

“Insanity Is the Price of Modern Civilization”: The Discourse of Civilization and the Asian Insane in Modern America[†]

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1. Introduction

In 1973, sociologists Bernard Berk and Lucy Cheng Hirata published “Mental Illness among the Chinese: Myth or Reality?” in which they examined “trends in mental hospital commitments among the Chinese in California over the past one hundred years.” Their study showed that initially the Chinese hospital commitment rate was lower than the general commitment rate but it increased dramatically in the 1930s and 40s. By

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the 1950s, the commitment rate among the Chinese had approximated that of the general population (Berk and Hirata, 1973: 156). Berk and Hirata explained that this trend was derived from "a change in the source of social control for the Chinese in the United States, and their gradual involvement with formal agencies of social control" (165). Better access to hospital facilities as well as urbanization and industrialization of Chinese communities in California contributed to the rise of hospital commitments among the Chinese.

Berk and Hirata also offered explanations for the initial lower rates of institutional commitment. In the earlier period, census figures were often incorrect, and commitment rates calculated from the census reports failed to reflect the reality. In California, the Chinese tended to be young and healthy, which decreased the possibility of mental illness among the population. In addition, the lack of pathology was often attributed to "the Chinese family system and their segregated positions in the larger society," which had "successfully insulated them from the stresses and anxieties of modern life" (151). Berk and Hirata admitted to having only tentative answers, but they challenged the myth that the Chinese in America had "an unusually low rate of deviance in general, and mental illness specifically" (150).

This essay proposes another answer: the discourse of civilization at the turn of the twentieth century produced a long-lasting belief that the uncivilized rarely experienced insanity and helped dismiss the reality of mental illness among Asians in America. Chinese were not the only group associated with the alleged resilience to mental illness; Japanese were similarly neglected when it came to their mental troubles. In the past decades, scholars in the fields of psychiatry and Asian American

studies examined Asian immigrants' mental health issues and attributed the "myth" of Asian mental illness to their cultural differences, lack of American medical knowledge, and stigma attached to mental illness in Asian communities. Even well into the second half of the twentieth century, Asian immigrants did not seek help for their mental troubles, and if they did, they tended to somatize their mental worries, complaining of pain in their bodies rather than in minds (Sue and Morishima, 1982; Gaw, 1993; Kurasaki et al., 2002). That is, the myth was constructed partly because they expressed their troubles in ways that were illegible to the American eyes.

At the turn of the twentieth century, "insanity" remained a protean concept with various social, cultural, and medical meanings (Treadway, 1925; Torrey and Miller, 2001; de Young, 2010: 260). By the early 1900s, insanity had become a legal term (Tighe, 2005), but it continued to be used for various mental disorders, such as mania, dementia, depression, epilepsy, mental retardation, and even deviancy, and carried different meanings for different people. In addition, insanity became more problematic as it was increasingly coupled with immigration into the United States. Between 1890 and 1930, about 24 million people from all around the world landed in America.¹⁾ Ellis Island and the Atlantic seaboard received more than 75 percent of all immigrants; Angel Island in San Francisco processed the majority of Asian newcomers, although they were only a fraction of the immigrants arriving in America. These "new

1) During the period, about 19 million entered America from Europe; 750,000 from Asia; 3 million from the Americas; 22,000 from Africa; and 40,000 from Oceania. Table 2. Persons obtaining legal permanent resident status by region and selected country of last residence: fiscal years 1820 to 2010. U.S. Department of Homeland Security, Office of Immigration Statistics, *2010 Yearbook of Immigration Statistics*.

immigrants" brought about multifarious discussions on their desirability as future citizens. They were frequently blamed for becoming public charges at American institutions and threatening the health of the nation (Kraut, 1994; Dowbiggin, 1997; Fairchild, 2003). In particular, European immigrants and their movements to and within the U.S. were associated with growing insanity rates in America (Salmon, 1907; Swift, 1913). Concerns with insanity preceded the major influx of European immigrants; however, conscious of the alleged link between immigration and insanity, the American public called for exclusion, institutional confinement, and deportation to deal with mentally disturbed newcomers.

Not only European but also Asian immigrants generated fierce political, social and medical debates during the period. From the time of arrival, Chinese (in the 1850s) and Japanese (in the 1860s) were criticized for being so different, having no intention to settle, and contaminating the nation with their diseased bodies and immoral conducts (Cott, 1988; Shah, 2001; Lee, 2003; Ngai, 2005). The Chinese Exclusion Acts of the late nineteenth and early twentieth centuries barred Chinese immigrants from entering the United States; the passage of the 1924 National Origins Act virtually terminated the immigration of all Asians. Even those who were entitled to enter and live in the United States, such as merchants and their wives, students, and long-term residents, were not always protected. Many were excluded and deported for having trachoma (contagious eye disease), leprosy, cholera, or hookworm never to set foot again on American soil. Of all the vices, however, Asian immigrants were saved from the ignominy of insanity; given the anti-Asian sentiments that dominated the country during the same period, it is a wonder that they were not blamed for it.

Why were Asians, and by extension, Asian immigrants considered immune to insanity well into the twentieth century? Where did Americans get the idea that Asian immigrants rarely experienced the disease of the mind? Was Asian mental illness a myth or a reality? While there has been growing interest in mental illness among Asian Americans, historical examinations on Asians in the United States and their mental troubles are still hard to come by, perhaps because the alleged rarity of mental illness among early Asian immigrants was taken for granted. Medical periodicals and newspaper reports across the United States either concurred that the Asian insane were nonexistent or alluded that they were aberrations even as they were found at mental hospitals or deported for insanity. The secondary literature has neglected this population as well. Historical studies on California state mental hospitals have no reference to Chinese and Japanese patients (Fox, 1979; Braslow, 1997); Andrew Scull's comprehensive monograph, *Madness in Civilization*, skips insane Chinese and Japanese in the United States (Scull, 2015). Research on St. Elizabeths Hospital in Washington, DC, which received quite a few Chinese and Japanese patients in the early twentieth century, fail to probe this particular patient body at the federal institution (Summers, 2019; Gambino, 2008). Many others refer to insane Asians only fleetingly or include few mentions of them (Gamwell and Tomes, 1995; Torrey and Miller, 2001; de Young, 2010). They are in stark contrast with the recent studies on madness in China and Japan, which trace the adoption and appropriation of modern western psychiatry in the region at the turn of the twentieth century (Szto, 2002; Ma, 2014; Baum, 2018; Suzuki, 2003). Since the two sides have not been in conversation with each other, the question arises as to why the American public and medical practitioners

dismissed Asian mental patients despite having and knowing insane Asians in their midst.

This essay takes Berk and Hirata's research as a starting point to reexamine the myth of Asian mental illness in America. It aims to understand the historical process by which the discourse of civilization and its relation to insanity rendered Asian mental illness invisible.²⁾ The lack of insanity was, without a doubt, one of the few positive aspects of Asian immigration; however, it was also a sign that Asians lacked civilization, thus unsuited to American life. The first two parts of the essay describe how the civilization discourse enabled American medical experts to configure insanity along the racial line and conceptualize the insanity of non-whites in the United States. The next part shifts its focus away from the U.S. to China and Japan to discuss the ways in which American missionaries and medical experts in Asia reaffirmed the civilization discourse as they gathered knowledge of the Asian insane and transferred it to the United States. The last part unravels the myth of Asian mental resilience by looking at American mental institutions and their Asian inmate population. The discourse of civilization, which rationalized the invisibility of the Asian insane, in turn helped foster American imaginings of Asians as inscrutable and inassimilable aliens, whose psychology was beyond the reach of American medicine.

Admittedly, Chinese and Japanese were two distinct groups of people and understood as such, but in contemporary American society, they were often lumped together as Orientals, Mongolians, or Asiatics and

2) Koreans, Filipinos, and East Indians, too, succumbed to insanity once they came to the U.S.; however, they were rarely discussed in government records and media reports mainly due to their insignificant number. What is more, in actual practice, American medical professionals were incapable of distinguishing one Asian country from another.

treated not very differently from each other in terms of social, legal, and medical regulations (Schor, 2017: 133-134). In a similar vein, Asians and Asian Americans (or immigrants) should not be classified as one and the same; however, as literary critics Lisa Lowe and Ann Anlin Cheng explain, the American view of Asia as a perpetually foreign entity often made possible the identification of Asian Americans with Asians (Cheng, 2001; Lowe, 1996).³⁾ Therefore, this essay adopts the contemporary American practice in discussing the Asian insane within the U.S.

