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## Holy local system: religious treatment of mental sickness in rural China

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### ABSTRACT

Kleinman pioneered the use of intensive case studies in China and elsewhere. Drawing on this approach, this paper shows how two rural Chinese converts to Christianity recovered from prolonged mental sickness incurred during the Cultural Revolution many years earlier. The apparent ‘cure’ is part of local narrative in which rural Chinese Christians’ first contact with Christianity has the pragmatic aim of seeking treatment to relieve physical pain, but leads to conversion and believed divine deliverance from psychological as well as physical suffering. In acquiring what they regard as new moral life and becoming dignified ‘divine selves’, they adopt new language and behavior and subtly change their relationships with family and the local power structure, thereby establishing a ‘holy local system’ that is regarded as able to withstand external crises and temporary setbacks. Setting up the holy local system highlights the inadequacy of rural bio-medical assistance, provides treatment for sickness and pain often blamed on Chinese society’s relentless pursuit of economic development, and so introduces some compensatory if illusory rural stability.

### ARTICLE HISTORY

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### Mental sickness and local interventions

Through intensive case analysis, Kleinman identifies some underlying social causes of mental illness in China within the framework of the local power system (including family, community and work unit) in which the disadvantaged lack the resources to combat the many social pressures and challenges (Kleinman 1986). In proposing that local interventions should be aimed at changing the relational modes that lead to oppression, marginalization, deprivation and despair, he suggests that religion plays an important role in relieving symptoms of mental illness. William James (1985) also discusses the religious experiences of morbid Christians, pointing out that religion can help mental health patients adjust their inner state and thereby contribute to their recovery. The argument is that through their experience of hardship or pain, sick Christians cope with their afflictions and find new meaning in life, eliminate inner conflict and reconstruct a chaotic inner state. For Kleinman, it is not enough to treat and enable mental health patients to recover and reconstruct their inner moral worlds (important though this is). It is

necessary also to change unequal and oppressive modes of relationship within local power systems.

Some observers suggest that Chinese rural Christianity treats physical and mental ailments more effectively than other religions (Qi, Liang, and Li 2014), sometimes allowing full recovery from mental sickness. While this remains debatable, following on from Kleinman and James we may ask what role rural Christianity may play in curing mental sickness. Can we identify changes occurring in mental patients' inner state after Christian conversion and discern whether rural Christianity does help believers construct a stress-free divine world and alter what they regard as unfair and stress-inducing local power relationships? The case material selected to consider these issues in depth from patients' own viewpoint is drawn from a village in Henan Province, China.

### **Peizhai Village and two cases of mental sickness**

Peizhai Village is located in Huixian city, northwest Henan Province. The village has 160 households and 670 people. Most are farmers who also fish. The village has 661 acres of land, 4.13 acres per household. The main domestic crops are wheat, corn, rice, sorghum and sweet potatoes while the main cash crops are cotton and oil plants. Surrounded by the Taihang Mountains on three sides, the village is like an islet located in the ravines. Fieldwork was carried out during more than one and a half years, involving the principal researcher living at the home of Dabo Pei, whose case is investigated together with that of another villager, Dama Pei. Information was also drawn from life histories and semi-structured interviews with 60 people, including house church ministers, church members, village 'barefoot doctors' and people who do not attend church. The focus was on Dabo Pei, Dama Pei and their family members. Alongside participation observation at church meetings, data were collected on personal and family matters, on house church histories and on local religions and cultural issues. The co-author, Yingying Pei, is from the village and speaks the local language. Because of the unique terrain, drought and flash floods break out frequently in the village. Before 2005, the villagers were very poor. Most villagers lived in adobe houses or cave dwellings with rocky thin soil in the fields and lobular ghost Gezhen jujube trees in the hillsides. In 2005, the local government constructed a new Peizhai Village. It has since prospered, with villagers moving into new houses in 2008, and with infrastructure improving gradually, such as road construction and tap water supply. By 2015, the villagers' average annual income had risen to 7800 Renminbi, within the middle range for rural Henan Province.

Despite shifting from poverty to relative affluence, villagers experience the pressures of a changing economy and widening income gap. They are no longer fully self-sufficient agriculturally and need to buy some basic goods from shops. They also need money to satisfy wants arising from the new consumerism now prevalent in rural areas. However, wage employment is uncertain and education and healthcare increasingly expensive. Some villagers work in nearby towns or cities or grow vegetables in plastic greenhouses. They remark that money has become an inordinately instrumental basis of relationships, and that communal moral reciprocity has lessened with the collapse of the collective economy following the introduction of the family-contract system. Village cadres lack public resources for repairing evident village disunity and creating effective rural governance.

