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# Chinese Conception of Mental Illness: A Comparative Culture Analysis

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**ABSTRACT**— *It has been said that Asians, including Chinese, present mental illness somatically. Therefore their expressions of psychiatric symptoms, in terms of recognition, manifestations and responses, are different to their western counterparts. By adopting a comparative culture methodology, this paper reviewed the development of medicine and the recognition of psychiatric concepts between the East and the West in different historical stages. It unravelled that the expressed differences in mental illness could have been part and parcel of different natural man-environment adaptations in responding to environmental conditions. The Chinese in their early days, similar to those in the West, linked the mind and the body together and therefore psychiatric conditions were thought of as a result of bodily functions (or dysfunctions). However, the concern of mind-body-nature equilibrium in the history contributes to the Chinese's different perception and expression of mental symptoms. It is proposed that the differences noted nowadays between the Chinese and the West in conceptualizing mental illness could be better understood in terms of environmental influences rather than in terms of inherent cultural differences.*

**Keywords**—Mental illness, Psychiatric symptoms, Adaptation, Environmental influences

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## 1. INTRODUCTION

It has been said that Asians, including the Chinese, are more apt to present their psychiatric symptoms in somatic forms (Kleinman, 1982, 1988; Rack, 1982, Lin, 1981). Studies on the Chinese in Hong Kong have also confirmed that this may be the case (Cheung et al, 1984; Wong & Chan, 1984, Lin et al, 1995). And through cross-country comparisons it has been suggested that the Chinese may conceptualize psychiatric conditions, including depression, differently and therefore express, in terms of their manifestations and responses, differently to their western counterparts (Fabrega, 1991; Hsian, Klimidis, Minas, & Tan, 2006; Lam, Tsang, and Corrigan et., 2010).

Whilst there are not any conclusive studies to illustrate the differences in mental illnesses so evident between the Chinese and the Westerners in biological or physiological terms, explanations derived from making references to the specific cultural conditions - which serve to dominate an individual from the way he thinks (conceptualize), the way he expresses himself, to the way he reacts to a certain social phenomenon (e.g.depression) - seem at present to be more logically sound (Lin, 1981; Hsian, Klimidis, Minas, & Tan, 2006). Moreover, it has been rather convincingly argued in the premise of medicine that, with particular reference to mental illness, the manifestation of, recognition of and responses to illnesses is indeed influenced by the dominant cultural values at the time (Kleinman, 1988; Fabrega, 1991; Corrigan, 2005; Tsang, Tam, Chan & Cheung, 2003a, 2003b). On the basis of these arguments, one can assume that given the same living style in the same environment, the Chinese could have expressed the same symptoms as their western counterparts in similar mental conditions. Explanations for the expressed differences in psychiatric conditions therefore are likely to be found by reviewing the separate processes of historical development.

As early as late 1970s, Tseng (1973), while taking the same view in reviewing the recognition of depression in China, proposed that the Chinese express depression in an equivalent form such as psychosomatic illnesses. Chinese are more somatic in expressing its effects such as headaches and hypomanic (including restlessness and agitation) states.

Tseng further noted three areas which may explain how the differences originate(Tseng, 1973): 1) Historically Chinese medicine was separated from sorcery right from the early days and therefore developed independently of its influence, thus leaving it relatively free of religious influence. This also allowed a relatively humane approach to treating mental illness in its early days in China. 2) It has been well recognized in China that emotions have an effect on the physical states. Optimal states of emotion and physique (i.e. 'gas', 'blood' etc.) have been considered to be mutually supportive. Uses of natural material (e.g. Herbs, natural elements) and psychotherapy to treat mental illness or somatic

illness were documented in the Chinese medical books well before those in the West (Tseng, 1973; Liu, 1980; Leung, 1998). Equally seen as important for the 'whole' health is the maintenance of an optimal physical state - which always leads to the prescription of environmental manipulations and herbal medication (Leung, 1998). This nature-oriented culture lasts till this very day too when a Chinese goes to the doctor in Hong Kong, she/he expects to get something for her/his condition; and the doctor often does so to meet this expectation. This habitual arrangement as it gradually roots deeper into daily life undermines the acceptance of a non-material prescription such as counselling or group therapy. 3) The focus on visceral organs as an explanation for the occurrence of an illness has a direct influence on the Chinese in verbalizing their symptoms. Expression of different types of emotion is often referred to as 'full of liver fire' (anger or agitation), 'covered heart' (feeling low), 'heart big, heart small' (indecisive), 'hot blood' (enthusiastic), 'weak kidney' (feeling impotent), 'loss of a gallbladder' (fearful) etc.

