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## Introduction

An uneasy feeling crept into my heart as I stared at WeChat on my cell phone. It was an evening in October 2014. It had been two months since I'd last spoken to my childhood best friend, Hongnan, who lived in my hometown Kunming. We had known each other for over forty years, since middle school, and would usually video-chat at least once a month on the popular Chinese communication portal. Recently, I had tried to contact her several times, leaving many voice messages, but I had gotten no answer back. I had grown worried and finally called her house phone. After five rings, someone answered, but I did not recognize the voice.

"This is Li calling from America. I am looking for my friend Hongnan. Is this her house?" After a long pause, the person said slowly: "I am Hongnan. Li, sorry for being out of touch." I could tell instantly that something was wrong, as her voice was strangely weak and almost shaky. "Are you alright? You do not sound like yourself," I carefully asked. After another long pause, she replied with some hesitation: "I am not well. . . . I've got depression and anxiety. It is pretty severe. I have not been able to go outside the house for a week."

I was utterly shocked because this was a woman who had always seemed to be cheerful, dynamic, and strong. And she was a part-time psychotherapist herself; in fact, it was she who had introduced me to the Chinese counseling domain. "I do not know what the trigger was. It happened suddenly after I came back from a family vacation to Dubai. I did not enjoy the trip at all. It was hot, stressful, and pointless." She mentioned that her husband's parents had joined them on the trip and that she had been taking care of them a lot

while her husband and son ran off to scenic places. After coming home, she started to have frequent bouts of insomnia, and her mind was often racing out of control, most of the time preoccupied by negative thoughts and a sense of dread.

"I have stayed in bed for several days because I have neither the energy nor courage to get up and go to work. I feel like I am falling into a deep, dark hole. I can see light above but have no desire or strength to climb out. Even worse, I fear that people around me might find out what I am going through. So I just want to hide. The most difficult thing is that I cannot tell anyone. They do not understand and will laugh at me. I lied to my colleagues that I had food poisoning and thus could not come to work."

I tried my best to comfort her: "You know I am always here for you. You can call me anytime—day or night—if you want to talk to someone. And you must get help! Does your husband know?" She said: "Yes, he does, but you know he is a businessman and does not know much about mental health. He told me to just toughen up and cheer up, since in his view there is nothing for me to worry about." I heard her sobbing on the other end. I comforted her some more and promised to call every other day. She said she would see a psychiatrist, since she could not hold up any longer. Just before we hung up, she pleaded, "You must remember not to tell my aging mother, because she will not understand either and will only think I am crazy. I do not want her to worry about me."

At that moment, even several thousand miles away I could feel the doubly heavy weight she was carrying—the struggle with her own inner distress and the attempt to conceal her emotional pain from colleagues, friends, and family. I was saddened to realize that even a therapist could not overcome the social stigma attached to emotional disorders.

Hongnan was not alone; many of the people I met during my eight years of research in southwestern China were suffering from different forms of psychological distress in a rapidly changing society.<sup>1</sup> Feeling anxious, depressed, restless, confused, unfulfilled, or simply unhappy, they were yearning for some kind of professional help to escape their emotional torment and live a happier and fulfilling life.

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The breathless pace of economic reform in China has brought about profound ruptures not only in its socioeconomic structures but also its people's inner

landscape.<sup>2</sup> According to some reports, the National Center for Mental Health quoted a startling figure of roughly one hundred million Chinese suffering from different kinds of mental illness (Moore 2009). Among these people, some sixteen million are believed to be severely affected by their conditions, and another estimated two hundred fifty million need psychological services.<sup>3</sup> Even though many middle-class urbanites have accumulated considerable material wealth and live in private “paradises” of gated communities (Zhang 2010), they have begun to realize that such gains do not necessarily endow them with a deeper sense of fulfillment and happiness. Faced with increasing market-driven competition, rapid social changes, and pressure to become successful, more and more people who feel unsettled and lost are turning to psychological counseling, rather than relying on families and friends, to grapple with their problems and distress (see Frammolino 2004).<sup>4</sup> In this context, a new therapeutic language of personal emotions, self-fulfillment, and self-mastery, along with a medicalized language of managing anxiety (*jiaoluzheng*), depression (*jiyuzheng*), and stress (*yali*) is being introduced to Chinese society. As one reporter puts it, “This is a radical shift in a nation where focus on the individual was discouraged by both socialist ideology and traditional culture” (Lawrence 2008).<sup>5</sup>