2. Civilization and Insanity

Discussions of insanity and Asian immigration cannot be complete without taking into account the discourse of civilization. "Civilization" itself was an ambivalent and versatile term, and it offered a useful tool to explain various phenomena of modern society. As historian Adam McKeown explains, "civilization" was well suited to the task of global distinctions between peoples. On the one hand, it was a "self-consciously race neutral and ostensibly universal" term; on the other hand, limited to a group of "civilized" nations or peoples, the term civilization could also be "an explicitly racial concept" (McKeown, 2008: 9, 366). Historian Gail Bederman offers a more detailed explanation of civilization and race: "Human races were assumed to evolve from simple savagery, through violent barbarism, to advanced and valuable civilization. But only white races had, as yet, evolved to the civilized stage. In fact, people sometimes

3) Cheng further states that a similar identification of "African Americans" with "Africans" is neither likely nor acceptable, suggesting the unique position occupied by Asians and Asian Americans in the U.S. (Cheng, 2001: 69).

spoke of civilization as if it were itself a racial trait, inherited by all Anglo-Saxons and other 'advanced' white races" (Bederman, 1995: 25). Thus, the discourse of civilization drew a clear color line between races in America and distinguished European immigrants from their Asian counterparts. Discussing the U.S. migration control, McKeown states: "[F]ree mobility in the interior of nations and equal access to law were features that distinguished the civilized states from barbaric and despotic ones. The lack of these features in Asia justified intervention" (9). This view rendered Asia different from and inferior to the civilized, thus self-ruling, free-moving world of the West. True, Americans accepted that newcomers from Europe, whom they initially regarded with suspicion and even fear, could become citizens, buy land or home, settle down, and shed their undesirability. Asians in America, on the other hand, had been considered different from "immigrants," who were, in the post-emancipation racial logic, European and "white" (Jung, 2006: 144). Legal measures against Asian immigrants, including the 1882 Chinese Exclusion Act, the Gentleman's Agreement of 1907, the Asiatic Zone of the 1917 Immigration Act as well as the California Alien Land Law of 1913, effectively prevented their permanent settlement and home-founding in America (Wong, 1993).

Civilization was not without embedded contradictions. While it ordered the international world, it was responsible for producing various pathologies of modern society, one of which was insanity. In the mid-nineteenth century, as the U.S. census began to count the number of Americans with physical and mental infirmities, medical experts, social scientists, and lay people realized that insanity became a new American phenomenon (Gamwell and Tomes, 1995: 101-103; Torrey and Miller,

2001: 235-238). To explain the increase in insanity rates, they defined insanity as a disease of civilization and its attendant struggles.⁴⁾ In 1852, American physician Edward Jarvis asserted: "Insanity is... a part of the price which we pay for civilization. The causes of the one increase with the developments and results of the other" (Jarvis, 1852: 360; Torrey and Miller, 2001: 236). As Torrey and Miller explain, the link between insanity and civilization had been perpetuated by British professionals as well (237). In 1869, Henry Maudsley, the prominent British physician, agreed that the "great strain of mental work" of an "active civilization" increased the likelihood of mental disease. He argued that "an increase of insanity is a penalty which an increase of our present civilization necessarily pays," and therefore, the civilized world should bear the burden in silence.⁵⁾

Their views died hard. In 1905, discussing insanity in Canada, T. J. W. Burgess, a Canadian physician and asylum superintendent, admitted that "[o]ur high-pressure civilization does not come to us without attendant woes" (17). He explained that in Canada, like in any other western countries, modern civilization resulted in the increasing rates of insanity. In his 1910 Harvard Medical School lecture, F. H. Packard of McLean Hospital in Boston again confirmed the association of insanity and modern civilization. In addition, he noted that the uncivilized, too, could go insane under the influence of civilization:

4) According to historian Brad Campbell, the "insanity question" of the nineteenth century was "a highly-loaded, highly-racialized reflection of a hyper 'civilized' nation's anxiety over its relationship to its uncivilized Other" (Campbell, 2007: 169).

5) From "The Physiology and Pathology of the Mind," cited in "The Poor of New York: Report of the Citizens' Association on the Condition of Our Public Charities, New York, August 2, 1869," *New York Times*, 4 August 1869. To the Citizens' Association of New York. Section on "The Insane Hospital."

It is the unanimous report of qualified observers that mental diseases are quite rare among people of lower civilization. More interesting is the influence wrought upon these people when brought in contact with civilization. For example, the Arab in Europe is subject to general paralysis, although it is a very rare disease in his own country. The North American Negro, when in slavery and cared for like an animal was subject to comparatively little mental trouble, and since the Civil War insanity among the Negroes has trebled and general paralysis, a mental disease formerly almost unknown among the Negroes, is now more prevalent with them than among the whites.⁶⁾

However, civilization itself was not to blame. The real problem was the incapability of the less civilized, especially the “colored” (here, Arabs and Negroes), to cope with the western world.

Others had different views of civilization and insanity. In 1903, John W. Robertson, Superintendent of Livermore Sanitarium in California, asserted that civilization was not the cause of insanity. Modern civilization greatly changed American life, he agreed, but it also brought about advances in medicine and care for the mentally diseased, which protected the public and helped individuals. According to Robertson, a high insanity rate was “a badge of honor to a nation” because it proved that the nation in question was not only civilized but also humanized enough to provide adequate care for its insane (Robertson, 1903: 77). He concluded: “a State which does not show a higher ratio [of insanity] is not, in the best way, caring for her incompetents” (86). There was even a challenge against the very premise that insanity was growing in America.

6) “Causes of Insanity Discussed,” *Boston Evening Transcript*, 8 April 1910.

While the 1906 U.S. census report on the insane raised alarms, it showed that America was still not as crazy as some of the European countries.⁷⁾ In the same year, a *Chicago Daily Tribune* report flatly denied the growth of insanity. Criticizing the head of a Maryland hospital, it claimed: "He sees more insane than he does sane people, and for that reason, perhaps fancies the world is going mad."⁸⁾ Medical professionals themselves expressed doubts about insanity in America. For example, Dr. Henry R. Stedman of Boston insisted that the prolonged life of insane patients gave a false impression that insanity was increasing in the country, but efforts to eliminate unhealthy and unsanitary conditions made the rise in insanity doubtful.⁹⁾ Nevertheless, advances in civilization and their relation to insanity were widely publicized. As late as 1931, at his address before the American College of Surgeons, Charles H. Mayo of the Mayo Clinic asserted that "[t]he price of civilization is an enormous amount of insanity." He continued: "The world has moved ahead so fast in material civilization that man has almost got behind in his power of adaptation. Every other hospital bed in the United States is for mentally afflicted, insane, idiotic, feeble-minded, or senile persons. There is enormous number who are almost fit for the asylum."¹⁰⁾ Insanity remained tied to civilization throughout the early twentieth century, but it came to take a different form for non-whites in America.

7) "Is Insanity Increasing? Record of Census Given," *Chicago Daily Tribune*, 9 August 1906; "The Increase of Insanity," *San Francisco Chronicle*, 10 December 1906.

8) "The Growth of Insanity," *Chicago Daily Tribune*, 11 August 1906.

9) "Insanity Not Increasing," *Boston Daily Globe*, 4 February 1908.

10) "Mayo Finds Insanity Price of Civilization," *New York Times*, 15 October 1931. Psychiatrist Adolf Meyer and his followers argued that poor adjustment might lead to psychopathological reactions.

3. Insanity among Non-Whites in America

Despite growing anti-immigration sentiments at the turn of the twentieth century, the discourse of civilization rarely problematized European immigrants. Their susceptibility to insanity as a response to American industrialization and urbanization put them on a par with native-born white Americans. The problem was to explain insanity, or lack thereof, among non-white, non-European people. Often lumped in a category of the "uncivilized" and put in different evolutionary positions, African Americans, Native Americans, and Asians—mostly Chinese and Japanese—were believed less likely to suffer from insanity (Campbell, 2007; Briggs, 2000). If they went insane, it was, as historian G. Eric Jarvis explains, "due to their attempts to live in environments beyond their natural capacity" (Jarvis, 2008: 235). This odd assurance explained both the prominence of more civilized European immigrants and the absence of concern for Asian immigrants in the nation's fearful discussions of insanity.

Medical experts at the turn of the twentieth century knew of "colored" insanity or, to a lesser extent, "oriental psychology," but they had neither clinical experiences nor clear psychiatric disciplines to explain this phenomenon.¹¹⁾ Thus, insanity in African Americans was explained by

11) Examining the notion of "colored insanity" and analyzing medical articles on African-American insanity, Sean Harris claims that colored insanity proved to be "little more than a set of convenient notions that psychiatrists borrowed to explain something they never truly understood" (Harris, 2007: 183-184). Asian patients, due to language and cultural differences, might have been even more difficult to understand. For colored insanity, see also Hughes, 1992; Gambino, 2008; Metzl, 2009; Gamwell and Tomes, 1995. Downs (2012) offers general discussions of black illness. In common usage, the term "oriental psychology" meant the oriental mind or philosophy, but it also referred to mental conditions of Asians.

their sudden emancipation and innate qualities unsuited to freedom and independence (Gamwell and Tomes, 1995). Native Americans were largely absent from the discussion of insanity due to their isolation (Stratton, 1983), and Asian immigrants, partly because of their small number, were seldom criticized for the disease. However, there was more to it than these simple answers.

Historian Brad Campbell explains that since insanity was regarded as a byproduct of civilization, it was inconceivable for many Americans that African Americans had as many cases of insanity as white Americans. In order to address this dilemma, medical practitioners at the turn of the twentieth century distinguished the forms and causes of insanity suffered by the two groups and explained that inferiority of African Americans made them incompatible with American civilization and that their insanity diverged from that of civilized Americans. This "reconfiguration of insanity along racial lines" confirmed the different evolutionary positions that these races occupied and constructed a particular kind of American madness appearing only among privileged white, middle-class men, while disqualifying the majority of the population (Campbell, 2007: 175).¹²⁾ The color line drawn between whites and blacks suggests that a similar line could be drawn for Asians and Asian immigrants.