When young and middle-aged men seek urban employment, women, children and the elderly remain. Lacking the help and support of husbands, women express feelings of loneliness and say that they find it difficult to care for children while having also to work alone and unaided in the fields. Because consumerism is popular in the village, family authority is based on the money-making capacity of family members, so that even intimate relationships rely on the provision of consumer goods, resulting in elders' loss of authority. While urban workers retire at the age of 60 for men and 55 for women, elderly people in the village, some more than 80 and alone, need to work the land longer. They only stop when extreme old age and sickness oblige them to hand the land over to sons, if they have them, hoping to be cared for by the sons or, if the latter work in town, by daughters-in-law, a relationship that can become difficult, especially if the sons are away. It is these elderly who are most troubled by such chronic ailments as hypertension and diabetes, yet commonly lack the money and resources for treatment.

There are two main Christian groups in Peizhai Village: the Crying Sect and the Hooding Sect, which began in the early 1980s. The number of believers is 120 and 40, respectively, most of whom are elderly men and women. Both refer to the Bible for inspiration, but differ in scriptural interpretation and services. The Hooding Sect's creed is the 'Three Redemption Christ' which postulates that seeking medical treatment is unnecessary, for recovery can be through prayer and piety. By contrast, the Crying Sect's creed, called 'Jesus Christ', argues that, since hospitals, doctors and medicines are all created by Jesus, they should not be refused. Both sects emphasize prayer and study in their services, with the Crying Sect also chanting and praying for repentance as well as studying scripture, the main aim being to seek resurrection and gain eternal life. It is from this sect that the case material is drawn. While non-believers in the village focus care on their immediate family, believers in the sect extend the ethic and practice of care to fellow believers. They pray for the sick and provide them with money and resources, creating a collective ethos built upon a reciprocal network of support.

Two believers in the Crying Sect suffered from neurasthenia during the Cultural Revolution. In highlighting serious mental health problems as arising from this period, Kleinman remarked that:

Numerous large-scale sources of social chaos and personal tragedy in twentieth century China (the Anti-Japanese War and outbreaks of epidemic disease and natural catastrophes during the Warlord and Nationalist periods in the 1920s and 1930s) have taken larger numbers of lives and caused enormous migrations, but perhaps none has had a more disastrous effect on individual experience than the Cultural Revolution. For the legacy of the Cultural Revolution was ..... to disrupt lives and place each individual in the society under great stress..... (Kleinman 1986, 121).

Through use of case studies of workers, cashiers, teachers and physicians, though not peasants, he further indicated that:

These psychological casualties of the Cultural Revolution (and of its progenitors, such as the Anti-Rightist Campaign) are but the most extreme examples of experiences of distress undergone by tens, perhaps hundreds, of millions of Chinese. The illness behaviors of these patients share important similarities with the cases already described, several of which also had their antecedents in the Cultural Revolution (Kleinman 1986, 122).

Building on Kleinman's findings, I want to show also how two mental patients who suffered during the Cultural Revolution explored different kinds of treatment and to identify the role of Christianity among village patients unable to afford professional biomedical treatment in the cities.

For convenience, the two central characters in the case studies are referred to as Dabo Pei and Dama Pei (Pei being the common family name of most villagers and not necessarily indicating close relatedness).<sup>1</sup>

### Neurasthenic Dabo Pei

Dabo Pei, 67 years old, suffered from neurasthenia during the Cultural Revolution when the material standard of living and general morale were severely depressed. In 1957, tens of thousands of intellectuals and professionals were taken to 'centers for reeducation through labor' and were commonly denounced during the Cultural Revolution that lasted from 1966 to 1976. All China was threatened by the terror of the Red Guards, who were encouraged to arbitrarily punish and attack intellectuals and professionals through insults and violence.

Dabo Pei said that, like his high-status and much respected grandfather in the village, he was a righteous man with ideal and ambition. When he was in his twenties at that time, he was full of zest for life and confident of socialist construction. He first sided with the aims of the Cultural Revolution, showing his dissatisfaction with the petty bourgeoisie and passionately denouncing local intellectuals for their 'wrongful manner'. But with an increase in denunciations, violence and the absurdity of reasons given for them, Dabo Pei developed doubts and turned against the campaign. A turning point was when one of his peers was denounced because one of the man's uncles had joined the Nationalist Party. Dabo Pei could not accept that the man, regarded as honest and dutiful, should be blamed for the actions of his uncle. He moreover considered it legitimate for an alternative party to exist and recruit new members. Other village folk were denounced as 'hidden villains' or 'class enemies' for the same reasons as well as because their parents or grandparents were landlords. Dabo Pei's disillusionment deepened.

Unlike some other villages, there was neither murder nor severe mauling in Peizhai Village during the Cultural Revolution. But those denounced did suffer physical and mental harm, including prolonged criticism by the whole village. Dabo Pei claimed to understand very well the psychology of his peers who, in trying to stand up to this treatment, prioritized personal dignity over life. Dabo Pei also took the view that, even if people were judged to have made mistakes, they should not have to suffer such incessant, harmful public humiliation, especially since many were innocent of the 'crimes' of which they were accused. Acting against his will, however, Dabo Pei could not express his opposition to the campaign nor refuse to be involved, given the risks to himself and family as the whole village was increasingly taken up by the denunciations. Care had to be taken over one's actions and, especially, words, including expressing dissatisfaction with leaders.