This book is an ethnographic account of a new kind of revolution unfolding in postsocialist China: a bottom-up popular psychotherapy and counseling movement that is reconfiguring the self, family dynamics, affects, social relationships, and the mode of governing.<sup>6</sup> I term this phenomenon the “inner revolution” (*neixin de geming*) to highlight its transformative potential, even though it is still in the early stage of development and not a full-blown revolution.<sup>7</sup> Unlike other kinds of revolution—the “Cultural Revolution,” the “consumer revolution” (Davis 1999), the “housing revolution” (Zhang 2010), or the massive land-use transformation (Hsing 2012), this inner revolution engenders relatively quiet yet profound changes from within, and it is spreading rapidly with far-reaching impact beyond the individual and clinical space. It is thus simultaneously personal and political, intimate and social, subtle and powerful.

Since the early 1990s, a “psy fever” (*xinli re*) or “psycho-bloom” (Huang 2014; Kleinman 2010; Yang 2018) has been sweeping Chinese cities. This new phenomenon consists of a broad range of practices including the teaching and learning of psychology, group and individual counseling, self-help, cultivating happiness, and other mental health activities, geared not only for middle-class urbanites but also for marginalized social groups such as laid-off workers (see

Yang 2013a, 2013b). Members of the younger generations are interested in learning how to recast themselves as new and happier persons through psychological techniques or self-help methods.<sup>8</sup> A lucrative counseling industry is flourishing: Numerous books and magazines on mental health and counseling have been published; there is a burgeoning regime of private counseling centers, training workshops, and websites on psychological well-being and service; international experts are invited to lecture to large crowds of Chinese who are eager to learn how to escape emotional pain and attain the good life (see Zhang 2014). This therapeutic turn forms a stark contrast to the time under Mao's regime when Western psychology and psychotherapy were largely nonexistent and were considered a useless and harmful bourgeois invention. As one anthropologist has observed, "the psychological' (*xinli*) has recently become an indispensable dimension of individual and interpersonal experience in urban China" (Huang 2014: 183). Further, psychological counseling in China is not limited to the reshaping of the individual and family spheres but also extends to the remaking of organizational and governmental practices. In the midst of this thriving therapeutic culture, a host of work units (*danwei*) such as schools, enterprises, the police, and the military are increasingly keen to incorporate modern psychological techniques into their personnel management as a possible solution to many rising challenges.

How do we explain this significant shift in the way people manage their well-being, endure distress, and recast selfhood when family bonds and social ties become increasingly fragile in postsocialist times? How can it be that a popular psy-fever has taken hold in China at this particular historical moment? In this book, I set out to examine the causes and ramifications of this expanding therapeutic culture. I explore some of the key existential concerns and challenges that spawn the troubling affective condition of urban middle-class people and their struggle to grapple with the enormous pressures and social ruptures experienced while living through massive societal transformation.<sup>9</sup>

