Sign of the times. China's rapid development has brought new stresses and mental health risks.

China: Healing the Metaphorical Heart

Eastern and Western concepts of mental health clash as psychiatrists seek to reconcile China's apparent scarcity of mental illness with its high suicide rate

HONG KONG—Dominic Lee declines an offer of chili sauce as he tucks into wonton soup and stir-fried greens. Over lunch at a bustling indoor market near his office at the Chinese University of Hong Kong (CUHK), Lee, a psychiatrist and researcher, explains that chilies tend to make him agitated because they are metaphysically hot. Although trained in the Western medical tradition, Lee incorporates the notion of balance between opposing forces—cold and hot, yin and yang—a tenet of traditional Chinese medicine (TCM), into his personal life and professional practice.

In TCM, mental distress falls into a category of diagnoses that involve weakness of the heart, or bad interactions between the heart and other organs, Lee explains: "The heart is part of the metaphorical mind." The idea is rooted in thousands of years of Chinese culture, and even now it shapes how Chinese talk about their mental life. "There are more than 100 Chinese characters for emotion that contain the heart symbol in combination with others," Lee says. His research has found, for example, that people with symptoms of depression often insist that their distress centers on the heart.

The tendency to express emotional distress in physical rather than mental terms is much stronger in China than in most Western cultures. It may help explain why mental disorders are diagnosed less frequently here. And it could have implications for understanding China's alarmingly high suicide rate. At the same time, Lee and others note that the public health picture is changing as social and economic changes sweep China and more and more people become familiar with Western concepts of mental illness.

Depression by any other name?

Many epidemiologists have reported low rates of depression and other mood disorders in East Asia, including in China (see sidebar, p. 460). A survey coordinated by the World Health Organization (WHO) found that roughly one in 50 people in Shanghai and Beijing suffered from a diagnosable mood disorder over a recent 12-month period. In the United States, one in 10 had, according to the survey, published in the 2 June 2004 issue of the *Journal of the American Medical Association*. However, surveys of this sort have a flaw that may skew results: They are designed to detect disorders as experienced by Westerners, says Arthur Kleinman, a medical anthropologist at Harvard Medical School in Boston.

A generation ago, depression as a clinical diagnosis was unheard of in China, says Kleinman, who has done research in Taiwan and mainland China since 1968. The most common psychiatric diagnosis was neurasthenia, characterized by lethargy, poor concentration, headache, and other symptoms. But in 1982, Kleinman published a landmark study in which he found that 87% of patients with neurasthenia at a Hunan hospital met criteria for depression. Since then, neurasthenia has faded as a clinical diagnosis. Depression has become more common, although not nearly as prevalent as in the West.

In one recent study, Lee interviewed 40 psychiatric outpatients at a clinic in Guangzhou, the capital of southern Guangdong province. Although all the patients had the telltale signs of depression listed in Western diagnostic manuals, including loss of appetite, impaired concentration, and feelings of hopelessness, they also told of other experiences not covered in Western texts. Many described discomfort or distress in the heart, using terms like *xinhuang* (heart panic), *xinfan* (heart vexed), and *xintong* (heart pain). Patients also reported distress at the social disharmony caused by their illness, citing disruptions to relationships with families and colleagues. Some patients acknowledged they were sad or depressed but insisted the depression was a side effect of their primary problem—sleeplessness—thereby turning on its head the Western notion that insomnia is a symptom of depression.

Such studies reveal important differences in the language Chinese and Western people use to describe their experience with depression, Kleinman says. This type of knowledge can improve the ability to recognize mental illness. It can also help psychiatric epidemiologists fine-tune surveys, he says. Indeed, in a recent survey designed to be more sensitive to Chinese expressions of mental pain, a team led by Michael Phillips, a psychiatrist at Hui Long Guan Hospital in Beijing, found that 8.6% of nearly 15,000 people interviewed in Zhejiang province met Western criteria for a mood disorder, roughly quadruple the prevalence reported by the WHO study.

At the same time, Phillips and Kleinman suspect that there is more to the cultural difference than using different words to describe the same experience. "The differences are not just linguistic," says Kleinman. "There really are differences in the lived experience of [mental] disorders."

Yiyuzheng. The Chinese word for depression is rarely used outside of the clinic.

Depression versus despair

Low reported rates of depression in China have led some researchers to conclude that mental illness is not the main factor in most suicides here, as it is thought to be in

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the West. China has one of the highest suicide rates in the world: Nearly 300,000 people take their own lives each year. It is also one of only a handful of countries in which more women than men kill themselves.

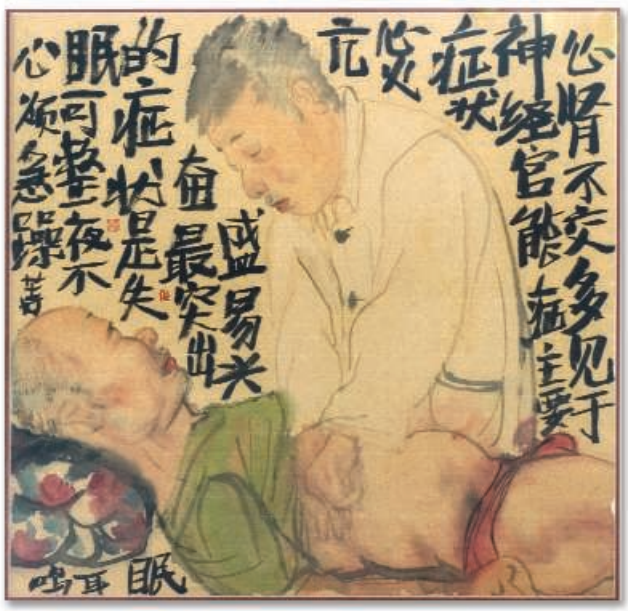
Studies in China have found that fewer than half of those who attempt or commit suicide have a diagnosable mental illness at the time. One exception, a study by Phillips and colleagues that employed more culturally sensitive methods, found mental illness in 63% of suicides, the team reported in *The Lancet* in 2002. Even the higher figure falls short of those typically seen in the West, however, where at least 90% of suicides are blamed on mental illness. The authors of *The Lancet* study concluded that "many suicides are impulsive acts by people who do not have a mental illness" but face acute stress.