The above explanation has moved away from the pathological model and suggested that mental symptoms are results of a normal mind-body-nature adaptation. The perspective, while not refuting that there is currently a distinctive difference in the recognition, manifestation and responses to psychiatric conditions amongst the Chinese, can explain, by using a comparative culture method, that the differences noted could be part and parcel of a different historical process of man-environment experienced by the Chinese.

## **2. COMPARATIVE CULTURE AS A METHOD OF ANALYSIS**

If one defines culture as the way of life which members of a particular society share and follow (Kluckhohn, 1961; Hodges, 1971), then its value obviously lies in being used as a theoretical construct to make comparative analysis between two cultures in two different societies.

Culture for these anthropological writers means 'the way of acting, the body of traditions, ritual and beliefs which people have learned as members of a society' (Hodges, 1971:35). In day to day living this includes almost every aspect of life: symbolic communication (e.g. language), race and ethnicity, social and family organization, values and traditions, rituals and beliefs, traits, behaviour and living patterns etc. Amongst these cultural elements one can always find between two different societies many similarities and differences - some are vividly distinguishable e.g. Languages and race, others may share more common features than differences e.g. facial expression of depression (i.e. sad looks). Logically the physiology is the same for every human race (indeed brain states correspond to types of behaviour regardless of ethnic or race origins), the differences in symptoms expression is bound to be a result of the influence of the immediate environment. Cultural differences taken in this way are therefore situational and will change over time. Hence for a deeper search for explanations for differences in symptoms expression, it needs to trace the historical development of a particular symptom (or set of symptoms, i.e. syndrome) from what it was to what it is today (Tseng, 1973; 1975; Kleinman, 1986; Bond, 1990; Lin, 1991; Klimidis, Minas, & Tan, 2006).

The Chinese in their early days, like their counterparts in the West, linked the mind and the body together and therefore mental symptoms were attributed to bodily functions or dysfunctions. The early emphasis amongst the Chinese for a man-nature balance also encourages the linking of mental and physical symptoms to nature. Hence conceptualization of medicine was a concern of mind-body-nature equilibrium, which dominates the Chinese's perception and expression of mental symptoms in somatic terms (Tseng, 1975; Leung, 1998). It was also evident in the present paper that medical history had the same start in the West, but it took off to a much more scientific and rational model. The different branching-offs were primarily due to environmental conditions: where China was encapsulated from surrounding influences and was developing under a highly centralized power which maintained the original man-nature ideology and discouraged new changes - emperors were said to be sons of the heaven and were representing the nature's order. Europe then were quite different: different tribes had their own country identities with competing interests - new changes (particularly in physical sciences) were in fact encouraged for better survival, hence a more rational-scientific model of medicine has been developed.

Chinese tended to report more somatic symptoms to their clinicians rather than verbalizing their sadness (e.g. Cheung & Lau, 1982; Kleinman, 1986; Cheung, 1987). Such a variation has been mainly attributed to socio-cultural factors such as the Chinese life style, their social organization or their ways of perceiving things. Kleinman & Lin (1981), withstanding that the basic biological nature of depression is universal, reduced the possibilities of the differences to simply being caused by different life traditions: the West held the Northern European Protestant tradition which emphasized practicality and individual-centred philosophies, hence making people more direct in expressing themselves (Gaines, 1982 also made this claim); while Chinese tended to take on a harmonious view of everything in nature, thus making them more 'relational' in expressing feelings and emotions. Take for example Cheung's studies (Cheung, 1987; Cheung & Lau, 1982), which she suggested that the disproportional somatic symptoms noted among the Chinese seeking psychiatric help might be in fact due to a situation where the patient was trying to report what she/he thought the psychiatrist would like to know - a want to establish a good relationship with the psychiatrist, rather than directly seeking help for the problem. Such a theoretical assertion, if valid, obviously would have affected the whole sphere of mental illness, and not just depression alone. A historical review of how different or similar the Chinese and their western counterparts attempt to recognize mental illness over the years would seem valuable to our understanding

### 3. THE CHINESE CONCEPTION OF PSYCHIATRIC CONDITIONS: A COMPARATIVE CULTURE ANALYSIS

Tseng, having researched on the subject in China extensively, gave an excellent historical comparison of psychiatric concepts between the East and the West from 2800 BC (Tseng, 1973). Liu (1981) and Leung (1998) also made great contributions to this subject area. The following paragraphs are largely based on their work.