Among various forms of mood disorders, anxiety (*jiaolu* 焦虑), broadly construed in both medical and social terms, has become an indicator for the pulse of contemporary Chinese society.<sup>10</sup> Over the past two decades of research, it has come to my attention that people of different social strata are experiencing not only medically defined anxiety, but also widespread social anxiety for a variety of reasons.<sup>11</sup> *Fu zao* (restless), *bu an* (disturbed), *hai pa* (fearful), *dan xin* (worrisome), *kong xu* (empty or unfulfilled), and *meiyou yiyi* (purposeless) are just some of the local expressions used by my interlocutors to describe

their state of mind. Perhaps, one can say that we are all living in the age of global anxiety today, as some Western writers have noted, and that this is not just a medical condition but also a sociological condition (Williams 2017).<sup>12</sup> But I want to argue further that this sense of edginess, apprehension, and perceived rifts is particularly palpable in contemporary China because this society has been undergoing four decades of profound structural and cultural transformations. This is not to say that anxiety is the only mood of the nation or that Chinese people do not experience other moments such as joy, excitement, and tranquility. What I suggest is that anxiety has emerged as a potent signifier for the general affective condition shared by a great number of Chinese. Further, what's unique about the Chinese context is that it is different from other forms of anxiety in many parts of the globe where people are anxious not only because they are going through major social change but also because they face a gloomy future ahead, such as the case of Japan after the collapse of its economy in the 1990s (see Kitanaka 2012). In China, many people are feeling anxious and stressed out rather than optimistic despite the rapid rise and expansion of the economy.<sup>13</sup>

It is in this particular milieu that I examine how a new psychotherapeutic culture takes root, thrives, and transforms across a wide range of social and political domains in China. My account goes beyond a medical approach that would label this state of being as a “disorder” or “pathology.” Instead, I use the notion of “anxiety” as a unique lens to look into the subjective experiences of a subset of the Chinese population in order to understand how larger social conditions shape their individual lives. Therefore, my ethnographic gaze travels from the clinical space of psychological treatment to much broader social spaces, such as family, school, and workplace.

The main argument of this book is threefold: First, psychotherapy—originating from the West—took hold and spread so quickly in urban China today largely because it is regarded as a potential answer to the myriad social and personal problems that need to be addressed. This new field comes with what I would call “a double aura” of making scientific claims and promising magical effects at the same time. A key step in this process is what I term *culturing effort* or what Chinese people call *bentuhua* 本土化. Chinese psy practitioners strive to make globally circulated psychotherapy not only comprehensible to their clients but also suitable for their cultural sensibilities so as to engender meaningful changes. Thus, *bentuhua* is not a mere intellectual or technical exercise of localizing global psy knowledge; rather, this practice

is part and parcel of the broad effort to tackle a host of difficult issues facing Chinese individuals, families, and organizations today. Bentuhua, literally meaning “turning into native soil,” is one of the key concepts I examine in this research. While bentuhua is similar to the notion “indigenization,” it carries much richer connotations because it implies a sense of thriving and enriching by going beyond the original vitality of a thing. As I will show in chapter 2, among the many branches of psychotherapy, Chinese therapists have embraced several for their potential compatibility with local social conditions and Chinese cultural tradition: the Satir Model of family therapy, cognitive behavioral therapy, and Jungian-inspired sandplay therapy. My analysis uncovers why this is the case and how specific bentuhua practices take place and speak to an emerging “psychological complex” in China over the past decades.

Second, the impact of psychotherapeutic technologies as they are deployed in China goes far beyond the clinical sphere of treating mental illness and extends into other domains—personhood, family, sociality, and governing. In recent years, a new notion, “governing through psychological science,” has been promoted by Chinese authorities as a preferred modality for self-management and organizations’ personnel management (see Zhang 2020).<sup>14</sup> It is against the backdrop of a particular socialist legacy, known as “political thought work” (*zhengzhi sixiang gongzuo* 政治思想工作), or governing through ideology based on persuasion, that a new form of therapeutic governing based on “kindly care” (*guan ai* 关爱) becomes appealing to Chinese workers, students, soldiers, and others. I suggest that an emerging “therapeutic self” is not a simple retreat to the private self or a shift toward individualism; rather, it indicates a complex rearticulation with one’s social nexus through incorporating psychotherapeutic techniques. In this process, a new form of therapeutic sociality—that is both private and public, intimate and social, healing and political—is emerging.<sup>15</sup> Several chapters of this book are devoted to illuminating how such multi-level reconfigurations take place and the ramifications of depoliticizing psychotherapy in the name of science.