12) Campbell's main argument concerns neurasthenic discourse in the United States. He distinguishes neurasthenia and insanity as different categories but also argues that "these two discourses, emerging at around the same time, employing the same biological logic and manifesting the same primitivist assumptions, cooperated to manufacture a particular kind of American whose identity and modernity were fundamentally predicated upon a capacity (or lack thereof) for complex, modern neuroses" (Campbell, 2007: 175). Thus, when he discusses African Americans and their mental ills, Campbell resorts to "insanity" rather than neurasthenia. Black "insanity" was different in its nature from the insanity suffered by whites, whose mental troubles were to be explained in neurasthenic terms.

To the American public, Asians were so alien that nobody knew for sure "what effect years and years and centuries of contact with the civilization and intelligence of the white race would have on them."¹³⁾ By juxtaposing Asian aliens with the racial Other in America, however, the discourse of civilization offered a means to comprehend the inscrutable. According to literary critic Julia H. Lee, African Americans and Chinese occupied polar opposite positions in relation to civilization: while African Americans were believed never to have achieved civilization, Chinese and other Asians (i.e. East Indians) were viewed as having already reached the apogee but been declining, incapable of emulating its modern, western form (Lee, 2011: 38). Despite their differences, both Chinese and African Americans were described as "heathen, inherently inferior, savage, depraved, and lustful" (Lee, 2011: 27). Legal, social, and economic restrictions upon African Americans were also extended to the Chinese population in the U.S. (Aarim-Heriot, 2003: 62).

Japan posed a somewhat different problem. The development of a scientific classification system in late nineteenth-century America stratified races and nations of the world and showed the ways in which not only civilization but also political prowess shaped the global hierarchy. For instance, the 1870 and 1880 U.S. census reports had enumerated Japanese in America as part of the Chinese population for statistical purposes, but the 1890 census treated Japanese as a separate group, reflecting the changing perceptions of Japan in the international arena (Schor, 2017: 131-133). Japanese occupied a higher social and political stratum

13) Mr. Londerbeek, Police Judge, 47th Cong., 1st sess., *Congressional Record* (14 March 1882), p. 1903. Contemporary congressional debates show that Chinese immigrants were constantly compared with African Americans and Native Americans in terms of their civilization and "colored" status (see also Aarim-Heriot, 2003; Jung, 2006).

than Chinese as "Christian, democratic, cultivated, honest, intelligent, polished, gentlemen." They were considered "peaceable, quiet citizens" and called the "Frenchmen of the east" (Hochschild and Powell, 2008: 73). With its growing international visibility, Japan also entered "the family of civilized nations" (McKeown, 2008: 154). This international hierarchy shaped American immigration policies for the Japanese, who were regulated more leniently than the Chinese. Still, grouped together as the "Asiatic races," both Chinese and Japanese continued to occupy an in-between status, neither barbaric nor fully civilized: "China, India, and Japan are countries whose civilization is of great antiquity, and may be said to hold an intermediate place between the European and that of barbarous tribes" (Blandford, 1897: 17).

The discourse of civilization defined not only peoples in America but also their insanity. One example is the 1916 four-volume study, *The Institutional Care of the Insane in the United States and Canada*, edited by Henry M. Hurd of the Johns Hopkins Hospital and several medical professionals. In the first volume, Hurd et al. offered a short chapter titled "Insanity among Negroes, Indians, Chinese and Japanese in the United States," with surveys of the rates and causes of insanity in the four seemingly unrelated groups. In the section on "Negroes," they reiterated the opinion of a prominent southern physician-expert on African Americans, who maintained that with emancipation came insanity and that racial inferiority and growing knowledge of available institutional care led to an increase in the number of insanity cases among the black population. Unlike white Americans, "negroes" were of "a simple nature, giving little thought to the future, accepting responsibility thoughtlessly, and desiring only the gratification of the present" (Hurd et al., 1916:

377). Thus, in the natural environment, these uncivilized members of American society would not go insane. Hurd et al. admitted that insanity among this group increased rapidly in recent years, but they took solace in that the type of insanity was not the same as that of white Americans and could be treated with restraint and control.

The next section for North American Indians explained diverse opinions as to their rate of insanity: some argued that Indians were less prone than whites to insanity while others observed that growing access to public hospitals equalized its occurrence (Hurd et al., 1916: 384). For Hurd and others, it was the sudden exposure to civilization and enlightenment that produced their insanity.¹⁴⁾ For instance, American newspapers reported in the 1890s that there were "no Indian Lunatics" because "a full blooded Indian lunatic never lived."¹⁵⁾ Most insane Indians, according to these reports, were of mixed race as a result of interactions with whites.¹⁶⁾ In 1898 and 1899, the U.S. government launched a plan to build an asylum for insane Indians in Canton, South Dakota, because it was believed that they received no proper care from their tribal members who had a superstitious fear of insanity: "It is well known that feeble minded, demented and insane Indians, as well as the aged and infirm, receive little care and attention from their relatives or tribesmen. A crazy Indian is universally regarded by his brethren as good as a dead Indian."¹⁷⁾ The

14) The volume included an article by H. R. Hummer, Superintendent of the asylum for Indians in Canton, South Dakota, who observed that insane Indians and whites displayed the same mental symptoms but Indians were more "reticent" and harbored superstitions "fully as prominent as those of the plantation negro" (Hurd et al., 1916: 391).

15) "No Indian Lunatics," *Los Angeles Times*, 25 June 1899.

16) "Insane Asylum for Indians," Special to *New-York Tribune*, 24 May 1899.

17) "An Asylum for Insane Indians," Special to *New-York Tribune*, 19 January 1902. Ray Stratton, on the other hand, argues that the Cherokees had taken good care of their

mental hospital for the Indian insane became essential, if not to cure them, then to propagate humanitarian ideals of civilized Americans. In 1901, as the completion of the Indian asylum came near, Americans began to worry that with "the march of civilization," they might see more and more insane Indians.¹⁸⁾ Still, it seemed that Indians displayed fewer cases of insanity than others; by insulating themselves from American civilization and going back to their "normal habits," insane Indians would regain their health.¹⁹⁾

Hurd et al. closed the chapter with a cursory examination of the Chinese and Japanese insane in the United States between 1890 and 1910. Only three paragraphs were devoted to the discussion of the two groups, and they suggested that the presence of the Asian insane, though a puzzle, could be explained away through comparisons with African Americans and American Indians. The 1910 U.S. census reported: "out of a total of 187,791 insane enumerated of 'other colored' races, 491 persons [were], 'mostly, if not entirely, Chinese and Japanese'" (Hurd et al., 1916: 393).²⁰⁾ Less than 0.3 percent of the colored insane were Chinese and Japanese; however, by focusing readers' attention on the word, "mostly," this seemingly objective statement gave an impression that the Asian insane might become a real threat to the national body.

own sick and ill in the antebellum period. As the Civil War disrupted community-level care, the Cherokee Indian Nation passed an act in 1873 to establish a Cherokee Asylum for the Insane, Deaf, Dumb and Blind, thirty years before the building of the Canton mental hospital (Stratton, 1983).

18) "Asylum for Insane Indians," Special Dispatch to *New York Times*, 22 December 1901. The federal government opened the hospital in 1902.

19) "Gain in Indian Insanity," *Chicago Daily Tribune*, 3 January 1904.

20) Hurd et al. summed up the 1890 U.S. census data as follows: "The proportion of insane among the Chinese is small, when it is taken into consideration that the Chinese population consists mainly of adults" (393).

That “Chinese and Japanese” were grouped together with other “colored” Americans and not included in the “immigration” chapter of the edition also hinted at the extent to which Asians in the U.S. were distinguished from ordinary—that is, European—immigrants.²¹⁾

Using civilization as an explanation, American medical experts constructed their own knowledge of “colored” insanity. This knowledge was further corroborated by American missionaries and medical professionals stationed in the East. The Americans in China and Japan at the turn of the twentieth century were aware of the alleged increase in mental problems in America, and their contact with the “natives” allowed them to draw from and add to the American medical understandings of insanity.²²⁾ The inherently inferior and uncivilized nature of Asians was to remain unchanged no matter where they were; it was assumed that observations from Asia could further explain Chinese and Japanese “immigrants” in the United States.

4. Forming Medical Knowledge in the Orient²³⁾

21) The same volume had a chapter titled “Immigration as a factor in the increase of insanity,” which focused on preventing the entry of insane immigrants and facilitating their deportation from the United States. Chinese and Japanese were “immigrants” in their own rights, but they were not regarded as such in this edition.

22) Several studies have been published on Chinese and Japanese hospitals and psychiatric system in the late nineteenth and early twentieth centuries (Xu, 2011; Ma, 2014; Baum, 2018; Suzuki, 2003). For China, Peter Paul Szto (2002) discusses connections between missionary organizations and insane asylums and explores the establishment of the Chinese mental hospital system during the same period. Rhi (1999), Chung et al. (2006), Lee (2013), and Yoo (2016) delve into the history of psychiatry in Korea. When it comes to the history of psychiatry, Asian countries other than China and Japan have not garnered much attention, but contemporary American news reports offered stories of Koreans and Filipinos going crazy in both their countries and the United States.

