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Preface

In the Hippocratic writings one finds the follow: *“Observe the nature of each country; diet; customs; the age of the patient; speech; manners; fashion; even his silence...one has to study all these signs and analyze what they portend.”* These words are as true today in Canadian society as when they were written some three millennia ago. These words serve as reminders to health professionals that in order to help the suffering, one must fully appreciate the context and the culture of those that they seek to help. To do otherwise will simply limit the effectiveness of care, and in the long run will make the challenge of working with communities that much more difficult. The words also serve to find common ground between “western” medicine and health practices of eastern philosophies. Neither east nor west is exotic or peculiar; the cultures and practices in each must be understood and seen in their context. The medical practices in each must be examined within the context of effective treatment and care.

Canada is a country of immigration. It has richly benefited from the contribution of those individuals of Chinese heritage whose contributions span many generations of the Canadian Mosaic. Together with other Canadians, they have helped create Canada as a model to the world of how cultures and peoples can work together to the mutual benefit of all.

Chinese customs, religion, and health practices are rich and complex and have stood the test of time over many millennia. They have served their people well, and can also serve as knowledge to others. This manual will serve as an important resource for health professionals who choose to expand their own understanding, and to better serve those of Chinese background. The philosophies, traditions, cultural norms and practices of Chinese origin are carefully described, with case examples to facilitate discussions to further explore the variations within the community. The manual will serve as both a reference book and as a resource for workshops. Health professionals are well advised to take full advantage of the opportunity that this manual makes available. In both eastern and western medicine and health care, people have updated their knowledge, skills, values and practices. One should consider carefully the context of health care and medical practices, today and yesterday.

It is said that in learning of others, we learn of ourselves. This publication will afford health professionals an opportunity to explore a fuller understanding of health and healing, challenge pre-conceived notions and biases and help health professionals better understand health needs in a cultural context. It will serve as a valuable resource to any health professional interested in broadening their perspective and in providing more sensitive and appropriate health care service.

Ralph Masi, MD, CCFP, FCFP

Forward

This handbook was conceived as a means of helping health care providers understand Chinese attitudes, beliefs and behaviours relative to the health, medical and rehabilitation needs and services of their Chinese Canadian clients. It fulfills this expectation admirably through the use of specific examples which are linked to the experience of immigration, language and culture as well as Chinese philosophy.

What is fascinating is the fact that while some of the issues which arise are unique to Chinese culture, many are *not* unique to the Chinese population, but have a much wider application. Readers who have experience in multicultural settings will rapidly realize that values such as strong family ties, respect for senior family members, protection of children well into adulthood and abhorrence of euthanasia are common to many “traditional cultures”. Other behaviours are related to being a new immigrant, or to the lack of familiarity with accepted practice in the new environment — experiences which are common to many newcomers. The handbook also addresses the challenge of conveying information through an interpreter, whether a family member or someone else, and how to optimize clear communication between the client and service provider.

The goal of the handbook is to sensitize the reader and encourage an atmosphere of understanding so that the individual client and family are seen within their culture and experience; at the same time, the health care providers must recognize that they must operate within the bounds of their profession. Offering reasons why clients and families behave the way they do, the handbook gives suggestions for the health care providers not only in terms of understanding, but also in managing, difficult situations.

Health services are most effective when they are culturally appropriate and respectful of the clients’ attitudes, beliefs and behaviours. The handbook stresses the principles of seeking information, and listening carefully to the responses so as to achieve better treatment, planning and improved compliance, in short, a more satisfactory outcome for all.

Nancy Christie

Convenor, Demonstration Projects

International Centre for the Advancement of Community Based Rehabilitation

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Most importantly my thanks go to the health care workers who share their experiences in the focus groups or interviews. Their input has generated the wealth of cases that became the guiding posts for the development of the book. While they represent only a very small portion of the army of health care workers working in the field, my surf through the vastness of the health care waves with them has allowed me to see the health care profession in a way I never had before.

It has been an enjoyable and inspiring journey.

Kwok-Keung Fung
June, 1998

Prologue

Heaven and Earth and the relationships between the Yin and Yang are vividly represented in the human body. Like Heaven, the body has 366 minor joints corresponding to the number of days of the year and 12 divisions of major joints corresponding to the number of months. All beings of the universe come from Heaven, Earth and Man. Heaven creates them, Earth nourishes them, and Man perfects them.

Dong Zhong Shu

[董仲舒] (179-104 B.C.)

Introduction

Filling a Gap

Multiculturalism is enshrined in the Canadian life and in the Canadian constitution. It has become not only an ideology but a reality. As Canadians embrace newcomers from all over the world, and immigrants continue to settle and give rise to new generations of multiple ethnicities, cross-cultural communication becomes a daily necessity.

Between 1986 and 1996, roughly 200,000 to 250,000 immigrants arrived in Canada each year, the majority of whom settled in major metropolitan areas like Toronto, Vancouver and Montreal. More than half of the 1.04 millions immigrants who arrived between 1991 and 1996 came from Asia and the Middle East. By 1996, a total of 4.7 million people of the country's 28.3 million population have a mother tongue other than English or French. The largest non-official language group is Chinese, with more than 860,150 people, or 3.0 % of the population. This represents a marked increase of 42 % in just five years.'

Whether speaking English or French or not, the newly arrived immigrants have to interact with the mainstream society. Shopping, banking, sending children to school, or visiting the doctor or health centre are just some of the essential activities they have to carry out as they settle in Canada. Increasingly both the public and private sectors have taken measures to meet the special needs of these new communities. For example, schools have hired teaching assistants who speak immigrants' languages to attend to the needs of recent immigrant students, and governments have increasingly utilized minority media to make public announcements. As well, public and private organizations are implementing sensitivity training to help their staff become more aware of the cultural diversity in the community.

In the health care field, it is impractical, and often impossible to match every patient with a health care practitioner of the same ethnic background. The challenges of making special efforts to serve ethnic groups confront the individual health care provider on two fronts:

1. Language barriers

This fundamental barrier, while highly inhibiting, has been partially overcome through the use of interpreters, either provided by the patients or by the health care institutions, such as on-call interpreters. Others are exploring the use of phrase books or electronic translators to facilitate communication between patients and clinicians.

2. Cultural barriers

Cultural barriers, while more subtle, might have more profound effects on the interaction between the patient and the health care provider. Communication might not take place freely, even when the language barriers are removed. The patient might withhold information, affecting diagnosis, or he or she might seek alternate treatments concurrently, complicating the treatment prescribed by the health care provider. A therapist may wonder why a patient does not follow instructions. As health care providers have more contact with people of a particular cultural group, they might gain insight into these obstacles. How soon and how well one gains experience depends on how extensive the contact with a particular ethnic group is and whether there are peers around to furnish relevant information.

It was with the intent to address these barriers in health care services that this project was conceived. The goal is to provide a tool that will help health care providers better understand their patients of Chinese cultural background. During the development of this Handbook we have come across many dedicated health care providers who had the strongest conviction to provide the best service equitably to all patients but were at a loss trying to overcome the language barriers or accurately understand their patients' needs. We hope that this Handbook will help them gain some insight as to why some Chinese patients behave the way they do, so that the situation can be more sensitively and effectively managed.

Guideline for Frontline Care Providers

The Canadian Council on Multicultural Health put forward a document entitled "Health Care for Canadian Pluralism: Towards Equity in Health". Included in it are guidelines for both administration of health institutions and front line health care providers. The following excerpt will provide a good orientation for front line care providers:

When doctors, nurses, and other front line service providers deliver health care, they also deliver a message about how they, and the program or institution they represent, perceive individuals. Ideally, a culturally sensitive image of the "whole person" has been articulated by management and facilitated by administration; now, front line staff have the responsibility of actually delivering culturally appropriate care. Language is a key, both to understanding culture and to providing health care. Front line health professionals working with different cultural groups give top priority to overcoming linguistic barriers, but the availability of trained medical interpreters in Canada remains abysmally low.

Care givers can:

- *document their need for and experience with interpreters; feed the information to administration*

- *experiment with non-verbal means of communication and with the use of skeleton vocabulary*
- *learn how to work with untrained, non-medical interpreters; read about it, practise it, practise it in reverse.*

It does not come naturally to communicate through a third party, or to use “sign-language”, or to systematically note when and how linguistic barriers hamper the delivery of health care. These are learned skills, just as the skill of interpreting requires learning.

The provision of health services across cultures brings the significance of patients' rights into focus. Persons receiving care may not understand or even be aware that they have rights. Persons delivering care often find that explaining and ensuring rights across cultures presents new challenges.

Care givers can:

- *develop with community representatives working definitions of informed consent, confidentiality, and respect for religious beliefs.*
- *provide translations of patients' rights, and clarify them with interpreters and family members as well as with patients.*
- *make inquiries if they suspect that an individual's race or culture has implications for the protection of his or her rights.*

For example, dietary restrictions may have implications for a patient's right to balanced nutrition. Ritual requirements, either at critical moments or on regular occasions, may impact on how the dignity of the individual is to be maintained.

Cultural beliefs and practices tend to be more subtle than language barriers or religious requirements, but they impact just as strongly on the provision of health care. They are more difficult to recognize and to deal with because, quite often, neither the service provider nor the service receiver is particularly aware of them.

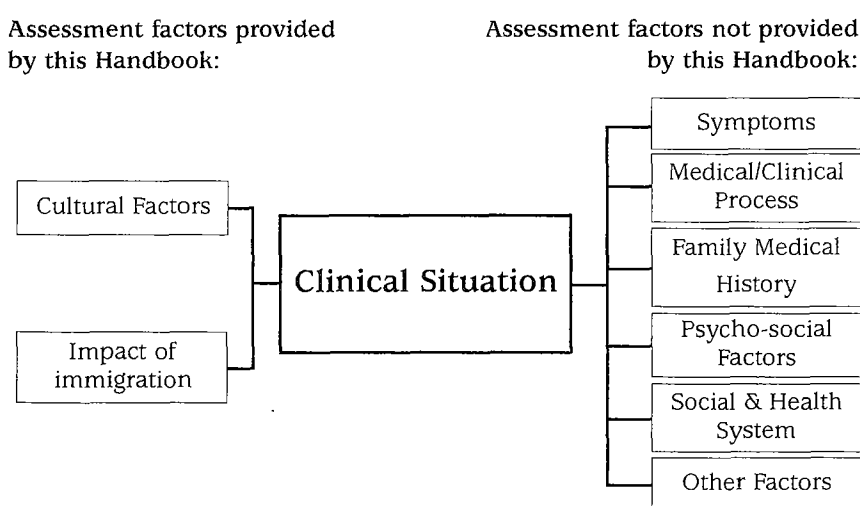
Care givers can:

- *discuss with each other their observations and understandings of culturally distinct health attitudes and behaviour*
- *prioritize for administration the cultural groups and cross-cultural skills to be addressed through in-service and other supports*
- *open a dialogue by asking “What is the custom in your community/country?” when attitudes or behaviour are puzzling or problematic.*

The responsibility for relating to the whole individual is shared by management, administration, and front line staff; but the task of ensuring that each person gets treated as a unique individual falls to the actual care giver. No matter how much knowledge and experience care givers have with a cultural group, they must check their understandings with each care receiver from that group. In the field of health care, probably more than elsewhere, actions based on cultural assumptions and stereotypes can be dangerous.²

It should be recognized clearly that this is not a book that will enable the health care providers to interpret and explain each behaviour in a clinical setting. Too many variables are at play at any one time that any singular interpretation is impossible and dangerous. The Handbook is set up to provide cultural perspectives and additional options to understand clinical situations. The readers are advised to continue to use other yardsticks and experiences in addition to what is provided in this book and weigh each factor to arrive at a more thorough understanding of the situation. Figure 1 provides a graphical scheme of the process.

Figure 1: Assessment of a Clinical Situation



Overview and Layout of the Handbook

The Handbook aims to provide an overview and illustrations of some of the major cultural elements that have an impact on the daily life and health behaviour of some Chinese Canadians. Many of us have difficulty making sense out of the thinking and conduct of people of other cultures. Others overlook subtle behaviour that might carry significant implications for the people they are interacting. This Handbook will help the readers understand the background of Chinese Canadians and reflect upon their own culture. This background information is useful in alerting the health care provider to cultural behaviours that may complicate the clinical process. Such prior understanding is crucial. It will give the health care provider a perspective and help prevent misunderstanding and tensions which might otherwise develop. The health care provider will then be able to proceed with rational strategies and seek ways of resolving the situation.

The Handbook contains three parts:

Part I Establishing a framework of Chinese culture

Chapter 1

This Chapter traces the origin and development of some of the major religious and philosophical thoughts that have shaped the culture of the Chinese since the pre-historical time. The Chinese have been under the influence of a multitude of schools of thought over thousands of years. A number of the representative schools are explicated here and their development examined. Emphasis is placed on the interaction between different schools of thought. Defining culture is always difficult. The term culture is used loosely here to encompass all the philosophies, religions, values and norms that influence one's customs and daily behaviours. The attempt here is to provide a comprehensive, though by no means exhaustive, account of the underlying cultural factors that affect the behaviours of Chinese in health settings.

The last part of the Chapter summarizes the characteristics of Chinese culture. The importance of family orientation and ethnicity bonding is stressed. The ability of Chinese to accommodate and hybridize different religious and philosophical elements is examined. The *Dao*, the ultimate goal that all religions and philosophies strive for, is seen as the convergent point for all institutions, though each school's interpretation of it may vary.

Chapter 2

This Chapter gives an overview of traditional Chinese medicine. The concept of the human body as a miniature universe capable of regulating itself and keeping itself at optimal state is examined. The origin of diseases as a function of external and internal factors is also explored. The interrelation between body parts and functions and the concept of the Five Viscera and Six Entrails are expounded, followed by accounts of the rationale and mechanism of herbal medicine and acupuncture.

Chapter 3

This Chapter deals with the individual's reaction to the intertwining cultural influences and his efforts to harmonize them. Five attributes are identified which the individual is subject to. A hypothetical self finally emerges which, through internalizing and harmonizing the cultural and religious elements, is able to live in accord with all the cultural institutions.

Chapter 4

With massive immigration in recent years and the advances in cross-continental travel and electronic communication, no culture today is

immune from mutations resulting from the constant bombardment of new information and alternate values and life styles. Yet the old culture endures and continues to exercise its influence on one's daily life and social interactions. An individual living under these changing environments often has to deal with the conflicts resulting from the clash of incompatible and sometimes competing cultural and social values. The impact of immigration and some of the residual behaviours brought over from the home countries are also examined.

Part II Implications on health behaviour

Chapter 5

This Chapter puts the cultural elements in perspective and attempts to interpret health care and clinical behaviours in terms of the individual's acculturated beliefs and values. Two facts should be born in mind. Firstly, a person is under the influence of different and sometimes conflicting cultural doctrines and hence one should not necessarily expect consistency in an individual's behaviour. Secondly, sub-communities within the Chinese community are subject to cultural influence to differential degree, with some schools of thought exerting greater impact than others. The individual's place of origin and his or her upbringing will usually have a great impact. For example, the Buddhist influence on Chinese from Vietnam and other Southeast Asian countries would be much stronger than on people from Hong Kong or mainland China. It is therefore important to keep an open mind and consider all possibilities when trying to unravel a behaviour in terms of cultural background.

Part III Illustration of culturally influenced behaviour

Chapter 6

This Chapter aims to illustrate some of the concepts covered in the first two parts with real-life scenarios involving health care providers and patients. All the cases were collected through focus groups or interviews with health care providers in the field. The cases aim to enhance the reader's appreciation of the culture of the Chinese and pave the way for application of the ideas in the Handbook. Each situation is followed by alternative interpretations as to why the patient might have behaved the way he or she did. While it is difficult to lay down rules and guidelines that would suggest ways of handling these real-life encounters, we do from time to time furnish suggestions for more sensitive and effective management of the situations.

Using the Handbook

Part I

Readers who want to get a total appreciation of the Chinese cultures and their impact on the Chinese should read the Handbook from the beginning. In Part I the reader will get a comprehensive picture of the intertwining impact of different cultural elements on the individual.

With this, the reader will be able to start to understand the complexity of the interdependency and interaction between the various cultural and religious thoughts and form a holistic picture of the Chinese as an individual. With such a prior understanding, the rest of the Handbook will fall into place naturally.

Part II

Readers who want to put the Handbook to immediate use can go directly to Part II of the Handbook. This part serves as a bridge between Part I and Part III. It can be considered as an inventory in which health-related behaviours are categorized under different topics for easy access by the health care providers. The reader can quickly go to a topic of concern (e.g. patient consent, treatment, etc.) and scan the possible influences the patient may be under. The reader is however encouraged to go back to Part I when time allows to get an overall appreciation of the underlying factors behind these behaviours.

Part III

Part III supplements Part I and Part II by providing real-life scenarios in clinical settings to illustrate the effects of culture on the behaviours of the patient or the family. The scenarios will enhance the reader's appreciation of how cultural beliefs or attitudes may translate into actual health behaviours. By seeing how an actual behaviour unfolds, the impact of the cultural factors become more vivid and easier to grip.

"Health Boxes" such as this one appear throughout this part to highlight accounts that directly relate to health beliefs or behaviour. A reader who wants to skip the background and historical development can simply glimpse through these health boxes to get a feel of the impact of the Chinese cultural institutions on health.

Limitations

To explain one's behaviour in terms of a 3500-year-old culture that governs a quarter of the world's population is no doubt an enormous job. For the Chinese, so many variables are at play at any one time that any interpretation is bound to simplify and be subject to challenge.

To provide a comprehensive account of the Chinese cultures is beyond the scope of this Handbook, and in fact any book. The Handbook is prepared as a tool for health care providers. It is not meant to be a complete authoritative account on Chinese cultures. The reader is encouraged to assess each situation individually, discuss options openly with the patient, and consult peers and professional guidelines in deciding the best management for any situation.

We see this Handbook as an example of the efforts needed to make the Canadian health care truly accessible and equitable. On the practical side, we would like to make the daily work of health care providers easier. In addition, we hope this project will bring to forefront some of the issues and dilemmas of cross cultural communications and some of the difficulties health care providers encounter on a day-to-day basis.