While enthusiastically hopeful of social improvements and freedom from daily fear and panic that socialist construction might bring, Dabo Pei recognized the gap between this ideal and reality. Despite hard work and a genuine belief in communism, his family could not meet their food and clothing needs and he saw the political fanaticism as violating

human nature. He put it that, even without foreign invasion or civil strife, war was in people's hearts.

The denouncement campaign had thwarted Dabo Pei's earlier ambition of wanting to rise above mediocrity and, through hard work, uphold the family's honor, accomplish political ambitions and command respect.

Most people chose to muddle along, tending to compare the standard of living favorably with that before liberation in 1949. Dabo Pei saw himself as an exception to this attitude, and despite being powerless, wanted to progress. Bored and frustrated, and without meaning in life, he became increasingly confused. In 1976, the year in which the Cultural Revolution came to an end with the death of Mao Zedong, Dabo Pei attended the village clinic and was diagnosed with neurasthenia and periarthritis of the shoulder. Following this diagnosis, he frequently saw a village 'barefoot doctor' whose medicines did not however help him.

In *Suicide and Justice*, Fei Wu observes that in China 'Justice and injustice in daily trifles are what people care about, which can even lead to death. For most people, it is not enough to just live guarding their lives and solving fierce public disputes; sometimes the life order of family is more important' (Wu 2009, 10). For Dabo Pei, as head of the family, it was indeed important to ensure his family's prosperity, but it was more important that he live a worthy life and realize his own ambitions. Dabo Pei saw the social chaos and disorder, and the confusion between right and wrong during the Cultural Revolution, as plunging him into a vacuum in which he could not reconcile the contradiction between society and his life's values.

The Cultural Revolution coincided with a nationwide campaign to vigorously eradicate 'superstition'. The temples in Peizhai Village were torn down, and monks and nuns were ordered to assume a secular life. Dabo Pei was a staunch atheist at that time and actively supported these attempts to eradicate 'superstition', regarding the associated stories of gods and ghosts as lies. However, by chance he came into contact with Christianity and, claiming to have felt the full power of God, began to study the Bible and eventually became a convert, while experiencing improvement in his mental condition and eventual cure. The chance-like nature of the contact happened when Dabo Pei was one day waiting to pick up his children who were playing outside a house where some Christians met. The Christians persuaded him to join their meeting. At first, Dabo Pei looked down on the idea, thinking that the meeting was just for women and old people and that it was embarrassing for a grown man to be joining them. However, after repeated persuasion by the Christians, and in order to escape the cold outside, Dabo Pei joined their meetings a few times. Dabo Pei could not remember the specific Bible passages that he studied then, but from the first time he listened to sermons, his condition started to improve. Dabo Pei said that he recovered from mental sickness 'by a miracle' after joining the meetings and did not know why.

In fact, in recounting when he felt the power of Christ for the first time, Dabo Pei claimed not to have taken it seriously and thought it was just a coincidence. As he attended more meetings, his condition gradually improved and he did then begin to believe in the power of Christ. At the time, Christianity had only recently been practiced in the village and neither the village nor missionary knew much about it. Despite this, Dabo Pei attended the induction meeting, which lasted for three days and involved intensive study of the Bible, with lessons taught by preachers. Dabo Pei felt thereafter that he

was in deep contact with Christianity and that the Bible made a lot of sense, with Jesus's teachings bringing him enlightenment.

Before believing in Christianity, Dabo Pei had sought wealth and the respect of others, but had been unable under the adverse social conditions to pursue his ambitions, which he regarded as 'fleeting' or ephemeral after adopting the faith. Now, despite the poor condition of his family and himself neither powerful nor influential, he claims to value peace of mind above all and to experience happiness. As he said, 'After reading the Bible, I find that God is the proper pursuit of life. It is not good if there is no peace in the mind no matter how well you eat, while it is good if there is peace and joy in the mind no matter how badly you eat. One's life-long pursuit is the peace of mind. Once there is peace in one's mind, everything is at peace; and our soul will return to heaven in the future'. Dabo Pei has become one the main Christian preachers in Peizhai Village.

### Depressive Dama Pei

During the Cultural Revolution, 64 year-old Dama Pei suffered from severe depression (as it was eventually diagnosed). Unlike Dabo Pei, it was the intricate intra-family relationships that affected her, rather than those externally impinging on the family. Traditionally the relationship between mother-in-law and daughter-in-law has been difficult, mainly reflecting inter-generational contradictions and conflicts. The relationships between husband and wife and between parent and child are regarded as basic to family structure, with other relationships seen as derivatively informed by these two, such as those among and between brothers and sisters, a man's sister and his wife, grandparent and grandchild, and with the mother-in-law and daughter-in-law relationship occupying a special status. It results from and extends the two primary relationships, yet lacks the stability of that between parent and child and the intimacy of that between husband and wife. As a bridge between his mother and his wife, the husband can play a key role in the relationship: if he mediates well, he can mitigate disagreements between his mother and wife; if he fails to mediate well, family conflict may escalate.