#### 3.1 Conceptualization of medicine in the East

Chinese medicine has taken a more 'holistic' approach to investigate the human body than the West. It is therefore more difficult to consider psychiatric problems as different or separate from general medicine. The discovery of medicine in China may be traced back to 2780 BC according to a legendary medical book 'Materia Medica', which was supposedly written by the second emperor Shen Nung. More accurate bone inscriptions revealed that by the Chou Dynasty (1030-722 BC) herbal medicine was well established and was separated categorically from other grocery items. Some of the medical remedies were documented and replicas are still made available today. The two classics of these times were 'NeiChing' (Classic of Internal Medicine) and 'Nan Ching' (Classic of Difficult Problems). Medical theories formed in these periods have remained almost unchanged today. Words with psychiatric meanings were first found in 'Shangshu' (The Book of Historical Documents, 1100 BC): Kuang- mania like condition with excitation; then in 781-771 BC in 'Shi' (The Book of Songs): Dian - psychotic or epileptic like condition without excitation. Case descriptions though were easily found in literature of these times, there were not still any systematic medical theories developed. The conceptualization of abnormal human conditions was largely a philosophical one - a world view which takes abnormal human conditions as a deviation from man-nature harmony.

In Chinese Medicine, the overall conceptual emphasis is on human balance and equilibrium in relation to nature, manipulated to its optimal state by Ying (negative forces) and Yang (positive forces). With these forces are the Five Elements (metal, wood, water, fire and earth) which classify everything known on earth and in the human body into one of these five elements. For example, lungs are metal, liver is wood, kidneys are water, heart is fire and spleen is earth.

The belief that everything happens inside the human body is in fact similar to that of nature allows interpretations of human conditions (e.g. illness) to be made in a way similar to climatic changes. It is assumed that the five visceral organs communicate with nature through corresponding spirits (e.g. spirit of the sky with the lungs), and these spirits are affected by natural changes. Hence disequilibrium of natural changes (e.g. excess heat), or imbalance of internal functions (e.g. overjoy), or both, are attributed as causes for human abnormalities. The five organs are also responsible for specific functions: the heart is for the mind, the liver for the spiritual soul, spleen for the intelligence, lung for the body soul and kidney for vitality and will. Emotions are said to be results of the concentration of a 'vital air' in the corresponding organs. For examples when it is in the heart - joy is created, when in the liver - anger is seen. It is within this conceptual frame that illnesses are explained and treated.

Reports of psychiatric signs and symptoms were evident even in these early days. 'NeiChing' and 'Nan Ching' both recorded numerous cases of what could be known as mental disturbances nowadays. For example, when talking about fevers, 'NeiChing' notes that when the liver gets hot (inflammation of the liver) as a result of being invaded by the evil spirit, the liver spirit fights against the evil spirit, and the 'crazy talkings' (conversation between the two spirits), fear and irritability come as a result (a state of delirium). Chinese doctors then (herbalists) were relying on the four traditional methods of diagnoses, i.e. a) observing, b) hearing, c) inquiring and d) feeling the pulse. Signs and symptoms gained from these methods, for example appearance of the tongue, are fitted to the eight outlines (on four dichotomies of Ying & Yang, Exterior & Interior, Cold & Hot, and Weak & Full) for diagnoses and selection of treatment (Liu, 1981). Explanatory models for the process of illness were often based on concepts of 'gas' or 'blood'. Occurrence of psychiatric conditions were referred to as 'the gas or blood being blocked' or 'these vital forces were disturbed by fire or heat' or nerve exhaustion etc. Hence treatments used are for clearing of blockages (e.g. laxatives or pushers for blood circulation such as ginseng) or to suppress 'fire or heat'; naturally acupuncture has also been a popular choice of treatment.