23) Scholars like Zhiying Ma (2014) reference colonialism to discuss medical missionaries in China; however, conditions in China and Japan were different from other colonies

As Hurd et al.'s volume suggests, the "Oriental" insane received little public attention in the United States; yet, American medical experts were not unaware of their presence in the East. Indeed, the transfer of knowledge between the East and the West, which drew in large part on the discourse of civilization, constructed and reinforced the stereotypical images of the Asian insane back in the United States. As early as 1847, the *American Journal of Insanity* published an article on insanity in China. It quoted missionaries stationed in China to explain that insanity was relatively unknown to the country because of its environment and dietary regimen: "The people of China do not live in that fever of excitement we do, are not fed so high with stimulating meats and drinks, and suffer little from mental diseases" ("Insanity in China," 1847: 76). In addition, it was believed that civilization, or lack thereof, played a part in stabilizing the Chinese mental conditions. American medical experts reiterated that mental illness appeared only with the introduction of Western styles of life. According to the 1895 *Medical Insurance*, "[i]nsanity in China is estimated at one in every five thousand; including idiocy, one in every two thousand; while in Japan it is said that any form of mental impairment is seldom met with, except in those portions of country which have been longest and most subject to foreign influence."²⁴⁾

American missionaries and doctors in the East, too, had believed in Asian mental stability, but they began to see insanity anew through their daily interactions with the "natives." They realized that traditional medicine and folk remedies were used to cure insanity; the family, community,

and were hard to categorize (Rogaski, 2004). In the colonial contexts, mental illness of white colonialists became a main concern (Ernst, 2010; Anderson, 2006; Keller, 2007).
24) *Medical Insurance* 10 (1895), p. 571.

and religious organizations cared for unfortunate people among them (Suzuki, 2003).²⁵⁾ Still, the "abundance of theories, speculations, traditions and superstitions" in the East fueled the Americans' humanitarian ambition and desire to establish a modern mental hospital for proper care and treatment of the insane.²⁶⁾ The ancient civilization, which had stopped advancing and progressing, needed western intervention. In 1899, the *Journal of the American Medical Association* offered its support:

It seemed to be assumed that their [Chinese] particular type of non-progressive civilization, and the stereotyped habits and modes of thought, while not favoring the highest intellectual development, were equally unfavorable to tendencies toward pronounced mental disease. The fact, too, of the comparatively low value set on human life in China was thought to be a possible cause for the non-survival for any long period of helpless, demented individuals, who without care must quickly succumb, and the accumulation of insanity, that is one of our most serious social problems, has been thought, therefore, not to be one that troubled to any extent Chinese economists or statesmen.

Citing Dr. Kerr, a leading medical missionary, it explained that "the ratio of insane to the general population" would reach "a point not far, if any, below that of European states" ("Insanity in China," 1899: 1330). American medical missionaries and doctors witnessed the real Asia,

25) According to an American missionary woman, whose husband founded the first hospital in Siam, present-day Thailand, "in Buddhist countries insane people are sent to the temples and cared for by the priests, as hospitals for the insane are unknown in heathen lands." "The Opening Day," *San Francisco Call*, 11 January 1894.

26) "Absurd Chinese Notions," *New York Times*, 2 April 1890. This report was based on "Medical Science in China," which was prepared by E. P. Thwing of the Canton Hospital and read by Dr. Henry S. Drayton before the Academy of Anthropology.

cruel, inhumane, and uncivilized; and as they did for the Indian insane back home, these Americans had to embark on a civilizing mission in the East before it was too late.²⁷⁾

In China, the Medical Missionary Association of China published the *China Medical Missionary Journal* to share the knowledge of medicine and religion with colleagues in America.²⁸⁾ Its members also made occasional visits to the United States to offer the news from the Orient and solicit financial assistance. John G. Kerr, the president of the China Medical Missionary Association and editor of the journal, played a crucial role in building and managing the first Chinese mental hospital in Canton in 1898, the Kerr's Refuge for Insane. Kerr's plan for an asylum had been thwarted several times because his funders did not consider a mental hospital worthy of their investment, perhaps because they believed insanity rare in China. The *China Medical Missionary Journal* had few articles on insanity, and they were almost always related to the Kerr's Refuge. At the 1890 conference of the China Medical Missionary Association, Kerr lamented that without a single asylum, the insane in China were "subject to hardship and ill-treatment in many forms, often resulting in premature death" (Kerr, 1890: 69). An asylum was necessary not only for the Chinese but also for mission church members, who

27) Another example of western medical intervention was Syria. In 1897, the first insane asylum was founded in Beirut, Syria, with the help of Americans aspiring for humanitarian care of the insane. Syrians and foreigners alike agreed that Syria needed a hospital for the mentally diseased "as these unfortunates had been treated inhumanely, being chained, scourged and manhandled 'to drive the devils out,'" Americans made medical and material contributions to the institution, and a professor of psychiatry of American University directed the hospital (Khairallah, 1939). For Asian mental hospitals in later periods, see Berne, 1949.

28) In 1907, the journal changed its name to the *China Medical Journal*. For discussions of the journal, see Jo, 2015.

might go insane during their stay; Kerr hoped that it would help the ordinary mission work continue without interruptions.²⁹⁾ Professor Edward P. Thwing, another medical missionary, joined forces with Kerr. After spending several years in China, Thwing returned to the U.S. in 1890 to appeal to American benefactors for a mental hospital in China. He had another goal in mind: informing Americans of the "real" China. According to him, no statistics was available to give a satisfying account of the prevalence of insanity in the country, but he was certain that there was less insanity than in America because "[i]nsanity is the price of modern civilization." Thwing reaffirmed China's uncivilized state by offering a previously unknown but strangely familiar portrait of Chinese society:

Hospitals for the insane have never been known in China. Insane people are generally, or often, killed, and many commit suicide... Maniacs who are allowed to live are sometimes chained to a wall in a dark room or chained to a post, where they are simply allowed to exist in revolting filth, with no further care than perhaps a bowl of rice once a day... In China, when an insane person is killed the most common method is to wind his queue around his neck and strangle him to death, though naturally a variety of methods are pursued as convenience or inclination may dictate.³⁰⁾

He claimed that both China and Japan did not "know anything about caring for insane people"³¹⁾ and hoped that building an insane hospital

29) "The Insane of China," *New York Evangelist*, 26 February 1891.

30) "Caring for the Insane in China: No Asylum in the Empire—Lunatics Are Killed without Mercy," *Chicago Daily Tribune*, 29 July 1890.

31) *Ibid.*

would mark "an era in the work of civilizing the natives."³²⁾

Thwing and Kerr's effort bore fruit in 1898, and since its opening, the Kerr's Refuge for Insane had cared for the Chinese and worked closely with the local police and government in detecting and treating mentally ill residents (Selden, 1903; Szto, 2002; Xu, 2011). In 1899, Charles C. Selden succeeded Kerr as the new superintendent of the Refuge. As E. P. Thwing did a decade ago, he made several visits to the United States, providing Christian patrons and medical experts back home with exotic tales of the East (Selden, 1903; 1909a; 1909b): women sold into slavery or prostitution, barbaric marriage practices alien to the West, foot-binding, and the Chinese mind still a puzzle even to those "who know them best" (Selden, 1913: 415, 422-423).³³⁾ Selden acknowledged that insanity was not uncommon in China and that symptoms of his Chinese patients were similar to those of Americans. Yet, reversing the civilization discourse, Selden called for changes and developments in China: "Among the conditions that no doubt contribute to the prevalence of insanity [in China], one should speak of the awful poverty; the distress following flood, pestilence and famine at certain times, and in the case of a large number at all times the difficulty of getting enough food to fill the mouths of the family" (Selden, 1913: 422-423). Though ironic, his explanation that the lack of civilization threatened mental health of the natives did not compromise the American understandings of insanity and civilization. Rather, it confirmed China's inability to protect its people and reinforced

32) "For Insane Chinese: An Asylum to Be Built at Canton," *San Francisco Chronicle*, 25 September 1892.

33) Selden's report showed that many Americans saw foot-binding as a potential cause for insanity, but he denied the association. His writings were also published in the *American Journal of Insanity* (1913), reaching wider audience.

the demarcation between the uncivilized East and the civilized West.

Although American missionaries and medical experts considered insanity rare in Japan, they acknowledged that the country’s growing contacts with the West would increase the rates of insanity. Some Americans claimed that Japanese “civilization” was not as developed as Japanese themselves believed and would never be able to coexist with Western civilization.³⁴⁾ Others explained that the Japanese were more in tune with the western medical model than the Chinese were. Japanese doctors with western education modernized care of the insane by internalizing the civilization discourse (Suzuki, 2012; Wu, 2012).³⁵⁾ Young Japanese men of the Meiji regime went abroad for medical training at institutions in Europe, especially Germany, and after returning home, they kept in touch with western medical experts and their methods. In the early twentieth century, Japanese doctors began to take interest in American medical institutions, and exchanges of medical knowledge grew between the two countries.³⁶⁾ In 1909, K. Saito, Director of the Aojama [sic] Hospital of Tokyo, familiarized Americans with insanity in Japan. Saito claimed that civilization increased insanity in his country. “Fifty years ago,” he said, “insanity in Japan was very rare. Thirty years ago it began to increase and after the Chino-Japanese War there was a further increase. The increase was even more marked after the war with

34) Albert S. Ashmead, “Japanese Victories as a Menace to the World,” *Sunday Magazine*, 23 July 1905, p. 4. Dr. Albert Ashmead of New York served as foreign director of the Tokio Hospital in Japan.

35) Since this essay focuses on American perspectives of Chinese and Japanese insanity, it does not delve into various medical and psychiatric developments in Asia—i.e. neurasthenia—during the period.