Third, there exists a tendency to psychologize a host of social and economic problems derived from structural changes in China. Psychotherapy is often used as a political tool to naturalize certain hegemonic ideologies through working on the individual psyche. This trend is highly problematic but not unique to China. Many scholars have shown how psychology and psychotherapy are deployed to promote a certain form of selfhood or illusion of empowerment when in fact all it does is disempower people by shifting their

attention from social and political realms to individual psyches (Herman 1995; Duncan 2018). But at the same time, my observations suggest that psychological intervention can also provide some relief and hope to those who struggle with their emotional crisis or long to live a better life in an anxious time. Thus, I propose to treat this therapeutic turn seriously and uncover its deep contradictions by carefully discerning its promises and shortfalls, claims and unintended consequences from different perspectives. Further, the extensive application of psychological knowledge and counseling practice in China blurs the boundaries between the inner psyche and the outer world, the mental sphere and the social domain, emotions and politics. This complex situation compels us to think beyond dichotomies in order to better grasp the imbrication of affects, politics, and sociality.

#### PANIC ENCOUNTERS

I was born and raised in China. I spent my first eighteen years in Kunming and then seven years as a college and graduate student at Peking University in Beijing. Over the past twenty years, I have conducted extensive ethnographic research on migration, housing, consumption, and middle-class culture in and beyond these two cities. Fieldwork encounters through everyday living remain vital to my research, as they keep surprising me and touching me in infinite ways. For this project, the “being-there” (Borneman and Hammoudi 2009) experience is even more unpredictable and intimate.

In August of 2013, my mom passed away at age eighty-four after a long-term illness. A week after the funeral, which I took charge of for my entire family in Kunming, I had a full-blown panic attack. It was around noon just before lunch time, I suddenly felt a wave of dizziness and nausea. I was sweating and short of breath, while my heart was racing fast. I ran into the bathroom and threw up. I closed the door behind me in order to hide from my family. At that time, I was about three years into my research on psychotherapy. By then I had read a great deal on mental health and knew what was happening to me: I was having a panic attack. But knowing it rationally did not help much with my visceral reaction. I was caught off guard and thought I was going to die.

I heard my father and sister calling me from the dining room: “It is time to eat. What are you doing there?” I regained a bit of composure and said: “I think I got a flu or maybe food poisoning. Just eat without me.” Five minutes later, I came out and went straight into my bedroom to lie down. My anxiety

was slowly receding, but my heart rate was still at 110. For the following several days, I had frequent nightmares and flashbacks of my mom's body going into the cremation chamber and coming out as a pile of white bones. And I kept lying to my eighty-seven-year-old dad that I just got a bad stomach flu because I did not know how to begin to explain to him. I managed to talk to my sister, who also suffered from some anxiety a year ago.

After returning to California a week later, I went to see my physician. He said that I had a "situational panic attack" probably caused by the trauma of my mom's death and the stress of handling the funeral. He thought it would go away gradually and prescribed thirty pills of Ativan (also known as lorazepam) in case I had more episodes.<sup>16</sup> But the condition did not go away; instead, it morphed into a prolonged general anxiety disorder. I was feeling edgy and vulnerable most of the time, and every day was a struggle. So I started to see a psychotherapist weekly to tackle my issues. It turned out that my mom's death was only the trigger. I thus embarked on a long expedition to explore my own psyche, my upbringing, and my family relations, especially my years of complicated relationship with my mom, who had lost her mother at eight and suffered from anxiety disorder for decades without a proper diagnosis and treatment.<sup>17</sup>

My own unexpected encounter with a panic attack during the fieldwork and the subsequent firsthand engagement with psychotherapy as a client have given me a very different perspective on my research. It has also opened up a rare opportunity for me to connect with my informants in a more personal and empathetic way. I was no longer a neutral, rational, and distant researcher who was only interested in gathering data or who tried to imagine other people's emotional agony. Because of my own struggle with psychological turmoil for several years, I could feel their pain beyond words more easily. When I opened myself up during fieldwork, most people I met would put off their guard immediately and willingly share with me their problems, concerns, and emotional battles. Our interaction became an intimate, dialogic conversation, rather than a one-way path. The rapport we built together based on affective bonds was stronger and deeper than any I had ever been able to foster before. In some ways, doing this research and writing this book has become a personal journey for me to make sense of my own psyche and understand what psychotherapy can do to help people, as well as its limits.

