

Representations of Mental Health Among Middle-Aged Urban Chinese Men

XUAN-WEI LU*, APURV CHAUHAN and CATHERINE CAMPBELL

Department of Social PsychoCampbelllogy, LSE, Houghton Street, London WC2A 2AE, UK

ABSTRACT

Little is understood by the ideas that urban Chinese population holds about mental health. Insufficient research and recognition of mental illnesses, and a dearth of social resources for mental health support and promotion limit understandings of how daily life stresses restrict the quality of life of China's urban population. Drawing on in-depth interviews with 15 middle-age urban men, we map out men's accounts of how they battle to cope with the demands of everyday social, political, and familial pressures. The study reveals that the representations of mental health are shaped by notions of control over emotions, adherence to Confucian philosophy, familial obligations, and the need to demonstrate social obedience and conformity. Data also suggest that the participants represent stable family support along with healthy social interactions as important enabling factors of positive mental health, whereas pressures of modernity are regarded as significant disruptive factors in mental health. The theory of social representations guides the process as well as analytic interpretations of this research. Copyright © 2015 John Wiley & Sons, Ltd.

Key words: China; mental health; middle-aged men; Confucianism; stress

INTRODUCTION

Before the 1978 reforms, politics played the defining role in everyday Chinese life. Communist Party guidelines formed the yardstick on which all matters including the economic, the social, and the personal, were judged (Pearson, 1996). Things have changed dramatically since then. Recent years have seen a shifting focus from famine and political struggle as central life challenges facing Chinese people, to personal and social problems such as increasing divorce rates, alcohol and drug abuse, health care issues, modern family pressures, and widening social and economic gaps between rich and poor (Phillips, Liu, & Zhang, 1999). The area of mental health, however, has failed to receive required attention.

*Correspondence to: Xuan-Wei Lu, Department of Social Psychology, LSE, Houghton Street, London WC2A 2AE, UK.

E-mail: lxwnjulse@hotmail.com

Of a population of 1.3 billion, an estimated 173 million Chinese people have a diagnosable psychiatric disorder, 158 million of who have never been treated (Cyranoski, 2010). Compared with neighbouring Japan and Korea, mental health services remain relatively scarce in China (Gao et al., 2010), with only around 20,000 psychiatrists, of whom only 4000 are fully qualified mental health practitioners in the country (Ng, 2009). The topic of mental health remains a taboo in China and systematic understandings of experiences of mental distress are poor. In this paper, we use social representations theory (SRT) to explore how middle-aged urban Chinese men make sense of mental health issues. The goal of the paper is to help fill the academic gap in research focused on middle-aged men's mental health and to provide initial insights in order to advance the indigenous understanding of mental health among the Chinese.

The sociocultural landscape and the middle-age mental health crisis

While attempting to understand how the Chinese understands mental health, it is essential to examine some key features of Chinese culture. Tseng and Wu (1982) outline core characteristics of traditional Chinese culture. Confucian ethics emphasize the collective quality of the individual's life and behaviour (King & Bond, 1985). Man is 'in Confucian human-centered philosophy, a social or interactive being' (Moore, 1967, p. 5). In Chinese culture, 'ren' (people) means two men standing together: 'being human is conditional on a man's obedience to social norms in daily interactions' (Bauman, 1976, pp. 26–27). Given this strong normative and informational influence exercised by culture, pragmatism is perhaps the best term to characterize how Chinese people balance cultural ideal and actual behaviour (Tseng & Wu, 1982). They tend to build personal social networks for pragmatic purposes and act contrary to their own desires to satisfy other interests sometimes. This constant tension between one's desires and the pragmatic demands of everyday life has the potential to cause tremendous emotional and psychological strain on people. However, the emotional struggles of the Chinese often go unnoticed given that the Chinese culture has developed unique norms on emotional expression. From childhood, Chinese people are trained to control emotions that are considered adverse and disruptive to harmonious social interaction (Tseng & Wu, 1982). Aggressive and competitive behaviours are discouraged, along with emotionally expressive actions. Not surprisingly, in contrast to Western societies, Chinese are described as 'emotionally more reserved, introverted, fond of tranquility, overly considerate, socially overcautious, habituated to self-restraint' (Song, 1985, p. 10). These distinguishing features of the Chinese society shape how people interpret their lives, including the arena of mental health. Since the launch of the Movement of Global Mental Health in a landmark edition of the *Lancet* in 2007 (Campbell & Burgess, 2012), a substantial amount of research has used western notions of mental health to inform mental health issues in both urban and rural China (Ng, 2009). Migrant workers (Wong, He, & Leung, 2008; Chen et al., 2012; Cui, Rocket, Yang, & Cao, 2012), senior citizens (Chau & Lai, 2011), adolescents (Li et al., 2008; Luo, Wang, & Gao, 2011), women (Tang, Au, Schwarzer, & Schmitz, 2001), rural citizens (Lai, 1995; Sevigny, 2004), and people in particular lines of work, such as doctors, offshore workers, never-married men, and teachers (Tang et al., 2001; Sun, Fu, Chang, & Wang, 2012; Zhou, Yan, & Therese, 2012), have been the focus of several inquiries. Although middle-aged urban men are indeed members of many of these groups, there has been little specific focus on them as a group in their own right.