36) See, for example, “Jap Doctor at Hopkins,” *Sun*, 8 August 1907. In 1907, Dr. T. Kubo became the first Japanese University graduate to come to America for post-graduate study at the Johns Hopkins University.

Russia. I believe that as civilization advances in Japan insanity becomes more common, due to the struggle for existence."³⁷⁾ His world tour to inspect mental hospitals was widely publicized in the United States, and the discourse of civilization in relation to insanity—"new ways of living" were "too much for the gentle brown men"—continued to enjoy prominence.³⁸⁾ In addition to medical experts in and outside the country, the Japanese government played a significant role in building legal and social infrastructures to manage the mentally ill. In the early twentieth century, two laws concerning the insane and their treatment paved the way for modern psychiatric institutions in Japan.³⁹⁾ By the 1910s, the country had established a number of medical schools and affiliated hospitals for the insane.

Nevertheless, Japan still had a long way to go. As Saito inspected mental hospitals in the West, a German alienist and nerve specialist Dr. Lillienstein claimed, upon his visits to insane asylums around the world, that Japan made no provision for its insane despite its good general hospitals.⁴⁰⁾ His statement reached as far as Hawaii, although he qualified that Japanese were free from insanity caused by alcoholism and drug use.⁴¹⁾ In the meanwhile, American psychiatrists shared somewhat

37) "Japan Also Going Insane: Advancing Civilization and Struggle for Existence Responsible," Direct Wire to the *Times*, *Los Angeles Times*, 15 May 1909.

38) "Civilization and Insanity," *Spokesman-Review*, 21 May 1909.

39) Mental Patients' Custody Act of 1900 and Mental Hospitals Act of 1919 were two major acts for the insane in Japan (Suzuki, 2003: 203-204). Suzuki argues that it is crucial to consider the importance of social and cultural forces "from below" in developing and modernizing Japanese psychiatry. He acknowledges western influences but also emphasizes domestic interactions among various basic social units: the family, community, local and central governments, and psychiatrists (224-225).

40) "Insanity Due to Drugs and Drinks," *San Francisco Call*, 7 February 1909.

41) "Telegraph Brevities," *Pacific Commercial Advertiser*, 19 February 1909.

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positive views of the Japanese institutions. In 1912, Frederick Peterson, Professor of Psychiatry at Columbia University, reported a lesson he learned after observing the Japanese psychiatric care system. According to Peterson, Japanese asylums were well advanced and organized, even to the envy of New York psychiatrists like himself. He asserted that Japan successfully took up western ideals to care for its insane. At the same time, Peterson was fascinated by the features of the ancient Japanese system under which the insane were sent to a village designated for their use to enjoy a simple life and return to nature. Despite the initially positive response, his nostalgic embrace of the ancient Japanese system cast a long shadow on modern Japan and suggested that the civilizing mission had yet to be completed.

The knowledge from the East began to unravel the myth that mental illness did not manifest itself among Asians, whether in the East or in the West. As civilization marched on, it seemed only natural that more and more Asians would go insane. In turn, such knowledge would be used to brand Asians in the United States too alien and their psychology too impossible to understand. The only plausible solution would be to remove the Asian insane, and if possible, Asians as a whole from America.

5. Inscrutable Aliens and the Asian Insane

Medical missionaries and experts imparted new knowledge of Asians and their disease, but they never fully challenged the civilization discourse and its relation to insanity. As Asians moved to the U.S. and encountered its superior civilization, they were bound to experience

mental disturbances. Fortunately, the Chinese had "less of the refinements of civilization, less competition and struggle for place, power, or wealth, and, as a consequence, less tendency to mental deterioration."⁴²⁾ Moreover, as "nerveless" people and "automatic" workmen (Wang, 2020: 41-42), they would not fall easily under the spell of the New World even as they were thrown headlong to American civilization.⁴³⁾ To many Americans, the number of the Asian insane was too insignificant to really matter; and a series of exclusionary immigration acts that specifically targeted Chinese and other Asians would help manage the Oriental threat by restricting their movement.⁴⁴⁾

In reality, the American public was not ignorant of the Asian insane. As American missionaries and medical experts worked feverishly to build modern psychiatric institutions in the East, newspapers at the turn of the twentieth century published stories of crazy Asians. Their reports were quite similar to Charles Selden's tales from the East: Chinese woman terrorized by barbaric Chinese men and driven insane; Japanese man attacking fellow countrymen out of crazed rage; Japanese insane patient escaping from a mental hospital and scaring off his neighbors. Speaking in pidgin English ("Too muchee no good! Me no likee!"⁴⁵⁾), these insane "Orientals" could be neither understood nor treated. Some news reports coupled their insanity with homesickness or "an overwhelming desire to

42) "The Distribution and Care of the Insane in the United States," *Medical Record: A Weekly Journal of Medicine and Surgery* 32, 10 September 1887, p. 303.

43) "Chinese Traits: Absence of Nerves in the Mongolian," *San Francisco Chronicle*, 5 July 1888.

44) The Page Act of 1875 banned the entry of contract laborers from "China, Japan or any Oriental country" and excluded Asian "prostitutes"; the 1882 Chinese Exclusion Act, which was renewed in 1892, became permanent in 1902.

45) "At the Courthouse," *Los Angeles Times*, 27 July 1895.

return" home,⁴⁶⁾ but most made no attempt to probe what went on in the minds of the Asian insane.

As Hurd et al. showed, the actual number of the Asian insane in American mental institutions was quite small. Thus, some used the alleged rarity of insanity among Chinese immigrants to defend their rights. In 1909, responding to the rise of anti-Chinese sentiments, the American sociologist Mary Roberts Coolidge argued: "the Chinese were less liable to insanity and less criminal even, proportionately, than the English, Scotch and Welsh, to say nothing of the Irish, the Germans, the Spanish-Americans and Italians" (Coolidge, 1969 [1909]: 449). Despite news reports of crazy Japanese running amok, it was accepted that Japanese in the United States were less troublesome than Chinese and other European immigrants. In 1907, for example, a Kansas regional newspaper compared Japanese and Italian immigrants: "We hear of no Japanese anarchists, no Japanese paupers, no Japanese *insane* and few Japanese who deliberately break the law in the land of their asylum. About the most that can be said against them is that they come over here to work and save money, with the hope of one day returning to Japan to live in retirement."⁴⁷⁾ They were sojourners never to settle in America, and aided by restrictive immigration policies, the problems they caused, if any, would be of no real concern.

On the other hand, a *Los Angeles Times* article from the same year challenged such a positive portrayal. Japanese people were "ever a puzzle," it claimed. The rapid development of Japan might give an impression that "the Japs soon would become pretty good Americans,"

46) "Oriental Insane after Slugging," *South Bend News-Times*, 22 July 1921.

47) Emphasis mine. "Japanese and Italian Immigrants," *Lebanon Argus*, 26 July 1907.

but, the article explained, there was "no indication that they were likely to accept our traditions, our moral standards or our sense of true values." This oddity was more pronounced when it came to the Japanese mind: "The great difficulty which the examining physicians found in determining whether apparent peculiarities in their Japanese subject were symptoms of insanity or not is simply on a par with every other part of the general Japanese mystery."⁴⁸⁾ Japanese insanity offered evidence of inscrutable and inassimilable aliens and justification for the exclusion of "Orientals." Their long journeys to and hardships experienced in the New World received little attention from American medical experts and intellectuals in their examination of the Oriental mind. They were immune to the advances of civilization; at the same time, they would be protected from the debilitating effects of migration as if they had never moved in the first place.

It is true that American doctors outside Hawaii and California required little practical knowledge of "oriental psychology." However, for those who had Chinese and Japanese inmates in their institutions, dealing with this population posed numerous questions. As historian Catharine Coleborne explains of Chinese mental patients in Australia at the turn of the twentieth century, they were "difficult to understand and disruptive of asylum and colonial communities," and their representations reflected contemporary anxieties about "migration, miscegenation and racial difference, and madness" (Coleborne, 2001: 118). Closer to home, Hawaii witnessed a similar problem. In 1886, Dr. E. Cook Webb of Honolulu, Hawaii, pleaded experts of the American northeast to send him

48) "Ever a Puzzle," *Los Angeles Times*, 23 February 1907. No other information on the insanity examination was available.

information on the management and treatment of insane patients. Hawaii was a strange place, he moaned, where people suddenly became more violent and an "incipient brain trouble" became worse. What mattered more than climatic issues was the diversity of the patient population. Webb explained that the native insane were "the most manageable of any class I have ever seen," without homicidal or suicidal tendencies. He was deeply troubled, however, by the thirty-five Chinese insane under his care, who were, "to draw it mildly, diabolical." The best treatment was to restrain them ("Notes and Comments," 1886: 283).⁴⁹⁾

Webb's distance from the mainland medical scene and lack of interactions with other medical experts might have added to his frustration. Yet, the root of his problem lay in the strangeness of and unfamiliarity with the Chinese patients whom he had to manage and treat nonetheless. Hawaii's unique economy and geography, which led to the mass migration of Asian laborers in the late nineteenth century, increased the burden for Webb and his medical administration. The heterogeneity of the hospital population made it impossible to impose the American medical system, and hospital administrators did not trouble themselves with proper care of their diverse patient body.⁵⁰⁾

While American medical journals and media reports offered a venue through which to learn and exchange the knowledge of the Asian insane,

49) "Notes and Comments" contained a letter from Dr. E. Cook Webb of Honolulu, Hawaii to Dr. A. E. Macdonald, General Superintendent of New York City Asylum for the Insane. Webb explained that there were 7,000 Chinese in Hawaii (two-fifths of the entire population) and 35 insane Chinese under his care.

