Two Weeks' Work in SW China

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I am just back from taking part in a fortnight's refresher course in Chengdu, Sichuan, People's Republic of China, attended by about 35 psychiatrists from other provinces and about 35 more from mental hospitals locally or from the host department of psychiatry of Sichuan Medical College. My part was to give six lectures and eight question-and-answer sessions on general adult psychiatry, and to hold four case conferences. With the help of good interpreters I learned that Chengdu patients are much like those in London, and are given the same psychotropic drugs in the same doses with similar effects. Although oral language is a barrier, facial expression, body posture and gesture appear to be international and one can learn a good deal from them.

Among my cases were a hypomanic young man, a man with schizophrenia and mental handicap, a girl with a depressive illness, and a boy of 21 who recurrently attacked his father who had forced him to sit the university entrance exam four times—and he had failed every time. I discussed physical treatments with the audience. They used ECT quite often, but never modified ECT: they often used unilateral ECT, however, the two electrodes being attached to the finger and thumb of a large glove worn by the operator. Many used deep insulin coma. Although lithium carbonate was available, only very few—perhaps five—among those present had used it. Although many psychiatrists were up-to-date in reading *Archives of General Psychiatry* and the like (and they use Mayer-Gross, Slater and Roth's textbook in Chinese translation[1]), they seemed very cautious about experimenting with new treatments reported for resistant cases—carbamazepine with lithium, for instance, or thyroxin with antidepressant.

From the doctors I met I got the impression that diagnosis depended very much on the present mental state of the patient, on discovery of delusions at interview, shall we say, and very little on a detailed history of the illness or on a picture of the family and social background. I was told there had in the past been a tendency to diagnose schizophrenia far too often, and now there was a similar tendency to see affective disorder almost everywhere. A research worker who had been using the dexamethasone suppression test told me that out of 36 patients with supposedly marked depressive illness, only five fulfilled Research Diagnostic Criteria (all were positive to the test).

Of course the working conditions in the out-patient clinic of the department of psychiatry here are not good and militate against good clinical work (this is recognized by the staff), but now there is money to build a new out-patient block next year. At present the seven interview rooms lack all privacy, and pressure of work is such that sometimes two separate interviews go on in the same room at the same time—and they are not big rooms. They have about 200 attendances per day, or about 80 new patients per day, which means with available staff (21 doctors in all) and facilities that most interviews will be short. The pressure of work arises partly from the fact that, unlike us, they have no primary screening by GPs and no system of referrals. Anyone can walk in to see a psychiatrist, any family can turn up and ask for help.

To understand psychiatry in China it is necessary to remember several things: the vastness of the country, with poor communications; the size of the population, materially very poor; the dominance of the family and of the father within it, with tendencies to a hierarchical passivity; the long history of political turmoil, so that the present phase of calm and of rapid technological advance is only eight years old. Let me emphasize each a little.

Size first—China is over 3,000 miles from East to West, and over 3,500 miles from North to South—bigger than the USA. If England were this order of size our country would stretch from London to Bahrein, or the further frontier of Iran at least, in one land mass. London to Moscow, London to Istanbul, London to Hieraklion, are each only of the order of 1,000 miles direct. The man who drove me to work in the mornings told me he fetched his car from the automobile works in Shanghai and drove the 2,000 miles inland to Chengdu in ten days, good going when one knows there are no motorways and the roads are now often choked with heavy trucks as well as with crowds of cycle traffic. It is not only distance and narrow roads, but also that two-thirds of the terrain is mountain. What this means is that while big cities may have psychiatric services, the small towns and the countryside tend to be cut off. Yet 80 per cent of the population live in the country. Take Sichuan alone, a province the size of France, with a population of 100 million. Chengdu has about 3.5 million, Chongqing 6 million, and they are the two large cities. Then there are a number of towns up to 100,000 or so each: but the majority live in villages.[2]

There are 1,000 million Chinese and they are concentrated in the eastern part of the country. One is very conscious everywhere, but particularly in cities such as Chengdu or Guangzhou (Canton), of enormous crowds of people filling the streets, cycling or walking or sitting out, surging back and forth. At times bodies seem so close together, massed so that there is hardly a way through, that one begins to feel claustrophobic. One sees so many shops or workshops which are tiny, cramped and dark, one sees so many dwellings with small rooms inhabited by many people. Such an environment is bound to make home care of the manic and excited, the restless and demented, more difficult, and to exacerbate family tensions, because escape is so difficult, space so minimal. The new policy of allowing each married pair only one child, while right in trying to stem the population flood, creates fresh problems at both ends of life. The only child may be over-valued and over-indulged and over-loaded with parental expectation, the old man or woman may have no family left to care for

them in the traditional Chinese way. At present nearly 40 per cent of the population are said to be under 15 years old, only 4 per cent aged 65 and over (contrast Britain with about 25 per cent and 14 per cent respectively). This is going to change drastically in the next twenty years.