In traditional Confucian thought, men have greater social status, access to social resources, and discursive power. However, things have changed with time and a growing body of evidence suggests that men are not as strong as people usually think. Wong et al. (2008) reports that 19% more men than women have mental health problems such as anxiety, depression, hostility, and obsessive-compulsive behaviour. Men are more vulnerable to work stress and are also pressured as a result of their responsibilities to parents, spouse, siblings, and offspring (Cleary & Mechanic, 1983). With changing gendered patterns of independence and bargaining power in the family, Chinese men also face new conflicts about employment, marriage, and domestic issues relating to their parents (Wang, 1990). With such a context, how do laymen themselves understand and experience mental health and illness and what role does the cultural context of China play in their understanding? To systematically explore these concerns in a cultural field where modern biomedical ideas on health and illness coexist with traditional thought, this study has adopted the theory of social representational as its guiding framework.

The relevance of social representations

Knowledge and beliefs are shaped by sociocultural and symbolic contexts (Jovchelovitch, 2007). In investigating Chinese men's beliefs and behaviours in sociocultural context, SRT (Moscovici, 1976) provides a powerful theoretical and analytical tool. Social representations are developed through a collective elaboration 'of a social object by the community for the purpose of behaving and communicating' (Moscovici, 1963) and in that sense they can be understood as

The system of values, ideas and practices with a twofold function: first to establish an order which will enable individuals to orient themselves in their material and social world and to master it; and second to enable communication ... by providing a code for social exchange and a code for naming and classifying unambiguously the various aspects of their worlds and their individual and group history (Moscovici, 1963, p. xiii).

Social representations are often understood as the space in between the individual and society, negotiated in the public sphere, which links objects, subjects, and activities (Jovchelovitch, 1996). Hence, SRT enables us to consider Chinese mental health beliefs as constructed against a background of constant social interaction with social identity, group norms, and cultural traditions playing major roles. Representations are not static; they are dynamic conceptual frameworks that assimilate new knowledge within the existing conceptual carousel (Bauer & Gaskell, 1999). Social representations are not mere reproductions of objective facts but involve interpretations and representations that are shaped by a group's history and interests, allowing the inquiry to be sensitive to the social context and indigenous belief systems (Chauhan & Foster, 2014). The field of mental health has been a particularly germane area of research with SRT. Research indicates that the understanding of mental health is tremendously guided by the local sense-making activities in the community. In her seminal work, Jodelet (1991) uncover how representations of the communicability of mental illness through bodily fluids lead to a practice of segregation of the mental health clients. Wagner, Duveen, Verma, and Themel (2000) observe that the biomedical perspectives on mental health in a modern Indian city remain deeply intertwined with the traditional notions of health and illness. Similarly, people

dealing with mental health problems, too, develop their own representations of the problems that they face. Furthermore, the theory has also been used to explore the understandings of mental health clients about their illnesses, and it has been argued that accounts of people suffering from mental health problems are guided by their own understanding of their problems (Foster, 2003). It is against this corpus of research on mental health and illness that we examine the representations of mental health among Chinese men in light of both ancient, indigenous notions of health, and the relatively novel infusion of ideas from western biomedical models.

METHODOLOGY

Our study was conducted in the city of Xi'an (Shaanxi province) in northwest China. For 2012, gross domestic product in Xi'an was about 437 billion *yuan* (\$71bn), and urban residents' disposable income reached 25 981 *yuan* per capita (\$4258). Xi'an is an interesting site for our work because the residents follow Chinese traditions more than those in coastal cities, and their income was at the median level for the whole mainland. Thus, diversity and representativeness can be balanced. The profile of Xi'an is available in Table 1.

Table 1. Comparing Xi'an with China

Criterion	Xi'an	China
Population	8.47 million	1350 million
Literacy rate	—	93.70%
Per capita income	25 981 <i>yuan</i> (\$4258)/year	38 354 <i>yuan</i> (\$6286)/year

Source: <http://www.stats.gov.cn/>, <http://www.xatj.gov.cn/>

Participants and sampling

We recruited 15 urban men as participants of this research using snowball sampling. Snowball sampling was used for recruitment because mental health issues remain stigmatized in China, and it is difficult to recruit participants using normal approaches. By using the local social network properly, snowball sampling increases the efficiency of a study when the number of participants is limited. A civil servant (Participant 4) was the first to play a significant role in the whole research, successfully contacting further participants of the same age through his social network. Defining middle age is not straightforward and has to take into account several aspects. The Collins Dictionary regards the years between 45 and 59 as middle age. Yet, there is a growing voice to make the definition sensitive to the cultural context where the definition needs to be applied. China is still a labour-intensive country. People begin their work in their early age, and Chinese male employees need to retire at the age of 60 (NPC, 1978). What is more, some men can stop working and enjoy social insurance even at the age of 50. Keeping that in mind, in this research we regard men between the ages of 30 and 50 years as middle age. All the participants of this study possessed permanent urban residence cards.

Previous research has shown that people with different social statuses and income levels have different mental health conditions (Chen et al., 2012); hence, we sought participants

from different income categories. Urban men of a higher social status and income level are also believed to experience higher psychosocial well-being than men of lower social status and income levels (ibid). In Xi'an, participants earning less than 3000 *yuan* (\$492) per month were classified as low income, those between 3000 and 6000 *yuan* (\$984) per month as middle-income group, and those above 6000 *yuan* monthly as high income.