¹ Statistics Canada, 1996 Census

² Health Care For Canadian Pluralism: Towards Equity in Health, The Canadian Council on Multicultural Health/Conseil Canadien de la santé multiculturelle (CCMH/CCSM)

Part I

Framework of Chinese Cultures

Chapter 1

ORIGIN AND DEVELOPMENT OF CHINESE CULTURES

Origin and Evolution of Chinese Religions and Schools of Thought

Culture is dynamic. This is particularly so for the Chinese. The development of Chinese cultures reflects an evolutionary process shaped by social and political changes over its history. No culture is immune from this perpetual modification. The term culture in Chinese is *Wen Fa* [文化]. *Wen* means literary civilizing force and *Fa* means transformation and assimilation. Therefore culture inevitably involves a process of continuous change, assimilation, and new interpretation.

It follows that the schools of thought that emerged 3,000 years ago, or the religions that found their way into China 2,000 years ago, were in a much different form than the way we know them today, though they might retain the same label. The Chinese are particularly adept in assimilating religions or beliefs to suit their special circumstances. For example, Buddhist doctrines, legends, paintings, temples, statues and shrines have all assumed such strong Chinese characteristics that there is hardly any trace of their Indian roots.

The following four sections attempt to trace the origin and development of different Chinese religions and philosophies and how they have shaped beliefs and thinking of the ordinary Chinese over time.

- Beliefs of the Pre-historical Man: Prototype of Chinese Religions
- Cradle of Enlightenment: Birth and Development of Chinese Philosophies
- Doctrines from Abroad: Imported Religions
- Melting Pot: Assimilation of Religious and Philosophical Thoughts

Beliefs of the Pre-historical Man: Prototype of Chinese Religions

Ever since the dawn of human appearance on Earth, we have been wondering how we relate to our surroundings. There is no record of the state of mind of the first people on the Earth except some pictographs and the like. There are however, in all ancient civilizations, treasure of legends and myths that depict vividly the life and aspiration of these early people. The Chinese describe this pre-historical period as *Hun Dun* [渾沌] (chaotic, turbid, blended, abyssal) where the heaven and the earth were of one piece and all the elements of the universe were mingled together. The universe remained in such a state for unknown length of time until the legendary giant *Pan Gu* [盤古] separated the earth from the heaven to create land for people to inhabit. The pre-historical China is primarily made up of legends like this that show how the earth gave

rise to mankind and how different gods taught mankind the skills to live fruitfully and in harmony with nature.

This query into the origin of the universe is universal to all cultures. Each culture has its own legends to account for the beginning of the world and life. It arises from a sense of insecurity and an urge for rationalization that are common to all humans. According to this early cosmic-human view, the world was not created. It is always there, with no beginning or end. Nature simply recycles itself, with time as the vehicle for the process, as is the case of the recurring seasons. Humans, as part of the nature, must be an integral part of that process.

Cradle of Enlightenment: Birth and Development of Chinese Philosophies

In periods of political and social turmoil and personal suffering, people start to question the meaning of life and to theorize ways of restoring social order and eternal peace. This kind of quest reached its peak during the Spring and Autumn Period (722-481 B.C.) and the Warring States Period (403-221 B.C.) and the time in between. For over 400 years lords were fighting with each other, bringing great suffering to the common people. In trying to find solutions to the suffering of people, great thinkers and philosophers emerged who formulated theories and came out with various notions on how society could achieve eternal peace and harmony. Some, like Confucius and Mencius, concentrated on counseling the rulers on how to rule and on teaching people how to discipline themselves. Others, such as Lao Zi and Zhang Zi, devoted their time to exploring the relationships between Man and nature and to seek eternal internal peace. This period of “a hundred schools contend” represents the highest point of China’s enlightenment and has given us some of the greatest thinkers and philosophers of all times. Their teachings and books were to exert a great impact on the thinking of Chinese for the centuries to come.

By the second century A.D., nine schools of thought had been identified:

- Literati Family (Confucianism)
- Daoist Family
- Yin Yang Cosmologist Family
- Legalist Family
- Names Family
- Mohist Family
- Diplomats’ Family (Verticalists and Horizontalists)
- Mixed Family (Syncretists)
- Farmers’ Family

Each of the above was to evolve further in the next 2000 years as a function of political, social and literary changes. Emperors in different dynasties endorsed various schools, either out of genuine belief or using them to consolidate their

dominion, or both. One emperor was so converted that he became a Buddhist monk himself. For most part of China's recorded history, it was Confucianism that dominated the Chinese society. It started with the Han Dynasty (206 B.C. to 220 A.D.) making Confucianism the state doctrine. Every mandarin official was selected from scholars who topped imperial exams, which primarily tested one's command of Confucian thoughts. Young men aspiring to be bureaucrats and serve the nation had to study and be well versed in the doctrine of Confucianism. This lasted almost without interruptions for two millennia. Towards the end of the 19th Century, China was subject to grave humiliation of repeated defeats in wars with western countries. Many Chinese, led by intellectuals, were determined to bring reform to the country and adopt the West's political system and technological orientation. Confucian thinking was thought to be an obstacle to China's modernization and in 1905 the examinations dominated by Confucian Classics were officially abolished.

Doctrines from Abroad: Imported Religions

Introduced to China around the first century A.D., Buddhism is no doubt the first and most influential foreign religion to have an impact on the daily life of ordinary Chinese. The influence of Buddhism reached its highest point during the Tang Dynasty (618-907 A.D.), when much of the literature and arts were tainted with Buddhist flavour. At its peak, approximately 5500 Buddhist monasteries and nunneries had been built in the country with close to 100 in the capital city of Zhang An alone. The privilege that the Buddhists enjoyed invited criticisms from officials of other schools, which escalated to an anti-Buddhist campaign by the government in the year 841 to 845. According to Tang Shu (History of the Tang Dynasty), 4,600 large Buddhist monasteries and 40,000 small ones were demolished and 260,500 monks and nuns were forced to return to secular life.¹ Buddhism in China was never to recover its imperial status, though it remained popular among the ordinary people, well into the present day.

Although Christianity found its way into China as early as the 7th century through Central Asia, it was not until the early 16th century that it began to have a lasting influence on the Chinese. The Jesuits, who were particularly keen in spreading Christianity to Asia, no doubt played a major role in establishing a beachhead for Christianity in China. Rather than imposing the new and foreign religion on the Chinese, the Jesuits chose to work from within. They learned the language and the literature, studied the ethics and teachings of Confucianism, and adopted Chinese customs. This enabled them to cultivate friendship with educated Chinese officials. In 1601, Matteo Ricci, a Jesuit brother, was permitted to set up a missionary headquarter in the capital.

The Jesuits did not bring only religion, but also knowledge and technologies to China. Chinese officials were fascinated by such inventions as the clock and the telescope. The Jesuits' skills in mathematics, astronomy and ocean navigation also earned them respect in the imperial court. The Chinese, however, remained ethnocentric. When a map with Europe in the centre offended the Chinese, Ricci quickly prepared a new map with China in the centre, which, of course, was more favorably received.

The missionaries were quick to learn how to gain trust among the Chinese. They equated the Chinese term for Heaven, Tian, with the Christian God. They showed marked respect for Confucius and his teachings. They also accepted ancestor worship. Through these tolerant moves they were able to impress the Chinese, who believed one religion did not negate the truth of another.² When other Christians felt offended by the Jesuits' flexibility and tried to establish the monotheism of Christianity, the Chinese reacted by moving away from it, in effect putting a brake on the Christianity movement in China. Furthermore, toward the end of the 19th century when Western powers tried to establish trading posts by force and to colonize China, Christianity was seen by many Chinese as colonialism in disguise and was overtly rejected.

Moslemism also found its way into China. However its influence is limited mainly to certain minority groups.

Melting Pot: Assimilation of Religious and Philosophical Thoughts

A unique characteristic of Chinese religious thoughts is the amazingly seamless conglomeration of multiple beliefs and religions. Unlike disciples of most Western religions, Chinese are particularly able in finding common grounds and adopting compatible elements between religions. The metamorphoses of Buddhism and Christianity as seen above testify this ability.

Even for religions developed in China itself, permeability between religions is common. Almost all Chinese schools of thought have in one way or another borrowed or adopted religious concepts, practices and structure from other schools. For example, some influential Confucian scholars of the Han Dynasty incorporated the Yin-Yang and the Five Elements cosmology into Confucianism and gave it a metaphysical foundation. With this the bureaucrats were able to construct a philosophical and historical interpretation of the dynastic changes and a mandate for the ruling emperor.

Daoism similarly borrowed extensively from Buddhism such as its rituals, communal disciplines and rules, and charitable works and social services. The Buddhists likewise assimilated and accommodated some of the religious elements that the Chinese highly valued. For example, tathata (ultimate reality) was equated with the Daoist's concept of original non-being, *Ben Wu* [本無].

The Buddhists also realized that they had to accommodate the tradition of ancestral worship and the Confucian social ethic based on filial piety to be better in line with the Chinese thinking.³

The acknowledgment that each religion has something good and valuable in it led to the affirmation that all religions are harmonious in having the same origin or goals. The unity of all religions has been one of the unwritten decrees for Chinese believers. In fact, many Chinese openly acknowledge their inter-faith practice, as they overtly assert that “All three religions belong to the same family” (*San Jiao Gui Yi Gia*) [三教歸一家], referring here to Confucianism, Daoism, and Buddhism.

Major Institutions of Chinese Culture

It can be seen from above that the Chinese are under the influence of many religions and schools of thought. For the purpose of this Handbook, only the following schools will be examined. Under each, attention will be drawn to health beliefs and behaviours that are likely rooted in that particular school.

- Confucianism
- Daoism
- Yin-Yang and Five Elements Cosmology
- Qi (Vitality Energy)
- Buddhism
- Heaven and Heavenly Mandate
- Astrology and Feng Shui
- Christianity

Confucianism — Fabric of the Chinese Family and Society

There is no doubt that Confucianism has been the most influential philosophy in China. One major reason is that it has been, without major interruptions, the state doctrine and basis of education for China for over 2000 years. During this span of Chinese history, it dictated the social structure and one's role and relationships to others within that structure. Confucianism, after all, arose from Confucius' quest to realize his vision of a harmonious society made up of citizens of utmost morality. Hence it contains notions of how a ruler can best rule and set example for his subjects. In this aspect, the philosophy is both political and pragmatic.

While Confucius' thoughts were not accepted by the rulers of his time, emperors of later dynasties were attracted to his work that they made Confucianism the state doctrine. Scholars who wanted to become bureaucrats

had to excel others in the imperial examinations that primarily assessed one's command of Confucian teachings. The status of Confucianism as an official doctrine and the mechanism for selecting only those well-versed in its teaching to become mandarins served to maintain its prevalence in the Chinese society. On the other hand, it also served to consolidate the power of the ruling class. The emperors, for example, found utility in the teaching of filial piety — the unconditional respect and obedience of children to their parent, as they saw themselves as the father figure of the *Guo Jia* [國家] (nation-family) and thus should receive the same obedience and loyalty from the subjects as the father would do from his children.

Confucianism, because of its state indoctrination and dominance in the education system, is closely associated with the intelligentsia and the gentry class. In fact the Chinese name for Confucianism is the Literati Family. Confucius spent much of his life writing and editing ancient books. Therefore much of his thought was inherited from the life of the ancient China before his time. In fact, Confucius' utopia existed in the ancient society of the pre-historical saga. Some of the early values and customs he referred to included the importance of rituals, ancestral reverence, the dichotomy in gender role within the family, and the preference and favouritism of boys over girls. The books compiled and edited by Confucius, together with those that collected or expanded his thoughts continued to gain imperial status and eventually became the "must read" for Chinese scholars. These works, often referred to as the Confucian Canon, include the Four Books — the Analects, Mencius, Great Learning, and Doctrine of the Mean, and the Five Classics — Book of Poetry, Book of Documents, Book of Changes (I Ching), Spring and Autumn, and Book of Rites.

The Five Great Relationships: The Basis of Familial and Social Relationships

Confucius defined the Five Great Relationships as the basis of the society: the ruler and the subjects, the father and son, the husband and wife, the elder brother and younger brother, and between friends. Except for that between friends, the Great Relationships are all hierarchical. Confucius carefully prescribed the codes of behaviour in each relationship: how the superior (ruler, father, elder brother, and husband) should responsibly direct and mentor the subordinate (subjects, son, younger brother, and wife) and how the subordinate should respect and obey the superior. Through the years, the Chinese have developed a hierarchical frame of reference where one assumes a dominant or submissive position by virtue of one's sex, age and seniority in the family or society.

Chinese are trained from early childhood to be submissive to authority and

avoid confrontations. Yet history has demonstrated that Chinese are as tenacious and refractory as any other people. In both the political and literary arenas, Chinese have constantly challenged authority and establishment. Few dynasties enjoyed protracted stability; insurrections and uprisings have been the rule rather than the exception in Chinese history. Likewise Chinese scholars and their works are highly subverting and relentless. The “a hundred schools contend” period mentioned earlier attests that Chinese do not accept things indiscriminatorily, in spite of their upbringing that emphasizes constraint and modesty. The threshold of tolerance for the Chinese is high. However when that threshold is reached, they would often strike with a vengeance.

The ideal man: Ren [仁] and Jun Zi [君子]:

Central to Confucianism is the concept of *Ren* [仁]. This word has been translated variously into English as “benevolence”, “kindheartedness”, “humaneness”, “magnanimity”, and others. All convey part of the meaning but none captures the whole meaning of *Ren*. Welty prefers the word “sympathy”, as it captures the main inner drive that is implicit with the term. Sympathy is the entering into and sharing of the feelings and interest of another person.⁴ Only when one is capable of doing this will he or she be able to think and act for the benevolence of others. Most Confucians believe it is a universal quality possessed by all humans. Implicit in *Ren* is the desire to aid others to achieve their ends. An action motivated by this is called an act of *Yi* [義] (act of just), which can involve sacrificing one’s own life. *Ren* to Confucius is the basis of human relations and building blocks of society. Without it the family and society will inevitably disintegrate. In the Analects, Confucius talks extensively about *Ren*, with the following being a few excerpts:

One achieves Ren through conquest of self and conformation to rituals.

Being able to practice five things constitutes Ren... These five things are respect, tolerance, trustworthiness, earnestness, and benevolence. With respect, one avoids abuse; with tolerance, one wins the hearts of others; with trustworthiness, one is entrusted; with earnestness, one achieves; with benevolence, one is fitted to lead others.

In his desire to develop himself, the man of Ren would develop others; in his desire to achieve, he would help others achieve. From his own self he is able to see a parallel in others. This may be called the way to attain Ren.

While the family is the building block of the society, Confucians maintain that all virtues necessarily have to start with the self. This is where the concept of *Jun Zi* [君子] (Gentleman) came about. *Jun Zi* is someone who always put *Ren*

in the forefront in his thought and conduct. Confucius meticulously compared between the *Jun Zi* and the *Xiao Ren* [小人] (Petty Man) in diametrical terms and it is through these contrasts that Confucius' vision of the ideal man comes vividly into being. The *Jun Zi* is constantly self-cultivating, tireless in learning, adheres to rigid moral standards yet is at ease in all situations and modest at all times:

Jun Zi is always concerned with virtue, Xiao Ren with his own security. Jun Zi always thinks in terms of rules, Xiao Ren in terms of benefits.

In social encounters, adhering to the code of ethics of Jun Zi, or at least maintaining an image of such, is of utmost importance for many Chinese. Challenging or confronting another person is highly undesirable. A Chinese may prefer to avert disagreements to avoid dispute situations in which he may risk losing his "gentlemaness".

Jun Zi does not seek satisfaction in eating nor security in lodging. Instead he is concerned with being earnest in his work and prudent in his speech. He actively associates with people of principles against whom he can rectify his own behaviour.

Jun Zi does not act contrary to Ren, not even for a brief moment at meal. In moments of haste, he acts according to it. In times of despair, he still acts according to it.

Doctrine of the Mean (Zhong Yong)

Another important thesis of Confucius is the Doctrine of the Mean (*Zhong Yong*) [中庸]. *Zhong* means "centrality" and "equilibrium" and *Yong* means "normality" and "consistency". The central theme of the Mean is that one should know one's position in the universe and keep one's relationship with all others in harmony and equilibrium, regardless in what situation one is. Accordingly, the dichotomy between the temporality of earthly time and the eternity of the universe, and between the finite mundane place and infinite space is totally reconcilable. The mind at such a state is said to have achieved complete sincerity, which is the essence of *Yong*.

The following excerpts from the Doctrine of the Mean illustrate how one should deal with one's feelings and one's situation:

Before the feelings of pleasure, anger, sorrow and joy are aroused,

It is unusual for Chinese to show extreme passion or temperament, even with persons close to them. Physical signs of affection in public is even more rare. This does not indicate Chinese are reserved or dispassionate. They may simply be behaving in line with the Doctrine of the Mean.

the person is at an equilibrium state and is said to be in the central position. When these feelings are aroused, they should be contained in their moderate degree so that the person can maintain the state of harmony. Equilibrium is the principle of all beings and harmony is the path to realize Dao. When this is achieved, everything in Heaven and Earth will be in their proper positions and all things shall flourish.

In keeping one's health, likewise, extremes are to be avoided. Most of the physical exercises of the Chinese, such as Tai Ji (Tai Chi) and Qi Gong, involve modest and smooth movements of the body. The choice of herbal medicine, believed to be mild and work on the body by restoring its equilibrium, is therefore preferred by many Chinese who think western treatments such as surgery and radioactive therapies are drastic and radical.

Jun Zi always behaves according to his position and does not go beyond it... In a superior position, he does not harass the people below him. In a subordinate position, he does not make himself liable to the people above him. He rectifies himself and asks for nothing from others. He never complains, not against Heaven above, nor the people around.

The life of the Gentleman is an exemplification of the Mean; the life of the inferior man is a contradiction of it. [The Gentleman] constantly holds to the centre. [The inferior man] knows no restraint.⁵

Family Structure

Of the Five Great Relationships, three are concerned with the family and all are hierarchical: father and son, elder brother and younger brother, husband and wife. The relationship between each pair was explicitly defined, with code of conduct clearly spelt out. Primarily, the superior was responsible for mentoring and ensuring the well-being of the subordinate and the subordinate owed the superior respect and obedience. These codes were instituted from childhood explicitly through teaching and implicitly through modeling. For most people they were deeply imprinted by the time they reached teenage. The girl was taught about her role as a daughter and a future wife, who must pay respect to the parents and later to the husband and his family. Anybody who did not fulfill his or her role was considered deviant and was frowned at, if not more severely punished. Welty considers this continual process of individual adjustment to a well-defined traditional role as a distinctive feature of Chinese society.⁶

Filial Piety

One deep-rooted influence on all classes of Chinese is filial piety (*Xiao*) [孝]. Taken to the extreme, children are expected to be in absolute obedience to their parents. The parents dictate the child's education, their course of careers,

and even their marriage. Children are expected to serve the parents with docility and respect. The parents, in turn, must sustain certain solemnity to keep up the status as parents. The reverence for parents is carried into adulthood. Adult children are expected to serve their parents and inform them of their major decisions. When the bride is married “into” the home of the groom, she is expected to follow suit and do the same to the parents-in-law.