When very young, Dama Pei was reportedly hyper-sensitive, inarticulate and unsociable and not good at dealing with her mother-in-law. At the time, it was an unalterable duty to honor and obey the elderly in every way, especially for a daughter-in-law, failing which she would be sneered at by her neighbors and criticized by her own family. Dama Pei tried her best to honor and obey her mother-in-law, but conflict seemed inevitable. Originally from different backgrounds, habits and families, it was difficult for them under the same roof to understand each other and adapt to each other's ways. As a young daughter-in-law, Dama Pei had to be forbearing and, as it turned out, could not seek her husband's help when she felt wronged. She said:

My mother-in-law found fault in anything I did, as though never satisfied with me. I couldn't even shout at the children when they misbehaved. I had to obey her without question in everything. Obeying her was normal since she was elderly, but I had hoped she would occasionally have been considerate of my feelings. From the day I married into the family, I was hardworking, looking after my husband, taking care of my children, and feeling tired every day, and always honoring my mother-in-law who never however looked kindly on me. To tell the truth, I took care of her more meticulously than my own mother, and tried my best to be a good daughter-in-law. Unluckily, my husband was inconsiderate too. When I

occasionally complained to him in a bid to get comfort from him, he lost his temper and blamed me, showing no consideration for my feelings. I really felt like I was being driven mad and felt stressed at home. I was young at that time and felt everything had gone wrong. Now, I am older and a mother-in-law myself, and I understand the attitude my mother-in-law once had towards me. The relationship between us is much better now. We don't live together with the younger generation and so there are far fewer disagreements. In the past a daughter-in-law had to obey her mother-in-law in everything and swallow her pride. It is not easy to be a good daughter-in-law!

It was noted that her husband's mediation between his mother and wife might have lessened the strain in the relationship. A concerned mother should tell her son and a wife who feels wronged should tell her husband, with the man treating both women equally and neither listening to one side of the story nor blaming one rather than the other, lest his favoritism inflames and intensifies the conflict. However, in this case, Dama Pei's husband was seen by Dama Pei as blaming her and favoring his mother, so exacerbating her feeling of being wronged.

Feeling imprisoned in her home, Dama Pei gradually lost confidence and self-esteem and became mentally sick, muttering and mumbling to herself. In the early 1980s, after neurological examination at the county hospital, Dama Pei was diagnosed as suffering from depression. Her husband tried everything to treat her illness. She was even hospitalized when her symptoms became more serious, but she disliked the hospital atmosphere, did not eat or sleep well, and regarded the treatment as poor. Her husband took her home, considered leaving her but did not do so for the sake of their three young children, and continued vainly to apply various treatments.

Her sickness continued for about three years until 1985 when a missionary visited their home and took her to the Christian meeting place. At this and subsequent meetings, Dama Pei became clear-headed and felt that God was comforting her and enabling her to forget her worries. But she would revert to her confused state every time she returned home. Dama Pei later recalled in her own words:

I have believed in God for 30 years. At that time when I was not a Christian I could not cope and when the missionary tried to convert me, saying God would save me, I wondered who actually could save me. I would cry all the time, unable to enjoy life, discarding everything, and being shunned by the children. I criticized everyone I saw, experienced stomach discomfort, could not sleep and, when I tried to do so, felt that a cat was clawing at me and that my mother-in-law was driving me away. While the Christian meetings cleared my head, I felt very bad when I could not attend and just lay outside far away from home, like a beggar, not knowing what to do. But I eventually felt the call of God, recovered and returned home. Although I had seen many doctors and was admitted to a mental institution, the medical treatment made me worse and it was God that helped me recover. God chooses us and the only way we can rescue ourselves is through belief in God.

Dama Pei claimed that during the early days of Christian conversion, God constantly tests whether you are a true believer or a deceitful exploiter, and that she duly passed and qualified. However, despite recovering from mental sickness and believing in God's power, she thereafter failed to pray, subsequently lapsing into sickness. Praying constantly thereafter she got better and, believing and feeling God's power, took Him as her Father. 'Under the guidance of Christ' and, 'with God in her mind', she felt peace and told Him everything about her trapped family circumstances. She and her family relationships improved. 'After believing in God, I was totally relaxed and not afraid of whatever



happened anymore; I know now that God will help me. I am thinking, God, you are really my Father in heaven’.

