

brackets indicate my own questions, comments & additions

Section 1. On the hospital.

1) The hospital is administered under the Health Bureau of the Tientsin Municipal Revolutionary Committee. It receives an annual government subsidy, from the municipality, which in 1971 was 325,000 yuan; this is not allotted on the basis of the number of patients. Patients pay 50 yuan a month for bed, food and medicine; these expenses are covered by labor protection insurance: the insurance pays for the worker and pays one-half for family dependents. All patients are supplied with uniforms, which they all wear.

There are currently more than 500 sick beds, 400 medical staff and lab and x-ray equipments. We were told at the time of our (re)visit that there were 447 patients in the hospital; about half of these are men and the slightly less numerous half is women. Some of us felt that we did not see this density of population on the wards that we visited. Patients fall into three grades of illness: (1) severe, who are given intensive care: are never unattended; (2) milder; (3) slight. We saw all three grades but were unable ourselves to distinguish the grades.

Medical staff consists of 47 doctors: 25 women and 22 men, and 249 nurses: 172 women and 77 men; the remaining 104 were not enumerated.

The Revolutionary Committee numbers 11: 2 doctors, 2 nurses, 1 worker, and 6 (other) cadres

2) The hospital was set up in 1950 [Tientsin was liberated January 25, 1949], and from 1950 to 1958, it took over the old methods of psychotherapy; namely, the use of straitjackets, confinement of patients, electric shock and insulin injections. In 1958, with the Great Leap, the bourgeois method of psychotherapy was repudiated; namely, patients were no longer confined, open nursing [what does this mean? it does not mean out-patients: there were none] was adopted, and Chinese traditional and Western medicines were integrated. This type of practice was interfered with by the Liuist line, which stressed reliance on medicines, and especially on Western medicines, in the treatment of mental illness, and which neglected the rural areas. [A standard and non-specific characterization of the bad influence of the Liuist line.] With the Cultural Revolution, innovations were made on two fronts. One: Education was combined with medication as the main method to cure mental illness. Medication itself combines herbal medicines, acupuncture, including acupuncture which transmits an electric current the strength of which is regulated according to the patient's feeling, and the maximum of which is , and Western medicines. [drugs and dosages & electrical current maximum requested from Molly Coye] In addition to education in combination with medication, there are two other aspects to treatment: physical culture [exercise] and labor [work]. An indication of the centrality of education is found in the case histories - see below in Section 2. [Also, the observed make-work nature of the labor which was seen: sorting waste materials (men), making peidz from old cotton-padding (women) suggests either that this is all that the patients are up to, or that work is therapy subsidiary to education and medication.] Together with exercise, it occupies three hours in the daily schedule; work itself, we were told, is one hour a day. [At the same time it should be remembered that comparable work is done by people outside of mental hospitals in China, and that the work is genuinely productive.]

Two: Relations between the patients and the entire medical and hospital staff were maximized. There is a high degree of staff participation on the ward in patient recreation (cards, Chinese checkers, ping-pong), and conversely, patients help as they can in sweeping, preparing (cleaning) vegetables for meals, making beds. This means that maintenance work is done by medical staff members, and that patients are entrusted with tasks in areas that they can handle. Patients are supervised in such areas as matches for cigarettes, sharp toilet articles - which staff keep and dispense at set times of day.

Finally, new methods of training staff were introduced during the CR. The major part of training goes on at the hospital itself (not in medical school). Junior and middle grade staff have been promoted to senior and junior level positions respectively on the basis of their practice [experience] on the wards. [If they did not interact with the patients to the extent that they do, they would gain little on the basis of which they could be promoted.]