When a parent becomes sick, all the children will, and are expected to exhaust their resources to do whatever they can to help the parent. The eldest son, in particular, is expected to assume major responsibility and to make decisions if the parent has lost his or her ability to do so. To neglect one's parents is an unthinkable violation of the filial piety principle.

The parents' role and sacrifices in bringing up and nurturing the children are reiterated to the children, who are expected to provide for the parents when they are unable to take care of themselves or otherwise in need of help. A very strong family bond is thus cultivated.

Gender Role

The society Confucius lived in was a male-dominated one. Long before his time, the Chinese favoured male over female children. This might be rooted in China's agricultural background where physical strength was essential for growing food and supporting the family. Even at birth, boys and girls got different treatments, as is indicated by a very old poem which depicts a newborn boy being put to sleep upon a bed and given a jade scepter to play with whereas a newborn girl was put upon the ground and given only a loom-whorl to play with. Confucius' view on gender role is a reflection of this established thinking of the ancient Chinese society.

Even today, boys are preferred over girls by many Chinese. Boys are seen to carry the name and hence the line of the family and are often given more privileges and power, such as the opportunity for higher education. What is unfortunate is that many women themselves have come to accept this favouritism over boys as the norm. The killing or abandonment of baby girls under the one-child-per-family policy in mainland China attests tragically to this mentality among Chinese families.

The parents are obliged to train and discipline their children to behaviours expected of them in the family and later in the society. A child who commits a socially unacceptable activity or otherwise misbehaves brings disgrace to the whole family. The father, considering himself as the head of the family, bears the bulk of the disgrace. In an effort to ensure that the children's behaviour

adheres to social expectations and standards, the father might become inflexible and sometimes resort to harsh punishment. Over time, he might assume a solemn image and become distant from the children. This gives the mother an intermediary role in between. Out of love she would protect the children from the father's harshness. As this becomes habitual, the mother develops a much closer relationship with the children. In a very subtle way, she would assume increasing power, even though this is not her original intention. It is therefore not uncommon to find families in which the woman is the major stakeholder, even though the "official" status of household head remains with the man in all social activities and rituals. Thus, the status and roles related to gender may be complex.

The roles of men and women are so deep-rooted in both the family and the society that they are often rigidly followed. Men have to be rational, solemn, global and outward-looking, leaving the women to provide affection and kindness and attend to details. When the Buddhist sage of mercy and salvation was introduced into China, he was somehow transformed into a female goddess, *Guan Yin* [觀音]. Apparently, the idea of a man capable of giving tender love and mercy does not sit well with the mental state of the Chinese. It has to be a women for people to make sense out of it.

Family as an Institution

For the Chinese, the family extend both longitudinally and laterally.

Longitudinally, the Chinese pay special reverence to their ancestors. Many Chinese families keep their family trees back to over a thousand years.

Tablets with the ancestors' names are kept in shrines to remind the descendants of their roots and for them to pay reverence. Many Chinese also believe that the ancestors continue to live in another world as spirits and depend upon their descendants for certain necessities of life. These ancestor spirits have the power to help the descendants

When someone in the family falls severely ill, family members may turn to the ancestors for help. Those who believe that the illness is a result of one's wrongdoing or one's negligence of the ancestors may seek pardon from the ancestors in hope of recovery from the sickness.

if the proper rites are performed. Otherwise the ancestors would cease to live or might roam about as hungry ghosts. The descendants would suffer as a result.

It is of utmost importance that the family continue to propagate indefinitely to maintain the family line so that the ancestors will continue to be served with rites. As it was the male descendant who would conduct the proper rites for the ancestors, it was important for the family to have at least a boy to become

the future head of family. When the father passes away, the eldest son will assume his responsibilities to take care of and make decisions for the family. In fact Mencius stated that the most unfilial act was to leave no posterity. Therefore getting married and giving birth was more a familial responsibility than a person's own desire.

Under this kind of family development, power and respect will come with age. The aged were respected for their cumulated knowledge, and for having contributed to the family for a long time. Also they are the ones who are closest to becoming ancestors themselves. Their wills are usually respected and accommodated.

The Chinese family also extends laterally. To facilitate this, the Chinese keep good records of the closely knit kinship. It is no surprise that the Chinese have a very intricate system of naming uncles, aunts, grandparents, and cousins. Until recently, adoption between extended families and even friends was practiced customarily. So a childless family may receive a child as a gift from a brother or cousin who has more children than he needs or can manage. Accordingly, filial piety therefore is not directed only to one's own parents. It is extended to the ancestors as well as other senior members of the extended family.

Kitagawa maintains that it is this prototypic communal human bonding of the Chinese family that has enabled it to maintain its vitality to the 20th Century.⁷

The familialism has great impact on the help seeking behaviours of the Chinese, as they consider both the core and extended families as part of the communal circle. All members of that circle are expected to come to each other's rescue when needs arise. Decision making might involve a much larger group than the core family. When a member becomes sick, others will come to help, making suggestions on treatment or taking turn to take care of the sick. It is worth mentioning that food is a very important social vehicle for expressing care and love, in good time and in bad time. Hence a home-made soup or fresh fruits will probably come to mind before a bouquet or a get-well card.

Family as Basis of Society

Confucius saw the family as a miniature moral community of the larger society. It was considered as the training ground for one's behaviour in the society. It was in the family that the morality of individuals was cultivated so that they would become responsible elements of society later in life.

Confucians saw "Cultivate oneself, manage the family and rule the state to order" as the three stages of one's maturation. The obedient and submissive attitude toward senior members of the family was later carried to the society. The benevolence of the family, and later the state, took precedence over that

of the individual. When decisions had to be made, the individual's benefits would be forsaken, if they were in conflict with those of the family or the state. This submission to the family or the state is in great contrast to the Western society where the individual is the primary stakeholder of society.

The classic example of the individual submitting to the parents and the state is the case of *Yue Fei* [岳飛], the famous national military hero of the Song Dynasty (960-1279 A.D.) who devoted his whole life to defending the empire against the invasion of a northern tribe. *Yue's* mother inscribed the words "Reserve nothing in serving the state" on his back when he was first enlisted to the army. On the verge of victory, *Yue* was recalled by the prime minister, *Qin Hui* [秦檜], who secretly negotiated with the northern tribe for a peace settlement which would benefit himself. *Yue* surrendered himself to the state and was sentenced for execution without verdict at age 39, together with his son.

Yue remains a national hero. Children are told of his bravery and military leadership and his loyalty to the state before they learn to read. He has become a symbol of *Zhong* [忠] (loyalty) and *Yi* [義] (righteousness). To this date, commoners and celebrities alike come to his tomb every year to pay tribute. Kneeling in front of his tomb are the statues of *Qin Hui* and his wife — an icon of conspiracy and betrayal forever damned. Children are allowed to spit, stone and do other nasty things to the statues. In few places is the dichotomy between the good and the bad as clear cut and vivid as here.

Social Structure and Rule by Rituals

As mentioned earlier, Confucius regarded the family as a miniature moral community of the larger society. It follows that a lot of the codes of conduct of the family were extended to the larger society, as Mencius put it: "The root of the empire is in the state. The root of the state is in the family."

One of the main forces governing social conduct is *Li* [禮] (ritual). Originally, *Li* referred to sets of rituals or rites for ceremonial functions and daily mannerism, such as being cultured or respecting others. Increasingly, *Li* became publicly recognized behaviour norms. When one behaves according to the rituals, one's behaviour is correct and proper. In this respect, rituals are the same as laws. While laws are enforced through state power, rituals are maintained by tradition. Rituals can be as powerful as laws. They coordinate social behaviours, as all actions taken have to be in concert with others. When everybody follows the rituals, social order is realized.⁸

Many observers have noticed that for most part of China's history, the central government's control was greatly diminished as it was passed down to the

local level. Here disputes and issues are settled in the hands of the local people, or clans, who are largely related by blood or marriage. An act is judged to a large extent by the perception of the local community, which in turn is greatly influenced by the position taken by the elders or senior members. The process involved is based primarily on human relationships within the clan and the benchmark of the local ethics. The legal laws become irrelevant. Instead the behavioural norms determine what is right and what is wrong. Confucius said: "In hearing litigation, I am like any other person. What is necessary, however, is to cause the people to have no litigation." If everybody internalizes the rituals, there indeed is no need for laws.

Fei Xiaotong, an early and famous sociologist in China, refers to this pattern of rule by people as a

"society without litigation". The laws of the western societies are to protect the rights of the individual, which the society values. The judge's main role, particularly in civil cases, is to determine if an individual's rights have been violated. The Chinese process, instead, is concerned more with the moral implications and the benefits of the society. Fei predicts that modern judicial system will face difficulty taking firm hold in China, as long as people cling to the old ideas about litigation.⁹

Class Structure

Confucius' harmonious society was made up of two classes, the rulers and the subjects. Mencius said this clearly: "Those who earn their living by labour are destined to be ruled." This had resulted in two distinct and profound classes in China: the gentry and the peasantry. The two classes followed very different ways of life. The gentry class was powerful, educated, sophisticated, and assumed a life style of comfort and sometimes excessive luxury. The peasantry, on the other hand, was without power, mostly illiterate, earthy and leading a life constantly under the mercy of natural disasters and exploitation by the gentry class.

Chinese parents may not understand why they are denied access to the medical reports of their teenaged child. The law that protects privacy of patients may be something they have never heard of and may indeed be seen as interfering with their moral responsibility as parents in making the best decision for their children.

Euthanasia and abortion have touched off much public debate in Canada and to a large extent the controversy is around the rights of the individual or the fetus. The one-child-per-family policy of China presents a conflict between allegiance to the family and to the state. Surprisingly, for an issue more central to the family than anything else, public discussion is conspicuously absent. Yet millions defy the law covertly, risking losing their social rights (such as housing or income supplement), or even the lives of their babies.

Two-way mobility between the two classes was common throughout the history, though. Members of the gentry class were displaced as a result of political upheavals, loss of office, or one's becoming disillusioned with the system. There were of course members of the gentry class who spoke of the plights of the peasantry class and fiercely advocated for them. Members of peasantry class, on the other hand, could move up the social ladder through studying, excelling in public exams, and becoming government officials. The lavish life-style of the gentry and the power associated with it had attracted many to devote much of their energy to becoming part of the gentry class. To say the least, parents of the peasant class would like to see their children depart from the struggling life that many of their generations had gone through. Education, as the main vehicle to achieve and sustain the gentry class, is therefore so much emphasize by parents of all classes.

Even today, this dichotomy of society is still very apparent in many Chinese communities, regardless of the political systems they are in. Education is no longer the only means to bring one to the gentry class, which has expanded to include any successful groups that have attained political or economic power. The peasant class, likewise, is no longer limited to the "peasants". Instead, any person who earns their living through labour, as Mencius defined it, remains in the peasant class.

In all Chinese communities, the intelligentsia class is well respected. When the training of doctors changed from the herbalists' tradition of apprenticeship to the modern institutionalized education, the medical profession's position as a prestigious fraction of the intelligentsia class was established.

The majority of China's 1.2 billion people live in the rural areas. Medical service in most of these communities is extremely inadequate. In the 1960s, "bare-foot doctors" were sent to villages to provide very basic health services to the villagers. These include formally trained doctors, makeshift paramedics, or locally trained people. The primitive nature of the service provided will be beyond the imagination of any western trained health worker. Yet this is the only choice for these rural people.

Even today, medical service in many remote communities remains rudimentary. An immigrant from one of these areas is likely to be overwhelmed by the sophistication in service, technologies, and administrative procedures that we are so used to.

Daoism — Integration with Nature

Daoism as a Philosophy

In a nutshell, Daoism is the belief in Nature, and Nature's laws and mechanism. Lao Zi was widely accepted as the founder of Daoism and his book *Dao De Jing (Tao Te Ching)* [道德經] has been regarded as the Bible of

Daoism. In merely 5000 words, Lao has summarized the essence of Daoism in the most poetic and aesthetic form. For Lao, it was not Heaven that was the supreme but *Dao*. *Dao* is the cosmic principle which permeates the universe in infinite ways. The Daoist philosophers believed that each being inherited potency of *Dao* within itself which they called *De* [德] (potency for virtue). The ultimate *Dao* is realized to the extent *De* is fulfilled.

Taoists find solace in the romantic paradise of nature where silence, emptiness, non-activity, simplicity and spontaneity prevail in maintaining its harmony. They were critical of the Confucians' artificiality in their worldly politics and social ethics. Their thesis is that the nature, of which Man is a part, follows its own

A Daoist Chinese may choose this "let-nature-take-care" approach in dealing with illness. For the strong believers, even pain can be averted. This may also explain delay in seeking treatment for some Chinese.

primordial order.¹⁰ One should never do anything with the intention of doing it, give with the intention of being generous, or smile with the intention of pleasing. We simply follow our natural and primitive instincts and *Dao* will emerge by itself.

*The Universe is sacred.
You cannot improve it.
If you try to change it, you will ruin it.
If you try to hold it, you will lose it.*

*Observers of the Dao do not seek fulfillment.
Not seeking fulfillment, they are not swayed by desire for change.*

*One must know when to stop.
Knowing when to stop avert trouble.*

*He who knows he has enough is rich.
Perseverance is a sign of will power.
He who stays where he is endures.
To die but not to perish is to be eternally present.*

*If men are not afraid to die,
It is of no avail to threaten them with death.*

*The great Dao flows everywhere, both to the left and to the right.
The ten thousand things depend upon it; it holds nothing back.
It fulfills its purpose silently and makes no claim."*

Daoism as a Religion

Daoism, with its firm belief in simplicity, is ironically an extremely abstract and mystical philosophy. Daoists speak of the usefulness of the useless, the importance of the unimportant, the intelligence of the stupid, and the sight of the sightless, which are all concepts that are hard for the ordinary people to grasp. As the philosophy permeated the society, the philosophy got transformed to become more appealing to the common people. For one thing, many of the notions of the indefinite nature got impersonated. Finite human sages and gods with magic power were created to make it easier to comprehend. Gradually it became a religion that promised, among other things, to be capable of exorcising the spirits and pacifying the dead. In fact, it became to a large extent a brokerage between the living and the dead. It engaged more and more in ritualistic practices such as selecting lucky days for weddings and funerals. Temples and shrines were set up and Daoist monks came into being. The claim of knowledge about the world after life and ability to placate the dead made them very popular among Chinese, who, like any other peoples, are in constant fear of death. In fact, much of the ritual and divination practices of the Chinese can be attributed to this school of Daoism.

Yin Yang Cosmology — Laws of Nature and Human Body

The Yin-Yang Dualism

The belief in the *Yin-Yang* [陰陽] cosmic forces and Five Elements and their interaction had existed long before Confucius and Lao's time. *Yi Jing* [易經] (The Book of Changes) is the authority of this school of thought.

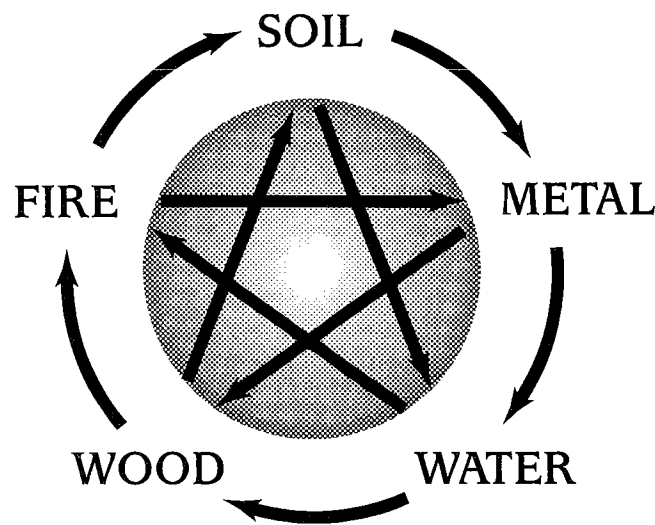
The Yin-Yang dualism depicts a natural phenomenon. The Yin and Yang signify the shadowy and sunny sides of the same object and indicate the two sides of the same existence. Everything in the world has these two diametrically opposite forces which interact and complement each other. This forms the foundation of all beings of the universe, including humankind. Thus the

universe has heaven and earth, day and night, the sun and moon, land and ocean, and humankind has male and female, the strong and weak, the virtue and vice, the old and young, the healthy and sick, and life and death.

The Yin-Yang duet manifests in the body in terms of a number of dimensions, the major ones being hot and cold, and wetness and dryness. When one element becomes excessive, the body loses equilibrium and illness results. Most food and medicine are classified as hot, cold, or neutral. When the body is skewing toward the cold, hot food and medicine must be taken to restore the balance, and vice versa. Similarly, some food and herbal medicine are used to balance off excessive dankness while others taken to replenish wetness to the body.

The Five Elements

The ancient Chinese believed that the world was made up of five elements, each of which was related to others in a cyclic fashion of reciprocal generation and reciprocal conquer. The generation relationship goes this way: fire produces ashes (soil), soil produces ores (metal), metal when melted produces liquid (water), water nourishes wood, and wood produces fire. The conquer relationship goes this way: fire melts metal, metal cuts wood, wood digs into soil, soil dams water, and water quenches fire.¹² The following figure illustrates these relationships.



Generation relationship: Fire → Soil → Metal → Water → Wood → Fire

Conquest relationship: Fire → Metal → Wood → Soil → Water → Fire

The term used for the five elements is *Wu Xin* [五行] (five movements or five goings), which depicts more a force or process than a static element. This augments the notion that the ancient Chinese saw the worldly materials more as dynamic force than as static substance. Graham prefers the term “Five Processes”.¹³ In a startling similarity, The Chinese consider the body organs (heart, liver, spleen, lungs, kidneys, etc.) more as functions than as body parts.