Keeping these two criteria in mind, 15 lay participants were selected using non-probability sampling: eight of them were inside the system and seven outside. The 'system' is a unique concept to the Chinese society and refers to the proximity and involvement that people have with the government apparatus. State organs and state-owned enterprise are typical examples of institutions 'inside the system' own significant social resources but including a relatively small number of people. People 'outside the system' include groups such as handicraftsmen, workers in private enterprises, and employees in foreign companies. We interviewed eight participants who were 'inside the system' and seven from 'outside the system'. Given the greater social and economic support structures available to participants inside the 'system', we consider this an important source of diversity in the sample. Hence, the participants had a range of job descriptions or statuses: professor, civil servant, office clerk, worker, and unemployed. Apart from the 15 middle-aged lay people, three workers who worked at advisory agency of psychology were interviewed. Table 2 on participants' demographics provides further information. The youngest was 30 years old and the oldest 53 years old ($X=45.4$, $SD=6.40$). Of these, 13 were married, one unmarried, and one separated.

Data collection

Data were collected by the first author, a native Mandarin speaker, who used in-depth semi-structured interviews with the goal of forming an active engagement with the life world of respondents and social groups to which they belong. Interview questions were divided into four sections, guided partly by Myers, Sweeny, and Witmer's (2000) framework of mental well-being. Myers judged one's mental fitness by an original model that proposed five life tasks, which are spirituality, self-regulation, work, friendship, and love.

Table 2. Participants' social demographics

	Dimension	Number
Social position	In the system	8
	Out of the system	7
Income status	High	5
	Medium	5
Age (years)	Low	5
	30–40	3
	41–50	10
Family status	Above 50	2
	Married	13
	Divorced	1
	Single	1

What is more, all aspects are interrelated and interconnected, and changes in one area of wellness affect other areas. Categories of work and leisure, domestic life, interpersonal relations, self-direction, cultural influence, and cognition of success were regarded as good starting points in understanding how Chinese men represent 'mental health'. Interviews, conducted in Mandarin, lasted on average for an hour each and were continued until theoretical saturation. Ethics clearance was given by an Ethics Committee at the London School of Economics, and written informed consent was obtained prior to interviews.

Data analysis

All interviews were recorded and transcribed. Sometimes, participants used homonymous allegorical sayings and Chinese proverbs, which have been retained during the analysis process. Using thematic network analysis (Attride-Stirling, 2001), the coding strategy used both inductive and deductive approaches to include both expected and unexpected responses from the participants.

Over 200 descriptive initial codes were dissected into 19 clusters on the basis of theoretical interests regarding the Confucian lifestyles. In this step, basic themes were assembled by considering both surface and implied meanings of the text to understand the representation of mental health. We realized that the basic themes focused on middle-aged men's cognitions, externalities, and daily behaviours of mental health, and six organizing themes emerged by generalizing the aforementioned basic themes. Finally, these six organizing themes were divided into two fields to construct the networks: On the one hand, we conceptualized the knowledge of mental health, which condensed in four parts: control, adherence, family-oriented, and social obedience. In the next section, we discuss the results of the study in detail.

RESULTS

Our analysis resulted in two global themes emerging from our interviews. The first is men's representations of mental health. Data indicate a clear influence of Chinese culture and traditional knowledge on the way mental health is represented. The second theme revolves around men's representations of factors that are enabling and disruptive of mental health. These factors that participants believed exercise an influence on the mental health and well-being include a range of social, cultural, and political factors. All 15 men self-reported that they were suffering from high levels of stress originating from family, social, and workplace challenges. None had ever contacted a mental health organization. One man formally embraced Buddhism, but all said they were strongly influenced by traditional Confucianism and Taoism, and they often used well-known Confucian sayings in their interviews. Unexpectedly, there was no indication that being 'inside the system', with relatively high levels of job security and state health support, led to a greater sense of psychological well-being.

Chinese representations of mental health

In our study, participants' accounts of mental well-being include central references to an individual's noble characters, regarded as equally important as his emotional status. The

representations of mental illness among our participants can summatively be argued to refer to the contradiction between the individual's desires and reality, and our analysis informs that four key notions shape middle-aged urban Chinese men's representations of mental health.

Control rather than release of feelings Throughout the interviews, the participants were unable to provide an explicit definition of mental health. Nonetheless, they all gave rich accounts of what they regarded as the ideal state of mental health and well-being. Emotional regulation emerged as a central feature in most accounts where participants share the understanding that mental health means the ability to control and remove bad emotions and impulsive urges. Importantly, as the following quote illustrates, hiding negative emotions and abstinence from sharing them with others is regarded as a viable strategy in this regard.

Mentally healthy people can control their feelings ... it means a kind of ability, you can control your bad emotions ... hide them, resist them. Some troubles cannot be told to others ... you cannot give others a long face in public places ... the boss will think you are useless ... even if you talk about your troubles to your colleagues, they cannot help you. (14)

The preceding quote suggests that mental illness continues to be a taboo in the Chinese society. In addition, participants believed that some of an individual's bad emotions arise as a result of unrealistic desires.

Mental health is a state in which you can respond to all things in an easy way. [...] Mental health means that you feel relaxed when others are better off than you. (10)

Thus, mental health is understood as an ability to balance abilities and ambitions much in the way that Jovchelovitch and Gervais (1999) found physical health and well-being in the Chinese knowledge system to draw upon the notion of harmony and balance.