Daily schedule, posted on wall of women's ward, for staff:

6-7 get up, toilet, smoke, prepare to change shift  
7-8 breakfast, medication, smoke, sanitation  
8-9 study  
9-10.30 therapy: labor therapy & exercise  
10.30-12 medication, wash hands, prepare for meal, smoke, clean-up  
12-2 nap  
2-3 get up, smoke, prepare to change shift  
3-4.30 therapy: labor therapy & exercise  
4.30-6 wash, prepare for meal, supper, smoke, water [?]  
6-7 listen to radio  
7-8 therapy, make beds, cultural activities  
8- lights out

3) The visit through the hospital inspired the following observations:

(1) the intent not to isolate the patients from the society from which they are withdrawn: (a) we were told that while in the hospital, the patients participated in the three great movements of the CR; (b) the magazines and books available for patients' reading are the same ones available elsewhere in China: Hungshao-ping books, ones on the Paris Commune, on the Struggle between the Two Lines, on Self-Reliance, Selections from Chairman Mao, Heroic Tales, the Red Detachment of Women; (c) posters on the walls are of revolutionary ballet and opera heroes and heroines, of Norman Bethune; pictures of Mao are less statuesque: he is seen greeting people in sitting rooms, seated & talking with people; (d) films are shown weekly or bi-weekly; they are the revolutionary ballets and operas, documentaries and newsreels; (e) every day the patients listen to the radio; (f) trips are taken outside the hospital, to parks and exhibitions; (g) visits are permitted three times a week, by family, friends and co-workers - but not by children; (h) prior to leaving, people from the place of work to which the patient will go/return, come to the hospital to participate in study sessions with the patient & staff.

(2) the intensity of treatment: (a) there is a high level of staff participation in the recreational and work activities of the patients - including performances by staff for patients and by staff and patients together; (b) there is a daily hour of study, the educational aspect of treatment, and three hours of therapy; (c) patients write up the results of their study sessions and post them in the ward corridors.

and doctors  
1

(3) the involvement of the patients in their treatment & in the daily routine: (a) they sweep up, wash vegetables, make beds with the staff; (b) they are responsible for their own toilet articles, though not for sharp items; and they are responsible for their own cigarettes, though not for the matches; (c) patients write up their own reports of the results of the study sessions in which they participate; these reports are posted on the corridor walls of the wards; a patient is in charge of this <sup>posting, i.e.,</sup> (4) absence of penal atmosphere: in addition to (1), (3) and the interaction between staff and patients, (a) wards, not rooms are locked, at night and during naps; (b) four patients are the minimum number for a room <sup>though I saw a room with two beds in it</sup>; (c) meals are served on the wards; (d) patients go out on the hospital grounds, individually and in groups, depending on the level of their illness - but we were unable to get it straight how they monitored this; they in this case are both patients and staff.

#### 4) Delivery of services:

(1) emphasis is put on prevention, as in all health care in China, but in the case of the mental hospital, our impression was that this was more theoretical than actual; concrete measures which are addressed to ~~xxxxxxxxxx~~ prevention and which are being practiced now might include: (a) every medical student spends two weeks at a mental hospital (even if he/she is not intending to become a psychiatrist); (b) people from the hospital tour the city; (c) at the time of our (re)visit, one-third of the staff was in the countryside - though apparently to treat people. (2) the family or place of work workers can report to the hospital, or they can ask the hospital to come to get the patient; labor protection insurance covers hospitalization costs. (3) mental retardation: very unclear: a doctor said that he would admit someone who was mentally retarded, but he also said that there are no such cases now at the hospital.

Upon admission to the hospital, the patient is examined mostly by talking and is asked about his/her class background, occupation, personal history. In addition to this, the family and others outside the hospital acquainted with the patient, are queried.

#### Reservation:

Our outstanding reservation was on the use of medication: what drugs, what dosages, how much reliance is put on drugs to handle and treat patients? How is the administration of drugs related to education; that is, are dosages staggered and tapered off as or in order to concentrate on education? The doctors repeatedly reminded us that it was the combination of medication and education that was the basis of treatment (see below, Section 2.). The point is that we don't really know how they are combined.

Section 2. The revisit discussion.

- Our main objective was to get a (clearer) idea of how mental illness is conceptualized and treated. To this end, we asked first about training of personnel. Specifically, we asked what was the course content of psychology courses in medical schools. To this question we got an answer from the Chairman of the Revolutionary Committee (who is not a doctor) which did not answer our question, but which uncovered another interesting point. The point is: that
- 10) the literature on psychiatric treatment is now in the process of being composed and compiled. This is a consequence of the CR emphasis to train through practice. That is, that based on new practice in mental hospitals, practice which integrates acupuncture and Chinese herbal medicines with Western medicine, books are being written. This literature is designed, moreover, to popularize this new integrated method among medical personnel. Finally, it provides training which is needed but which cannot afford to be given in schools; it being both the training through practice and the literature generated on this basis.
- 2) A doctor then replied to our question, he thought: psychiatry is a course in medical school; it is one of the specific areas to which a medical student can turn after he/she has finished studying basic subjects.