50) In spite of the diverse backgrounds of the hospital population ("Chinese, Japanese, natives, Portuguese, South Sea Islanders and an occasional white person"), no interpreter was available to facilitate patients' communication. "How Hawaiians Treat Insanity," *Los Angeles Times*, 8 June 1913.

only in some cases must American mainland doctors have shared Webb's distress with Asian patients. Institutional reports from California, the state with the largest population of insane Asians in America and the site of Berk and Hirata's 1973 study, acknowledged the presence of these strangers but refrained from discussing how they could be treated. The link between civilization and insanity persisted—insanity rates would increase with the exposure to American civilization—but there was no need to trouble themselves with the Asian insane.

In his 1871 report to the California State Commission in Lunacy,⁵¹⁾ E. T. Wilkins (1824-1890) of Napa State Hospital, California, cited Mrs. Williams, an American missionary: she had been in China for twelve years and seen only "two who were 'upside down,' as the Chinese call it, during the whole time." Relying on her expert opinion, Wilkins echoed that "[insanity] is found in all countries and among all nations, but is more prevalent among civilized than among savage people" (Wilkins, 1871: 37). About fifteen years later, in a different report, Wilkins explained that the Chinese organization in the U.S. protected its people from "the excitements, speculations and other causes that serve to bring on insanity among our [American] people." It helped the Chinese in America live as they did at home: they continued to eat rice and unstimulating food. Wilkins praised that the Chinese were "a very frugal, domestic, industrious and ingenious race of people," but he did not neglect to mention that back in China, insane people were put in confinement and left to die without proper treatment (Wilkins, 1886: 155-156). His statement alluded to their isolation and distance from the mainstream society and revealed

51) The Commission was in charge of all mental hospitals in California and published biennial reports on the management of the hospitals and their patients.

the profound difference between civilized Americans and barbaric Chinese. Where and how did medical professionals like E. T. Wilkins get information of the Asian insane? Was it through medical missionaries in the East or their own work at mental institutions in the United States?

As of 1870, California had 33 Chinese (2.88%) out of 1,146 insane in its mental institutions, and the State Commission in Lunacy statistics divided the insane into white, black, mulatto, Chinese, and Indian (Native American) (Wilkins, 1871: 30).⁵²⁾ That is, by the time Wilkins submitted his report in 1871, Chinese patients had already been in California, and they seemed visible enough to earn a place of their own in the institutional statistics. In the next decades, state hospitals came to house more Chinese and Japanese insane patients (see table 1). For example, between 1896 and 1898, out of 2,785 foreign-born insane inmates in all of California, 168 were Chinese (3.36% of the total patients) and 17 were Japanese (0.34% of the total patients). It is likely that Wilkins, who had served at Napa State Hospital since the mid-1870s, was no stranger to the Asian insane; however, in the reports, he did not offer any medical opinion he must have gotten from his Asian patients. All he had to share was the same old stories from the Orient.

52) In the United States as a whole were 35 insane Chinese. In the 1870 statistics of California, the Chinese insane came second only after the white insane (1,093) (Wilkins, 1871: 30).

Table 1. Chinese and Japanese Patients in the Five [California] State Hospitals

Years	Chinese	Japanese	Foreign-born	Total
1896-1898	168	17	2,785	5,001
	3.36%	0.34%	55.7%	100%
1898-1900	198	5	3,003	5,276
	3.75%	0.09%	56.9%	100%
1900-1902	204	8	3,079	5,494
	3.71%	0.15%	56.0%	100%
1902-1904	195	17	3,145	5,717
	3.41%	0.29%	55.0%	100%
1904-1906	212	34	3,279	5,990
	3.54%	0.57%	54.7%	100%
1906-1908	200	51	3,454	6,555
	3.05%	0.78%	52.7%	100%
1908-1910	202	63	3,640	7,136
	2.83%	0.88%	51%	100%
1910-1912	197	42	4,000	8,484
	2.32%	0.49%	47.1%	100%
1912-1914	128	64	4,197	9,176
	1.39%	0.70%	45.7%	100%
1914-1916	108	80	4,625	10,521
	1.02%	0.76%	44%	100%

Source: Compiled by author, California State Commission, *Biennial Reports of the State Commission in Lunacy, 1896-1916*

Note: The 1910 census recorded that in the total area of renumeration, including the US proper, Alaska, Hawaii, Puerto Rico, and military and naval populations, were 94,648 Chinese (0.1% of the total population; 36,248 Chinese in California) and 152,856 Japanese (0.2%, primarily due to the large number of Japanese in Hawaii; 41,356 in California). The population of California was recorded at 2,377,549 (Chinese 1.5% and Japanese 1.7% of the total population of California). At state institutions, Chinese insane patients were over-represented. It might have been because Chinese as recent immigrants were in the age group most susceptible to mental illness, such as schizophrenia (back then, dementia praecox). Japanese patients were under-represented; Japanese immigrants tended to move with family members, who took care of the mentally ill (Kitano, 1970).

Into the twentieth century, both Chinese and Japanese patients began to garner some attention throughout the continent. The California State Commission in Lunacy, in which state mental hospital superintendents played a major role, had long kept Chinese and Japanese insane patients in its institutions. Yet, like the Wilkins reports, the Commission's biennial reports rarely expressed medical concerns with insane Chinese and Japanese, focusing only on sending them back to their home countries. The Commission insisted that "a large percentage [of its foreign born patients] are known to still acknowledge their allegiance to some foreign government, and to have come to this country simply for the purpose of bettering their circumstances, with the design of ultimately returning to the country of their birth" (California State Commission, 1898: 29). It admitted that Chinese were not the only ones to manifest such a tendency, but its stereotypical view of the foreign-born reasserted the inassimilability of sojourning Asians. Japanese patients, though certainly less burdensome, were also chosen as the subjects of removal from the state institutions. The Commission stated that it had been in talks with Chinese and Japanese officials in California to arrange their return home, and its negotiations were reported in many parts of the United States.⁵³⁾ The rationale was to offer these poor insane better treatment at home and reduce the costs of their care from the state of California. Despite its modern institutions and medical expertise, the Commission decided to let go of them, many of whom had "taken out naturalization papers, and are therefore citizens of this country [U.S.]" (California State Commission,

53) See, for example, "No Room for the Orientals," *San Francisco Chronicle*, 25 May 1899; "Nippon Maru Got a Clean Bill of Health," *San Francisco Call*, 9 July 1899; "Insane Orientals," *Buffalo Commercial*, 25 May 1899; "Insane Orientals," *Butte Miner*, 26 May 1899 [Montana].

1898: 29).

In state institutions, the discourse of civilization continued to play its part. Discussing general paralysis of the insane⁵⁴⁾ among the hospital population, the medical superintendent of Napa State Hospital, California, reiterated the view that "general paralysis is a disease of civilization" and that "uncivilized peoples are but little or not at all susceptible, or only become so after they have become civilized" (California State Commission, 1914: 62). His claim that Chinese and Japanese seemed free from paresis confirmed the age-old link between civilization and insanity among Asians and its role in stratifying the patient population. Even if Asians became "susceptible" to the disease of civilization, however, there was a simple solution: returning them home. Alienated from and resilient to superior civilization, they had no place in American institutions. Although missionaries and medical experts showed that the mental facilities in China and Japan could not yet offer proper care for their people, the state-level efforts to deport and repatriate Chinese and Japanese mental patients did not stop well into the 1910s.⁵⁵⁾

The examples from California demonstrate that no matter what

54) Also known as general paresis. It is a neuropsychiatric disorder caused by damage to the brain from untreated syphilis.

55) Throughout the 1900s and 1910s, the state of California made several attempts to send its Chinese and Japanese patients back to their home countries. See "Nagai to Send Insane to Japan," *San Francisco Chronicle*, 16 January 1910; "Insane Chinese Sent Home," *Spokesman-Review*, 29 December 1913; "Insane Chinese Sent Home," *Champaign Daily News*, 9 June 1914. European immigrants were also deported for becoming insane within three to five years of their entry to the United States, but the California State Commission in Lunacy was not concerned with them despite their much larger number. Moreover, Asian mental patients could be deported (more like "repatriated" or "returned") regardless of how long they had lived in the United States, while European immigrants, upon establishing domicile, were protected from the threat of deportation.

information they obtained, American medical practitioners had neither intended nor attempted to solve the "puzzle" of the oriental mind. Armed with the view that uncivilized Orientals would not go crazy, they were perhaps incapable of comprehending the Asian insane; mostly, they did not need to. Even renowned professionals at St. Elizabeths Hospital in Washington, DC, the world's best mental institution, acknowledged concerns with diagnosing Asians. As late as 1926, examining the case of a Japanese consulate official from Washington, DC, St. Elizabeths doctors admitted their struggle with this schizophrenic Japanese, who presented "an unusual problem in oriental psychology with which we had no acquaintance."⁵⁶⁾ In another case of a Chinese patient, doctors measured his normalcy by resorting to their banal knowledge of "Orientals": "His facial expression was slightly less expressive than the average normal member of his race," read one doctor's note. Despite their worries, St. Elizabeths doctors provided no treatment plan for him as he would be returned to China.⁵⁷⁾

56) Yasue, admitted in December 1925. RG 418: Records of St. Elizabeths Hospital, NARA, Washington, DC. The quotation is from the second clinical conference report on March 4, 1926. The Secretary of the Japanese Embassy was referred to the hospital by a Japanese doctor who had examined him previously for his nervousness. He was discharged as unimproved and sent to San Francisco to return to Japan for further care. Interestingly, he was not diagnosed with neurasthenia, the quintessential disease of civilization. It may be because the "Japanese" patient was not considered civilized enough to suffer from neurasthenia or because neurasthenia had lost its appeal in the U.S. by the 1920s.