Adherence to Confucian philosophy Our participants' knowledge about mental health was deeply influenced by Confucian philosophy. The Chinese ancients provided principles and moral values necessary to be a 'perfect man' in both mental and physical fields. In general, Chinese behaviour is motivated by moral and social considerations (Huang & Charter, 1996), rather than the ideas of autonomy, independence, and worldly success that motivate those in the West. Unlike Western thought, Confucianism cannot be summarized systematically as a set of formal theories, but the spirit of the philosophy remains. Thus, whether an individual is healthy or not is judged by the principles of Confucian philosophy as several participants noted.

Understand yourself ... you must know yourself very well. Mentally healthy people are men of noble character ... There are two harmful attitudes: false pride and belittling oneself. Chinese people are always in the middle ... (11)

People teach themselves, learn from their failures and try to get the level of 'man as a part of nature' ... I can restrain my behaviour, and avoid doing bad things. (11)

It would seem that the cultural notion of 'the golden mean' that focuses primarily on the spiritual and moral content of an individual's life bears an influence on the experiences of mental health. In the interviews, only one participant subscribed to a formal faith, yet none could deny that it was impossible for them to escape from the influence of Confucianism entirely. Therefore, when asked about the definitions of mental health, participants tended

to infuse their ideas of psychological well-being with classical Confucian thought. Take, for example, the following quote from a participant trying to explain an ideal state of being:

They are hardly to be *mao*, *wai zai*, or *zi wo*. We do not push others, nor push ourselves too much. (2)

Here, *mao* means one is ambitious and overconfident; *wai zai* reflects a character who likes to show off and express their feelings freely; *zi wo* refers to ideas of individualism. In China, all these qualities are regarded as examples of juvenility. It is believed that people who have these qualities may harm others unconsciously in social interactions, and hence, the idea of how a well-adapted and functional individual is built invokes a degree of ascendance from frequent emotional expression. Mental health, thus, is conceived as the capacity of an individual to regulate his ambitions and successfully become a part of the larger collective—assimilation, instead of individual expression, is represented as the key to sound mental health. Once again, the central idea that seems to inform Chinese representations of mental health seem to emerge from the infused Confucian thought is of balance and harmony and an emphasis on the collective.

Focus on family Family is central to the Chinese way of life. All participants cherished their family relationships saying that harmonious domestic relationships play an important role in a person's mental health status. Moreover, Chinese men tend to put their own happiness after the well-being of other family members.

So I think mental health is ... you can satisfy your family members' needs and have a good family relationship: take good care of your parents and children ... make more money ... (5)

Mentally healthy people have a harmonious family. My parents educated me to be a healthy person. In turn, I will educate my offspring. Family is the small unit of society. (4)

Typically, Chinese men emphasized the importance of the parent–child bond at the community level. In contrast to the idea of dissolving the boundaries between 'us' and 'them' to construct positive identities (Campbell et al., 2011), Chinese men deliberately separate the 'in family' and 'out of family' groups. In the research, participants' mental health conditions were slightly influenced by changes to the 'out of family' group but were strongly affected by events in the 'in family' group. Once again, such representations entail a divergence from an internalized idea of mental health, and it can be argued that in the Chinese cultural context, mental health is a collective enterprise. One's family appears to be the central cog in the collective that affects the mental health and well-being of the participants. What is more, it adds further evidence to the role of the collective in the Chinese society as far as the understanding of mental health is concerned.

Social obedience and conformity As the previous point illustrates, our participants seem to draw extensively on Confucian philosophy in shaping their ideas. Yet, the complexities of everyday word often make it very difficult to function according to these philosophical ideals. Mentally healthy people in such a context are people who have pragmatically mastered these tensions and have learnt the 'social rules' (Tseng & Wu, 1982) The data in this study suggest that negotiating the conflict between the philosophical ideals and the constraints of everyday life is regarded as the key to mental health.

Mental health is ... one must obey laws and rules ... 'a wise man submits to fate' ... You know that, in China, it is very difficult to get success through one's own efforts alone. People are not encouraged to act on the basis of their own ideas ... We must behave according to the organization's will ... When I was young, I thought I was unique. However, I feel I am common now, I feel relaxed because I know the social rules clearly ... (4)

In addition to illustrating the importance of mastering the social rules, the preceding quote also demonstrates the degree to which the society values being one of the collective. In other words, 'being-common' seems to take away the pressures of being independent and is represented as a facilitator of mental health. The 'common' in this context is far from entailing the meaning of being 'ordinary'—on the contrary, being common is a canonized idea that emphasizes the importance of the collective and, to some degree, a standardization of an individual's consciousness in the ideology of the collective. The participants of this study were born in an age of revolution and were shaped by Chinese 'icons' who were often emphasized as common men that represent cherished qualities. For example, Lei Feng, a communist, was propagandized as 'a common man plunging his limited years into the infinite cause of serving the people' (Schnell, 2013, p. 62). Not surprisingly, the participants in this study invoke the rhetoric of being common as a cultural ideal, and people demonstrating traits that are different from are regarded as abnormal and 'mentally disordered'. The following quote illustrates how the idea of mental illness is closely tied to deviance and regression from the common.