The five elements cycle re-affirms the impermanency in the universe where nothing is unconquerable and remains in power for ever. A person is always a part of that cycle where he or she is at the same time superior and inferior to others.

Qi - Vitality of the Universe and the Human Body

In both spiritual and physical sense, the Chinese believe strongly in *Qi* [氣]. *Qi* is the cosmic force of vitality and righteousness that unites the man and the universe. The same *Qi* exists in the universe and in the human body. It has a moral as well as a physiological dimension. The moral *Qi* of the person is manifested through his or her conviction and behaviour, such as of integrity, honesty, faithfulness, and other positive attitudes. The *Qi* of humankind can permeate the universe and augment its total *Qi*, as the two are of the same origin.

Physiologically, *Qi* is considered the vitality of the body. It is closely related with the blood. Like blood, it circulates and permeates all parts of the body and provides it with the energy it needs to carry out its vital activities. Lack of *Qi* weakens one's immune system and invites illnesses. To maintain health, one must maintain one's *Qi* at its balanced and optimal level. Much *Qi* is lost after illness, particularly prolonged ones.

Surgery will inevitably consume large amount of Qi and one must replenish it before health can be restored and rest is considered one of the best ways to achieve this. Various schools of Qi Gong [氣功] (vitality force exercises) are gaining popularity partly because they are non-chemical and non-surgical. It can be done regularly to up-keep one's health or as treatment of diseases, including terminal ones. Many turn to Qi Gong when other treatments fail.

Buddhism — Salvation for All

Origin of Buddhism

The original motivation of Buddhism is to seek alleviation of human suffering. The founder of Buddhism, Siddhartha Gautama, a prince raised in secluded luxury, was anxious to see the world beyond the palace. Once outside the palace, he witnessed suffering from old age, illness and death. For a long time he kept wondering how people could be at peace and enjoy their material world when they know one day they would themselves encounter the same suffering. He was so bothered by the suffering of human beings that he was saddened by the birth of his son, seeing one day the baby would have to go through the same suffering as anybody else. He left his palace and set off to seek his own salvation in the forest. He adopted a life of radical asceticism in vain before resorting to meditate under a bodhi tree. One night he saw his previous lives and all of a sudden realized he had attained the enlightenment he had been searching for.

The enlightenment that Buddha found is the Four Noble Truths, all related to human sufferings and their elimination. The Four Noble Truths are:

Truth of Duhkha (Suffering): Duhkha is universal and affects anything, including birth, aging, sickness, death, parting and unfulfilled desires. Any experience, whether pleasurable or painful, is Duhkha.

Truth of the Origin of Duhkha. It acknowledges that Duhkha arises from craving for sensual pleasure and other negative desires of the mind.

Truth of Cessation of Duhkha: This involves the liberation from greed, hatred and delusion, which are the roots of human sufferings.

Truth of the Eightfold Paths Leading to the Cessation of Duhkha: These are right speech, right action, right livelihood, right effort, right mindfulness, right concentration, right view, and right thought.¹⁴

The last Noble Truth which emphasizes on rigid spiritual constraint and self-discipline provides a tool for one to liberate from greed, hatred, and delusion.

Duhkha is the central theme of Buddhism as Buddha himself said of his teaching: "I teach only Duhkha and the cessation of Duhkha." The source of Duhkha includes birth, aging, illness, death, the grief of not getting what one desires, the distress caused by separation from loved ones, the undesirable confrontation arisen from hatred, and the burning characteristics of our body and mind which are made up of our appearance, sensation, perception, behaviour and consciousness. The cessation of Duhkha, or final release from suffering, comes when we are able to liberate ourselves from our body and mind and reach the state of internal peacefulness.

Even death does not bring about cessation of Duhkha, as the Buddhists believe that death is merely part of the endless cycle of rebirth. Death does not offer respite because one's actions have consequences beyond death, just as deeds from previous lives have affected the present. Every behaviour, or more strictly speaking, one's intention behind every behaviour, is going to have an impact on the present or future life of the individual. To foster a positive outcome and avoid negative consequences, a person will have to be very careful in ensuring that his behaviours are in line with Truth of the Eightfold Paths.

The Buddhists are very explicit regarding their moral teaching, as is exemplified in the five precepts for Buddhist trainees:

- to abstain from taking or destroying life
- to abstain from taking what is not given
- to abstain from misconduct with regard to sensual pleasure
- to abstain from false speech
- to abstain from intoxicants that cloud the mind¹⁵

Transformation of Buddhism in China

When Buddhism passed from India to China and other Asian countries, it changed from a religion that focused on suffering and self-disciplining to one that promised utmost happiness to its followers. This form of Buddhism is known as Mahayana Buddhism.

Mahayana Buddhism captures the spirit of the Buddha rather than his rigid teaching. Its primary concern is mercy and salvation. Instead of seeking enlightenment for oneself, the follower of Mahayana Buddhism sought to relieve suffering of others. Upon reaching enlightenment, he became a Bodhisattva and attained the power of relieving pain and suffering of other people. An example of these is *Guan Yin* [觀音] (Goddess of Mercy), who was originally a male deity known in India for his universal mercifulness. The notion of *Pu Du* [普渡] (universal salvation) affirmed hope in everyone and was particularly attractive to all.

The Chinese version of Buddhism also incorporated the doctrine of moral causation, the notion of heaven and hell, the miseries of purgatory, the way of salvation by the transmission of merit, and the significance of charity and meritorious works.¹⁶ The main difference of Mahayana Buddhism from the original Buddhism is that it does not require people to rely solely on themselves for salvation. One can simply pray to various Bodhisattvas to seek release of pain and to attain perfect and eternal happiness after death in the “Western Paradise”.

This transformed Buddhism, which embrace morality, compassion and salvation in one entity, was particularly appealing to the Chinese. The Chinese found in it the abstractness and vastness that are comparable to Daoism, as well as the strict demand on morality and self-discipline that are compatible

In congruence with the belief that birth, aging, illness and death are the inevitable of life, some patients, particularly those advanced in age, may accept illness and death as de facto and seek treatment only passively.

As pain and its release are central to Buddhism, some of its followers will be very conscious of one's ability to stand pain, as a measure of one's grasp of its teaching. Alleviation of pain calls for one's tenacity to pain and for those who are determined, physical and spiritual pain might blend together and become indistinguishable. Hence, a patient's score on a pain scale may to a large extent be affected by his or her determination and mental state.

Buddhism is opposed to any killing. Many resolute Buddhists turn vegetarian because meat eating inevitably involves killing animals. Also animal food is considered more exotic than plant food and may intensify one's sensual desires, which go against the Buddhist teachings.

with the teaching of Confucianism. Buddhism was hence able to penetrate and permeate the everyday life of the Chinese and became as Chinese as the native Confucianism and Daoism. From then on, the Chinese were never at any particular period either Confucian, Daoist, or Buddhist; they were all three simultaneously.

Many Chinese say prayers to various Bodhisattvas to seek help to relieve them or their family members of sickness or other ill fortune. Some in addition turn to the God of Medicine and have the name of the patient put on the altar. Upon recovery, they will go to the temple to thank for the grace they have been given.

Heaven and Heavenly Mandate — The Ultimate Moral Authority

As an agricultural nation that depended greatly on nature for food and well-being, the ancient Chinese knew too well that *Tian* [天] (Heaven) had the ultimate control of the nation and the individual.

Ever since the ancient time, the Chinese have long believed in the omnipotence and omniscience of the *Tian*. They strongly believed that *Tian* had the ultimate control of individual and the nation. In ancient Chinese language, *Tian* (Heaven) and *Di* [帝] (Lord) were often connected or even interchangeable, indicating the supremacy and authority of the *Tian*, as is indicated by the following poem:

Do not think Tian is far away above. It ascends and descends, and is watchful of all our daily affairs and activities.

Tian sees and hears everything. When the sage-king follows its patterns and his ministers take him as model, the people will be well-governed.

Shu Jing [書經] (the Book of Documents) tells of the legend of *Tian* bringing destruction without pity to the capital of the Shang Dynasty. In letting crime proliferate the Shang king had lost his mandate to rule. In punishing the king and the people, *Tian* was not cruel but was only exercising its mandate. Even today, natural catastrophes, such as floods, droughts and earthquakes, are often attributed to evil things done by the rulers or the people.

The Heaven is high above, infinite, encompassing, all knowing and overwhelming. It has great power and authority to inspect and govern his people on earth. It keeps track of one's deeds, good or bad, and will eventually reward and punish accordingly.

Mo Zi, the founder of the Mohist school which advocates universal love,

explained *Tian Zhi* [天志] (the Will of the Heaven) as follows:

Tian loves all humankind not without reason. It mandates the sun, moon and stars to shine upon them and guide them. It orchestrates the four seasons of spring, autumn, winter and summer. It gives people snow, frost, rain and dew so that they can grow the five grains, flax and mulberry and use them for their living. It created the mountains, rivers, ravines and valleys and uses them to execute its rewards and punishments on people.

The mandate of *Tian* is so immense that many Chinese have come to believe it has total control over one's fate. However, *Tian's* command is based upon such strict moral implications that one should have no difficulty avoiding punishment by observing good moral standards.

The Mandate of the Heaven does not go without challenge. The suffering of innocent people, and the fortune and power attained by the wicked, all prompted people to question how fair and potent *Tian* was. In spite of this skepticism, the belief of the mightiness of *Tian* remains very strong among many Chinese. Some may choose, borrowing the notion of re-birth in Buddhism, to believe that reward and punishment will come in one's next life, or fall on one's family.

It is not unusual to find Chinese attribute their illnesses and sufferings to Tian exercising its verdict. Illnesses, in particular mental or serious ones, may be regarded as punishment by Tian for bad deeds committed in the present or previous life by the individual or the family members. Shame over the illness and concealment of it may be the first reaction upon learning the illness, as the illness is considered an affirmation of wrongful deeds on the part of the patient or the family. By the same token, a Chinese may start to consciously practice good deeds in order to cumulate "benevolence chips" so that Tian will reverse its verdict and restore good health in the patient or the family.

Astrology and Feng Shui — Fate and its Control

Because of the unknown, many Chinese, as people in most other cultures, are highly apprehensive of the future. Many turn to astrology for forecast and for control of their fate. With Chinese astrology, unlike its western counterpart, one can exert some control over the unfolding of life by knowing one's position and its relationship to the environment. By taking precautions, misfortune or demon can be avoided. The Chinese calendar has daily guidance as to what is safe to do and what should be avoided, such as cleaning the house, gardening, visiting a friend, or signing a contract. It also prescribes the good and bad days for wedding, birth, and funeral, with rituals

associated with each. One should not be surprised if a patient or the family chooses what time to remove life supporting system in accordance to this.

A more formal school related to the prediction and control of life is *Feng Shui* [風水] (wind and water), which is gaining popularity in western societies. *Feng Shui* was originally concerned with choosing the burial sites and designing graves for the dead (*Yin* residence) so that the souls can settle peacefully and be able to protect the living. It has been extended to choosing residence and other housing for the living (*Yang* residence) and giving advises on how to avert misfortune and ill-fate. This may involve how one should act, choose a house, arrange the furniture, or plant the trees. By properly studying one's environment and situation, one can turn things

around for the better by carefully arranging and following a safe course of action.

Many Chinese believe that death energy remains and lingers around the place where a person dies and can affect the living people. Therefore many Chinese choose not to die at home to spare the family ill fortune.

Visiting the hospital or a friend who has a recent death in the family can make one vulnerable to bad luck. Similarly, family of the deceased would normally withhold visiting others for a period of time to avoid bringing ill luck to others.

The time of one's birth, not only the date and the month, is believed to have great influence on how one's life will unfold. It is not unusual for some women to try to manipulate the birth time of their babies. Some also believe one's given name has much to do with how one's fortune will develop in life.

Christianity — Bridge to Western Thoughts

By the time Christianity arrived China, many of the cultural beliefs were well established. Christianity however was still able to reach a sizable portion of the population and exert its impact on the life of ordinary Chinese. To many Chinese, Christianity was just another religion that oriented people to kindness. Although the Chinese used the term *Tian Fu* [天父] (Heaven Father) to label the Christian God, the Chinese *Tian* and the Christian God are different in a very fundamental way. The Chinese *Tian* is strictly morality oriented and is capable of handing down both reward and punishment. The Christian God, on the other hand, is primarily forgiving. All sins and wrongdoings, no matter how serious, will be rescinded upon confession or death. A Chinese Christian will therefore be able to take death much easier, realizing eternal life is assured. Many terminally ill patients would therefore say "God will make the best arrangement for me." and will leave it to God to determine their fate.

Christianity represents a more structured institution than most Chinese religions, probably reflecting the orientation of the western societies toward organization and structure. With such a structure, Christians are able to operationalize much of their beliefs and translate the gospel teachings into actual benevolent activities. This has facilitated the propagation of the religion to all strata of Chinese society. Many of the schools, orphanages and other charitable organizations in China have their roots in Christianity.

The Chinese churches provide a very important support network to their members and beyond, particularly for new immigrants, whose social network is considerably reduced upon immigration. Members will come to each other's rescue when such a need arises. Church members actively engage in various charitable activities, such as organizing youth programs and friendly visits for the aged or the sick. Some even provide professional counselling services.

While Chinese Christian churches in Canada are just as diverse as their western counterparts, most maintain a close network among their members and do active outreach. Many retain the tradition of the early missionaries and provide wide range of charitable services to their members and beyond, such as children's heritage classes and enhancement classes, English-as-a-Second-Language classes, youth programs, and home visits for seniors.

Religion the Chinese way

Familialism and Ethnicity Bonding

One of the major characteristics of Chinese culture is the strong notion of "familialism". Familialism here refers to the strong communal bonding that manifests itself in instinctive loyalty and readiness to render help to members of a group. The group can be the family, the kinship, or the clan. The Chinese use the term *Jia* [家] (family) casually to describe familial or social groups of various sizes. *Zi Ji Ren* [自己人] (our own people) is a very common term used in conversation to include any people one may want to include in the circle and to convey a sense of commonality and solidarity. The scope of *Zi Ji Ren* can be expanded or contracted according to the specific time and place. Fei refers to this kind of relationship, which he thinks is unique for Chinese, as the "differential mode of association".¹⁷

This kind of relationship extends to the whole nation, which the Chinese call the *Guo Jia* [國家] (nation-family), or *Ju Guo* [祖國] (ancestry-nation). Hence the Chinese see the nation as the large family to which all loyalty should ulti-

mately be directed and for which one should readily make personal sacrifice. The Chinese share an exceptionally strong ethnic bonding. The allegiance they show is directed as much to the Chinese as a people, *Min Zu* [民族], as to China as a nation. This may explain why many overseas Chinese, such as those in Southeast Asian Countries, continue to maintain their closely knit and distinct communities for generations and long after their legal tie with their motherland had ceased to exist.

The Chinese are often very conscious about their being Chinese, particularly when interacting with other groups. They may behave cautiously, thinking that anything they do will reflect well or badly on the Chinese as a whole, rather than being seen as a random act of an individual. A parent may, in disciplining the child, say something like: "Behave yourself and don't make us Chinese lose face."

Conglomeration of Religious Elements

Another unique characteristic of Chinese religions is the amazingly seamless conglomeration of multiple beliefs or religions. Unlike most of the religions of the west, Chinese are particularly good at finding common ground and rendering elements of different religions into compatible doctrines.

As mentioned previously, all religions in China, whether domestic or foreign, have incorporated elements from other religions. While they themselves might not be aware of it, many Chinese adhere to the principle of "seeking compatibility and letting differences co-exist" *Qiu Tong Cun Yi* [求同存異]. It is therefore not surprising to find many Chinese with multi-faiths belief. The acknowledgment that each religion has something good and valuable in it led to the affirmation that all religions are harmonious in having the same origin or goals. This probably has something to do with the common identification with the *Dao* (the Way) of all religions, and the supreme ultimate state of *Da Tong* [大同] (Grand Harmony) where everything comes to co-exist in harmony.

This may also explain the fact that to a large extent, the Chinese do not distinguish between the sacred and the secular. Both religious and non-religious thoughts are in search of a supreme truth, the *Dao*, which is both human and cosmic. In this context, the line between religion and non-religion becomes non-existent, or at least irrelevant. It is therefore not uncommon for a Chinese who is not affiliated with any religious group or school of thought, or is otherwise unable to articulate his or her religious doctrine, to nevertheless hold strong religious convictions.

This is perhaps where culture, or civilization and assimilation, as the Chinese call it, finds its own enlightenment — deep in the psyche of the Chinese.

The Dao - the All-encompassing Way

Although Lao Zi is the person who preaches *Dao*, the term *Dao* has much wider meaning than the Daoist interpretation of it. Even Lao admits that *Dao* cannot be captured in its essence by words, as he says, “The *Dao* that can be told is not the Eternal *Dao*” and “the Speaker knows not; the Knower speaks not.” As mentioned earlier, the Chinese are very capable of assimilating differences and seeing commonality among diversity.

For Chinese of any faith, *Dao* means some eternal and omnipresent truth. This is true for the whole universe so Heaven, Earth and Man are regulated by the same set of rules.

Heaven and Earth are my parents between whom I lie. All people are my brothers and all creatures are my friends. I follow and serve Heaven and Earth until I die, at which time I will be at peace. Zhang Zai [張載] (1020 -1077)

Confucius himself talks about *Dao* extensively, though in a totally different context from the Daoists. Hence the *Dao* encompasses all philosophical and religious ideas and accounts for all of physical laws, human experience and social-political orders. All schools of thought aspire to the quest of *Dao*, even though it may assume a very different meaning under each.

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Chapter 2

FUNDAMENTALS OF TRADITIONAL CHINESE MEDICINE

The Body as a Miniature Universe

The philosophy behind the Chinese medicine is that Man lives between Heaven and Earth and constitutes a miniature universe himself. Like the universe, the body has the capability of regulating itself. What distinguishes Chinese medicine as a unique school is its holistic approach. The body is believed to be a holistic system of intricately interrelated functions which must be well coordinated and balanced to keep itself healthy. External symptoms are considered manifestation of the breakdown of a function, or functions, and treatment involves the re-establishment of the equilibrium and the restoration of the proper functioning of the organs involved. Sometimes the breakdown can be detected by pulse and other means well before clinical symptoms appear.