Of relevance here is Kleinman’s identification:

The social sources of human misery that generate hopelessness, demoralization and self-defeating conceptions of self and situation. These social sources of affliction give rise to the situations that undermine self-esteem, block alternative behavioral options, further limit access to already limited resources, create untenable interpersonal tensions, delegitimate established roles, and lead to outcomes which are simply intolerable. Here we have a micro depressogenic system, and its macro origins; but this is the same system that leads to demoralization, despair, and distress generally (Kleinman 1986, 167).

The pattern described by Kleinman characterizes closely the two cases in which the macro social environment, the local power system and nexus of family relationships bear down heavily on the individual. Influenced by Kleinman’s approach in his study of the distinctive Chinese features of suicide, Fei Wu adds that:

In modern China, which is based on nuclear families, every family member is important to the whole family; each member’s joy and sorrow affect the family atmosphere and the whole family’s honor and disgrace will affect the life of each member. As such, the family has a fundamental ontological meaning to each member’s life, that is to say, life exists as part of a family. When it comes to running our lives, it is to manage a family and settle ourselves in the management of family (Wu 2009, 34).

### Peace and safety: reestablishment of the moral order

How then did involvement in Christian beliefs and renewal of personal identity through God and Jesus actually bring relief to Dabo Pei and Dama Pei? Treatment of mental diseases among Christians in Pei Village includes chanting and individual and collective praying. They interpret scriptural interpretation of sickness in three ways. The first concerns guilt. Anybody who violates the Christian Ten Commandments commits a sin and, as a sinner experiencing guilt, may become sick. Second, sickness is how Jesus tests your loyalty to him. Lastly, sickness’s aim is to protect you from a bigger disaster. It restrains people’s behavior and so reduces their likelihood of incurring misfortune, such that, as Dabo Pei said, even praying to get better did not help if the Lord wanted to protect you.

Isaiah Chapter 49, verse 15 is cited in explanation, ‘How could a woman possibly forget the baby she fed with her breasts or share no pity for her son? Even if she forgets, I never forget you’. Interviewees also said that the ‘Lord will surely come to save you as long as you call for him in emergency’. As in Luhrmann’s study of American Christians (Luhrmann 2004), those in Pei village formed a relationship based on confidence and intimacy with Jesus, who would ensure their wellbeing and security as would an amiable father.

In claiming the earlier existence of two separate external environments and his two isolated egos, Dabo Pei regards the practical moral experience that he has achieved, and the idealized ethical standards promoted by communist society as separated by an impassable gulf between principles imposed by the state and those located in personal experience. He instances the communist claim that its morality is just despite being applied unjustly as in the denunciations of the Cultural Revolution. In order to survive, he himself

unjustly criticized neighbors and acquaintances, an intolerable burden and separation of inner from external ego and circumstances that sees as having led to his neurasthenia. He attributes having reunited them and achieving peace of mind to his Christian beliefs, saying:

The soul's peace requires being an honorable person. What is a distinguished person compared with a degenerate person? Who can be considered as dignified? An official in power? A celebrity? No. Do ordinary people respect rich people because they have things like grand houses and power and influence? They do not if the rich lack a peaceful mind. A person with wealth, reputation and power is certainly not an exalted figure if his mind is not at peace. The eyes in their face are open but the mind's eye remains closed, so they don't have peace of mind.

He likened his experience of the discovery of Christianity to that of Saint Augustine as described by William James: 'when he opened the Bible at random, he saw the text,... which seemed directly sent to his address, and laid the inner storm to rest forever' (James 1985, 136). Dabo Pei specifically identifies reading the Bible as providing inner peace in terms echoed by James, 'When it (the process of unification) occurs, it may come gradually, or it may occur abruptly; it may come through altered feelings, or through altered powers of action; or it may come through new intellectual insights, or through experiences which we shall later have to designate as "mystical". However it comes, it brings a characteristic sort of relief; and never such extreme relief as when it is cast into the religious mould' (James 1985, 139).

In comparison, Dama Pei was aggrieved at how her family power structure prevented her from receiving formal justice<sup>2</sup>, which is described by Wu (2009, 46) as located 'in families where the formal justice is fundamentally established, family members should interact with each other in an intimate, respectful and equal way according to the fixed character role and principle'. Dama Pei also had to confront the experience of two separate external worlds and two detached egos. Confucian ethics decree that the father should be 'majestic', the mother should act benignly, children should show filial obedience, brothers should love and respect each other and the couple should love one another. But she instead experienced unkindness, lack of love and disobedience respectively in these relationships, which defined her as an incompetent and unsatisfactory daughter-in-law, and precluded her from being a good wife and caring mother. In treating her family differently since conversion and putting herself in their place, she talks of being 'bathed in the glory of God's love' and attributes her freedom from anxiety to Jesus's affectionate protection and God's preparedness to organize her life and grant her wishes. She rejects her past view of her mother-in-law as disliking and obstructing her and says:

Since believing in Christianity, the Lord told me he would give me a hand when I complained to him, which reassured me. I trust God will come to help me, no matter what form He takes.