57) Yu, admitted in February 1930. RG 418, NARA, Washington, DC. Yu was arrested at the White House. He was hoping to give a Bible to President Hoover. He was discharged unimproved in April 1930 for deportation to China. St. Elizabeths had a Chinese-American doctor, Theodore C. C. Fong. Born in Boston, Fong received his medical degree from Tufts University Medical College in 1922 and started working at St. Elizabeths in 1923 or 1924. He was involved in treating syphilis (and later, elderly mental patients) at the hospital. It is not clear from the NARA records whether St. Elizabeths doctors had ever consulted Fong for Chinese or "Oriental" patients.

The civilization discourse, combined with the alienness of the Asian population, offered American medical experts a useful means to dismiss the troubles of Asian patients and ignore the occurrence of insanity among them. True, they might have understood that despite the elaborate discourse of civilization and insanity, Chinese and Japanese were not much different from other immigrants or even native-born whites in their mental sufferings. However, mental hospital superintendents and psychiatrists could gloss over such minor details by assuming that these Asians would never be part of the United States. As a result, Asian mental patients were likely to be left aside without proper treatment or banished to their home countries, often against their will.

6. Conclusion

Is mental illness among Asians in the United States still a myth? Or, has it become a reality? About half a century after Berk and Hirata's publication, mental illness among Asians in the United States has become a real issue to be addressed by bilingual medical providers, community networks, and training for both practitioners and patients of the value of mental health services. Still, the persistent stigma attached to mental illness and the lack of mental health service utilization among Asians in America bring back the memories of the past when the Asian insane were deemed almost nonexistent. The American logic at the turn of the twentieth century dictated that insanity was for whites, produced by and through the advances in western civilization. Thus, the link between civilization and insanity determined the proper place for Asians and the "colored" in America and confirmed their non-white, non-American

status. Various reports from the East as well as occasional cases of crazy "Orientals" within the U.S. alerted the American public and medical experts of the danger of the Asian insane; however, these instances failed to challenge the dominant belief in Asian mental stability. The alleged rarity of mental troubles among Chinese and Japanese in the United States was not an asset because it proved their distance from western civilization. This distance, in turn, was assumed to protect them from the typically unsettling effects of civilization and migration, thereby rendering the possibility of insanity moot.

Asians were likened to other "colored" people in America; yet, unlike African Americans and Native Americans, who were still part of the nation in spite of discrimination and segregation, Asians were excluded from the national body as forever foreigners even after they had long dwelled in America. It justified the easy and widely embraced solution of sending them home. And the vast differences in the civilizations of the East and the West hid their experiences of insanity, immigration processes, and possibilities of home-founding.

Into the twentieth century, American intellectuals, medical experts, and social workers began to shift blame for insanity away from civilization to "new immigration." They feared that foreign governments had been sending out their weaklings to America and worried that insanity itself might have led to immigration. If not insane, why would these people choose immigration over other less extreme options? Steadily, immigration emerged as the very cause of insanity (Swift, 1913; Salmon, 1907; Treadway, 1925). Under this new logic, the path of European immigrants diverged from that of their Asian counterparts. As the civilization discourse erased the Asian insane, insanity as the "immigrant

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problem" became a critique not only of racial or nationality traits of the new immigrants but also of their mobility.

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REFERENCES

<Primary Sources>

Institutional Reports and Archival Sources

California State Commission, *Biennial Reports of the Directors and the Annual Reports of the Superintendent of the Insane Asylum of the State of California (at Stockton)* (Sacramento: J. D. Young, Superintendent State Printing, 1884-1890).

_____, *Biennial Reports of the State Commission in Lunacy* (Sacramento: A. J. Johnston, Superintendent State Printing, 1896-1916).

Congressional Record, 47th Cong. 1st sess., 14 March 1882.

Record Group (RG) 418: Records of St. Elizabeths Hospital, National Archives and Records Administration (NARA), Washington, DC.

U.S. Department of Homeland Security, Office of Immigration Statistics, *2010 Yearbook of Immigration Statistics*.

Newspapers and Periodicals

Boston Daily Globe

Boston Evening Transcript

Buffalo Commercial

Butte Miner

Champaign Daily News

Chicago Daily Tribune

Lebanon Argus

Los Angeles Times

Medical Insurance

Medical Record

New York Evangelist

New York Times

New-York Tribune

Pacific Commercial Advertiser

San Francisco Call

San Francisco Chronicle

South Bend News-Times

Spokesman-Review

Sun

Sunday Magazine

Contemporary Articles and Books

Berne, Eric, "Some Oriental Mental Hospitals," *American Journal of Psychiatry* 106 (1949), pp. 376-383.

Blandford, G. Fielding, "Insanity," Thomas L. Stedman, ed., *Twentieth Century Practice: An International Encyclopedia of Modern Medical Science, Vol. 12* (New York: William Wood and Company, 1897), pp. 2-254.

Burgess, T. J. W., "Presidential Address-The Insane in Canada," *American Journal of Insanity* 62 (1905), pp. 1-36.

Coolidge, Mary Roberts, *Chinese Immigration* (New York: Arno Press, 1969 [1909]).

Hurd, Henry M., et al., *The Institutional Care of the Insane in the United States and Canada* (Baltimore: The Johns Hopkins University Press, 1916).

"Insanity in China," *American Journal of Insanity* 4 (1847), pp. 74-76.

_____, *Journal of the American Medical Association* 32 (1899), p. 1330.

Jarvis, Eric, "On the Supposed Increase of Insanity," *American Journal of Insanity* 8 (1852), pp. 333-364.

Kerr, John G., "An Asylum for the Insane," *China Medical Missionary Journal* 4-2 (June 1890), pp. 68-69.

Khairallah, Amin A., "A Century of American Medicine in Syria," *Annals of Medical History* 1-5 (1939), pp. 460-70.

"Notes and Comments," *American Journal of Insanity* 42 (1886), p. 283.

Peterson, Frederick, "The Insane in Japan," *Study in Psychiatry* 1 (New York: The Journal of Nervous and Mental Disease Publishing Company, 1912), pp. 1-8.

Robertson, John W., "Prevalence of Insanity in California," *American Journal of Insanity* 60 (1903), pp. 75-88.

Salmon, Thomas W., "The Relation of Immigration to the Prevalence of Insanity," *American Journal of Insanity* 64 (1907), pp. 53-71.

Selden, Charles C., "Conditions in South China in Relation to Insanity," *American Journal of Insanity* 70 (1913), pp. 411-426.

- SHIN, Ji-Hye : "Insanity Is the Price of Civilization":
The Discourse of Civilization and the Asian Insane in Modern America
- _____, "I. The John G. Kerr Refuge for Insane," *China Medical Journal* 22-2 (1908), pp. 82-91.
- _____, "II. Treatment of the Insane," *China Medical Journal* 23-4 (1909a), pp. 221-232.
- _____, "III. Treatment of the Insane," *China Medical Journal* 23-6 (1909b), pp. 373-384.
- _____, *Work among the Chinese Insane and Some of Its Results* (Canton, China: The China Baptist Publication Society, 1903).
- Swift, H. M., "Insanity and Race," *American Journal of Insanity* 70 (1913), pp. 144-154.
- Treadway, Walter L., *Mental Hygiene with Special Reference to the Migration of People* (Washington, DC: Government Printing Office, 1925).
- Wilkins, E. T., *Insanity and Insane Asylums, Report of E. T. Wilkins, M.D., Commissioner in Lunacy for the State of California Made to His Excellency H. H. Haight, Governor* (Sacramento: T. A. Springer, 1871).
- _____, "Proceedings of the Association," *American Journal of Insanity* 42 (1886), pp. 155-156.