It is widely believed that large numbers of Chinese are suffering from psychological and emotional problems but have not been diagnosed or treated.



Since depression and anxiety disorders were simply unknown categories in China until the 1990s (see Lee 2011), these people tended to somatize their illness or seek traditional Chinese medicine and other coping methods (Kleinman 1986; Zhang 2007). And there is still a heavy social stigma attached to mental and psychological problems. The common reaction from people in distress (including my friend Hongnan and myself as I described earlier) is to hide their sufferings from family and friends out of feeling shame. This situation makes it extremely difficult to estimate mental illness rates in China.<sup>18</sup>

Mental health facilities are alarmingly inadequate throughout China. Take Kunming as an example: For a city of more than six million residents, it has only two psychiatric hospitals with a total of about eight hundred in-patient beds treating only severe cases of psychosis. The four major general hospitals have their own psychiatric wards, but the scale of operation is very limited. They mostly target schizophrenia patients and rely predominantly on the use of psychotropic drugs. In recent years, out-patient clinics at these hospitals have begun to treat patients with mood disorders, such as depression, anxiety, stress, attention deficit disorder (ADD), obsessive-compulsive disorder (OCD) and so on. But the treatment is largely based on the use of a class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs).<sup>19</sup> Talk therapy in the hospital setting is kept at minimum. This means that people who wish to engage in talk therapy usually have to seek private practices outside the hospital, and the quality of such services varies hugely. Psychological counseling is an emerging field in China without sufficient oversight. Acquiring the counselor certificate to open a private practice does not require much training.<sup>20</sup> Many therapists are woefully unprepared and lack the knowledge and skill to help their clients in distress. Thus, for a long time, the reputation of private counseling as a profession suffered; most people who need help prefer to participate in group-based counseling training workshops led by well-known, respected “masters.”

During the summers from 2010 to 2018, for a total of eighteen months, I conducted extensive ethnographic research in the city of Kunming, the capital of Yunnan Province. Over the past three decades, Kunming has grown from a relatively poor and small city in China's southwestern borderland into a bustling regional hub of tourism, commerce, and international trade. The current estimated population is more than six million residents plus over a million migrants. Since most research on China's mental health and counseling have been carried out in large metropolises such as Beijing, Shanghai, and

Guangzhou, I intentionally want to focus on a mid-sized city that has not received enough attention and may better represent the experiences of ordinary Chinese cities. Like other Chinese cities, Kunming has undergone profound economic reform and urban restructuring since 1978, but the pace of change is a bit slower than Beijing and major coastal cities. Because it is relatively far away from China's political center, it gets a bit less state scrutiny. Another reason to choose Kunming is because this city holds a special place in the history of contemporary psy fever. It is regarded by many Chinese therapists as the cradle of the current counseling movement because the first Advanced Sino-German Psychotherapy Symposium was held there in 1988.

There are also personal considerations for selecting Kunming as my fieldwork site. This city is my hometown, where I grew up and did extensive research on housing, city planning, and middle-class living for my second book, *In Search of Paradise*. I have maintained close ties with friends and families who provided many crucial contacts and the context for my fieldwork. Yet coming home as an anthropologist to explore the mental and psychological landscape of the city along with my own roots and family medical history was a deeply emotional experience and sometimes made me feel vulnerable. I have gradually learned to accept and cherish this sense of openness and vulnerability, which made my ethnographic encounter even more meaningful and enjoyable.