Origin of Diseases

The Chinese have identified six disease-causing factors, *Liu Yin* [六淫] (Six Vices), which are wind, cold, heat, wetness, dryness, and internal fire. These factors are triggered both externally and internally. Excess of one factor in the environment is likely to induce the same within the body. To avoid diseases, one should avoid an environment where a particular factor is abundant, such as places of excessive dampness. Under normal conditions, the body is capable of regulating the level of a factor and maintaining a balance between opposing factors to keep itself equilibrium within to ward off diseases. When the body is harmed by aggressive forces of nature, such as being chilled by a strong wind or wet by a heavy rain, the balance of the body is disrupted and illnesses may result.

Many nurses have noticed that young Chinese mothers overdress their children and avoid giving them cold drinks. Here the mother is protecting the vulnerable body of the child from the harmful external force of the "cold".

In pregnancy, giving up some of the body elements to the fetus and loss of blood during childbirth are seen as losing "heat" by the mother, who must seek to restore it through intake of appropriate food and avoidance of further cold situations, such as taking a bath.

The Chinese have also isolated seven emotions, *Qi Qing* [七情], that have a potency on health. These are happiness, anger, worry, pensiveness, grief, fear, and surprise. Excess of these emotions weakens the body's immunity and makes the body vulnerable to the disease-causing factors. This theory correlates with the assertion of western medicine that psychological well-being plays an important role in one's health.

The Body as Interrelated Functions

The body is made up of two major groups of organs, or more exact, two groups of functions. The first group, called the *Wu Zang* [五臟] (Five Viscera), consists of the heart, the liver, the spleen, the lungs, and the kidneys. The common physiological functions of the *Wu Zang* are to maintain the consciousness, to extract and store nourishment, and to carry out the essential activities of the body. The second group, called the *Liu Fu* [六腑] (Six Entrails), consists of the gall-bladder, the stomach, the small intestine, the large intestine, the bladder, and the tri-provinces. The common physiological functions of the *Liu Fu* are to digest, to circulate body fluids, and to extract and eject waste from the body. The specific functions under the control of the *Wu Zang* and *Liu Fu* are summarized as follows:

Wu Zang (Five Viscera):

Heart: consciousness or mind; blood circulation

Liver: storage and regulation of blood; movement of limbs and trunk; emotional response to external environment

Spleen: distribution of nutrients; metabolism and muscle development; maintenance of strength and vigour of the body

Lungs: respiration; blood circulation; coordination of the *Qi* around the body; regulation of various intrinsic body functions and maintenance of cybernetic balance

Kidneys: regulation of storage of nutrients and use of energy; development of reproductive system; control of growth and aging; kidneys' functions are closely linked with the brain

Liu Fu (Six Entrails):

Gall Bladder: storage and discharge of bile; decision mechanism; functions of the gall bladder are closely related to conscious activities of the body

Stomach: digestion of food

Small intestine: separation of nutrients and waste and their distribution to other organs for further action

Large intestine: expulsion of waste

Bladder: expulsion of urine

Tri-provinces: The tri-provinces consist of the upper province (functions of heart and lungs), middle province (functions of the stomach and spleen), and the lower province (functions of the liver, kidneys, bladder, large intestine and small intestine). Together the tri-provinces have a composite function of transporting body liquids and regulating their metabolism.

All the functions of the *Wu Zang* and *Liu Fu* are intricately interrelated, some to a larger extent than others. For example, the liver depends on the nutrients that the spleen absorbs from the food and the spleen in turn depends on the

liver to coordinate its activities. Problems in one organ will therefore weaken the functions of other organs, if the problems are not corrected in time.

Herbal Medicine

The Chinese believe that the human body is healthy to the extent the opposing “Yin” and “Yang” forces within the body, such as heat and cold, and wetness and dryness, are maintained at a balanced state. When the Yin-Yang duet becomes skewed to either side, the body’s equilibrium is upset and the body becomes sick. Herbal medicine is then prescribed to restore the body’s delicate balance to bring it back to the healthy state. Each dose of the medicine is prescribed and measured carefully and individually according to the body’s condition.

For thousands of years, herbal medicine had been “the” medicine until western medicine was introduced to China around the turn of the century. One of the most authoritative herbal medicine books is *Ben Cao Gang Mu* [本草綱目], compiled by *Li Shi Zhen* [李時珍] of the Ming Dynasty (1368-1644 A.D.). It includes a listing of 1892 herbal ingredients. Ingredients of herbal medicine are classified as hot, cold, or neutral. The degree of “toxicity” of each is also documented where relevant. When prescribing a dose for a patient, the herbalist has to be extremely careful to ensure that any superfluous effects of an ingredient is neutralized by other ingredients.

The term herbal medicine may be misleading. Herbal medicine actually uses ingredients well beyond herbs. It can include insects, animal parts, and even stones. Their effectiveness is primarily empirically based, though more and more research is being done in recent years to study and analyze them.

Western medicine is thought to treat the symptoms and work topically on the body. Herbal medicine, on the other hand, is believed to work on the total body, replenishing and building it and returning it to an intricate balance state where it is strong enough to combat diseases. Many Chinese use both herbal and western medicine, often alternately for fear of interference. After the disease is treated by western medicine and the symptoms are gone, a patient may turn to herbal medicine to start re-building the body system to ward off further diseases.

In many medical schools in China, both traditional and western medicines are taught and medical students have to fulfill curricula in both disciplines before they graduate. Many hospitals function on both western and traditional disciplines and use a combination of western and herbal medicine in treatment.

Jing and Acupuncture

The connections between organs are provided by the Meridians (*Jing*) [經], which run throughout the body connecting the organs and between the organs and other body parts. The meridians have their origins in organs and run to other organs or other extremities of the body, such as the limbs. They transport life energy (*Qi*) [氣] between different parts of the body. For example, *Qi* travels between the lungs and the liver via the Meridian that connects the two organs.

The Meridians also connect the interior of the body to the external milieu. Weakening of an organ will result in disruption of energy level at certain part of the body. For example, when the heart and lungs are weak, excessive energy may be found in the elbow, and when the kidneys are weak, energy may accumulate in the knees. Both herbal medicine and acupuncture aim at the restoration of equilibrium in the flow of *Qi*.

Meridian points are distributed over the surface of the skin. When the aberrant organ is identified, through pulse and other observations, the corresponding meridian points on the skin are pinpointed. Acupuncture needles are then inserted to adjust the imbalance in the flow of *Qi* and to trigger the self-healing power of the body to restore equilibrium in the organ affected.

Chapter 3

THE SELF

Cultural Institutions and Their Impact on the Self

With so many different schools of thought prescribing different codes of behaviour, one must wonder how a Chinese can cope with them. It has been mentioned earlier that the Chinese are very adept in conglomerating and harmonizing different beliefs. In the sections that follow, we will examine how the individual extracts elements from different schools and makes them harmonious within.

For the Chinese, the self never exists by itself. It is always part of a number of holistic systems, or institutions, and its behaviour is to a large extent governed by them. These institutions are often so powerful, yet so subtle, that the individual who practices them may not be aware of them. As with most cultural elements, they are not formally taught and learned, but rather passed down the generations through various means.

It should also be pointed out that not every notion affects an individual to the same extent. Depending on the place of origin, the family background and early upbringing, and one's experience, some institution may take on a heavier role than others, or may even take on a dominant role. In recent years, due to massive immigration, international trade, and advances in information technologies, the traditional Chinese cultural elements are constantly bombarded by new values and standards. The effects of any religious or philosophical thought are thus constantly changing.

Five major traditional institutions are identified for the purpose of this Handbook.

Magnanimity [仁]

The Chinese define a person in terms of his or her ability to practice *Ren* [仁] (magnanimity). The Confucians maintain that one becomes truly a person to the extent he or she embraces *Ren* [仁者，人也]. The original pictograph of the word *Ren* depict two people, i.e. *Ren* must be directed to another person. Hence the individual cannot exist without other people. Furthermore, he or she must exercise *Ren* to others in order to fulfill the role of a person. Hence, for the Chinese, the individual can never exist in vacuum; he must establish himself in terms of his relations to the larger society. The feeling and well-being of the people around the self are therefore as important, if not more so, as the individual himself. Challenging or disagreeing with others may be seen as not being magnanimous.

It becomes a second nature for many Chinese to consider the other's feeling and reaction before an action is taken, or a word is spoken. What it appears to the other person may be more important than the actual intention, and the feelings of the other person must take precedence in many instances. One must try not to inflict pain, or even inconvenience, on others through

Disagreeing with someone is perceived by some Chinese as an act of disrespect, causing inconvenience, or even offensive and they would try to avoid it by all means. A health care providers may therefore find it difficult to seek opinions from the patient, or the family, who might be trying hard to avoid disagreement.

one's word or deed. A lie that does good to the other person may be more acceptable than the truth that does harm. So the children of a terminally ill parent may try hard to hide the fact from the latter, thinking the news will aggravate the situation. This is in direct contrast to the western philosophy in which individualism and a person's rights are emphasized. To the non-Chinese, the Chinese appear reserved, introverted, non-expressive, and sometimes difficult to understand. On the contrary, they are, as one palliative physician puts it, "like Thermos flask, hot inside but cool outside."

Virtue [德]

De [德] is a virtue in itself and has intrinsic value. All religions and philosophical schools address the issue of virtue. For the Confucians, virtue is defined by one's propensity to practice *Ren* and to follow the example of *Jun Zi*. For the Buddhists, virtue calls for behaviour in line with the teaching of the Truth of the Eightfold Paths and the five precepts. The Daoists, on the other hand, see virtue as a potency inherited in all humans, as it is in nature. As one acts in accordance with the laws of nature, virtue will realize itself. For the Daoists, consciously striving for virtue will actually destroy it.

Hence for most Chinese, virtue and acting in line with it are in the forefront of all things. One's every activity must be constantly measured against a yardstick of virtue. While each person's yardstick may vary from one another, they are by and large consistent. The important thing is that every action needs to be measured in term of virtue. The Chinese say "don't refrain from practicing a virtue because it is a small one and don't venture into doing a vice because it is a small one." For many, act of virtue is beyond question and may take precedence over consequences.

Meticulously weighing an act in terms of virtue may result in having difficulty making decisions. While a quick decision may come from pragmatic analysis on a situation, a Chinese over-riden with the notion of virtue may struggle between what the best virtue will be. The person may find himself or herself

facing decisions which are morally equivocal. To the westerner, the Chinese may appear indecisive.

Roots [根]

For the Chinese, the self is always part of a larger system. The immediate system, of course, is the communal system of the family. Like a plant getting its nutrient from the soil, the self gets the necessity for life from the family and the state. The Chinese say “When a leaf falls, it returns to the roots” (*Luo Ye Gui Gen*) [落葉歸根]. When the plant dies, it goes back to the soil to make way for future generations. A Chinese farmer would pick up a handful of dirt, carefully examine it and tell how productive it is. How fertile the soil is of course depends on how much plants are returned to it. So the family is where one is expected to return and surrender eventually, no matter how adventurous and glorious a life has been. This relation extends to the extended family, the kinship and ultimately to the state (nation-family). It can also extend longitudinally back to the ancestors, as all owe their lives to their forefathers. The soil, or *Tu* [土], is where one ultimately belongs.

The Five Great Relationships prescribed by Confucius — emperor-official, father-son, husband-wife, elder brother-younger brother, and between friends — form the social fabrics of the ancient Chinese society and the code of conduct for the daily life of the Chinese. A theme central to all these relationships is *Zhong* [忠], which means loyalty, or fidelity. One is expected to be loyal to the ruler, the parents, the spouse, the siblings, and friends. An underlying rationale for this loyalty is that all have come from the same soil or roots.

Hospital staff have long noticed the extraordinary support of family members of the Chinese patients. This support is built over time. While western families train their children to be independent and self-reliant, the Chinese families take pride in maintaining a close or even interdependent relationship between parents and children. Children are expected to return to the family and become the roots themselves for future generations. When one has outstanding achievement, the glory and pride go as much to the family as to the individual. Similarly, keeping oneself healthy is not only for the good of the self, but is also a reflection of the kindness and nourishment one receives from the family and hence a responsibility one owes to the family.

The Chinese constantly reinforces this tight family knit throughout one’s life, not through indoctrination, but through genuine care and overt or subtle expectations. It is not uncommon for the mother to do things for her adult children in their 40’s or 50’s that one would normally do only for much younger children, like preparing nutrient soups or reminding them to dress

up warm. The children, in return, will, and are expected to, take care of their parents when they become less capable of taking care of themselves.

This notion of succumbing oneself to the family or state is in marked contrast to the western society in which the individual is the primary unit of power around which other beings revolve. Concepts that stem from, and protect individualism, such as freedom, rights, and privacy, play a relatively subdued role for the Chinese individual as a result of this collectivity and “accountability” to one’s family or state. It is therefore not unusual for a parent to let children make critical medical decisions on behalf of himself or herself.

Balance [衡]

The Chinese believe the nature is capable of regulating and balancing itself. The physical body, being part of the nature, will have inherited such capability. Health is sustained to the extent the equilibrium of the body is maintained. The ancient Chinese believed that everything in the world is made up of five elements each of which had power over another in a cyclic way so that each’s strengths were off-set by another and no element would forever be in a dominant position.

The balance concept extends well to everything in daily life, such as good and evil, darkness and brightness, night and day, sun and moon, happiness and sadness, virtue and vice, health and sickness, life and death, etc. Of particular relevance to health is the *Yin* and *Yang* (negative and positive) concept. In order for the body to regulate itself and maintain its health, one must keep its equilibrium through the intake of balanced diet and protect it from exposure to extreme elements in the environment. Any illness or ailment is caused by disruption of the delicate balance between the *Yin* and *Yang*.

It is no wonder that the Chinese herbal medicine is based on this balance. Herbal ingredient can be cool, hot or neutral and the herbalist would have to be very careful when prescribing the medicine to ensure the herbs will supplement the deficiency in the body. Every dose of herbal medicine is individualized, with the amount of each ingredient measured to very minute differences. The Chinese medicine does not only treat the symptoms and cure the disease, it also cleanse the body and return it to a more vigorous state that is more resistant to further diseases.

Chinese have good faith in the nature in taking care of their bodies. Any drastic things done to the body will be considered upsetting the balance. Surgery, or taking blood out of the body will be viewed with apprehension. Similarly, some people might have skepticism about manufactured drugs as they come from the lab, rather than from the nature.

The Self

Life and death is another duet of the balance, so is evil and good. Many Chinese believe that misfortune to oneself, or to one's family, is a retribution of the evil things one or one's ancestors did. Mother nature, in trying to re-establish the balance, is making other members or other generations of the family suffer for the vicious things done in the past.

Cycle [恆]

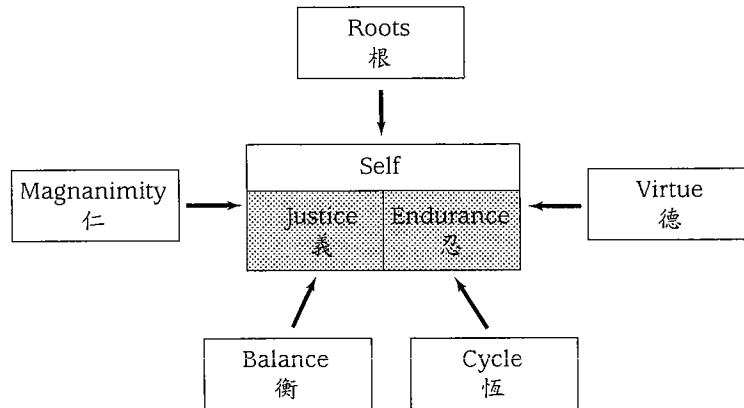
Cycle plays an important role in the daily life of Chinese. As an agricultural society, farmers have for thousands of years been at the mercy of nature's cycles to make or break their living. The cycling of the seasons, the alternate coming of droughts and floods, all have decisive impact on the life of the Chinese. It is no surprise that the Chinese calendar is much more cyclic than most others, with important dates predicting seasonal changes and with every 60 years repeating itself. Even history alternates between order and chaos. Accordingly, the self must be part of this cycle and follow similar cyclic patterns. When life runs its course, it will have its ups and downs. A complete life cycle would include good health, freedom from major diseases, giving birth to new lives, happiness and longevity. A person who has completed the cycle would be more ready to accept death. On the other hand, a pre-mature death is a significant disruption to this cycle and is extremely devastating.

Internalization of Cultural Institutions by the Self

It is clear from the above that the self never exists in a vacuum. It is always part of a large system and is defined in relation to that system: in Magnanimity to other people, in Roots to the family and the state, in Virtue to strict moral standards, in Balance to the laws of nature, and in Cycle to universal patterns.

It may appear that the self, as defined above, would be quite powerless. Fortunately the self is able to live with these coercive and intruding external forces without major difficulty. It does so through an internalization process, in which two sets of attributes are developed. The first set, which we call Yi [義] (righteousness) here, consists of strict internal moral standards that govern one's daily behaviour. They would include the generally accepted moral standards across any culture, such as honesty, loyalty, altruism, and respect for others. All these are developed in response to the demands of the institutions mentioned above, namely magnanimity, virtue, roots, balance and cycle. Balance and cycle are applicable here because nature will be keeping logs on one's conduct and will hand out reward and punishment in due time. These moral standards are so deep-rooted that the self is able to exercise them with great ease and spontaneity, often without even being aware of them.

The Self's Relationship with the Surroundings



The other set of attributes, which we call *Ren* [忍] (endurance) here, encompasses such attributes as patience, tolerance, delayed gratification, and restraint. Again these attributes are developed in response to the institutions above, as the self tries to accommodate the demands from the people around (magnanimity), the family or state (Root), or the moral standards (virtue). Of course, they also attune to Balance and Cycle of the nature, as the self sees pain and non-gratification only as cyclic dominance of the negative side of a dual system of constantly interacting and alternating positive and negative forces. The good and joy will return eventually.

The ability to internalize these attributes enables the self to co-exist with the institutions in harmony, which would otherwise be seen as impinging on the self's will and power. This however does not mean they will never be in conflict. For example, revealing the news to a terminally ill parent will be a dilemma between magnanimity (be kind to others) and virtue (be honest).

These two set of attributes give the Chinese what a hospital social worker calls the "inner strength" - an ability to endure physical and mental pain and to deal with struggle internally. The Chinese would seldom let their problems surface. They would choose, if at all possible, to deal with them internally. A Chinese poet, *Fang Zhong Yan* [范仲淹], summarized this internalization almost 1000 years ago: "Be the first to bear the burden of hardship and the last one to reap the fruit of happiness."