She gave examples of God's help:

Take my home for instance. When we were short of something, the Lord told me not to hesitate to tell him and he would provide. So I told him we need money (rural people are poor, especially before 1978 when China reformed and opened up) and He said we would have some if no accident happened. It's true I can talk to the Lord. Sometimes he kept speaking to me until I awoke. I believe in him so firmly because he treats me really well. He helped me when things were difficult and I was sick. When I had no money, He granted my husband a

contract project. Once, my mother-in-law ate dead chicken meat, which we (Christians) should not eat. So she came close to death as soon as she swallowed it. I hurriedly took her to hospital and heard the Lord saying 'Don't worry, it doesn't matter'. I was really upset at that time, but she recovered immediately when she entered the hospital. As another example, it had been raining day and night before my son got married. He asked me to pray for good weather for his marriage ceremony. I prayed. As a result, it turned sunny and warm for the event. Again, when we were preparing for the burial of an older relative who had passed away, it was also cloudy and threatened rain. I prayed: 'Lord, you know rainy days will make the road too slippery to walk on'. The Lord withheld the rain until we completed the burial ceremony because he wanted to keep us cool in May. He treats us considerately.

Before her Christian conversion, Dama Pei was locally judged to be leading an immoral life by virtue of not being a satisfactory daughter-in-law, good wife or mother. Kleinman warns of the perils of such definitional constraints. 'This normalizing or moralizing process could create truly dangerous patterns of personal actions, if the things that mattered most to the group and society were themselves dangerous' (Kleinman 2006, 226). Family life is here the sole source from which a 'traditional' Chinese woman obtains her identity and finds the meaning and definition of her pursuits. But, not knowing how to resolve her complicated family relationships, Dama Pei could not become a 'moral' person, i.e. 'normal and moral in the eyes of a particular group or society' (Kleinman 2006, 226) and so suffered the mental health crisis leading to severe depression. On 'knowing' Jesus, her moral life was returned to her, and as she gained psychological peace and relief from disputes, declared that she felt her world was now changed into one 'suffused with God's love and glory'.

### The holy local system

According to Kleinman, the impact of a miserable social situation destroys self-esteem, discourages behavioral choices and results in an adverse vicious cycle leading to mental sickness, for which a significant improvement in the external causes of misfortune is a necessary starting point for remedy. He further notes that:

where such changes (the macro level outside the narrow confines of the practitioner-patient relationship) are affected, however, local interventions are also necessary to alter the relationships of oppression, powerlessness, deprivation, and despair that place particular social categories of persons, and particular individuals under the worst health conditions, the greatest social pressure, and the most risks for life troubles (Kleinman 1986, 182).

In the same vein, he says that:

The social sources of human distress are local human contexts of power that distribute resources unequally, that transmit the effects of large scale sociopolitical, economic, and ecological forces unjustly, and that place particular categories of persons under greatest social pressure.....the local context itself is a nested hierarchy of family, network, work, and community settings. This local cultural system systematically relates person (agency) to social structure, bridging physiological processes and social relations. The symbolic medium (the dialectical connection) mediating sociophysiological processes is cultural meaning that connects affect and cognition (here understood as overlapping and interpenetrating biological-psychological relations) and self and body concept as a person-centered system with social relationships as a small group system to ethnoepistemological and moral and political components of the macro system.....risk for illness onset and psychological distress is in large measure the result of one's place, and particularly one's relationships, in a local cultural system (Kleinman 1986, 168).

Reverting to the case of Dabo Pei, he was clearly severely affected by his macro-environment as he struggled through an era of chaotic values, being moreover in a weak position in the local village authority system, unable to choose his own behavior and forced into actions against his will on pain of incurring retribution for himself and family and so unable to find meaning and value in daily life and in a future. He claimed that recovering meaning and value after Christian conversion also gave him dignity and a more harmonious relationship with his family who ceased quarrelling after themselves also converting: 'because in front of Christ, people are more equal, considerate and courteous and do not look up only to men and down to women'.

Dama Pei was evidently also adversely affected by the macro-social environment and local authority system. 'The micro context may be a wretched marital relationship in which a wife's self-esteem is systematically undermined by the conjugal communication system established by cultural rules as much as by idiosyncratic discord' (Kleinman 1986, 168). Chinese traditional culture gives men and women different moral and social positions. Confucian doctrine accords men the lofty mission of 'self-cultivating, family-regulating, state-governing and world-uniting' while women are traditionally required to be diligent and thrifty in running the household, to assist their husband and raise their children. This perhaps entails more than Fei Wu's view of everyday stable Chinese family life as ideally based on 'righteousness'. While Dama Pei is indeed concerned with 'righteousness' in daily family life, Dabo Pei's concern is with value and meaning in his individual life. In a family, the mother-in-law and husband are in far more superior positions than the daughter-in-law, who is in a weak position. This was precisely the origin of Dama Pei's distress and disease.