<Secondary Sources>

- Aarim-Heriot, Najia, *Chinese Immigrants, African Americans, and Racial Anxiety in the United States, 1848-82* (Urbana: University of Illinois Press, 2003).
- Anderson, Warwick, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).
- Baum, Emily, *The Invention of Madness: State, Society, and the Insane in Modern China* (Chicago: The University of Chicago Press, 2018).
- Bederman, Gail, *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago: The University of Chicago Press, 1995).
- Berk, Bernard, and Lucie Cheng Hirata, "Mental Illness among the Chinese: Myth or Reality?" *Journal of Social Issues* 29 (1973), pp. 149-166.
- Braslow, Joel, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley: University of California Press, 1997).
- Briggs, Laura, "The Race of Hysteria: "Overcivilization" and the "Savage" Woman in Late Nineteenth-Century Obstetrics and Gynecology," *American Quarterly*

- 52-2 (2000), pp. 246-273.
- Campbell, Brad, "The Making of 'American': Race and Nation in Neurasthenic Discourse," *History of Psychiatry* 18-2 (2007), pp. 157-178.
- Cheng, Anne Anlin, *The Melancholy of Race: Psychoanalysis, Assimilation and Hidden Grief* (New York: Oxford University Press, 2001).
- Chung, Wonyoung, NaMi Lee, and Bou-young Rhi, "The Introduction of Western Psychiatry into Korea (II): Psychiatric Education in Korea during the Forced Japanese Annexation of Korea (1910-1945)," *Korean Journal of Medical History* 15-2 (2006), pp. 157-187. [in Korean]
- Coleborne, Catharine, "Making 'Mad' Populations in Settler Colonies: The Work of Law and Medicine in the Creation of the Colonial Asylum," Diane Kirkby and Catharine Coleborne, eds., *Law, History, Colonialism: The Reach of Empire* (Manchester: Manchester University Press, 2001), pp. 106-122.
- Cott, Nancy F., "Marriage and Women's Citizenship in the United States, 1830-1934," *American Historical Review* 103-5 (1988), pp. 1440-1474.
- De Young, Mary, *Madness: An American History of Mental Illness and Its Treatment* (Jefferson: McFarland & Co., 2010).
- Dowbiggin, Ian, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca: Cornell University Press, 1997).
- Downs, Jim, *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (New York: Oxford University Press, 2012).
- Ernst, Waltraud, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58* (London: Anthem Press, 2010).
- Fairchild, Amy L., *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force* (Baltimore: The Johns Hopkins University Press, 2003).
- Gambino, Matthew, "'These Strangers within Our Gates': Race, Psychiatry and Mental Illness among Black Americans at St Elizabeths Hospital in Washington, DC, 1900-40," *History of Psychiatry* 19-4 (2008), pp. 387-408.
- Gamwell, Lynn, and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914* (Cornell Studies in the History of Psychiatry) (Ithaca: Cornell University Press, 1995).
- Gaw, Albert C., ed., *Culture, Ethnicity, and Mental Illness* (Washington, DC: American

SHIN, Ji-Hye : “Insanity Is the Price of Civilization”:
The Discourse of Civilization and the Asian Insane in Modern America

Psychiatric Press, Inc., 1993).

Harris, Sean, “Found Insane in the Holy Land: Psychiatry and the African American Experience in Illinois, 1870-1910,” PhD diss., University of Illinois at Chicago, 2007.

Hochschild, Jennifer L., and Brenna Marea Powell, “Racial Reorganization and the United States Census 1850-1930: Mulattoes, Half-Breeds, Mixed Parentage, Hindoos, and the Mexican Race,” *Studies in American Political Development* 22 (2008), pp. 59-96.

Hughes, John S., “Labeling and Treating Black Mental Illness in Alabama, 1861-1910,” *Journal of Southern History* 58 (1992), pp. 435-460.

Jarvis, G. Eric, “Changing Psychiatric Perception of African Americans with Psychosis,” *European Journal of American Culture* 27-3 (2008), pp. 227-252.

Jo, Jeongeun, “A Study on the Awareness of Chinese Medicine by Medical Missionaries: Focused on *The China Medical Missionary Journal*,” *Korean Journal of Medical History* 24-1 (2015), pp. 163-194. [in Korean]

Jung, Moon-Ho, *Coolies and Cane: Race, Labor, and Sugar in the Age of Emancipation* (Baltimore: The Johns Hopkins University Press, 2006).

Keller, Richard C., *Colonial Madness: Psychiatry in French North Africa* (Chicago: The University of Chicago Press, 2007).

Kitano, Harry H. L., “Mental Illness in Four Cultures,” *The Journal of Social Psychology* 80 (1970), pp. 121-134.

Kraut, Alan M., *Silent Travelers: Germs, Genes, and the “Immigrant Menace”* (Baltimore: The Johns Hopkins University Press, 1994).

Kurasaki, Karen S., Sumie Okazaki, and Stanley Sue, eds., *Asian American Mental Health: Assessment Theories and Methods* (New York: Kluwer Academic/Plenum, 2002).

Lee, Bang Hyun, “Modern Approach to Treating Mental Patients in Colonial Chosun,” *Korean Journal of Medical History* 22-2 (2013), pp. 529-578. [in Korean]

Lee, Erika, *At America’s Gates: Chinese Immigration during the Exclusion Era, 1882-1943* (Chapel Hill: University of North Carolina Press, 2003).

Lee, Julia H., *Interracial Encounters: Reciprocal Representations in African American and Asian American Literatures, 1896-1937* (New York: New York University Press, 2011).

- Lowe, Lisa, *Immigrant Acts: On Asian American Cultural Politics* (Durham: Duke University Press, 1996).
- Ma, Zhiying, "An Iron Cage of Civilization? Missionary Psychiatry, the Chinese Family and a Colonial Dialectic of Enlightenment," Howard Chiang, ed., *Psychiatry and Chinese History* (London: Pickering & Chatto, 2014), pp. 74-87.
- McKeown, Adam, *Melancholy Order: Asian Migration and the Globalization of Borders* (New York: Columbia University Press, 2008).
- Metzl, Jonathan, *Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009).
- Ngai, Mae M., *Impossible Subjects: Illegal Aliens and the Making of Modern America* (Princeton: Princeton University Press, 2005).
- Rhi, Bou-Young, "Hundred Years' Psychiatry in Korea (1899-1999)," *Korean Journal of Medical History* 8-2 (1999), pp. 157-168. [in Korean]
- Rogaski, Ruth, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004).
- Schor, Paul, *Counting Americans: How the US Census Classified the Nation* (New York: Oxford University Press, 2017).
- Scull, Andrew, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton: Princeton University Press, 2016).
- Shah, Nayan, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001).
- Stratton, Ray, "The Cherokee National Insane Asylum," *Bulletin of the Menninger Clinic* 47-3 (1983), pp. 266-268.
- Sue, Stanley, and James K. Morishima, *The Mental Health of Asian Americans* (San Francisco: Jossey-Bass, 1982).
- Summers, Martin, *Madness in the City of Magnificent Intentions: A History of Race and Mental Illness in the Nation's Capital* (New York: Oxford University Press, 2019).
- Suzuki, Akihito, "Between Two Psychiatric Regimes: Migration and Psychiatry in Early Twentieth-Century Japan," Angela McCarthy and Catharine Coleborne, eds., *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010* (New York: Routledge, 2012), pp. 141-156.

- SHIN, Ji-Hye : "Insanity Is the Price of Civilization":
The Discourse of Civilization and the Asian Insane in Modern America
- _____, "The State, Family, and the Insane in Japan, 1900-1945," Roy Porter and David Wright, eds., *The Confinement of the Insane: International Perspectives, 1800-1965* (Cambridge: Cambridge University Press, 2003), pp. 193-225.
- Szto, Peter Paul, "The Accommodation of Insanity in Canton, China: 1857-1935," PhD diss., University of Pennsylvania, 2002.
- Tighe, Janet A., "'What's in a Name?' A Brief Foray into the History of Insanity in England and the United States," *Journal of the American Academy of Psychiatry and the Law* 33 (2005), pp. 252-258.
- Torrey, E. Fuller, and Judy Miller, *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present* (New Brunswick, NJ: Rutgers University Press, 2001).
- Wang, Wen-ji, "From Nervelessness to Nervousness: Images of Chinese Mental and Nervous Illnesses in Western Medical Discourse, 1840s-1930s," *Yonsei Journal of Medical History* 23-1 (2020), pp. 37-64.
- Wong, Sau-ling Cynthia, *Reading Asian American Literature: From Necessity to Extravagance* (Princeton: Princeton University Press, 1993).
- Wu, Yu-Chuan, "A Disorder of *Ki*: Alternative Treatments for Neurasthenia in Japan, 1890-1945," PhD diss., University College London, 2012.
- Xu, Guangqiu, *American Doctors in Canton: Modernization in China, 1835-1935* (New Brunswick, NJ: Transaction Publishers, 2011).
- Yoo, Theodore Jun, *It's Madness: The Politics of Mental Health in Colonial Korea* (Berkeley: University of California, 2016).

-Abstract-

“Insanity Is the Price of Civilization”: The Discourse of Civilization and the Asian Insane in Modern America[†]

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Examining debates on the link between civilization and insanity in the late nineteenth and early twentieth-century United States, this essay engages the discourse of civilization to discuss the ways in which insanity among Asian immigrants, in particular Chinese and Japanese, was understood, defined and debated. During the period, insanity was regarded as a disease of civilization, which had been increasing due to the struggles of modern life. While Americans witnessed insanity among the “colored” and Asians, they argued that these groups had lower rates of insanity than white Americans and European immigrants because they belonged to lower positions on the civilization scale. Though not explicitly racist or even racist, the discourse of civilization ordered the international world and drew a clear color line between white westerners and non-white others. At the same time, American missionaries and

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medical professionals stationed in China and Japan, who were there to see and learn about insanity in Asia, reaffirmed the existing medical understandings of insanity and offered a knowledge base for American psychiatrists who would encounter the Asian insane at their mental institutions. The alleged rarity of mental troubles for Chinese and Japanese was not considered an asset; the insanity debates confirmed the non-white, non-American status of Asian immigrants, rendering them forever foreign. Moreover, their very distance from western civilization explained why Asians in America seemed to have suffered less from mental disturbances and how they could resist the debilitating effects of civilization and migration.

Keywords: discourse of civilization; insanity; Asian insane; Asian immigrants; medical missionaries; American mental institutions