Being different from others, well, should be punished and suppressed. Chinese people do not like it. Mentally disordered people or crazy people, they are abnormal, they are different from others. Thus, they are poorly regarded. (7)

To sum up, the cultural thought plays a great role in shaping the representations of mental health in China. In many ways, mental health is anchored in the prescriptive ideals of good living that Confucian thought bestows upon the Chinese. Mental health is seen as a state of balance in one's life, and there is an innate rejection for the extremes: Exercising emotional control and sticking to the social convention are seen as integral to the concept of mental health. Most important, however, are the ideals of the collective, and it appears that the key to mental health resides in closely following the social ideals, whereas individualism and deviance from the norm are regarded as indicators of poor adjustment and mental health problems. The next theme further illuminates the representations of mental health and describes the factors that were regarded as relevant in enabling or disrupting mental health.

Enabling and disruptive factors in mental health

A key insight into men's representations of mental health comes from their accounts of factors facilitating or disrupting their mental well-being. Participants identify two enabling factors that not only represented as having a positive impact on their mental health but are also deeply intertwined with maintenance and transmission of their cultural identity: the importance of familial support and stable social interactions within the community.

Familial support Given the importance of the collective and the centrality of family in the Chinese society, it is not surprising that most participants regard their families as a primary network of emotional support. Participants believed harmonious family relationships

helped them to solve mental health problems and also acted as a constant resource upon which they can continue to draw.

I: How do you handle your bad emotions? Have you ever felt distressed?

P: Yes, sometimes I feel distressed, but you need to be optimistic ... mental illness ... no, I am healthy ... my family needs me ...

I: so ... you carry the mental burden alone?

P: Yes ... but my family supports me to get through it. (13)

Chinese people always connect the individual's psychological well-being with their family members, and they can easily get comfort from relatives. This quote suggests that the responsibility of taking care of the family encouraged the interviewee to be strong and regulate his turmoil. Statistics indicate that women have a higher incidence of suicide than men from youth through middle age (Ji, 2000). This is partly because the support from their wives and children prevent men from adopting extreme behaviours. In this regard, commitment to traditional family relationships emerges as a driver of good mental health. However, as noted earlier, given the emphasis among the Chinese to keep their negative emotions to themselves, this may not be a natural path that people may actively seek. Under these circumstances, it is perhaps fair to say that the participants reveal a constant paradox that they face while trying to cope with emotional problems in their lives: On the one hand, they regard their families as their pillar of emotional support, and on the other hand, they also face the implicit expectation of managing their emotional needs privately.

Stable social interactions The second positive factor that promotes positive mental health can be labelled in the form of stable social interactions. Research suggests that benign social interactions that allow people to step out of their routine daily lives enhance an individual's mental health (Chiu & Ho, 2006). In Chinese context, these may involve get-togethers with close friends to engage in activities such as playing cards, mahjong, or billiards. Participants in this study said that as they become older, they found it more difficult to build relations with others based purely on friendship, especially in the workplace. Losing touch with old friends tends to present a crisis as the Chinese culture puts heavy emphasis on keeping one's emotions private, except when with family or close friends. The following quote provides evidence that social interactions outside one's proximal social network do not allow people to share their problems and in turn highlight the importance of maintaining close and stable friendships and relationships.

I have good times with friends: having a drink or something ... even though I do not tell them my troubles ... now, I seldom drink ... you know, it is boring to drink with friends who are not very close. (3)

The role of social support and friendship in improving mental health outcomes is well documented (see, e.g. Albor et al., 2014; Rothbon et al., 2012), and the findings of this study seem to add to that corpus of research. Besides family and friends, most of the participants talked about alternative approaches to controlling bad emotions and reinventing themselves. As mental health problems are stereotyped as a private matter

among Chinese people, they are often reluctant to ask others for help. To remain calm and emotionally stable, they create a range of distractions. Some participants chose meditation, whereas others chose singing or sleeping.

You just cannot always think about the bad things. I often sing when I am not happy. Well, my singing is awful, but I like it ... you know, you need to have a way to control your bad emotions. (12)

In sum, our informants gave accounts of a range of non-medical strategies to cope with mental health problems: Sticking closely to traditional values is regarded as a facilitator of good mental health. Although the factors that facilitate mental health are, to some extent, abstract, those that damage men's psychological well-being are more tangible. The participants outline three distinct disruptive influences on their mental health and well-being: the anxieties of ageing, the collapse of the Chinese dream, and societal expectations. We shall now discuss these briefly.

The anxieties of ageing Research shows the negative impact that continuous stress and anxiety have on the human body, and the importance of the material context for urban people's mental well-being (Phillips et al., 1999). Our informants spoke of how advancing age and deteriorating physical abilities cause significant stress and anxiety.

When I was young, I liked many kinds of sport ... but now, I spend all day in the office ... I can feel my brain, my arms, and my lungs growing old ... I panic about that. (15)

It is difficult to learn anything new. You know, 3G technologies are now popular in mainland China. As a worker, you should know the new technology, but I feel exhausted when I read book for a while. (11)

As the two preceding quotes indicate, advancing age was a significant source of anxiety among participants. Getting older has resulted in participants reporting quicker exhaustion and participants feel tired when they have to work overtime and feel disappointed about their appearance. They feel extremely anxious about retirement because of the inadequate pension system that they have at their disposal. Essentially, these characteristic stresses are caused by the recognition of the discrepancy between an ideal self and their actual self (Chiu & Ho, 2006).