After professing belief in Christ and through Bible study, Dama Pei not only gained moral life, she also experienced personal change, which in turn subtly altered her position in the local authority system, making her family relationships more harmonious. Rising above her depression and frustrations, she forgave and developed a sympathy for her mother-in-law, honoring her and seeing her now as acting in the interests of the whole family, while also accepting that they each had different ways of handling things and so able to forgive her mother-in-law.

At that time, I was young and did not know how to take care of my son when he was still a baby. I got annoyed when he was noisy, and my mother-in-law criticized me for this. I felt bad and asked her to stay away from my child and stop spoiling him. I was fed up with the fact that the elderly always spoiled the children in my family. However, after professing in Christ, I was told by Jesus that kids should be taken good care of because they were not as sensible as adults. How true that was! Afterwards, I became older and gave birth to my daughter. I knew how to take care of her and felt that kids were adorable no matter what they did. My mother-in-law worked hard to take care of the kids, saving me much trouble. And the kids were very close to her. So I felt that I should show filial obedience to my mother-in-law. The Bible also says that we should show filial obedience. It is right to listen to the Lord.

For both Dabo Pei and Dama Pei, the development of a 'holy local system' vastly improved health, life chances and relationships. But why is such a local system so effective? And can it continue to remain effective under future changing social conditions?

Kleinman talks of 'the consequences for individuals and families of large-scale social structural forces.....mediated by local systems of relationships, norms, and meanings.

Even where it is unfeasible to deal with macrosocietal forces, influencing these local systems of power can be crucial' (Kleinman 1986, 185). Although the chaotic Great Cultural Revolution is now history, Chinese society is still undergoing enormous changes which have given birth to new crises and difficulties. For example, arising out of the dominant doctrine of developmentalism, material consumerism is spreading but has adversely affected rural society which has become characterized as comparatively poor, backward and ignorant (Chen 2003). Dabo Pei and Dama Pei no longer suffer from mental illness despite their relative material deprivation and the crises, risks and impermanence of the new macro social environment. They regard themselves as happy and healthy, because, as they see it, they belong to a holy local system, where they live a moral life, enjoy what they call 'mental peace' and are spiritually protected against risks and crises emanating from the new external macro world.

### Summary and reflection

The subjects of the two studies were affected by mental sickness during the Cultural Revolution, and fully recovered after adopting Christianity. They are now elderly and have lived through historical events like the Cultural Revolution, the period restoring order from chaos, and China's reforms and opening-up policy. They regard their Christian belief as helping them through what they see as the mental effects of the inconsistent values, uncertainty, exposure to violence and poverty of the Cultural Revolution and as providing continuing resilience. As they put it, the holy local system has given them moral, dignified and 'holy selves' (Csordas 1994) located permanently within a protective and mutually caring community. But can this continue?

More wealthy since 2005, and distant from the political pressure of the Cultural Revolution, villagers face new social pressures and uncertainty. 'The problem with the Cultural Revolution was that political relations became more important than any other kind of relations. The problem these days is that money relations are more important than any other kind of relations' (Feng 1996, 256). Along with China's transition to a market economy, some villagers find jobs in nearby towns and cities while some engage in plastic greenhouse vegetable cultivation. Exacerbating the uncertainty, therefore, are significant village income discrepancies, rapid spread of consumerism, more instrumental rationality in relationships, and social reforms. 'What is bringing about more depression in China?.....the replacement of egalitarian values by meritocratic norms and a hastily widening income gap that follow the uneven transition from a collective economy to a market economy may also play a role. By overwhelming people's mental capacities, these volatile changes may bring about frustration, cynicism, and demoralization against a background of an accelerating rise of individualism' (Lee 2011, 206). Lacking rural health resources and with children migrating to work, elderly people are also depicted as experiencing spiritual loneliness. 'In postcollective China generally, everyday life with regard to education, employment, health service, and social and retirement benefits is experienced with a heightened sense of uncertainty. ....Rapidly growing in numbers, elderly people may be especially likely to feel insecure. They are confronted with barriers to health service access and dwindling filial support, the time-honored Confucian foundation of old-age security in Chinese society, and often continued demands of financial and domestic help from their grown children' (Lee 2011, 206–207).

In the face of these new pressures and uncertainty and with nowhere to go, such vulnerable believers in Village Peizhai find that Christianity provides an even more secure and sacred community. They acknowledge that crises can never be eliminated, but liken themselves to a large family, caring for and helping each other and exchanging goods and necessities. As well as compensating for the inadequacies of state medical care by offering believers alternative therapy, the 'holy local' community's strong emotional and moral ties enable villagers to face current challenges of life and death (Zheng, Wei, and Wang 2015).

