

A Sociological Analysis of Depression in China

I-Hsin Hsiao

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Foreword

The book *A Sociological Study of Depression in China* is one of Dr. I-Hsin Hsiao's important academic achievements, the fruit of his scientific research as a fellow at the Postdoctoral Research Station of Sociology at the School of Social and Public Administration of East China University of Science and Technology (ECUST).

In 2013, after obtaining his Ph.D. in sociology from the University of Essex in the UK, Hsiao came to the Postdoctoral Research Station for a two-year research program. As his supervisor, I, as well as my colleagues at the School, was deeply impressed by his global vision, theoretical reasoning and his ability to pose and resolve research questions. It is for these special qualities that he was employed as a full-time lecturer at the School after he completed his postdoctoral research in 2015.

Hsiao's experience of studying and doing research in the UK certainly broadened his approach toward research. While some sociologists in mainland China focus more on the study of social issues from a local perspective, Hsiao is more concerned about how globalization exerts an impact on China. His research centers on how globalization evolves and diffuses through China and how it conflicts and integrates with local perspectives. The present book, a sociological analysis of depression, opens up a new field in China's medical sociology. The author explores how the global discourse in Western medicine on depression integrates with China's local features and perspectives, a process which involves adjustments, conflicts and compromises at different levels of the state, the society and even individuals.

The academic characteristics and contributions of the book can be summed up as follows:

First, it has opened up a new field in China's medical sociology. Since the 1980s, some Chinese scholars have been conducting research in medical sociology, such as Prof. Qiang Li and his research team at the Department of Sociology of Tsinghua University. However, China's medical sociology is still in its infancy, characterized by a fragmentation of topics, lack of systematic theoretical research and a limited number of monographs. In comparison, Hsiao's book has expanded and enriched the theoretical research of medical sociology in China; its contribution to China's sociology is self-evident.

Second, it provides a new perspective on sociological research. In this book, depression in China is discussed within a global framework based on local perspectives. Dr. Hsiao proposes a sociological analytical framework to analyze depression in China based on a two-layered and two-faceted matrix—the “global/international level” and the “domestic/national level” and the “social structure” perspective and the “social construction” perspective. Many of the previous studies on depression focused more on the influence of social structure on individuals’ psychological health, neglecting the significance of social construction, i.e. how depression as a disease is created and constructed in the medical discourse and how people react to this discursive construction. The present book, integrating both the perspectives of social structure and social construction, conducts a systematic and unique analysis of depression in China.

Finally, the book offers an integrated analysis of depression from five theoretical perspectives. Since the 1990s, the number of people with depression in China has risen year by year to become a social problem that the government and the public can no longer ignore. It is imperative to conduct more scientific research on depression. Along with research in the fields of medicine, psychology and social work, research from the perspective of sociology is of crucial significance. In the present book, Hsiao seeks to integrate relevant theories in sociology, anthropology, phenomenology and the interaction theory. Within this integrated framework, he examines and analyzes both the macroscopic construction of depression by the medical industry, the government, the medical academia and the media, and the microscopic construction of the subjective feelings of depressive patients and their interaction with doctors. The analysis also takes into account the patients’ unconscious feelings. As a result, the book offers unique and original discussions on depression in China.

The three contributions and features outlined above are just my personal opinions. I believe that readers will garner other experiences and discoveries. I am also convinced that this book is worth reading for the scholars and practitioners in the fields of sociology, social work, medicine, public health and psychology and for staff in government administrations.

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Introduction

Depression has become increasingly common in modern times, creating a problem that the whole world faces. China is no exception. In such a context, the present book focuses on describing and explaining the causes of depression in China from a sociological perspective. This topic has not been dealt with sufficiently in the Chinese sociological academic community. The insufficiency is mainly reflected in the following three aspects:

First, sociological studies in China are largely concerned with issues in medical sociology; the few which have dealt with medical issues are limited to the fields of public health or applied (clinical) sociology. Research in public health and applied sociology is practice-oriented and hence insufficiently attentive to theories of medical sociology. This has resulted in an unsystematic development of medical sociology in China and a lack of theoretical reflection on the application of medical sociological theories to medical problems.

Second, studies on how depression occurs in China are mainly in the fields of medicine and psychology, while the sociological research related to depression is mostly in the field of applied sociology (or social work). The sociological research deals with how to solve the problem of depression or presents statistical investigations of depression (or mental illness) in different groups. In addition, the sociological explanations of how depression occurs focus more on the description of phenomena. Some of these studies are conducted under various theoretical frameworks, but there is a lack of interpretation based on an integrated framework of multiple theoretical perspectives or from a global perspective.

Third, the sociological research in China seems to focus more on interpreting the causes of the depression from a local and regional perspective rather than a global perspective. The more fundamental aspect of depression, however, lies in problems of adaptation, resistance and acceptance, which are unavoidable when western mental health structures are introduced in China. This is also a global problem, which all non-western countries will face when confronting the western mental health system. Yet a global perspective has rarely been adopted in sociological studies in China.

In view of the above inadequacies, this book attempts to provide a sociological interpretation of how depression occurs in China from a global perspective.