China's clock stopped about 1800. The Imperial government would not adapt to the impact of foreign influences and was unsuccessful in fighting them off. Wars and revolutions, invasions and forced concessions marked the nineteenth century, and even after the start of the Republic (from 1910), disintegration, disunity and cultural stagnation continued. Individuals survived as they could, reforms and technological improvements were on a tiny scale, the mass of the people went down.

Liberation in 1949 meant the nationalization of all industry of any consequence and the elimination of landlords, rentiers, war lords and other sectional interests. It also meant the re-unification of the country, the beginnings of a new common purpose, a new self-confidence and determination to eliminate famine and flood and extreme poverty, and to move everyone from the eighteenth into the twentieth century. This was only possible with a common faith, which Marxism-Leninism provided, which made people willing to work for very low wages and accept direction of labour and rationing, with a loyalty which went beyond the old family-clan tradition. But China has always been an authoritarian hierarchical society.

At first it took its cues from the USSR, and psychiatry was all Russian. By 1960 the honeymoon was over and there was a switch to Western-style psychiatry. But in June 1966 came the Cultural Revolution and for ten years there was turmoil, in which psychiatry became a dirty word, doctors (including psychiatrists) were sent into the country to dig with the peasants, professors were killed, and education, especially higher education, almost ceased. In consequence there is a missing generation of scientifically-trained people.

The astonishing thing now is the speed with which deficiencies are being made up. Only in 1976, eight years ago, was the order given for technological and material advance, and millions of people are pushing together for it. Many people already are more prosperous than they were eight years ago. Colour TV, with a choice of programmes and some advertising, is everywhere; personal motorcycles are appearing on the roads; men are beginning to wear suits, and women coloured clothes; western-style pop music is the rage. Apart from the writing one would often not know one was in China. I said to a senior man in the teaching hospital, 'At this rate, in another ten years, you will be indistinguishable from a West-European Country'; he answered fervently, 'I very much hope so.'

Prosperity and TV bring a greater demand for medical and psychiatric services. The in-patient unit of my host department has had 35 beds for men, but only 20 for women since 1953. This corresponded with a greater demand from male patients, but now women are coming forward in greater numbers and more female beds must be created. The department is assisting in the provision of new 200–300 bed mental hospitals in surrounding counties, and I visited one at Shingjing, 40 km out of Chengdu, which had just opened this October. It was very much on the same pattern as the in-patient unit at Chengdu. A ward has no dormitories, but mostly two-bedded rooms with two observation singles, a nursing office, a day room, a room for ECT, and a washing/shower/lavatory section. Furnishing is of the simplest, as indeed it has been in many Chinese homes. All the walls are of a monastic whiteness, all the bedrooms identical, and there is not a single picture or poster or potted plant to humanize the monotony. I am not sure whether this is economy or puritanism, or simply something culturally distinct in Chinese aesthetics. Provision is made for recreations (chess and other board games, cards, etc) but none for occupational therapy or work therapy. The wards I saw had about three nurses on a shift. They are all general trained and there is no mental nurse training as such. On graduation from the training school, nurses are posted to psychiatry, if that happens to be the immediate need. They do not choose it, and they learn it on the job. There are no occupational therapists or psychologists (the doctor administers a Wechsler, or personality tests, if these are needed), although Professor Liu is trying to introduce the concept of the clinical psychologist into Sichuan (educational psychology is well established). He is vice-chairman of the Sichuan Psychological Society (200 members) and has three psychologists doing postgraduate work in his department.

