CULTURES IN PSYCHIATRIC NOSOLOGY: THE CCMD-2-R AND INTERNATIONAL CLASSIFICATION OF MENTAL DISORDERS

ABSTRACT. This essay reviews the Chinese Classification of Mental Disorders, Second Edition, Revised (CCMD-2-R, 1995), by assuming the theoretical stance that symptom recognition, disease construction, and taxonomic strategy in psychiatry reflect, and are constrained by, the cultural norms and values as well as the political and economic organizations of the society in which they are embedded. The CCMD-2-R is an ethnomedical classification grounded in both symptomatology and etiology, in which Chinese psychiatrists seek to conform with international classifications on the one hand, and to sustain a nosology with Chinese cultural characteristics on the other. Although broad similarities between the ICD-10 and CCMD-2-R are evident, their blending is legitimately incomplete. Thus, the particular additions (e.g., travelling psychosis, qigong induced mental disorders), deletions (e.g., somatoform disorders, pathological gambling, a number of personality and sexual disorders), retentions (e.g., unipolar mania, neurosis, hysteria, homosexuality), and variations (e.g., depressive neurosis, neurasthenia) reveal not only the changing notions of illness but also the shifting social realities in contemporary China. The CCMD-2-R will be widely used by Chinese psychiatrists and should standardize diagnostic practice and facilitate research, but its impact on everyday clinical work and psychiatric training remains to be evaluated. For Western researchers, it is one avenue for achieving an understanding of the Chinese social world, and should usefully be contrasted with the ICD-10 and DSM-IV as the move towards an international nosology continues.

Logic, deprived of common sense, becomes inhuman, and common sense, deprived of logic, is incapable of penetrating into nature's mysteries.

We have to get back to a way of thinking which is more impatient to be in touch with reality, with life, and above all with human nature, than to be merely correct, logical and consistent.

Yutang Lin,

The Importance of Living (1977, pp. 397 and 406)

Categories are the outcomes of historical development, cultural influence, and political negotiation. Psychiatric categories - though mental illness will not allow us to make of it whatever we like - are no exception.

Arthur Kleinman,

Rethinking Psychiatry (1988, p. 12)
Although every community at one particular time has its preferred notions of health and sickness and favoured arrangement of diseases (Fabrega 1994a; Kirmayer 1991), the need for an international classification of mental disorders has been felt for a long time (Jablensky 1988; Sartorius 1988; Stengel 1959). As the ICD-10 (World Health Organization 1992) and DSM-IV (American Psychiatric Association 1994) schemata are being globalized, it is less commonly known that China, which constitutes over one fifth of humankind, has a national system of psychiatric classification, called the Chinese Classification of Mental Disorders (CCMD). Knowledge of this is not only indispensable for communicating with Chinese psychiatrists and reading their burgeoning literature, but is also a means of understanding the development of psychiatry in China.\(^1\) To the extent that the configuration of symptoms into recognisable syndromes and their designation as mental disorders reflect the core values and political organizations of a society and hence run a social course,\(^2\) the way in which the CCMD has been successively restyled should furnish clues to China’s transforming social realities. As Chinese people represent one of the fastest growing ethnic minority groups in many Occidental societies, knowledge of the CCMD may also attune clinicians to certain Chinese forms of distress in an intercultural treatment context. What is more, an examination of its discrepancies from Western nosological systems may encourage reflective self-criticism on the one hand, and be rewarded with insights on both the universality and particularity of human behaviour on the other (Kleinman 1988).

China has one of the longest and richest written records of mankind. But modern China has gone through numerous wars and disasters, which shattered its social structure and stalled its mental health movement (Chen 1995; Kleinman 1986). Attempts to classify mental disorders only began around 1958 (Chen and Chen 1962; Xu et al. 1993), and had been influenced by Russian psychiatry (e.g., Giljarovskij 1954, in Stengel 1959). The first published classificatory scheme appeared in 1979 (Table I). This was revised and named the CCMD-1 in 1981, and was further modified in 1984 (Chinese Society of Neurology and Psychiatry 1979, 1982 and 1985). This interest in nosology had gained momentum because of both medical and social factors, including the availability of specific modalities of pharmacological and psychological therapies, psychometric instruments, the introduction of the DSM-III-R into China in 1987,\(^3\) and the increased attention given by the Chinese authorities to mental health matters as the living conditions of its people improve. The CCMD-1 was subsequently revised and tested on 22,285 out-patients and 8,061 in-patients in 77 mental health facilities all over China (Chen 1995). These