Chapter 4

CULTURE UPROOTED — IMPACT OF IMMIGRATION

Residual Behaviours and Cultural Clash

Regardless of the place of origin and cultural or religious belief, immigrant patients must first be treated as immigrants as they bring with them attributes that are unique and common to all immigrants. One must remember that all immigrants come from political, social and economic backgrounds that are distinctively different from those of Canada. The things that we take for granted may be very novel and foreign to them. Accessibility to health care may be very different, the cost of medical service may be different, the kinds of technological applications to health care may be different, and the dynamic between the clinicians and the patients may also be fundamentally different. Even treatment may be drastically different. For example, physicians in Hong Kong will normally prescribe medication for flu whereas Canadian physicians often prescribe only “water and rest” unless there are other illnesses. A patient may become disappointed at the “lack of treatment” and may even perceive the physician as incompetent. Also the lack of extended maternity leave in the home country may deter the new mother from breast-feeding the baby. Although the immigrant is now in a new environment, some of the prior practices may persist as residual behaviours.

Due to language barriers, many immigrants rely heavily on family members and friends for information, including health information. Hence much of the information received by immigrants are second-hand and partial. As many of the informants are themselves deficient in English language skills, information tends to get filtered or distorted along the way. The lack of access to the primary information source results in much of the information being fragmented and it creates a lot of frustration for an immigrant, who has to fill in the gaps in order to make sense out of it and to make the appropriate decisions, such as whether to immunize the children against an epidemic disease.

It goes without saying that immigrants go through a lot of stress in the re-settlement process. That probably has an extensive impact on their health, both physical and mental. An effortless task for us, such as making a medical appointment, may be a stressful one for an immigrant, who may have to call different people to do it for him or her, or have to rehearse it before actually picking up the phone.

It has been well documented that immigrant men have a much more difficult time getting jobs than women. In their place of origin, most men were the

main breadwinner for the family. Many have professional or technical skills and have been in fruitful employment back home. As these skills are not readily accepted in the new land, many male immigrants find themselves unemployed or under-employed. On the other hand, more immigrant women are getting employment as the Canadian society values and encourages women to enter the workforce.

There are of course those families in which one parent, mostly the male, goes back to the home country to seek more fulfilling employment, leaving the other spouse to take care of the children and other household duties. The remaining spouse has to assume the roles of both parents, which he or she is probably not well equipped to. In essence, a pseudo-single-parent family is created.

When the female spouse lands a job and, under some circumstances, becomes the major breadwinner, the traditional family structure and gender roles are ruptured. This can create much stress not only for the male head of the family, but often for the whole family.

The impact of the new environment on the children is profound. As they go through an education primarily based on the western system and values and increase their contact with peers from the new land, children are moving away from their traditional values. With the sudden freedom, the young immigrants become more sociable, outgoing, up-front and independent. Some might even consciously reject the traditional values of their earlier upbringing. The relationship within the family becomes less hierarchical. Faced with the much free-spirited children and teenagers, many parents are having a hard time adjusting. For those who try to restore the old pattern and relationship, many end up creating more conflicts within the family.

Chinese Language and Communication

The Chinese language differs from the English language in many aspects. For one thing, the Chinese nouns do not have plural, pronouns do not have gender, and verbs do not have tense. Yet in conversation the Chinese rarely have difficulty differentiating the singular from the plural, the female from the male, or the past tense from the present. Apparently the listener is always able to put the conversation in context and fill in the missing linguistic information by intuition or by continually forming mental images of what is being referred to. This pattern of conversation and ability is built up from early childhood and over time. When the mother casually says, "It's cold outside", she is actually telling the child to put on the coat, zipper up, put on the hat, scarf, boots, and mittens. Furthermore she is also saying that she is expecting the child to do nothing less than that.

Hence in the Chinese language, much more information is packed into a word or phrase than most other languages. Some of the concepts discussed above, such as *Ren* and *Dao*, illustrate this perfectly. With the same number of words spoken, the Chinese are probably conveying a lengthier and more complicated message than other languages are capable of doing. To the listener not used to this pattern of communication, the message may appear fragmented and incoherent.

Non-verbal communication can be just as inclusive. When a Chinese nods, it may mean he or she understands you, agrees with you and will follow your advice, agrees with you but will not follow your advice, does not agree with you but thinks you are making a valid point, or any other combinations. The lack of English proficiency may aggravate this pattern of communication as the immigrant struggles to find the right word to respond.

When a patient says he is tired, he is probably saying that he is experiencing physical exhaustion, muscle fatigue, mental stress and a number of other things. When the clinician tries to clarify and elaborate, the patient may wonder why he or she is asked to repeat what has already been said clearly.

Chinese do not express their feelings or intentions as verbally and explicitly as westerners are used to do. As well, their body language is based on a totally different culture. When a health care provider encounters an acquiescent Chinese, the best thing to do is to go out of the way to clarify and verify. Making assumptions can lead to embarrassment at best, and be risky at worst.

Part II

Implications for Health Care

Chapter 5

IMPACT OF CULTURE ON HEALTH BEHAVIOUR

Establishing an Interpreting Framework

In this chapter, we will put what has been discussed previously in the perspective of the health care provider. Under each of the following eight sections, the influence of the cultural attributes and the impact of immigration are expanded and elaborated to help the health care provider acquire a better grip of the culture's power on the behaviour of their patients and their families.

- Health maintenance and perception of illness
- Help-seeking, problem presentation and support
- Communication and clinician-patient relationship
- Patient's rights, decision-making and consent
- Diagnosis, treatment and rehabilitation
- Gender and sexuality
- Birth and child-rearing
- Death and dying

What is listed under each section is only some of the possible explanations that a health care provider might want to muse on when a situation of some relevance is encountered. As so many cultural factors are at play at any one time, a behaviour must be interpreted against all circumstantial factors available, clinical or non-clinical. Each situation must be dealt with in the context of the case itself. Under no circumstance should generalization be made.

<i>Magnanimity</i>	<i>Be spontaneous in thinking and acting in terms of the benevolence of others</i>
<i>Virtue</i>	<i>Be circumspect and uncompromising with moral principles and practices</i>
<i>Roots</i>	<i>Be ready to forsake one's well being for the benefit of the family and society</i>
<i>Balance</i>	<i>Be astute to nature and body's equilibrium principle and Heaven's rule of balance</i>
<i>Cycle</i>	<i>Be observant to and in tune with nature's recurring cycle</i>
<i>Immigration</i>	<i>Impact of re-settlement and residual behaviours brought over from home country</i>

Cultural Attributes on Health Behaviour

(I) Health Maintenance & Perception of Illness

- Magnanimity** • Positive interpersonal relations lead to harmony, which in turn leads to good health.
- Virtue**
 - Behaviour in accordance to the *Dao* (highest standard of morality) brings ultimate happiness, of which health is an important component.
 - Longevity free from major illnesses is a virtue given by *Tian* (Heaven) for one's good deeds. Conversely wrongdoing will eventually bring punishment and suffering.
 - One's good or bad deeds will not only affect one's fortune but also those of the loved ones.
- Roots**
 - Health is essential in extending the family line.
 - Health and longevity are essential for taking care of one's children & parents.
 - Freedom from major illnesses saves the family from torment and anguish.
- Balance**
 - Blood and *Qi* (internal vitality energy) are the essence of life and good health and must be kept in good circulation.
 - Body movement keeps blood and *Qi* circulating, which in turn will keep good health.
 - Balanced food intake is essential for maintaining the body's equilibrium of *Yin* and *Yang* (cold and hot) for keeping good health.
 - Avoiding or counteracting the environment's hot and cold helps keep the body's equilibrium and ward off diseases.
 - Imbalance in body's *Yin* and *Yang* leads to illness; treatment involves restoration of that balance.
 - *Tian* keeps a balance sheet of one's virtue and vice. Sickness and ill health are *Tian's* verdict to punish one for the bad things one or one's ancestors did.
- Cycle**
 - Birth, illness, aging and death are foreordained and are to be accepted as such.
 - Minor illnesses are part of life's ups and downs that the body is capable of taking care of.
- Immigration**
 - Health care may not be as extensive and accessible as in Canada and the propensity to use health services such as physical check up may be low.
 - Language barriers make health information less accessible to immigrants, reducing preventive and cautionary practices, such as avoiding second-hand smoking.
 - Health may give way to stressful re-settlement process.

(II) Help-seeking, Problem Presentation and Support

- Magnanimity** • Keeping health problems to self spares people around stress and anxiety.
 - In an effort to spare people around one's own worry and problems, a person may keep all the anxiety to himself or herself. Psychosomatic symptoms may manifest as a result.
- Virtue** • Pain tolerance is a measure of one's self discipline and mental strength. Carried too far, it may obscure early symptoms, leading to delayed diagnosis and treatment. Keeping problems to oneself and coping by oneself reflects a similar aptness.
- Roots** • Keeping serious health problems from family members spares them stress and anguish.
- Balance** • Symptoms suggesting taboo illnesses (e.g. STD, AIDS, mental illnesses) may be withheld as these illnesses may imply wrongdoing on part of the patient or the family.
- Cycle** • Minor illnesses are part of life's ups and downs that the body is capable of taking care of. No intervention is normally necessary.
- Immigration** • In home countries where universal health care is not available, health service may be expensive and the threshold for seeking medical service may be relatively high.
 - Language barriers may deter one from seeking health service.
 - Pre-occupation with re-settlement may obscure needs for medical attention.

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<i>Immigration</i>	<i>Impact of re-settlement and residual behaviours brought over from home country</i>

(III) Communication & Clinician-Patient Relations

- Magnanimity**
- In interacting with others, one should be guided by *Li* (rituals and manners). Contention and confrontation are not in the domain of *Li*.
 - Respect for others, restraint and forgiving are behaviour consistent with that of *Jun Zi* (Confucius' utmost sage). Contention and argument, on the other hand, are not.
 - A patient may choose to avoid disagreement or embarrassment by not telling all the facts, such as use of alternative medicine, or that he or she is not going to follow the clinician's instruction.
- Virtue**
- Grace and favour from others have to be repaid. Clinicians may receive token of thanks from patients they have treated. A popular way of expressing appreciation to a physician is to present a calligraphic epigraph to be hung in the office recognizing his or her skills and kindness.
- Roots**
- Health professionals are members of the intelligentsia class at the high end of the social hierarchy and are to be respected.
- Balance**
- Cycle**
- Immigration**
- Low English language skills lead to miscommunication.
 - By intention or by lack of skills, family members may miss, filter, or distort information during interpretation.
 - Bodily contact as a vehicle of affection (e.g. hugging) is reserved for the very intimate and even this is seldom practiced in public.
 - Direct eye contact is considered rude in some Chinese sub-cultures and is avoided, particularly by women.
 - High content of Chinese language (much information packed into a word or a phrase) may result in the listener finding "holes" in conversation with Chinese patients.
 - Patients from "high speed" cities where doctors use medication liberally for fast recovery may expect prescription for every doctor visit. The conservative use of medicine by Canadian doctors may be perceived as a sign of incompetence.

(IV) Patient's Rights, Decision Making and Consent

- Magnanimity**
- The medical professional, who possesses the relevant knowledge, is technically and morally the person to make the most beneficial decisions on behalf of the patient. A patient may therefore expect the clinician to make all the decisions for him or her.
 - A decision has to be made in consideration of people involved, e.g. a move that incurs financial burden for the family may be forsaken.
- Virtue**
- Longevity is a virtue and a reward from *Tian* (Heaven) for good deeds and is to be pursued at all costs, including the quality of life.
- Roots**
- Elderlies may surrender their rights to make decisions to their children.
 - Major decisions may involve many members of the extended family.
 - Family's well-being may take precedence over self when a patient makes a decision.
 - Consent to remove parent's life supporting device amounts to sentencing one's parent to death and is an act diametrically opposite to filial piety.
- Balance**
- Cycle**
- Patients may choose not to know about the facts as they believe illness and death are predestined and nothing can be done.
 - Writing the will brings one closer to completing the life cycle. Postponing it to the last minute may help delay death.
- Immigration**
- Age of consent may not exist or be different in home country.
 - Spouse may have legal power of consent in home country.

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(V) Diagnosis, Treatment and Rehabilitation

- Magnanimity** • Out of respect for the clinician, patient may withhold information about use of alternate medicine. .
- Virtue**
- Roots**
- Family support is exceptionally strong and the whole extended family may get involved in taking care of the patient.
 - Patient and family may hide bad news from each other to protect the other from torment and anguish.
 - One's misfortune, suffering and shame are to be kept within the family to save it from ridicule.
- Balance**
- Chinese medicine is based more on function than anatomy. It is concerned more with equilibrium of the whole body than discrete body parts. Treatment involves restoring the body's equilibrium and coordinated functioning.
 - Food is important in replenishing the body during treatment and rehabilitation. The balance of hot and cold food is of particular relevance.
 - Certain food (e.g. poultry) is believed to aggravate the illness and must be suspended as an integral part of herbal treatment.
 - Home made food may contain herbal medical ingredients.
 - Chinese skeletal therapy is considered effective and is often preferred for its non-surgical approach.
 - *Qi Gong* (Internal vitality energy exercise) is believed to be highly effective and capable of curing serious diseases including terminal ones.
 - Surgery is irreversible, making the body drastically and permanently imbalance.
 - Blood extraction and transfusion upset the balance of the body and is taken with great apprehension.
 - Functioning of an organ can be enhanced by eating same body part of animal, e.g. pig kidney, liver, brain, or bone broth.
 - Major illnesses are brought about by wrongdoing. Conversely, acts of morality and charity improve chance of recovery.
- Cycle**
- Natural healing with minimum medical intervention is the best management and is more beneficial in the long run.
- Immigration**

(VI) Gender and Sexuality

Magnanimity

Virtue

- The only good sex is between married spouses, all other sex is deviant, such as pre-marital sex, homosexuality, etc.
- Sexual immorality tops all sins.
- STD and AIDS and similar diseases are testimony of bad sex behaviours

Roots

- Women often assume a more submissive role in the family.
- Marriage has to be preserved at all costs; its breakdown brings shame to the family, particularly the wife's.
- Homosexuality is a violation of the family system and value.
- Virginity is to be preserved for future husband only.

Balance

- Homosexuality does not fit into the *Yin-Yang* dual system.
- Herbal medicine can enhance sex life.

Cycle

Immigration

- Sex and reproduction are not a topic for family discussion.
- Most communities in the immigrants' home countries do not have sex education in school.

Magnanimity

Be spontaneous in thinking and acting in terms of the benevolence of others

Virtue

Be circumspect and uncompromising with moral principles and practices

Roots

Be ready to forsake one's well being for the benefit of the family and society

Balance

Be astute to nature and body's equilibrium principle and Heaven's rule of balance

Cycle

Be observant to and in tune with nature's recurring cycle

Immigration

Impact of re-settlement and residual behaviours brought over from home country

(VII) Birth and Child Rearing**Magnanimity****Virtue**

- Childbirth is a reward from *Tian* (Heaven) and will bring good fortune to the family.

Roots

- Male baby is preferred over female to carry on the family line. Sex choosing for baby may be sought by some couples.
- Women often bears the blame for childlessness or other birth defects.
- Mother- and sisters-in-law are to help the new mother take care of the newborn.
- Naming the baby is a privilege reserved for the senior member of the family, e.g. the grandfather.

Balance

- Body loses tremendous amount of heat and energy during pregnancy and childbirth. Water and wetness have to be avoided to prevent further loss. Cold food will further weaken the mother's body.
- Special herbal medicine is used to help the new mother rebuild her body.
- Woman's body is at the weakest point after childbirth. If not taken care of, the body will become "floppy" in the long run.
- "Sitting the month" (staying indoor for a month) will help the body replenish its energy.
- The first month is the most important period for the baby, who is kept indoor to avoid exposure to harsh outside conditions. Many families celebrate the month-end with the "completing the month" banquet.
- Cold and flu and most other illnesses are believed to be caused by the body catching cold from the environment; it is better to overdress than to underdress children.
- Hot is the way to combat most children illnesses. A child with fever is often wrapped in thick blankets. Cold bath to lower body temperature is taken with skepticism.

Cycle**Immigration**

- Maternity leave and other benefits in immigrants' home countries may not be as generous as those in Canada so immigrant women may not be as tuned to breast-feeding as Canadians.
- Due to scarcity of space, baby may share bed with parents.

(VIII) Death and Dying

- Magnanimity**
 - All sins of the dead should be rescinded and pardoned.
 - The body of the dead must be respected.
- Virtue**
 - Natural death at an old age and free of pain is a grace from *Tian* for one's good virtue.
- Roots**
 - It is a blessing to have all of one's offsprings present at the death bed.
 - Family will resist removing life support for parents as this amounts to sentencing the parent to death and is an act diametrical to filial piety.
 - The dead assumes celestial power and can protect the family from misfortune. Ancestor reverence includes appeal to the dead to protect the well-being of the family.
 - The soul of the dead comes back home on certain dates to visit the loved one.
 - Dying patient gets guilt-ridden for not being able to take care of the family.
 - Patient may choose to die in hospital so that the ill luck related to death would not stay at home.
 - Re-marriage of widows is less acceptable than widowers.
- Balance**
 - Death energy is released upon death and may linger around and counter-act the life energy. Patient may choose to die away from home to spare the family ill luck.
 - The dead will "balance the book" for good and bad things done to him/her by others and is capable of making the living pay the debt.
- Cycle**
 - Birth, illness, aging and death are foreordained and are to be accepted as such. Life has to be allowed to run its full course naturally. Artificially changing life's course is an act against nature's cycle.
 - Life is often protracted to the point when one's unfinished business is completed or unmet desires fulfilled (e.g. seeing a long separated relative).
 - The death energy remains and permeates the universe. It must be attended to properly to ensure that it will be at peace and ready for re-birth. Similarly the dead's body must be handled according to certain rituals.
 - All conflicts should be resolved before one dies. Unresolved conflicts become unfinished business that the living may have to settle with the dead's soul.
- Immigration**
 - Various sub-cultures have different funeral and burial ceremonies.