A further attempt on our part to find the intellectual basis for their work was made by asking if there was a national, or if there were local, i.e., individual hospital reports on work in hospitals. The answer to this was two-fold. Yes, each hospital draws up reports of its work, but these are not printed. Yes,

3) there was a national medical society prior to the CR, of which there were provincial and municipal branches. To pursue this, we asked if, and if so how, the CR struggles manifested themselves in this society. The reply to this was that the issue was whether to rely on the experts or on the masses of the medical staff. Before the CR, only the experts had written articles; few articles had been written by staff members of hospitals.

On a gamble to insinuate our basic question into the CR struggle, we asked if during the CR the Liuists were under the influence of Western psychologists such as Freud. [We meant this intellectually; that is, we did not intend to ask if being a Freudian meant that you looked down on hospital staff members.] Piercing the barrier of neither of the translators knowing who Freud was, by repeating his name, we got recognition from two doctors of who Freud was by: Freud! we oppose Him! And we also oppose Adolf Meyer (spelling? who??) & Soviet revisionists who stress individual bio-chemistry as the cause of mental illness. And why, we asked, do you oppose Freud? The answer was manifold: (1) Freud holds that the cause of mental illness is purely spiritual: within the sick person; this is wrong. (2) We oppose the theory of the libido. (3) Freud serves the bourgeoisie in their rule over others; he attempts to cover up class struggle by stressing only internal causes and neglecting external causes, whereas in fact, exploited classes suffer from very real social causes [which precipitate mental illness] [and which are not internal causes for mental illness]. [At this point, a corroborating example of their objections to Freud was offered, to demonstrate that we understood not only their point but also their objections to Freud. The example was: what can be said to be responsible for paranoia in an American black (eg)? the society in which he lives, or his own personality.]

Further to learn what was unacceptable in Freud, we asked if Freud were read? Not in toto; familiarity with his analysis was sufficient. What else was objectionable in his analysis? The belief that the patient has potential instincts which have been suppressed; this repression of instincts is rejected by the Chinese doctors. [libido theory opposed, again] What about sexual repression? No, sexual repression is not a cause of mental illness. This is (not) so because: sexual repression as a cause of mental illness is tied to bourgeois experts' analysis [of society] that as a society becomes more civilized, two things happen viz-a-viz sex. On the one hand, sexual appetite increases; but on the other hand, sexual expression becomes more repressed. And these sexual contradictions within the individual give rise to mental illness. [EROS & CIVILIZATION?] [later, come to point about socialist morality]

Still trying to find the balance between internal and external stimuli for mental illness as perceived by the Chinese, we asked if they felt the causes for mental illness were more internal or more external. The reply was: both causes are present. Internal causes are: physical changes in the body, that may precipitate or otherwise affect misperceptions of reality; this is true in a capitalist or a socialist society. External causes are: in a capitalist society, unemployment, alcoholism, drug addiction; in a socialist society, the persistence of class contradictions and struggle and the persistence of old ideas. But, interjected a young woman doctor or nurse,\* most of our problems deal with problems in relationships between people. That is to say, as far as the masses of workers are concerned, the majority of cases arise out of family matters/affairs. This is because we can, in a socialist society, resolve our external causes, i.e., resolve class contradictions, and therefore we can also solve the problems arising out of relationships. This also means, conversely, that workers' mental illness in a capitalist society cannot be cured unless the society is changed. For example: (of how we can deal with problems arising from relationships)

\*doctors  
talking up  
fill now

We had this patient, a woman who had a scar on her forehead, which she had - she thought - covered over with her hair when she married. After the marriage her husband became very busy, and she suspected him of rejecting her - because he had discovered the scar.