This explanation marks the traditional explanatory model where mental illness can be considered as part of a physical illness. So as early as 200BC, China has already a fairly well knit explanatory model of illness. Table 1 offers a much simplified version.

The Ch'ng Han periods (220 BC to 265 AD) were for experimental medicine where previous concepts of physical and mental illnesses had an added dimension of clinical observations and treatments (see Chan Chung Ching wrote the two medical classics 'Shang-Han Lun' (Treatise on Fevers) and 'Chin-Kwei Yao-Lio' (Golden Box Summary) around 200 AD). For example, treatment for excited insanity, based on practical experience and being influenced by the philosophy, was to assist (not to suppress, say allowing the person to do what he wishes) the release of excessive forces (emotions), so that when the excess forces were discharged, the person would become well again. The Chin, Tang, Five Dynasties, Sung, Yuen, Ming and Ch'ing periods (265 to 1911 AD) marked a slow development in classification of mental illness. The conception of the same had little changes. For instance, Chao Yuan-fang's book 'Etiology and Symptomatology of Diseases' which has been written around 700 AD was an attempt to theorize medical knowledge systematically. Over 40

psychiatric symptoms (e.g. schizophrenic-like states) were grouped under syndrome categories such as infection, nutritional deficiency, food intoxication, somatic illnesses, congenital factors and 'devil winds' etc. Note that the term 'evil' or 'devil' used in these times had a very strong supernatural undertone, whilst 'evil forces' used before were merely referring to negative forces which were still within nature. This characteristic may be the result of a religious influence (Taoism and Buddhism) in these periods. However, theological influence on medicine in China was never as strong as it was in medieval times in the West - where religious practices virtually took over any rational cures for psychiatric conditions at the time. Wang Kentang from 1602 to 1607 developed a crude classification system to include (Liu, 1981:430-1) psychotic states: Dian (psychoses without excitation), Kuang (psychoses with excitation), Xian (epilepsy); and neurotic states: Fanzao (restlessness), Fan (fidgetiness), Zao (agitation), Jing (panic), Ji (uneasiness), Kong (phobia). This classification was obviously an advance at that time and was comparable to the early Western model proposed by Felix Plater in the 17th Century.

**Table 1:** Relationship between five elements, and five corresponding viscera organs, climatic changes and emotions

Categories:	Metal	Wood	Water	Fire	Earth
Viscera	lungs	liver	kidneys	heart	spleen
Climate	dryness	wind	cold	heat	humidity
Emotion	sorrow	anger	fear	joy	worry

  

- health is maintained by a dynamic equilibrium (i.e. not excessive nor not less) within internal body forces (represented by vital air & blood), and between internal and natural forces (e.g. climates) acting on these organs
- In addition viscera organs also occupied by corresponding spirits:  
 lungs = body soul  
 liver = spiritual soul  
 kidneys = spirit of vitality & will  
 heart = spirit of mind  
 spleen = spirit of intelligence
- emotions are explained by the flooding or the emptying of 'vital air & blood' in an organ
- Diagnostic means are: observing, smelling, inquiring & feeling pulses (pulses: 6 types)

(Terms used are: Ying & Yan; Out & In; Cold & Hot; Weak & Full)

### 3.2 Conceptualization of medicine in the West

In contrast, conceptualization of medicine in general and psychiatric conditions in particular was slow initially in the West, but took off from the same base by attributing the cause to nature and physiology. Take for instance, western conceptualization of what might be a depressive condition started much later in the 4th Century B.C. when Hippocrates first used the term 'melancholia' to describe a miserable, slow-moving and swarthy condition (Gray, 1978). Other conditions such as delirium, epilepsy and hysteria were also noted and thought to be related to bodily dysfunctions e.g. hysteria was due to a 'wandering uterus' and melancholia was due to the 'black bile'. The belief of somatic causes for psychiatric conditions had lasted for a few centuries till the 3rd Century when Catholicism, and later Protestantism, began to dominate the lives of Europeans through the medieval periods (Beck & Brady, 1977). People's fate and behaviour were thought to be the will of God's, and abnormal manifestations were thought of being evil or bewitched - hence treatments were inhumane and supernatural too, e.g. burning to death, drown to death. Not till the Seventeenth Century there was a turn for development. Thomas Willis (1621-1675) proposed that melancholia was a result of an 'animal spirit' flowed from the blood to the brain (Maden, 1966), though evidently still under the influence of theological typologies, giving a clear indication that melancholia was associated with the functions of the brain. In addition, Robert Burton (1577-1640) claimed that mental illness was caused by many factors from supernatural forces, physical, psychological and social orientations such as bad food in-takes, self-love and losses, and poverty. Such a historical account showed that the western societies at the time were, when compared to the Chinese, more susceptible to new propositions; diversified thoughts were therefore encouraged.