The collapse of the 'Chinese dream' The second factor leading to men's mental health problems is the collapse of the 'Chinese dream'. Scholars have shown that having a clear sense of one's path in life plays an important role in psychological well-being (Myers et al., 2000), but most participants said they had no clear idea about their future. The college entrance examination system in China limited the possibilities for people to choose their own career paths, and several participants revealed that they were tied to jobs and careers that they did not like very much.

You know, individuals can just follow the Chinese college entrance examination system. Maybe you will never do your favorite thing as a career. People may choose their career confusedly, or just follow their parents' will ... if I could have learned painting in college, I would be a great artist now! (7)

Most participants had negative attitudes about their work. Working hard was a way to make money and meet social responsibilities, while their own hopes are neglected. Furthermore, 'the system' plays a significant part in the lives of the Chinese. People inside the system have access to more social privileges and benefit from current social policies, whereas those outside the system are the victims of the same policies. In such

circumstances, one might expect that people inside the system would be much happier than those outside, but in fact, people inside the system suffer from a form of relative deprivation: The social resources and privileges are concentrated in the top level of system. Those not at the top level feel stressed when they are compared with others further up the ladder. Of course, people outside the system are often more disadvantaged in many regards—political, economic, and discursive powers are controlled by people inside the system.

My brother was laid off after the reform of state-owned enterprises. He, his son, and his wife have been living in a rental house for years. You know, the house price here is 7000 Yuan/square meter. But his income is about 2000/month. It means he will never have his own house. (14)

You need to know that there are rules inside the system. It is normal to still be a rank-and-file employee when you reach 50. It is sad. (8)

The first quote comes from a participant outside of the system. In his opinion, the reform of state-owned enterprises brought direct disadvantages to his brother: unemployment and housing problems. In this regard, his stress comes from the ‘system’ itself. The second quote comes from a participant inside the system; his stress comes from comparing his life against that of others. He had benefited in part from the advantages of the system, but he wanted more. This sense of ‘being deprived’ makes him unhappy and in some ways conflicts with the Confucian teachings against being ambitious. On the one hand, from the evidence captured in our own study, it can be argued that the stress and sadness experienced by this participant because of his ambition provide evidence that Confucian ideas indeed hold relevance in understanding mental health representations among the Chinese. On the other hand, it also captures the slipping away of Confucian ideals from the Chinese society. We capture the latter theme in detail in the following segment.

The stereotypical constructs of patriarchal society The last factor negatively affecting mental health among men is the influence of the stereotypical constructs of patriarchal society. Confucianism dominated in China for thousands of years. As already stated, Confucian thought influences every Chinese mainland citizen. However, things are complicated now, and the following quote beautifully captures the inherent tension between the ideals of an ancient philosophy and the demands of the modern life:

Sometimes I know clearly that some Confucian ideas are outdated ... I hate Confucianism in my mind ... however, I still behave according to Confucian rules ... it is twisted. (11)

The role of Confucianism in rapidly changing contexts leaves men with a dilemma. On the one hand, they clearly know that some norms of Confucianism, such as hierarchy, male-dominated society, and the art of interaction, are inappropriate in a modern society. On the other hand, they still behave according to those principles, such as ‘look up to men and down on women’, ‘have enough money for marriage’, and ‘the house is the foundation of marriage’ (Zhou et al., 2012). This contradiction is inherently a collapse that has the potential to cause tremendous stress among people when they have to adhere to a philosophy that appears dated to them.

DISCUSSION

Our research sought to map out the representations of mental health among middle-aged Chinese men. Both expected and unexpected findings emerged from our analysis. That

material context had no apparent impact on participants' mental health representations is very interesting. This challenges to some extent the standard views about material factors influencing mental health in the Chinese context (Phillips et al., 1999; Chen et al., 2012).

The representations of mental health, which were influenced by a commitment to Confucianism, substantiate the arguments of Tseng and Wu (1982) that the Chinese strive to strike a balance between cultural ideal and actual behaviours. Our data indicate a similar position among middle-aged Chinese men with regard to mental health problems. They seek to control their emotional expressiveness and maintain harmonious social interactions. In other words, a range of cultural factors and philosophies seem to guide the participants who have to negotiate their actual behaviour under pragmatic concerns. Aggressiveness and competitive behaviours are represented as the risk factors for mental illness and are discouraged among Chinese people, leading to a focus on harmony and balance. Stable social interactions and familial support are the most important factors that seem to promote good mental health among the participants. On the other hand, the anxieties surrounding ageing, fears about the future, and the pressures of traditional expectations are among the major disruptive elements for middle age Chinese men. In essence, it appears that the traditional elements of Chinese culture have a tremendous bearing upon the mental health of participants and, in doing so, often acts as a double-edged sword. Although it provides cherished ideals for people to strive for in their lives, it also creates great pressure, which is often a result of unrealistic expectations that it imposes. Ideas about collectivism (King & Bond, 1985) and control of one's emotions are cherished and valued in China, and this reflects in the representations of mental illness. In terms of the factors advancing an individual's psychological well-being, strong family bonds were represented as a key driver. Participants consider that good family and community relationships help them regulate their feelings and emotions and made them resilient in the face of stressors. Ji (2000) reports a higher incidence of suicide among women as compared with men in China and argues that this is linked to the traditional Chinese culture that allows men to receive greater emotional support from their families. Our findings resonate with Ji's observation: commitment to traditional family relationships emerged as a driver of good mental health in the representations of participants. Similarly, competition and aggression—at the expense of disturbing social harmony—were represented as risk factors for mental health. Once again, the Confucian ideas of the middle path and harmony, along with the traditional values that emphasize the collective good over individual gain, appear in mental health representations. To some extent, the representations of mental health are consistent with the ideas of harmony and balance that the Chinese use to consider physical ailments (Gervais & Jovchelovitch, 1998).

