiring existential redress and acceptance.

The potential for Western mental health professionals to gain from the practical insights and sophisticated conceptual models developed by their colleagues in the East is high-lighted also in the articles on psychoanalysis in China, Japan, and Britain (i.e. ‘1991, with B. Harris) and Hartnack respectively. Here we learn that Freudian psychoanalysis travelled easily to Asia at around the same time it became popular in Europe and the United States. However, it soon adapted local garbs and idioms. It was adapted by its Asia-based practitioners to their particular patient bases and the socio-cultural circumstances in the different countries, and was cleared of some of the ideological preconceptions of its traditional, fin-de-siècle European legacy. A number of highly sophisticated theoretical models that derive from or even contradict Freud’s original formulations have been developed and employed with great success, showing that Western orthodoxies are not always followed to the letter. Some of these models, like the mother-centred Ajaye complex suggested by Kousawa Hisakazu in Japan in the 1990s (in contrast to Freud’s father/son-centred Oedipus complex), for example, could be employed well in discussing Freudian psychoanalysis’ patriarchal blinkers and the questionable transcultural universality of some of its concepts.

As Hartnack shows in her article on the fate of psychoanalysis within the context of British India, judgement on the alleged validity of some Freudian models depended very much on which side of the colonial divide its practitioners were placed. For example, in the 1920s the renowned colonial psychiatrist Berkeley-Hill, proclaimed, in the well-documented tradition of colonial Western arrogance, that Indians lacked a psychological disposition to leadership, implying that British rule was therefore justified. The eminent Indian psychiatrist Bose, in turn, not only criticized Freud for his autocratic way of leading the International Psychoanalytical Movement, but also suggested that mental health was achieved when the father’s authority was challenged, fought, and overcome, not by submitting to it. In relation to the theorized career of psychoanalysis in China, Zhang also tells how national politics exerted an important influence. Prior to the Revolution Freud’s ideas were received by the intelligentsia as a new liberating influence on traditional society, whilst afterwards they came to be exposed as a manifestation of bourgeois consciousness and decadence. Since the 1980s psychoanalysis has been incorporated into psychiatric practice as one alongside other methods in mainland China: if the trends emerging in Taiwan and Hong Kong were subject to change, some of which of subjective and non-conformist influence, their authors are cognisant of the specific political and cultural context of Western psychiatry as well as being attuned to the wider colonial and post-colonial political settings of specific indigenous modes of healing.

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