<i>Magnanimity</i>	<i>Be spontaneous in thinking and acting in terms of the benevolence of others</i>
<i>Virtue</i>	<i>Be circumspect and uncompromising with moral principles and practices</i>
<i>Roots</i>	<i>Be ready to forsake one's well being for the benefit of the family and society</i>
<i>Balance</i>	<i>Be astute to nature and body's equilibrium principle and Heaven's rule of balance</i>
<i>Cycle</i>	<i>Be observant to and in tune with nature's recurring cycle</i>
<i>Immigration</i>	<i>Impact of re-settlement and residual behaviours brought over from home country</i>

Part III:

Culture at Work: Illustration Cases

Chapter 6

BEHAVIOUR IN CLINICAL SETTINGS

Collection of Clinical Cases

This section contains twenty-four cases that were selected from over 50 collected from front line health care workers who shared their personal experience on delivering service to Chinese patients. Fifty-nine care workers attended ten sessions of focus group and another thirteen were interviewed at their workplace. They included physicians, nurses (wards, operation room, palliative care, educator, student, etc.), public health nurses, visiting nurses, occupational therapists, physiotherapists, pharmacists, dietitians, home care coordinators, residential counsellors, pastors, admissions clerk, social workers, medical students and other health professionals.

The cases were documented and compiled and the behaviour of the patients or their families was interpreted against the elements of Chinese cultures. This process went hand in hand with the development of the theoretical cultural framework of Part I, as the two processes were found to complement each other. The cases were selected on the basis of their significance and representation. Minor adjustments were made in a few where the specificity of the situation may betray the patient's identity.

Illustration Cases — Interpreting Clinical Behaviours

The charts on the next three pages summarize the 24 cases presented in the book and serve as indices and cross references. Figure 6.1 lists the cases in terms of their relevance to the cultural attributes and health behaviour described in earlier parts of the book. Figure 6.2 marks each case as a matrix, again in terms of the cultural attributes and health behaviour. The same matrix is repeated in the corresponding case presentation.

It should be noted that the interpretation of the cases is for illustration purpose only and is by no means exhaustive. The reader is encouraged to deliberate each case and come up with further interpretation.

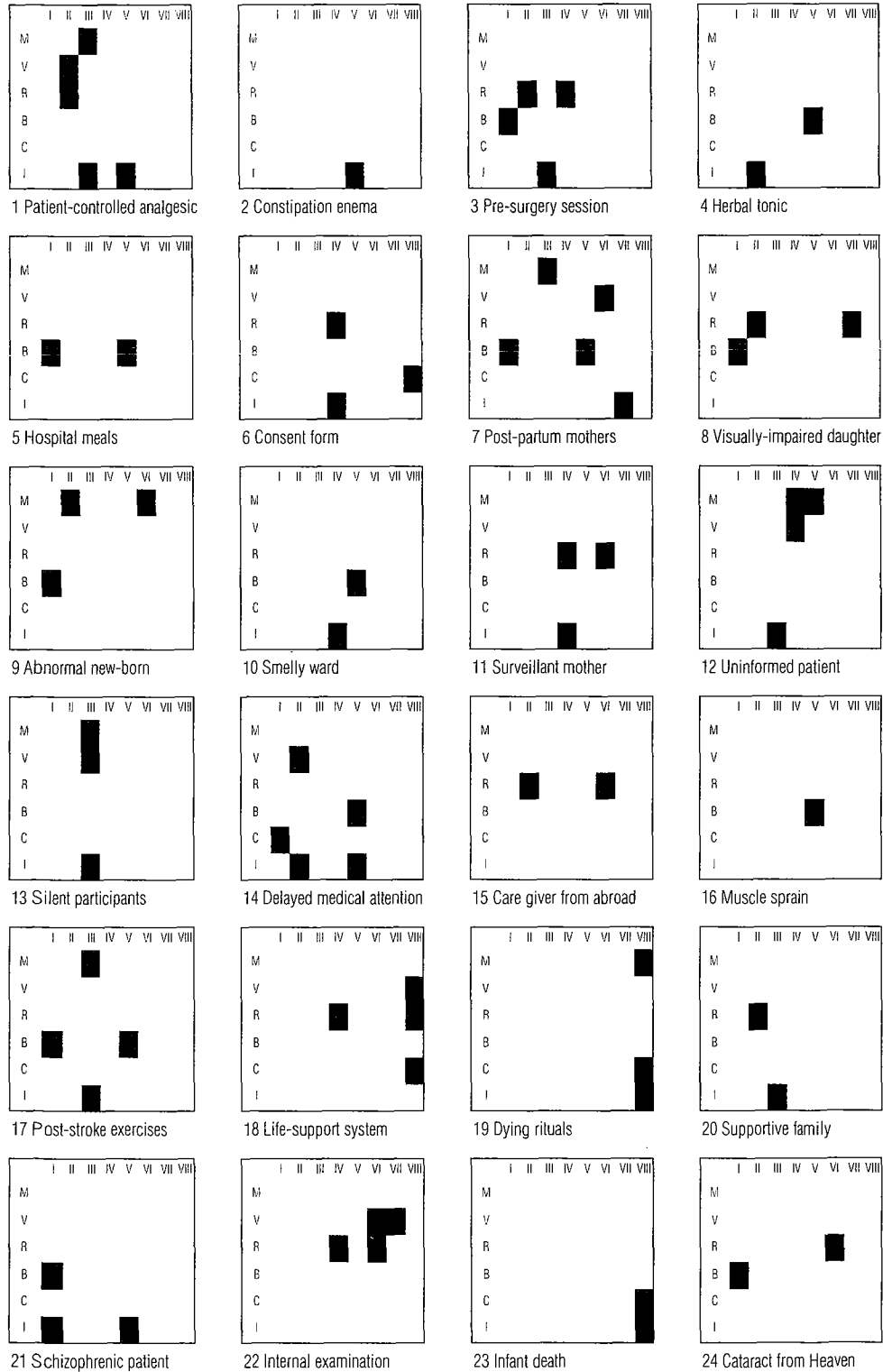
Figure 6.1 Chart of Relevance of Illustration Cases (24 cases)

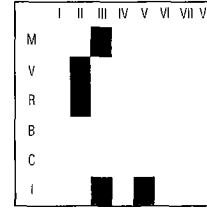
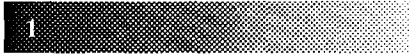
<div style="text-align: center;">Health Behaviour</div> <div style="text-align: left;">Cultural Attribute</div>	Health maintenance and perception of illnesses	Help-seeking, problem presentation and support	Communication and clinician-patient relationship
Magnanimity Be spontaneous in thinking and acting in terms of the benevolence of others	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Virtue Be circumspect and uncompromising with moral principles and practices	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Roots Be ready to forsake one's well-being for the benefit of the family and society	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Balance Be astute to nature and body's equilibrium principle and Heaven's rule of balance	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Cycle Be observant to and be in tune with nature's recurring cycle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Immigration Impact of resettlement and residual behaviours brought over from home country	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Figure 6.1 Chart of Relevance of Illustration Cases (24 cases)

Patient's rights, decision-making and consent	Diagnosis, treatment and rehabilitation	Gender and sexuality	Birth and child-rearing	Death and dying
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
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Figure 6.2 Matrices of Cultural Attributes and Health Behaviour for Illustration Cases





Clinician: RN, ICU

We use PCA (Patient controlled analgesic) in our Unit and we instruct our patients how to use it. I taught this patient how to use the PCA and the family interpreted for me and they seemed to understand me perfectly. I later found out the patient was not using it, and from time to time the family members were giving him massage which they said would alleviate the pain.

Possible Explanations of Behaviour

Pain control

Health clinicians have long observed that Chinese have a high pain tolerance and rely less on pain killer than other groups. It is not clear whether they actually have a high physiological threshold for pain or they are less willing to express pain due to their upbringing, beliefs, or values.

Language / Communication / Clinician-patient dynamics

Communication may have broken down because the patient / family might not have understood the instruction properly or the family might have filtered the information because they thought it was not necessary for the patient to know the instruction. Out of courtesy, they did not indicate this to the clinician.

Alternative medicine

Chinese are fearful of using analgesic and think that it can be addictive. They might prefer to use other types of pain-relief methods such as massage or topical balm.

At Stake

One must be cautious in using family members to interpret in clinical settings. For one thing, the family members, often immigrants themselves, might not have the level of English to interpret properly. Also family members may choose to filter off information that they do not want the patient to have. In situations involving technical information, or in which sensitive information is being conveyed, the use of a cultural interpreter is recommended to ensure accurate and unbiased interpretation.

In this particular case, the clinician is advised to consult the guidelines of his/her profession and of the institute before making a decision.

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Clinician: Nurse

My patient, a woman in her 50's, had her gall bladder removed and was constipated. No medicine worked for her except her enema, which she brought from Hong Kong and which is not available in Canada. The doctor checked the content and allowed it because it was the only thing that worked.

Possible Explanations of Behaviour**Alternative medicine**

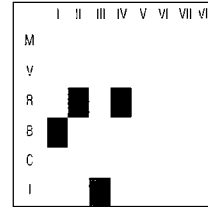
Herbal medicine had been the medicine for Chinese for thousands of year. Until recently, the art of herbal medicine was passed down through apprenticeship, and books and documents on it were extremely rare. The use of herbal medicine is essentially empirical, and in many communities it is largely unregulated. The knowledge of herbal medicine is also passed down in the family. Often for minor discomfort or ailment, the Chinese do not have to visit a herbalist. They simply go the herbalist store and buy some ingredients and make a broth out of them and drink it, much like what we do with over-the-counter medicine. Most of the time this would work and over the time the Chinese have developed confidence and faith in it.

The training of traditional Chinese medicine has now become more formalized. In many medical schools in China, both traditional and western medicines are taught and medical students have to fulfill curricula in both before they graduate. Many hospitals operate on both western and traditional disciplines and use a combination of western and herbal medicine for treatment. It follows that herbal medicine is becoming increasingly regulated and a subject of scientific analysis and research, as their western counterpart had gone through for many years.

At Stake

Whether compatible or not with western medicine, the use of herbal medicine is outside the training of western medicine and its use by patient will definitely impose a professional dilemma for the clinician.

Unfortunately literature in English on herbal medicine is very limited and it may be difficult for a health care professional to obtain information on herbal medicine. Even when information is available, clinicians may not be in a position to endorse or reject the medicine as it is beyond the jurisdiction that governs his/her practice.



Clinician: RN, Patient Education

I conduct pre-surgery sessions to prepare families whose children have to go for surgery. I give the parents clear instruction and remind them to bring the children along. However I find very few Chinese families bring their children to the session. I cannot do my job if the child is not there.

Possible Explanations of Behaviour

Language / Communication

Most Chinese immigrants have some degree of language difficulty with English and might have thought they will not get much out of the pre-surgery session anyway.

Family dynamics

Chinese children are brought up to be obedient. They will follow whatever instruction given by adults and are unlikely to be trouble makers. The parents might think it is not necessary for them to know more than they need to.

Chinese parents seldom share their feelings and emotions with their children. Many would be highly uncomfortable in a setting where they might betray their own emotions in front of their children.

Chinese are largely reserved people and would like to keep their problems within the family. Public or group sessions, particularly those that deal with their health and similar problems, will be avoided as far as they can.

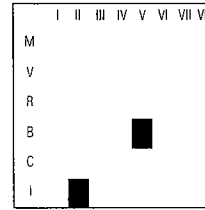
Avoidance of place of bad luck

For many Chinese, the hospital is a place of bad luck and should be avoided as far as possible

At Stake

The importance of the preparation session and its benefits should be stressed to the parents, using an interpreter if necessary.

Pre-surgery or similar sessions may have to take other formats that are more in tune with the cultural practice of a particular ethnic group.



Clinician: Nurse, Palliative Unit

I work in this ward that has many Chinese patients. I had this patient in her 70's who could hardly care for herself. The family left her some kind of soup in a Thermos and asked me to feed her every six hours or so. I feel very uncomfortable because I had a feeling that this is some kind of herbal medicine. Actually other patients had made similar requests in the past and I had been saying no to them. But I felt extremely distressful for this lady's helplessness. I didn't know what to do.

Possible Explanations of Behaviour

Alternative medicine

The nurse should take some comfort to learn that even the Chinese are not always able to distinguish between "medicine" and "soup". Chinese use mild herbal ingredients to prepare their daily food, particularly soup. Certain herbal ingredients are used so commonly that they are available in Chinese grocery stores. There are also abundance of books available in the market on preparing herbal tonics for preventive or therapeutic purposes..

It is not suggested that the clinician should help the patient in this case. She should try to find out more about what is in the soup and should ultimately consult her professional guidelines.

Vehicle of affection

Chinese hide their affection and emotion deeply and are not used to express them verbally. To show their affection and care for someone, things of practical personal use, such as clothing and food, are given. Home-made food, prepared for special occasions, carries a particularly strong message of love and care.

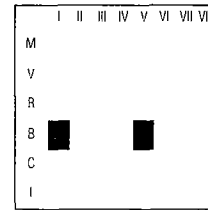
At Stake

Clinicians often find themselves caught between fulfilling the wish of their patients and following their code of ethics. In this situation, the nurse is advised to consult with her colleagues or supervisors, and act in accordance to her professional guidelines.

5

Clinician: Nurse, Post operation

I had this patient who had had an operation on his colon. He would not order any meal from the hospital because he said it was mainly beef and egg and salad. His family brought him some kind of soup in a Thermos flask and he drank it two or three times a day.



Possible Explanations of Behaviour

Health beliefs

Many Chinese believe some food may aggravate certain illnesses. After seeing the doctor, they normally ask whether they should suspend certain food during treatment.

Egg is avoided by many Chinese after surgery as it is thought to aggravate inflammation and delay healing of the wound. Salad is considered “cold” and bad to the post surgery body.

Soup or tonic is considered to contain the essence of the ingredients and easy to absorb. It is therefore a favourable choice for patients, particularly after surgery or child-birth, in which blood is lost.

Many Chinese stick to their traditional diet long after immigration. Others, particularly seniors, may find western food with uncooked vegetables unpalatable.

At Stake

It must be stressed to the patient that he needs adequate nutrition to recover properly. Few hospitals can afford to arrange cultural meals for their culturally diverse patients. Certain hospitals have developed substitute recipes with culturally sensitive ingredients. It is suggested that these be made available to other hospitals so that families of patients can prepare and bring in meals that are nutritionally rich and culturally sensitive.

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Clinician: Physician, Family Medicine

My patient, a widow in her 60's, had to have an operation that we would like to perform as soon as possible. I explained in detail the procedure and implications of the surgery through her family. When I asked her to sign the consent form she said her eldest son was out of Canada and she had to wait for him to come back in two weeks to sign the papers.

Possible Explanations of Behaviour

Family dynamics: patriarchal structure

The traditional Chinese family is a typical patriarchal and hierarchical structure in which one assumes power by virtue of age and sex. The male head of the family is usually the major breadwinner and sole decision maker. The wife is expected to be obedient and attend to the husband and take care of house chores. In the old days, women did not go to school because it was thought that education and knowledge would lure them away from this submissive role. Many women now in their 70's or 80's were brought up in this kind of environment.

When the father dies or is away, the eldest son is expected to take over his responsibilities and make all the major decisions for the family.

Implication of legal documents

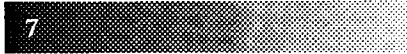
Many Chinese, particularly those coming from rural areas, are not used to signing documents. Dispute is settled by moral yardsticks and group norms, rather than by legal procedure. (See Social Structure and Rule by Rituals section) The legal implications of signing a document is often not fully understood.

Avoidance of death-related elements

Signing a medical document conveys a "finality" connotation that many seniors would try to avoid.

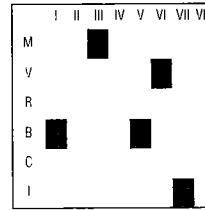
At Stake

While encouraged to be sensitive to the needs of cultural groups, a clinician must make decisions based on the urgency of the situation. Here the clinician might suggest the family to seek a substitute authority, or to hold a family conference to resolve the issue. An influential person, such as the patient's family doctor may be called in to mediate the situation. One might also consider bringing in a social worker.



Clinician: Nurse, Obstetrics

Chinese women are excellent during child-birth and they seldom complain of pain. After birth, we encourage mothers to move around. We notice that Chinese women tend to lie down or sit down most of the time. Most of them would also decline to take a bath, which we encourage all new mothers to do. A young mother went to the bathroom and turned on the tap to make us believe that she was taking a bath.



Possible Explanations of Behaviour

Pain control

Most Chinese women were brought up to endure pain and suffering, physical and spiritual, as a measure of self-discipline and mental strength. This inner strength is a virtue that is highly valued. It is therefore difficult to tell whether physiological pain is actually absent. Also many Chinese women believe that pain killers will have long term effects on their babies and on themselves. They would avoid them by all means.

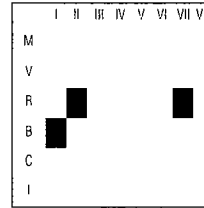
Health belief: balance

Post-partum care is extremely important for Chinese women. The exhausting pregnancy and child-birth are believed to have brought the body to one of the lowest points. Revitalization through nutrient food and avoidance of excessive movement and exposure to harsh conditions are some of the measures to help the body rejuvenate. In the old days, women would practice “sitting the month” in which they would stay in the house for a whole month. The mother-in-law or sister-in-laws will take care of the baby as well as the new mother.

As extensive nutrients and even body elements are passed to the fetus, “heat” and other essential elements are believed to have lost, resulting in an imbalance of the body. The mother must make up the loss and ensure no further heat is lost. Tonic of “warm” herbal medicine is taken to replenish the body with heat, and bone soup is taken to make up for the loss of bone elements. Taking a bath or engaging in physical exercises will further consume heat from the body and is to be avoided.

At Stake

The importance of keeping one’s hygiene must be stressed to the new mothers. Some hospitals would suggest alternative ways of cleansing, such as sponge bath. The cultural value of the patient should be recognized and respected so that the patient does not have to conceal her cultural practice. Open dialogue is important to avoid further misunderstanding.



Clinician: Home Care Worker

I had this patient in her early 20's who had lost her sight due to diabetes. She was otherwise very capable. I went to her house and taught her to do simple house chores. However her mother was very reluctant and I sort of felt I was not welcome there. Her mother would not let her do anything, not even drying the dishes. On one visit I saw her feeding her.