Notwithstanding the apparently continuing value of the 'holy local' community, there remains a shortage of rural public health facilities, including psychological counseling, for the treatment of mental sickness. Medication alone is often not enough and psychotherapy is sometimes also necessary (Liu 2013). Though evidently successful in reducing the stress and suffering of victims and their families, such treatment is largely confined to trained urban social workers (Zhou 2008). The rural areas not only lack such social workers and psychotherapists, but have a healthcare system which covers only a fraction of expenses for the treatment of mental problems.

It is a matter of definition and assessment as to whether and how much the holy local system can actually heal mental sickness. It seems however to provide a means of emotionally resisting and lessening stresses thought to arise from China's relentless pursuit of economic development occurring 'outside' the succoring community. 'Contrary to earlier assumptions, the more we have learned, the more threatening our environment has become. Heart disease, like cancer, seems to implicate our very way of life: what we choose to eat, what we like to do. It points to the frenetic pace of an economy predicated on ever more rapid technological change and its accompaniment, disordered physiology' (Kleinman 1988, 21).

China is undergoing large-scale politico-economic change, which in turn is changing individuals' previous experience of collective modes of behavior and their personal identities. As Kleinman contended:

Large scale changes in political economy and political power, as are taking place right now in our highly globalized world, change the cultural meanings we take for granted and the collective experience we are socialized into, and with them the self also changes, so that what we believe, how we act together, and who we are as individuals also becomes something new. And that change extends to how we regard ourselves and others. The result is that suffering, well-being, and the ethical practices that respond to human problems are constantly changing as local worlds change and as do we, the people in them, become something new and different (Kleinman 2006, 227).

In facing the prevalence of money worship and greater individual instrumentality in social relationships, rural Christian culture is regarded by its believers as offering new moral life and providing believers with a cultural shield against the risks and crisis of the era. It is particularly attractive to the old, illiterate and to women.

## Notes

1. The two central characters in the case studies are older than and not close kin to the second author, who therefore calls them respectively Dabo Pei and Dama Pei. During fieldwork in the village, the second author avoided building close personal relationships with them in order to

preserve a degree of analytical objectivity. Data were also collected by both authors from the two protagonists' family members, 'bare foot doctors' and other villagers, including psychiatrists in the county hospital in order to check the analysis and conclusions.

2. According to Fei Wu's definition, formal justice means a family requires a certain power structure in which each member has obligations relative to the others creating fundamental relationships of respect and equality. Parents should care for their children, who should respect their parents; the husband should earn money and the wife deal with family issues (Wu 2009, 46).

## Ethical approval

Although institutional ethical approval was not deemed to be required for this research, the research followed the ethical guidelines laid out by the Association of Social Anthropologists of the UK and Commonwealth (ASA) for conducting research, and informed consent was obtained from all participants.

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## References

- Chen, X. 2003. *Salvation and Consumption: Consumerism in the Daily Life of Contemporary China*. Nanjing: Jiangsu People's Publishing House.
- Csordas, T. J. 1994. *The Holy Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley, CA: University of California Press.
- Feng, J. C. 1996. *Ten Years of Madness: Oral Histories of China's Cultural Revolution*. San Francisco, CA: China Books.
- James, W. 1985. *The Varieties of Religious Experience*. Cambridge, MA: Harvard University Press.
- Kleinman, A. 1986. *Social Origins of Distress and Disease: Neurasthenia, Depression, and Pain in Modern China*. New Haven, CT: Yale University Press.
- Kleinman, A. 1988. *The Illness Narratives: Suffering Healing, and the Human Condition*. New York, NY: Basic Books.
- Kleinman, A. 2006. *What Really Matters: Living a Moral Life amidst Uncertainty and Danger*. New York, NY: Oxford University Press.

- Lee, S. 2011. "Depression: Coming of Age in China." In *Deep China: The Moral Life of the Person*, edited by A. Kleinman, Y. Yan, J. Jun, S. Lee, E. Zhang, T. Pan, F. Wu, and J. Guo, 177–212. Berkeley, CA: University of California Press.
- Liu, H. 2013. "Intervention of Social Work in Psychiatric Patients' Rehabilitation Process in China." PhD diss., Department of Sociology, Central China Normal University.
- Luhrmann, T. M. 2004. "Metakinesis, How God Becomes Intimate in Contemporary U.S Christianity." *American Anthropology* 106 (3): 518–528.
- Qi, G., Z. Liang, and X. Li. 2014. "Christian Conversion and the Re-Imagining of Illness and Healthcare in Rural China." *The Asia Pacific Journal of Anthropology* 15 (5): 396–413.
- Wu, F. 2009. *Suicide and Justice: A Cultural Interpretation of the Suicide Phenomenon of a County in North China*. Beijing: Renmin University Press.
- Zheng, H., W. Wei, and L. Wang. 2015. "Rural Christians' View of Sickness Treatment Behavior: A Case Study from a Shandong Village, China." *Anthropology and Medicine* 22 (2): 114–126.
- Zhou, X. 2008. "Research on Social Work Intervention in Mental Disease Treatment." *Research on Social Work Practice* 10: 22–23.