I was fortunate to obtain a formal affiliation with the Yunnan Provincial Health Education Institute's counseling center. Through an old friend, I came to know the head of a private counseling firm (SoulSpa) and became an affiliated and trusted member. I enjoyed open access to the firm's activities and collaborated with the director on several international cooperation ventures including acquiring the authorization to establish the first training center of the Satir Model in southwest China. At the same time, I also got to know and maintained close ties with a popular internship center, which I will call Xinlin, that offered newly licensed psychotherapists advanced training. These three sites became my main bases for participant observation, making contacts, and getting access to private counseling sessions. I was able to participate in numerous counseling training workshops and other activities they offered, ranging from sandplay therapy, hypnosis, art therapy, Satir family therapy, cognitive behavioral therapy, and mindfulness practice. In 2014, I received a certificate on sandplay therapy after a week of intensive training at Xinlin—one of the most memorable parts of my fieldwork.

My ethnographic account is drawn primarily from my extensive participant observation at these psychotherapy workshops and private counseling offices, as well as from thirty-six interviews with Chinese therapists, their clients, counseling trainees, enterprise managers, workers, and police officers who participated in the various training workshops I attended. Most of the informants were aged between twenty-two and forty-eight. Interviews were central to my research but they were far less formal this time than those I conducted for my previous projects.<sup>21</sup> I prefer to use the word *conversation* to describe these interviews, as they were dialogic and open-ended. I used either Kunming dialect or Mandarin, depending on which one made my interlocutors more comfortable. The majority of my conversations lasted from one to two hours each and were digitally recorded and transcribed later.

Obtaining permissions to sit in on private counseling was far more difficult than I had originally imagined. It was a delicate matter based on trust and largely depended on the relationship between the therapist and the clients. I was allowed to observe about five individual and eleven family therapy sessions and was introduced as a Kunming native and a professor from an American university who studied mental health. The fact that I came from this region and spoke the local dialect seemed to ease some of the clients' concerns. Occasionally, out of the respect for my "expert" status, some clients wanted to have a second opinion from me, even though I told them that I was not qualified to give them any advice. Sitting in these sessions was eye opening, intense, and at times difficult and poignant, since the clients talked about very private and sometimes traumatic matters and often burst into tears. I tried to take some notes and shared my sympathy, but sometimes I simply felt out of place and awkward.

There are three major conceptual issues central to the rise of the new therapeutic ethos: the relationship between culture and psychotherapy, changing technologies of the self, and the intersection between emerging therapeutic interventions and postsocialist governing. In what follows, I will briefly outline the theoretical debates that animate my inquiry into these issues and how my study extends and challenges some of the claims made by other researchers.

## BENTUHUA IN PSYCHOTHERAPEUTIC ENCOUNTERS

Psychotherapy is itself a cultural product originally born out of the Euro-American historical context. To make it work in contemporary Chinese

society, engaging in the process of *bentuhua*—adapting it to fit the local context—is essential. The relationship between culture and medicine has long been a central issue in medical and psychological anthropology. Countless researchers have demonstrated that disease and illness categories are not universal, fixed, or self-evident; rather they are culturally constituted and fluid in their meanings (Good et al. 2008; Kleinman 1991, 2000; Kleinman and Good 1985; Lock 1995; Phillips 1998; Sargent and Johnson 1996; Young 1982). In particular, culture plays a crucial role in how mental illness is recognized, understood, and treated, and how the therapeutic process is shaped (see Biehl 2005; Crapanzano 1981; Csordas and Kleinman 1990; Giordano 2008; Luhrmann 2000; Martin 2007; Mezzich et al. 1999; Santiago-Irizarry 2001). For example, Arthur Kleinman and Byron Good (1985) have argued that depression itself is a cultural category rather than a universal disease, as it is experienced, recognized, and made meaningful differently in culturally and historically specific contexts. Kleinman’s study of neurasthenia and depression in Chinese society (1986) shows how a seemingly universal category known as “depression” is experienced and transformed into a culturally specific disorder known as “neurasthenia.” Janis Jenkins also points out that “culture is critical in nearly every aspect of schizophrenic illness experience” (1998: 357). It is thus essential for anthropological studies of mental illness to integrate the clinical approach with careful social and cultural considerations (Jenkins, Kleinman, and Good 1991).