At Shingjing I noticed a room in which two drivers were relaxing, their ambulance parked outside—a reminder that the hospital has its own transport and does not rely on any external service. I also saw the two rooms used by the resident psychiatrist—his office with a big desk and chair, and a settle for patient and relatives to sit on, and opening from it his bedroom, with a bed, a stool, a small bowl with two chopsticks for eating and a large bowl with a jug for washing. This is the characteristic simplicity and minimal provision, which is acceptable as yet. It is also interesting to remember that this is not a free health service. In-patients at Chengdu pay the equivalent of about 30 pence per day, out-patients about 5 pence for a consultation, and medicines are extra. It is never what it costs, but it is always something, and since wages are very low in money terms, 5 pence means a bit more to them than it would to us, five bus fares, say. Incidentally, everyone has to pay to go into a public park, and of course to visit a monument or museum.

The staff for Shingjing have been trained at Chengdu, and retain a consultant adviser from there. Sichuan Medical College is one of four such medical universities (the others are at Canton, Shanghai and Beijing) and at present has 3,000 students in a six-year course, with the hope of doubling its size in the next five years, so I was told. All students live on campus, lecture courses sometimes go on in the evenings until 9 pm, the library (a fine modern block with an immense number of the world's journals) is open until 10 pm, and English is a compulsory subject for all students. Getting into a university is by

examination, highly competitive, and those who fail at the first attempt often try again in successive years. Families lay great stress on schooling, on learning, on getting on, and in a society where jobs are allocated, not chosen, success in exams leads to better employment prospects for life. Some kind of housing is almost always allocated with the job.

One of the many things I did not learn in my short stay was what happens to the work misfits who in England might present as psychiatric problems. Is there any regular attempt to reallocate them, is psychiatric assessment taken into account? From the patients I saw I got the impression that questions of work suitability or capability were not considered by the psychiatrist, and it was not expected that the employer would receive advice about easing the patient back into work or improving the prognosis. If this is not present practice, it is likely to come in time. I was interested that forensic psychiatry, especially in dealing with arson and sex crimes as well as homicide, has recently become important. Professor Liu told me he has two or three such referrals a week in Chengdu, and that a group of police, magistrates and other officials meets with psychiatrists to discuss such problems. Psychiatry may have a low status in medical circles (even more so than with us), but it seems to be appreciated in the Sichuan official world.

Its status in the teaching hospital may improve as the research groups in the department of psychiatry begin to be better known, since most of them are in the field of biological psychiatry—but they only began in 1980. Platelet monoamine oxidase in schizophrenia, the dexamethasone suppression test in severe depressive illness, sleep EEG in depressive illness, chromosome studies in mental retardation and abnormalities induced by psychotropic drugs are some of the topics. Equipment is sparse but adequate, the enthusiasm and ability of the workers striking. The difficulty is how to find the time and energy to think through the problems and complete the studies fully when there are so many pressing problems of new outpatients and need for new facilities flooding in.

Generalizations about China in all its vastness and variety are likely to be absurd or mistaken when based simply on two weeks in one place. I had also spent two weeks in North China in 1979 and done some reading, but this hardly alters my inevitable limitations. I offer my impressions with due reserve, as a fragment of possible truth.

Where I was, things were developing very fast, with an air of increasing confidence, in the direction of material prosperity and high technology. Psychiatry is sharing in this development, with big plans for expansion. It is firmly medically based, somewhat conservative, and slow to experiment with new approaches and new ideas. I think this is because of a cultural difference between East and West. In Britain at least we have a long tradition of individual enterprise, of striking out in some direction on our own responsibility, perhaps in defiance of higher authority, and getting our successes eventually officially approved. One thinks of Francis Drake, Nelson, Florence Nightingale—but such behaviour is not acceptable in modern China, and I suspect never was acceptable before. Responsibilities are more defined and hierarchically limited, stepping out of line not tolerated. Although Chinese psychiatrists know about lithium and about modified ECT, it is difficult for them to try them in their practices unless an instruction to do so comes from higher up. This has its good side in preventing dangerous treatments and as a stabilizing social force, but it also slows real advance.

As for the patients, it seemed to me that in spite of a very different history and philosophical background, and different social customs, they suffer from the same range of neurotic, psychotic, organic and personality ills as we do, in very much the same ways. It will be interesting to see, when complete epidemiological surveys are made, whether there are quantitiative differences as compared with the West, and if so, whether these relate to the different attitudes to sexuality, or to work, or to the family which still continue.

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References

[1]Mayer-Gross, W., Slater, E. & Roth, M. (1977) *Clinical Psychiatry*. London: Ballière Tindall.

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