Eighteenth Century noted a change in search for an evidence-based explanation. George Cheyne began to differentiate the different experience of English man and women, and came up with the term 'English malady' - meaning men were much more prone to the melancholic illness because of their richness, heaviness of food, inactivity and sedentary occupations (Gray, 1978). Likewise, Philip Pinel, took depression as mainly mood disorders which became incompatible with normal social functioning (Lewis, 1934). By this time melancholia was widely accepted as an illness with multiple causes including the classical belief of the disturbances of the bile, abnormality of the soul, a dysfunction of the brain, a mental or a mood disorder (Lewis, 1934). Pinel and Esquirol in France, Kahbaum in Germany, further delineated finer variations of melancholia, a classification system was well established when Kraepelin first provide a comprehensive classification of depression in the late C19 (Lewis, 1934; Gray, 1978). Causes for depression, up until this time, were beginning to indicate their multidimensional character, such as attributed to physiological (e.g. genetic), psychological (e.g. personality) and sociological (e.g. environment) factors. Thus various conceptions on depression are possible. Depending on the perspective used, depression may take different forms. Treatments therefore vary as according to perspectives used.

#### **4. EXPLAINING SIMILARITIES AND DIFFERENCES**

The historical process in the recognition of mental illness in China and in the West seems loosely similar. Some psychiatric conditions were first thought of as a result of bodily functions (or dysfunctions) - this explanation may be an obvious outcome when associated psychiatric symptoms were observed to have stopped when physical illnesses were recovered (e.g. delirium stopped when fever disappeared). Then differences were noted in attribution to supernatural forces: only in part of China (since Chin T'ang periods), but almost in all of Europe (3-14th Centuries). Another difference is that the Chinese expanded the mind and the body link to the man-nature (not super-nature) link, psychiatric manifestations in general were significantly recognized (i.e. recorded in writings) and accepted as an bodily dysfunction much earlier in China than in the West (i.e. in 11 Century BC). The early rooting of a conception of a nature-body-mind in China perhaps explains a more successful separation of medicine from superstitions, and has enabled a deeper fixation of the 'earthly' health behaviour - attempts to relate all bodily dysfunction to disequilibrium in nature - amongst the Chinese. The same man-nature philosophy has in fact dominated the prosperity of later religious developments for Taoism and Confucianism in Chin T'ang and after periods (Kleinman, 1988, Fabrega, 1991; Hsian, Klimidis, Minas, & Tan, 2006). So whilst Western psychiatry has begun to develop and flourish alongside with the physical sciences, the Chinese have virtually stood still for over a thousand years.

It is obviously difficult to attribute a single reason or any reasons at all, for this separate development; but Max Weber offered a possible sociological explanation. Weber, in his studies comparing the development of the world's great religions, asserted that, unlike Christianity (Calvinism in particular) Chinese had a 'material rationality' which prescribed the goals of life and a fixed style of living in a given cosmic order - hence the absence of a rationality to indefinitely increase the production. Also physical geography could have an indirect contributor for the difference. Civilization started alongside the Yellow and Yantze Rivers which were secluded from the north and the west by mountains, from the east by seas and the south by marshes. Ancient China had been left to develop undisturbed by other civilizations (or competitive tribes) for thousands of years. This also became a crucial contributor for easier centralized control - population was concentrated in a relatively small and secluded locality. These propositions perhaps explain that transmission of ancient Chinese beliefs could have maintained as they were; and that when these beliefs were conveniently adopted by the bureaucratic machinery for social control (e.g. nature makes its selection for men their rulers, as emperor is the son of heaven, men should obey), these beliefs then became very strong life traditions and rituals of the Chinese population - hence were harder changed, though not impossible upon significant social impacts, by other ideologies (e.g. communist revolutions). When comparing to ancient European civilizations, different competing tribes lived nearer to each other, and the between-tribes competition enabled a more rapid and a more evidence-based development - e.g. the adoption and refutation of religious beliefs, development of physical sciences including medicine. The same proposition could also explain the adoption and the refutation of a western model of psychiatry (mainly the Russian type) shortly before and after the communist liberation in China.