What did the hospital do to treat her? Ideological work: she had told the hospital that her husband returned home late; the hospital investigated and found that the husband was not returning home as late as she thought, and that the husband still loved her. Consequently, they invited the husband and friends/neighbors to come to the hospital to discuss this with her. Specifically, they asked the husband if/when he knew about the scar? Of course he knew, he said. How could a few strands of hair cover over the scar that he had seen even before they married? They let the husband express his love for the woman.

And, the hospital reassured the woman that in a socialist society, the system [the society] guarantees one husband, one wife. That is to say, the society itself protects her against her husband's seeking a second wife.

As far as the young woman could remember, this case was treated in a 4-months' stay. In addition to this education [ideological work], medication was given to the woman. For education is but one of the methods to treat/cure patients.

However, this education is different from psychological theory because its basis is social investigation, in the family and in other groups related to the sick person. In a capitalist society, illness caused by family difficulties cannot be cured this way because the society does not support [the treatment] in the same way as does the socialist guarantee of one husband, one wife. In a proletarian society, the morality of workers, in which husband and wife are comrades, supports the treatment. In short, the socialist system facilitates the cure of such cases - but the capitalist system inhibits/mitigates against curing such cases. [This seems to be the meaning of the social system being a causative factor in mental illness in a capitalist society, and a curative factor in mental illness in a socialist society.] This also leads to the statement/perception that, in our socialist social system, the mental disturbances caused by family affairs have nothing to do with the social system [and that mental illness caused by social factors is on the decline in China]; and that disturbances caused by family affairs are, rather, the result of lingering influences of bourgeois ethics. Hence treatment is re-education: to persuade the person to correct him/herself.

To specify and pursue the use of education, we asked if the results of study sessions were written down by the patients, and if study sessions dealt with the history of the patients' problems? Yes, they are written down, together by doctors and patients. How, we asked, is political study used to get a deeper understanding of personal problems? For example, what political study was used to help the woman with the scar? A doctor, not the woman who had related the scar story, replied, for example:

A patient, a male teacher, in the course of his work, was/became on good terms with a female colleague. But she was not interested in him; in fact, she got herself a boyfriend. The man became ill over this: he thought that everyone had designs on him.

How was he treated? First, he was given acupuncture and Chinese traditional herbal medicine. As a result of this, he recovered somewhat: sometimes realizing that his view of others' actions toward him was imbalanced, but sometimes not. He began to study Mao's, "Where do Correct Ideas Come From?" Through repeated study and discussion, he was helped to realize that his ideas came not from reality but from his own head. In addition, people from his school came to participate in these discussions, and to tell him that they had no designs on him.

In these ways he came to realize that his ideas were metaphysical and not materialistic. [he was off on the wrong footing] Upon overcoming them, he wrote down his understanding, established in his own mind the viewpoint of dialectical materialism; and, presented his experience to other patients upon the request of the doctors.

Does this mean that a particular essay is chosen for each specific person according to the diagnosis? Yes. To give a full reply, the same doctor who had just related the case of the male teacher, gave this further example:

There was a worker who was assigned to make technical innovations on a machine. He was determined to do a good job, and sometimes worked very late. Later, when a set-back occurred in the improving of the machine, he felt - erroneously - that he had failed to accomplish the task entrusted to him, that he was not worthy of the hope placed in him by the Party and the revolution; and ~~he felt~~ that his comrades would laugh at him. He was vain. He continued to work hard at the job during the day, but at night he suffered from insomnia. He became ill: suspecting the leadership and his comrades of not trusting him, and of always gossiping about him. He was diagnosed as a schizophrenic. /we wondered about this - maybe translation/

Treatment: on the one hand, medication and acupuncture; on the other hand, study of Mao Thought. The latter was designed to deal with this man's main problem: petty-bourgeois vanity. Therefore he studied, "Serve the People": that we are to innovate for the revolution, that we work not for ourselves, not for fame and gain, but for the revolution. The leadership and comrades of his original unit praised him for his activism and enthusiasm, and at the same time pointed out his non-proletarian ideas. They told him that they trusted him, that they were not gossiping and laughing about him. He pledged to study Mao and to remold his ideology, to be a good worker working wholeheartedly for the revolution. /no vanity or self-fulfillment as admissible aspirations/

This treatment combined medication, acupuncture and education; it took about two months.