In China, there is no strong moral taboo against suicide, Phillips says, and many people see it as an acceptable way out of a bad situation. His team recently did a survey in which they presented subjects with 26 stressful scenarios such as getting a divorce or failing an important exam. Only 15% said they would never consider suicide in any of the circumstances. Twice that number said they would definitely consider it in at least one of the scenarios, Phillips says.

They may not spend much time deliberating, however. Phillips reported in 2004 that 45% of suicides in China were contemplated for 10 minutes or less. Easy access to pesticides—used in more than half the suicides in that study—helped convert impulse into lethal action. Women in particular are prone to such "low-planned" suicides, Phillips and colleagues reported in 2005 in *Psychological Medicine*.

Social and financial stresses are often the root cause of suicide in Hong Kong, says Lee. "We have some patients who develop severe depression and kill themselves out of the blue, without any social stress—but that's very uncommon," he says. Lee and colleagues recently investigated how worries over finances influenced the suicide rate in Hong Kong following the handover from Britain to China in 1997. After years of prosperity in the 1980s and 1990s, the city's economy nosedived in the late '90s. The change in fortune hit people hard, Lee says, and the suicide rate rose to a historic high.

Although a link between economic hard times and suicides is generally accepted, few studies have examined this trend in detail, Lee says. He and colleagues tried to do this for a highly publicized rash of suicides following the handover. In November 1998, a woman sealed herself inside her bedroom and lit a charcoal fire on a grill, poisoning herself with carbon monoxide. By January 2000, 160 Hong Kong residents had killed themselves this way. Lee's team reviewed coroners' records for all 160 and interviewed 25 people who survived attempted charcoal suicides. They also interviewed families and survivors of other suicide methods. People who killed themselves by charcoal fumes had one thing in common that the others did not: serious debt.



Locus of pain. In traditional Chinese medicine, mental illness is often attributed to maladies of the heart.

Banks, looking for new revenue streams during the posthandover recession, provided easier access to consumer credit, Lee says. In early 2002, the average family with a credit card carried a balance equivalent to 85% of their annual income, according to the Hong Kong Monetary Authority. Vivid media coverage of the charcoal suicides, often including photos of necessary equipment, popularized the method and made it seem like a way out for people in dire straits, the researchers reported in January 2005 in the *British Journal of Psychiatry*.

A balancing act

In Lee's small but impeccably neat office at CUHK, a corner cabinet holds a stockpile of puer tea, prized by connoisseurs for its complex, earthy aroma. Lee stores the tea at his office because at home it might absorb cooking odors that would ruin the flavor. On the wall, a framed cover of *The New Yorker* portrays four people in suits, apparently commuters on a train. Three are busy working on cell phones and laptops. Lee says he identifies with the fourth man, who smiles with anticipation at a toaster in his lap. "He's taking time out to enjoy something in the middle of a hectic world," he says.

Life for many Chinese is growing more hectic. In some ways that's a good thing. The booming economy has created jobs that have improved the fortunes of millions. At the same time, development has ushered in new stresses. In 1995, the Chinese Medical Association added *lutu jing-shenbing* or traveling psychosis to the Chinese Classification of Mental Disorders to describe the symptoms—including delusions, hallucinations, disordered speech, confusion, or catatonia—sometimes suffered by rural peasants traveling hundreds or even thousands of kilometers on overcrowded trains to the economically vibrant coastal cities.

The infiltration of Western media and changing roles of women contributed to a sharp rise in eating disorders in Hong Kong in the 1990s, says CUHK psychiatrist Sing Lee (no relation to Dominic). "When I was a trainee 20 years ago, I didn't see eating disorders," he says. Now, he says he's seen anorexia patients as young as 10. "In the traditional Chinese view, beauty is all in the face. Now it's the body," Lee says, tracing an hourglass in the air with his hands. In addition to the stress of being homemakers, women now are more likely to work and face occupational stress as well.

The westernization trend also extends to concepts of depression. "Just in the last 10 years, depression has become a term that people in urban areas understand," Kleinman says. It's also a term that's increasingly familiar to primary-care doctors, thanks in part to "educational" programs offered by Western drug companies. With patent protection running out on the blockbuster antidepressant selective serotonin reuptake inhibitors, companies see China as a vast untapped market, Kleinman and others say.

Chinese psychiatrists say it lessens the stigma of mental disease if they convey to patients a physical root of their illness. "If I make a diagnosis of postnatal depression, the family will think the mother is mad, but with TCM, you can make a diagnosis without stigma so that people retain their social support," Dominic Lee says. "I'll say, 'Have you heard of postnatal depression?' and explain what that means, and I'll also say 'In TCM, this is how your condition is viewed' and encourage them to see an herbalist."

To Lee, Eastern and Western views of mental health aren't in competition. Both have their advantages, and both have their place in his practice. They're just two contrasting forces in need of balance. **–GREG MILLER**

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