Literature on transcultural psychiatry (Cheng, Cheung, and Chen 1993; Kirmayer 2005, 2007; Phillips 1998; Qian et al. 2002; Tseng 1999; Zhang et al. 2002) has clearly revealed how different cultural notions and social expectations affect the diagnosis and treatment of mental illness and shape the therapeutic relationship in diverse contexts. These studies provide useful analyses of the general patterns of how culture affects diagnosis and treatment in mental distress, but also address how tensions embedded in psychiatric and psychological intervention may or may not work themselves out in specific therapeutic situations (see also Duncan 2018; Giordano 2014; Matza 2018).

In this book, I ask the following questions: What is the role of culture in adopting, translating, and transforming psychotherapy in China? How is “cultural difference” understood and negotiated by Chinese therapists in their practices? What kind of therapeutic relationship is emerging in the specific Chinese context? But first I need to unpack what I mean by “culture” and what it means to deploy this notion critically. Yanhua Zhang (2007) points out that

there is still a tendency in some studies to treat culture as an abstract, bounded entity or simply as non-Western “local knowledge” in contrast with Western normative biomedical knowledge. Yet, psychotherapy itself is also deeply cultured, since it is built on a distinct set of Euro-American theories and values regarding personhood, selfhood, and social norms (see Caplan 1998). More recent literature offers a nuanced view of culture, seeing it as a set of shifting, historically situated practices, rather than a closed system or a set of bounded ideas (Chang et al. 2005, Good et al. 2008, Kirmayer 2005; Raikhel 2016; Skultans 2004).

Drawing upon these insights, I regard “culture” as a changing set of beliefs, norms, and practices, which is in constant dialogue with regional, national, and global forces. Therefore, to speak of “Chinese culture” or “local culture” is to keep in mind how it intersects with multiple regimes of knowledge and value, rather than simply juxtaposing them. In my research, I paid close attention to how therapists and clients negotiated different orientations with regard to cultural norms, values, and practices, and decided on what was most suitable in a given social milieu. While Chinese therapists often need to modify Western-originated diagnostic categories and therapeutic models and align them with local notions of selfhood, sociality, and efficacy, one cannot assume a fixed, clear-cut boundary between the so-called “Western” and “Chinese” cultures. Both the therapist and the client are constantly exposed to new global therapeutic ideas and practices, but at the same time they are embedded in and shaped by Chinese cultural conditions. Thus, it is important to grasp what constitutes “cultural sensibility” in a given social milieu (Wang and Zhen 2005) as Chinese practitioners navigate through diverging and converging cultural spheres.

In his book *Crazy Like Us: The Globalization of the American Psyche*, Ethan Watters argues that globalization homogenizes not only the material world, but also the way mental illness is expressed and treated throughout the world. He depicts a disturbing trend of the Americanization of madness and emotional disorders, which is erasing “the diversity of different cultural understandings of mental health and illness” (Watters 2010: 7). In so doing, he argues that we may lose precious knowledge that can help improve the human psychological condition, and thus “we erase this diversity at our own peril” (2010: 7). While his alarming account reflects in part what is taking place in global encounters of psychiatry and psychology, Watters may have oversimplified the story by downplaying another important and fascinating process within

this prevailing trend of homogenizing the psyche, namely, the constant friction, rearticulation, and contingency in global encounters (see also Rofel 2007; Tsing 2004). In other words, the homogenizing tendency is never a smooth and complete one; rather, it is contested and transformed at different locales in uneven ways.