Another key observation can be made about the idea of mental illness as a deficiency—an indicator of lacking the required skills to maintain harmony that the culture values tremendously. Combined with the stigma associated with mental illness, mental illness is represented as a threat and a sign of deviance and misfit. Research with the theory of social representations has argued the social objects that are imbued with ideas of deviance and threat tend to be distanced from the Self and relegated to the realm of the Other (Chauhan and Foster, 2014). In a similar vein, it can be argued on the basis of our findings that representations of Chinese middle age men indicate an Othering of mental health problems. We extend this as a preliminary explanation of the continued treatment of mental illness as a taboo in the Chinese society. In the Western cultures the mentally ill have a long history of being regarded as the Other, yet, the Eastern cultures with their emphasis on the collective have been thought to be more inclusive (Foster, 2006). Our findings seem to

break away from this and provide initial evidence that even in traditional Eastern cultures, mental illness remains a feared and stigmatized concept that people choose to distance themselves from.

This research intended to provide some initial insights into the beliefs that middle-aged Chinese men hold towards mental health. Social representations mediate the negotiation of the self with the objects in the world. We started the paper by noting a lack of policy and planning on developing systematic mental health support systems in China, and we conclude by proposing that efforts to mainstream the mental health challenges among the Chinese would need to take account the mental health representations that people hold. For their successful implementation, social policies need to take the social context and the local knowledge system into account - indeed, the acceptance and use of social policies is mediated by social representations of people (for e.g. see, Chauhan, 2014). However, in that sense, the scope of this study is limited, and it can, at best, provide the initial insights. The study is based on a single research site and as China covers a vast territory and features multiple nationalities, our findings need to be interpreted in a relatively localized context of the province where this study was conducted. Nevertheless, it is hoped that this paper opens up the field for further inquiries on how mental health issues are understood and dealt in the cultural context of China where ideas of collectivism, emotional control, harmony, balance, and so forth continue to shape the public understanding of mental health.

REFERENCES

- Albor, C., Uphoff, E. P., Stafford, M., Ballas, D., Wilkinson, R. G., & Pickett, K. E. (2014). The effects of socioeconomic incongruity in the neighbourhood on social support, self-esteem and mental health in England. *Social Science and Medicine*, *111*, 1–9.
- Attride-Stirling, J. (2001). Thematic network: An analytic tool for qualitative research. *Qualitative Research*, *3*, 385–405.
- Bauer, M. W., & Gaskell, G. (1999). Towards a paradigm for research on social representations. *Journal for the Theory of Social Behaviour*, *29*, 163–186.
- Bauman, Z. (1976). *Towards a critical sociology*. London: Routledge Kegan Paul.
- Campbell, C., & Burgess, R. (2012). The role of communities in advancing the goals of the Movement for Global Mental Health. *Transcultural Psychiatry*, *49*, 379–396.
- Campbell, C., Skovdal, M., Madanhire, C., Mugurungi, O., Gregson, S., & Nyamukapa, C. (2011). “We, the AIDS people...”: How antiretroviral therapy enables Zimbabweans living with HIV/AIDS to cope with stigma. *American Journal of Public Health*, *101*, 1004–1010.
- Chau, S., & Lai, W. L. (2011). The size of an ethno-cultural community as a social determinant of health for Chinese seniors. *Journal of Immigrant Minority Health*, *13*, 1090–1098.
- Chauhan, A. (2014). Plates for slates: The impact of a school feeding programme on community representations of schools. *International Journal of Educational Development*. doi: 10.1016/j.ijedudev.2014.07.013
- Chauhan, A., & Foster, J. (2014). Representations of Poverty in British Newspapers: A Case of ‘Othering’ the Threat?. *Journal of Community & Applied Social Psychology*, *24*(5), 390–405.
- Chen, L., Li, W. H., He, J. C., Wu, L. H., Yan, Z., & Tang, W. J. (2012). Mental health, duration of employment, and coping strategy: A cross-sectional study of unemployed migrant workers in eastern China during the economic crisis. *BMC Public Health*, *12*, 597–609.
- Chiu, Y. L., & Ho, W. N. (2006). Family relations and mental health of unemployed Chinese men. *Journal of Mental Health*, *15*, 191–203.
- Cleary, P. D., & Mechanic, D. (1983). Sex differences in psychological distress among married people. *Journal of Health and Social Behaviour*, *24*, 111–121.