To present a sociological framework with a global perspective of depression in China, the book first compares the different medical situations of depression internationally and poses the question why the lifetime prevalence of depression in China is lower than in other countries. In order to answer this question, the book draws on theories in medical sociology to put forward a sociological analytical framework based on a two-layered and two-faceted matrix—the “global/international level” and the “domestic/national level”, and the “social structure” perspective and the “social construction” perspective. The international perspective focuses on the process of neoliberal globalization, which since the 1970s has gradually come to characterize structurally the entire world. Its mode of operation affects not only the medical system and related systems but also the structure of society, which in turn affects the occurrence of depression and its social construction. For this reason, this book discusses in detail how neoliberal globalization simultaneously shapes the “social structure” and the “social construction” of depression. These two facets are explored along with the two levels “global/international” and “national/domestic”.

The Chap. 1 highlights the importance of sociological research from a global perspective. More importantly, this chapter analyzes in detail the five research paradigms in medical sociology on how diseases arise: social structure theory, social constructionism, medical anthropology, phenomenology and interaction theory. Each of these five perspectives has its own advantages and disadvantages, but together they can provide us with a broader theoretical perspective to reflect on how depression arises. Based on these theoretical paradigms, the book is divided into two major parts, namely, the social structure of depression and the social construction of depression. The social structure analysis is inspired by social structure theory and the social construction analysis by social construction theory, medical anthropology, phenomenology and interaction theory.

We discuss the social structure of depression from three aspects. The first (Chaps. 2 and 3) is the production side. We discuss how neoliberal globalization affects the changes of space and time on the production side, and then its influence on people’s emotional state. The drastic changes in space are reflected in factors of instability, such as frequent cross-border and trans-regional population flows, and by changes in previous stable family structures. The drastic time changes are reflected in the “competitiveness” of rapidity. These changes in social structure have intensified the factors that lead to depression. The second aspect (Chap. 4) is the consumption side, namely, how the specific connotation of the social and psychological environment is related to depression in the context of neoliberal globalization. The main social and psychological context is represented in the intensification of individualism, the formation of a narcissistic society, and people’s emphasis on the fulfillment of their rights and desires. The production and consumption sides demonstrate that uncertainty and overwork on the production side and the increasing rights and desires jointly aggravate the generation of depression. The third aspect of social structure (Chap. 5) discusses the relationship between capitalism and depression from the perspective of Lacanian psychoanalysis. This

aspect differs from the first two in that the previous three chapters focus on “visible” empirical data (both quantitative and qualitative) while Chap. 5 delves into the “invisible” unconscious field, which has often been neglected in sociological studies and explores how the capitalist discourse continuously creates split subjects with unconscious operating mechanism (in Lacan's term, the Real) and how the split subjects, in turn, consolidate the capitalist system. Depression is a representation of the split subjectivity and occurs with growing frequency. The three aspects explain from different angles how neoliberal globalization influences all aspects of life and drives the occurrence of depression.

We discuss the social construction of depression in China from two aspects. Firstly, in Chap. 6, we discuss the social construction of depression on the medical supply side in terms of social constructionism. To be more specific, we explore how the complex of drug manufacturers, the government, academia and the media medicalizes depression. The main point of this chapter is that this top-down medicalization has completed the construction in some areas (e.g. classifying depression in the Chinese Classification of Mental Disorders, namely CCMD and accepting ICD disease labels), while other areas remain underdeveloped (e.g. insufficient psychiatric medical staff, high costs for psychological consultation, and lack of psychiatric training for general practitioners). In a word, the social construction of depression from the supply side is not as comprehensive as in the West. Secondly, in Chap. 7, we discuss the social construction of depression from the demand side, namely, the public's perception and experience of depression. We adopt the perspectives of medical anthropology, phenomenology and interaction theory to outline the medicalizing process of the western mental health system in China, namely, the complicated process of patients' conflict and compromise with, and then partial adoption of the western treatment and conceptualization of depression. We find that patients tend to adopt somatized expressions, namely, to communicate their psychological distress in the form of somatic symptoms rather than consciously describing depression as a mental problem as in western medicine, and that stigmatization of depression is serious in China, which hinders patients from seeking treatment and conceptualizing depression. In addition, although patients take different actions and have different reactions to the treatment of depression, the key points are that neoliberal globalization renders more diversified treatment options to patients and that they do not passively accept western medical treatment for depression. Instead, they constantly endeavor to solve problems by taking active measures or to obtain another subjective experience of treatment. On the whole, the social constructions of depression from the supply side and the demand side have promoted the public's recognition of depression as a mental disease. Such a recognition is closely related to the marketization of depression. However, it needs to be pointed out that the social construction from both sides is inadequate or invisible.

Base on the above analysis, we come to the conclusion that the social construction of depression is more critical than its social structure in terms of how depression occurs in China. The social structure of depression has a social foundation, but its social construction is still insufficient or less visible. This is the

reason why the lifetime prevalence of depression in China is relatively low. However, once there are sufficient conditions for the social construction, the proportion of depressive patients in China will probably increase.

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