In the Late C19, western psychiatry models were slowly infiltrating China alongside with the Victorian life styles (as a result of western powers invasion). Small psychiatric hospitals and training centres were set up by medical missionaries. The John Kerr Hospital (now Feng Chuan Hospital) in Guangzhou was the first asylum founded by Presbyterian missionaries in 1897. By 1949 just before the liberation, there were about 2000 psychiatric hospital beds congregated in nine cities: Guangzhou, Beijing, Shenyang, Suahou, Dalian, Shanghai, Siping, Chengdu, and Nanjing (Bermann, 1964; Parry-Jones, 1986; Xia & Zhang, 1988). Treatments then, modelled from the west, were custodial and punitive. From 1949 to 1960s, following a national attempt to gain 'working class consciousness', there came a total refutation of western ideas including psychiatric medicine (Xia & Zhang, 1988). Mental illness was taken as something very biological (as influenced by the Soviet Pavlovian tradition). Neuropsychiatry developed rapidly in the 50s. The Society of Neurology and Psychiatry and its publication *Chinese Journal of Neurology and Psychiatry* were founded in 1954. By 1958, there were 60 institutes providing treatments for some 70,000 patients. Psychiatry was then subsumed under neurology departments in almost all medical schools at the time.

Alongside with the political conflicts with Soviet Union in the 60s and the Chinese policy for self-reliance, dealings with the mentally ill became a 'self-reliance' treatment under the Great Leap Forward ideologies. So 'fight your own illness, responsible for your own feeds' were the slogans for the patients, their recovery from the illness and their return to the production forces were seen as contribution to the reconstruction of the country; family members and commune neighbours were made to believe that fighting the illness collectively were in line with the communist objectives - in the spirit of revolutionary optimism and comradeship (Ho, 1974). So mental hospitals were abolished and patients were made a responsibility of their communes. Mental illness was turned from a biological dysfunction to be a socio-political one, treatment of which was to serve the people and the country - part of a wider process of a country-wide political socialisation at the time. Today, through increased influences from the west, many Chinese still believe in the value of traditional medicine and accept its uses in psychiatry, but recognition has been given more to the western medicine.

## 5. CONCLUSION

The differences so reported in expressing psychiatric symptoms between the Chinese and the westerners entailed a basic difference in the process of conceptualization of psychiatric conditions. By using a comparative culture methodology, the present paper unravelled that the basis of the differences could have been part and parcel of different natural men-environment adaptations in responding to environmental conditions.

The Chinese in their early days, similar to those in the West, linked the mind and the body together and therefore mental symptoms could be attributed to bodily functions or dysfunction. The early emphasis amongst the Chinese for a man-nature balance also encourages the linking of human symptoms to nature. Hence conceptualization of medicine was a concern of mind-body-nature equilibrium, which dominates the Chinese's perception and expression of mental symptoms in somatic terms. It was also evident in the present paper that medical history had the same start in the West, but it took off to a much more evidence-based model. The different branching offs were due primarily to environmental conditions. Changes in the conception before and after the Chinese Liberation also illustrated the same process.

If one accepts the proposed explanations, the differences noted nowadays between the Chinese and the westerners in the recognition, manifestation and responses of psychiatric conditions could then be better understood in terms of environmental influences rather than in terms of inherent cultural differences. Moreover, based on the findings of this paper, it is also suggested that more follow-up studies could be done in the analysis of how the diagnosis and treatment of major psychiatric conditions could be influenced by the conceptual difference between East and West.

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**\*Note:** the term 'men' in this article refers to a gender neutral category, use of this term conveys better meaning when ancient Chinese culture is referred

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