- Cui, X. B., Rocket, I. R., Yang, T. Z., & Cao, R. X. (2012). Work stress, life stress, and smoking among rural-urban migrant workers in China. *BMC Public Health*, *12*, 979–988.
- Cyranoski, D. (2010). China tackles surge in mental illness. *Nature*, *468*, 145–146.
- Foster, J. L. H. (2003). Beyond otherness: Controllability and location in mental health service clients' representations of mental health problems. *Journal of Health Psychology*, *8*, 632–644.
- Foster, J. L. H. (2006). Media presentation of the mental health bill and representations of mental health problems. *Journal of Community and Applied Social Psychology*, *16*, 285–300.
- Gao, X., Jackson, T., Chen, H., Liu, Y., Wang, R. Q., Qian, M. Y., & Huang, X. T. (2010). There is a long way to go: A nationwide survey of professional training for mental health practitioners in China. *Health Policy*, *95*, 74–81.
- Gervais, M., & Jovchelovitch, S. (1998). Health and identity: The case of the Chinese community in England. *Social Science Information*, *37*, 709–729.
- Huang, D. D., & Charter, R. A. (1996). The origin and formulation of Chinese character: An introduction to Confucianism and its influence on Chinese behaviour patterns. *Cultural Diversity and Mental Health*, *2*, 35–42.
- Ji, J. L. (2000). Suicide rates and mental health services in modern China. *Crisis*, *21*, 118–121.
- Jodelet, D. (1991). *Madness and social representation*. London: Harvester-Wheatsheaf.
- Jovchelovitch, S. (1996). In defence of representations. *Journal for the Theory of Social Behaviour*, *26*, 121–136.
- Jovchelovitch, S., & Gervais, M. C. (1999). Social representations of health and illness: The case of the Chinese community in England. *Journal of Community and Applied Social Psychology*, *9*, 247–260.
- Jovchelovitch, S. (2007). *Knowledge in context: Representations, community and culture*. London: Psychology Press.
- King, Y. C., & Bond, M. H. (1985). The Confucian paradigm of man: A sociological view. In W. S. Tseng & Y. H. Wu (Eds.), *Chinese culture and mental health*. London: Routledge.
- Lai, G. (1995). Work and family roles and psychological well-being in urban China. *Journal of Health and Social Behaviour*, *36*, 11–37.
- Li, H. J., Li, W., Liu, Q., Zhao, A., Prevatt, F., & Yang, J. J. (2008). Variables predicting the mental health status of Chinese college students. *Asian Journal of Psychiatry*, *1*, 37–41.
- Luo, J., Wang, L. G., & Gao, W. B. (2011). The influence of the absence of fathers and the timing of separation on anxiety and self-esteem of adolescents: A cross-sectional survey. *Child: Care, Health and Development*, *38*, 723–731.
- Moore, C. A. (1967). Introduction: The humanistic Chinese mind. In C. A. Moore (Ed.), *The Chinese mind*. Honolulu: University of Hawaii Press.
- Moscovici, S. (1963). Attitudes and opinions. *Annual Review of Psychology*, *14*, 231–260.
- Moscovici, S. (1976). *La Psychanalyse: son image et son public*. Paris: PUF (originally published in 1961).
- Myers, J. E., Sweeny, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development*, *78*, 251–266.
- Ng, E. (2009). Heartache of the state, enemy of the self: Bipolar disorder and cultural change in urban China. *Cultural Medicine Psychiatry*, *33*, 421–450.
- NPC (The National Congress of the People's Republic of China). (1978). The interim measures of workers' retirement or resignation. Available: http://www.npc.gov.cn/wxzl/wxzl/2000-12/07/content_9552.htm
- Pearson, V. (1996). The Chinese equation in mental health policy and practice: Order plus control equal stability. *International Journal of Law and Psychiatry*, *19*, 437–458.
- Phillips, M. R., Liu, H., & Zhang, Y. (1999). Suicide and social change in China. *Culture, Medicine and Psychiatry*, *23*, 25–30.
- Rothbon, C., Goodwin, L., & Stansfeld, S. (2012). Family social support, community "social capital" and adolescents' mental health and educational outcomes: A longitudinal study in England. *Social Psychiatry and Psychiatric Epidemiology*, *47*, 697–709.
- Schnell, J. A. (2013). A historical interpretation of Lei Feng: Government subsidized role model in the People's Republic of China. *China Media Research*, *9*, 59–63.
- Sevigny, R. (2004). Social welfare policy: Social rehabilitation of psychiatric patients in urban China. *International Journal of Social Psychiatry*, *50*, 241–261.

- Song, W. Z. (1985). A preliminary study of the character traits of the Chinese. In W. S. Tseng & Y. H. Wu (Eds.), *Chinese culture and mental health*. London: Academic Press.
- Sun, W., Fu, J. L., Chang, Y. & Wang, L. (2012). Epidemiological study on risk factors for anxiety disorder among Chinese doctors. *Journal of Occupational Health, 54*, 1–8.
- Tang, C., Au, W. T., Schwarzer, R., & Schmitz, G. (2001). Mental health outcomes of jobs stress among Chinese teachers: Role of stress resource factors and burnout. *Journal of Organizing Behaviour, 22*, 887–901.
- Tseng, W. S., & Wu, Y. H. (1982). *Chinese culture and mental health*. London: Academic Press.
- Wagner, W., Duveen, G., Verma, J., & Themel, M. (2000). 'I have some faith and at the same time I don't believe'—Cognitive polyphasia and cultural change in India. *Journal of Community and Applied Social Psychology, 10*, 301–314.
- Wang, J. J. (1990). The new characteristics of family conflicts in urban China. *Zhe Jiang Xue Kan, 6*, 146–149.
- Wong, D. F., He, X., & Leung, G. (2008). Mental health of migrant workers in China: Prevalence and correlates. *Social Psychiatry Psychiatric Epidemiology, 43*, 483–489.
- Zhou, X. D., Yan, Z., & Therese, H. (2012). Depression and aggression in never-married men in China: A growing problem. *Social Psychiatry Epidemiology, 48*, 1087–1093.