Based on my research, I suggest that a complex, *dialogic* process is taking place as Chinese practitioners embrace, select, and rework different strands of psychological knowledge and therapeutic practices imported from North America, Europe, and Japan. I use the term *dialogic* in Bakhtin's sense (1981) to emphasize the mutually constitutive nature of knowledge production as a relational and dynamic process, in which the previous work and the present one are constantly altering each other's meaning. The cultural encounter I explore here is not a simple triumph of Western therapeutic interventions over Chinese cultural values, norms, and healing, but rather a process of constant dialogue and rearticulation between multiple forms of knowledge, practice, and ethics (i.e., socialist ideologies, Daoist and Confucian ethics, traditional Chinese medicine, and Western psychological techniques). Understanding this dialogic process will shed new light on how a set of global therapeutic reasoning and techniques articulates with situated cultural elements and practices to reshape a given social terrain.

Building on the study of "global assemblage" (Collier and Ong 2005), my research examines ethnographically what the interaction between Western psychotherapeutic notions and methods and situated Chinese beliefs and healing practices produce in the process of translation and rearticulation.<sup>22</sup> For example, the notion of "somatization"—the manifestation of mental and psychological illness in somatic problems—is often seen by some as "a basic feature of the construction of illness in Chinese culture" (Kleinman 1980: 146).<sup>23</sup> Yet, this view has been challenged by later research for presupposing "an essentialist distinction between mind and body, psyche and soma, and thus psychiatric and general medical diseases" (Zhang 2007: 33). In the Chinese cultural tradition, the concept of psyche does not exist as a separate domain; rather, the heart is seen as the grounding space for cognition, emotion, and morality. For this reason, psychology was initially translated into Chinese as *xinling xue* 心灵学, "the study of the heart" (Larson 2009: 36). It is through the heart (*xin*) that the body and the mind are mutually embedded (see Yang 2015). Further, from traditional Chinese medicine's perspective, "qi flow transcends the divisions that psychiatrists make between emotions, the

mind, and the body" (Scheid 2013: 7; see also Zhan 2009). As I will show, Chinese therapists do not discredit somatic claims, but at the same time they also encourage their clients to explore their distress in a way beyond somatic expressions. In sum, they seek to consider the complex *mind-body-society nexus* in order to go beyond the dualistic Western biomedical epistemology on which modern psychotherapy pivots. I argue that attending to this nexus as a whole is a crucial part of the bentuhua process.<sup>24</sup>

It is here that I find the notion of *translation* particularly useful in grasping the complexity of global circuits of psychotherapy. Broadly understood as what Lydia Liu calls "a troupe of epistemological crossing" (1995), cultural translation is a formative process in which new knowledges, identities, and meanings are produced (see also Giordano 2014; Zhan 2009). Theorists like Walter Benjamin remind us that translation is never just a matter of finding equivalences between two linguistic systems; rather, it is inevitably a process of alterity, in which the original is also transformed (1969).<sup>25</sup> In other words, translation is a dialogic process of what some have called "living translation" involving constant negotiation and embodied practices (see Pritzker 2011). In critiquing the concept of "cultural translation," Talal Asad also calls our attention to the unequal power relations deeply embedded in the process of "cultural translation." One of the key conditions of power is "the authority of ethnographers to uncover the implicit meanings of subordinate societies" (Asad 1986: 163).<sup>26</sup> Benjamin's and Asad's insights are vital to the culturing process I seek to understand. What Chinese psychologists and therapists are facing today is how to translate a powerful yet unfamiliar knowledge regime, which claims to be scientific, advanced, and universal, for a Chinese audience that is at once in awe of and dubious about it. This book, in part, is an attempt to unravel such ongoing experimental processes of bentuhua during cultural encounter in the therapeutic setting.

## THERAPEUTIC SELF

Why is the "self" (*wo* or *ziwo*) granted extraordinary salience among the Chinese middle-class today? What specific projects of self-development and self-care are emerging in the wake of popular psy education, training, and counseling? What kinds of self-care and self-management are fashioned at the crossroads of new psychological knowledges and sociality? These are the questions I explore in this book, especially in chapter 5. Existing research shows