Possible Explanations of Behaviour

Family dynamics

The Chinese say "if your child lives to 100 years old, your worry will last for 90 years." A parent's role never ends for the Chinese. The parent will take care of the children, regardless of the age and health situation. A child with disability will definitely get more attention from the parents.

Retribution

Parents may blame themselves for the suffering of their children as some might believe the misfortune of the children is punishment from Heaven for something the parents or the ancestors had done. The burden and stress in taking care of the disabled child may be seen as a retribution for the parents.

At Stake

Western societies value independence and clinicians are trained to help patients regain independence. Chinese, on the other hand, value relationships, particularly familial ones. Awareness of this will help the clinician decide on differential treatments for patients of different cultural groups.

The mother in this case should be made to understand that independence for her daughter is essential and beneficial in the long run as she will not be able to take care of her forever.

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Clinician: Nurse, Obstetrics

I had this couple who had given birth to a baby boy with multiple abnormalities. Both of the couple's families came over from Hong Kong. The husband would not let his family know about the abnormalities of the baby and prevented them from seeing him.

Possible Explanations of Behaviour***Punishment from Heaven***

Misfortune in a family is considered by some as punishment from Heaven for evil things one or one's ancestor did. Giving birth to a defected child is a severe punishment and can bring about intense guilt. The father might be trying to save the family from anguish, grief, and ridicule.

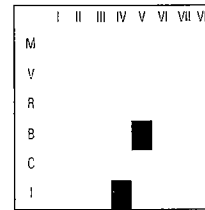
Family dynamics

Women are often blamed for infertility, miscarriage, birth defects, premature death, or other failures to extend the family. The husband, in an effort to save the wife from getting the blame from his family, may desperately try to hide the fact from the family.

At Stake

The couple should be directed to seek counselling service within or outside the hospital. They should be helped to cope with the situation and to deal with the resulting stress and anxiety. Possible strain on the marriage should also be looked into.

10



Clinician: Head Nurse

Lately our floor smells strongly of Chinese medicine. The nurses had brought to my attention of this and complaints by other patients on the floor. They could even identify from which patient the Chinese herbal smell came from. I have to resolve the situation.

Possible Explanations of Behaviour

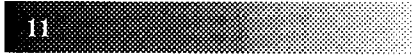
Alternative medicine

In many hospitals in China, western and traditional medicines are used in parallel. Even in typically western hospitals, patients may still casually use Chinese medicine on top of their prescription of western medicine. In a setting where everyone — patients, clinicians, and visitors — are familiar with its use, herbal medicine with its unique smell would not be an issue. The patient in this case may not even be aware that the smell can be offensive to others in the hospital.

At Stake

Here the rights of the patients, both the one using the herbal medicine and others, are at stake. The patient at issue should be told of the objection from other patients and advised to be considerate of others.

To accommodate the needs of the patient involved, he or she may be advised to take special precaution to contain the smell of the herbal medicine.



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Clinician: Family Doctor

I had a teenage girl visit my office today for examination. About two hours after she left, my secretary received a phone from the girl's mother. She wanted to know for what reasons her daughter came to my office and asked me to return call.

Possible Explanations of Behaviour

Immigrant's prior social / health care system

In many home countries of immigrants, health care system may be drastically different from Canada, e.g. age of majority, release of medical information to parents, and the notion of patient's rights.

In most Chinese immigrants' home countries, child welfare legislation is not as stringent as in Canada. For example, few places have jurisdiction that impose the age at which children can stay home by themselves. The welfare of the children therefore rests more in the hands of the parents' than in the legal system. Parents must therefore rely more on their judgment and discretion and may become more surveillant over time. To them this is their moral and legal responsibility.

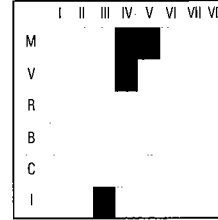
Family dynamics / Sexuality

Marriage, rather than legal age of majority, defines adulthood. Even after marriage, Chinese parents attend to the children regardless of their ages.

A teenage girl seeking medical help without letting the parents know naturally creates a lot of anxiety for any mother. The mother might be induced to think that sexuality or virginity was at stake. This is particularly true if the mother and daughter do not communicate on these issues openly. Filial piety is a norm in most Chinese families and is a life long obligation, even after marriage. Doing something behind the parents' back is contradictory to this norm and the mother naturally thought she had the rights to know the fact.

At Stake

The rights and privacy of the patient must be respected and protected according to local regulations. The mother should be advised to talk to the daughter directly if she wants to find out what has happened.

**Clinician:** Nurse

I had this patient who had cancer of the colon. I knew he did not know about his situation because the family did not tell him. I had to take him for chemo treatment last week and he asked me what kind of treatment he was going to get and why. I did not know what to tell him.

Possible Explanations of Behaviour

Family dynamics

Out of filial piety, many adult children of Chinese patients choose not to disclose bad news such as terminal illnesses to their parents. They might think that the bad news will add stress that will aggravate the illness and bring about death earlier. They would rather have the parent live peacefully in his/her final days. In so doing, they trade the virtue of honesty for something which they think is more important for the parent, i.e. a life free from stress and anguish.

The fact that the parent does not speak English often provides a convenient vehicle for the family members to hi-jack the news. While the intention of the family members is acceptable, withholding information from the parent might have deprived the patient the chance to do the “unfinished business” such as writing the will.

At Stake

This is a very common phenomenon and has created a lot of problems and dilemma for the clinicians. What is at issue here is administering treatment to an uninformed patient and this may have grave legal implications.

Some physicians maintain that patient’s rights to information extend to the right of choosing not to know the fact and the physicians will normally accommodate such wishes.

The use of family members to interpret is potentially problematic. The hospital should make provision for use of cultural interpreters and provide clear guidelines for them.

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Clinician: Nurse, Educator

We run all kinds of group programs in the hospital, mental, diabetes, etc. We do have Chinese coming to the groups from time and time. However, they are extremely quiet and seldom say a word for two hours. I have come to a point where I feel they had come only because we asked them. I do not know if they are getting anything out.

Possible Explanations of Behaviour

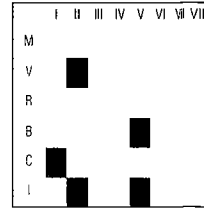
Etiquette

Chinese are very private people and are not used to sharing information and showing feelings in public. In both their family upbringing and schooling, they are taught to be modest and acquiescent. Avoiding questioning or confrontation with others is part of the valued discipline. As a result, they may remain silent in both agreement and disagreement. This may create problems for their articulate and spontaneous western counterparts who may be wondering what is in their mind. One must however remember that being silent in a group does not necessary mean they are not participating or learning anything.

Difficulty with English might have aggravated the problem as the immigrants struggle to express themselves or make themselves understood.

At Stake

Group session as it is practiced in North America may not be the most conducive vehicle for Chinese to learn or to share information. The group leader may have to go out of his or her way to get the Chinese more participatory. Other means of communicating may be more effective.



Clinician: Nurse, Palliative Unit

I do not understand why some Chinese allow their illnesses go so far along the way and get out of hand before they come to seek treatment. When they are in hospital, they often are so resistant to treatment.

Possible Explanations of Behaviour

Pain control

Chinese may in fact be more tolerant of pain and other discomfort, which may let early symptoms go undetected.

Health beliefs

Some Chinese believe that the body is capable of taking care of itself and would have neglected minor discomfort or ailment. Others may have used alternative treatment before the illness gets really serious.

While traditional Chinese medicine is effective in many areas, and diagnosis is very sophisticated and intuitive, the unavailability of modern diagnostic methods such as imaging technology and laboratory analysis may make it difficult to pinpoint certain diseases.

Immigrant's prior health care system

The region from which the patient has come from may not have a universal health care system comparable to Canada and medical services could be highly unaffordable. The yearly check up which we take for granted is only a luxury for the rich.

At Stake

More preventive programs should be organized for the immigrant communities, as some hospitals are already doing, to help immigrants become more alert on early symptoms of serious diseases. The use of ethnic media to disseminate health information should also be encouraged.

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Clinician: Visiting Nurse

I visited this patient in her 60s after she had a stroke that paralyzed her lower body. For the few months that she was my patient, she was being taken care of at home by her daughter-in-law, who flew in from Hong Kong. Here the two women who had never lived together before were living under the same roof with hardly any support from outside. The younger woman did every thing at home, including some of the jobs that should have been handled by nurses. Although she spoke very limited English, we were able to communicate somewhat. Several times I talked to her about getting home care help but every time she would decline.

Possible Explanations of Behaviour

Family structure and gender role

In the traditional Chinese family, the husband is the major bread-winner and he would leave most of the family chores to the wife, including taking care of the weak ones. Often the family is so structured and each member's role so well defined that responsibilities are assumed spontaneously.

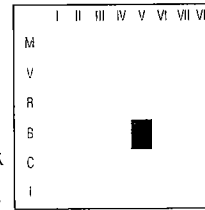
Taking care of one's parents is a responsibility of the children consistent with filial piety. When a woman marries, she becomes part of the husband's family and her maiden family becomes the lesser family, which she would visit from time to time. Taking care of the parents-in-law becomes part of her de facto duty and an integral part of the marriage. The sense of duty as a daughter-in-law is so strongly imprinted in many women that they readily take it upon themselves.

The Chinese family is an extremely closely knit structure. Its members are very particular about who is and who is not part of the family, which is primarily defined by blood and marriage. When help is needed, one would turn to the family members, first from the core and then from the more peripheral circles. Help from outside is sought with great reluctance. House chores, *Jia Wu* (family duties), by definition, are part of the family and should therefore be handled by family members only, particularly those involving care of family members. Failing this would upset the family's integrity. The housing setting the two women were in fortified the notion of family. Both the patient and care giver might therefore be trying hard to limit outside assistance to professional services only, such as those provided by nurse.

At Stake

The nurse could explain to the duet that home care could alleviate the burden on the younger woman, which in the long run would benefit both of them. In particular, the nurse should ensure that the patient is being attended to properly and arrange training for the care giver if necessary.

16



Clinician: Physician

My patient had a muscle sprain. I gave him an ice pack for him to put on. He instead asked me for a hot water bag.

Possible Explanations of Behaviour

Health beliefs

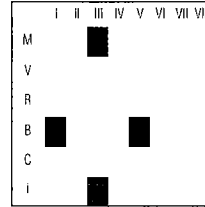
Chinese believe that blood and Qi (vital force circulating within the body) are the essence of life. Properly maintained and in good circulation, these will keep the body in good shape and ward off diseases. Exercise will promote circulation of blood and Qi. Similarly heat will facilitate circulation and help soothe the inflammation of the sprain and promote healing.

Residual behaviours

Immigrants from many less developed communities might not have refrigerators at their disposal in their home countries. They may never have heard of using ice to soothe muscle sprain.

At Stake

This case represents differences between Chinese and western medicines. Western medicine believes that cold is good for acute injury while hot is good for chronic injury. This information should be conveyed to the patient so that he can have a choice.

**Clinician: Physiotherapist**

I am pretty new to the hospital and I see a lot of post-stroke Chinese senior patients in my Unit. I instruct them to do various exercises to help them rehabilitate. Many of them are very reluctant and they may be doing only 20% of what I ask them to do. As soon as I leave, they stop. I don't know how I can make them do more. I think it is very important that they do those exercises.

Possible Explanations of Behaviour**Health beliefs**

For the Chinese, health is associated with tranquility and peace. The stroke (excessive wind or *Qi* getting into the brain) is a traumatic illness that arises from excessive *Qi* movement within the body. Healing involves a return to the body's balance through rest and serenity. Physical exercises, particularly those that strain the body, are going to further disrupt the body's balance.

Social etiquette

Many Chinese conceal their disagreement out of courtesy, or out of veneration of the intelligentsia class to which the health care professionals belong. Others do not have the language proficiency to query or articulate one's opinions and would simply follow his or her own intuition in choosing the course of action.

At Stake

It is important that all relevant information related to an illness be conveyed to the patient, including the etiology of the disease and the rationale of treatment. This is particularly so for immigrants who have only limited access to health information. In situation of non-compliance, the conflict must be resolved with open dialogue. Outside help may be sought, such as from a social worker.

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Clinician: Nurse, ICU

We had this patient in our Unit and the doctor's assessment on her was that she would not make it and the life support system could be removed. We informed the family and asked them to make a decision. For days, the family met, including members of the extended family and siblings flying in from out of the country but they were unable to make a decision.

Possible Explanations of Behaviour

Beliefs in life and death

Longevity, together with prosperity and happiness, are the highest virtues of life for many Chinese. Often longevity is strived for at all costs and takes precedence over the quality of life.

One's life and death are pre-ordained by Tian (Heaven). Artificially interfering this celestial schedule is an insubordination to Heaven that could be consequential to both the patient and the family.

Family dynamics: filial piety

Agreeing to remove a parent's life support system amounts to giving the parent a death sentence. In a culture where filial piety is followed and practiced stringently, such an act represents the most sinful act one can imagine. No member of the family would like to be part of this.

At Stake

Euthanasia is still a very new concept. For most Chinese, this is particularly unthinkable and emotional.

In western societies, deciding on one's life and death is very much an individual's decision. For the Chinese, the process is a family one. A suicide note usually starts with a statement seeking forgiveness from the family.

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Clinician: Nurse

We had this patient who was dying and the family insisted that he die sitting up. As well, after he died, the family wanted his body untouched for 12 hours. Normally we have to clear the bed within hours as there is a long waiting list for the room. Fortunately this time we were able to accommodate their request as there was nobody waiting. I don't know what we would do next time if we had similar request.

Possible Explanations of Behaviour***Beliefs in life and death***

Chinese are not a homogenous group as most westerners would have thought. Many religions and rituals are practiced in various sub-cultures and among its minority groups. The case here is just one of many examples.

The ritual might not be related to any religions. Chinese, just like people of any other cultures, shows great respect for the dead and their bodies. They have very unyielding rituals for properly handling the body to ensure the dead will be at peace or that the next life will be a good and happy one.

At Stake

The sensitivity shown here by the medical team in accommodating the special needs of the family is commendable. Often clinicians are caught in between meeting conflicting needs with limited resources. Hospitals might want to have contingent plans for this kinds of requests, such as moving other patients to other rooms, or having more pre-planning for dying patients.

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Clinician: Nurse

Chinese families are very supportive of the sick. They come to visit in large groups and they make full use of the visit hours and beyond. Often they literally “camp out” at the patient’s bedside. While this is not something we like to encourage, their omnipresence in the hospital can serve a lot as they can help us relate to the patient, particularly when the patient cannot speak English.

Possible Explanations of Behaviour***Family dynamics: communal support***

The support shown by family members for a hospitalized patient illustrate the tight family knit that is typical of many Chinese families. This support is particularly important as most of the elderly Chinese do not have adequate English skills and need their children to interpret for and take care of them.

Many Chinese seniors still consider themselves living in a “foreign” land long after immigration. They rely heavily on their children for daily activities such as shopping and travelling. This is stressful enough, let alone being left alone in the hospital, and they will need all the support they could get from their children.

At Stake

In accommodating family members to stay with a patient, the well-being of other patients must be considered. One must make sure that the presence of large number of visitors do not cause any inconvenience to other patients.

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Clinician: Nurse, Psychiatric Ward

I had this young schizophrenic patient on medication. His parents never administer the drug according to the prescription. As soon as the patient showed sign of improvement, they stopped or reduced the medication. The doctor had talked to them a number of times but they were not complying. There had been a lot of up's and down's with the patient.

Possible Explanations of Behaviour

Immigrant's prior experience

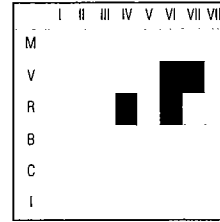
Schizophrenia is one of the least understood illnesses. Chinese are particularly ill-informed about mental illnesses partly because they are "taboo" illnesses not to be discussed openly.

For the Chinese, mental illness is a spiritual illness. Some relate it to demons getting into the person. Others consider it a deviation of the mind. To many people the mind is non-substance. Explaining it in term of chemical change and treating it with drugs is beyond their comprehension.

Most psychiatric medications are for control rather than for treating the disease. Their pronounced side effects, due to their nature and long term use, will prompt many patients and their families to minimize their use.

At Stake

It is important that all relevant information related to an illness be conveyed to the patient. Patients and their families often look for either-or answers, which in most cases the clinician is unable to provide. They must be helped to realize that uncertainty is the nature of most diseases, and be thoroughly informed of all options available and the possible consequences of each.



Clinician: Physician

I had this girl who was 14 years old when she was brought to my office by her parents. She had been complaining pain in the lower part of her stomach. When I suggested that she have an internal examination, her parents steadfastly refused.

Possible Explanations of Behaviour

Family dynamics: gender and sexuality

The parents were obviously concerned with their daughter losing her virginity in the examination process. While virginity is important in most cultures, it is particularly so for the Chinese. The parents here probably took it as their responsibility to ensure that the daughter's virginity remain intact for her future husband and family.

At Stake

Here the clinician can explain in details the process involved and ensure that the girl would not lose her virginity as a result. Also the patient can be referred to a female gynaecologist if that would make the parents more comfortable.

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Clinician: Pastor

This young couple's baby boy just died. They wanted some kind of rituals performed on the child. However they did not have any religion and did not want any religious representation. They just wanted something done so that the child can be in peace. I was not sure whom I should bring in.

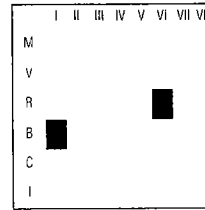
Possible Explanations of Behaviour***Beliefs in life and death***

Chinese have been exposed to many religions through its long history. Many religions get hybridized and it is not unusual for Chinese to follow multi-faith practice, or otherwise be unable to articulate their religious affiliation. Most however would like to follow some rituals to allow the deceased to rest in peace.

Many Chinese believe life is cyclic, with death bringing about new life and it is important that proper rituals be performed to ensure this process will take place.

At Stake

The pastor can ask openly if there is any specific religious group the couple would want to conduct the service. If no special affiliation is indicated, the hospital chapel's service will probably be appropriate.



Clinician: Ophthalmologic Technician

This couple comes back annually for check up after their cataract treatments. At the last visit the wife told me how she had asked Heaven for her cataract. When her husband first underwent cataract treatment with his left eye years ago, she prayed to Heaven and pleaded to share her husband's suffering. A few years later she developed cataract in her right eye. For almost ten years now, her husband had never had any problem with his right eye. She felt so grateful to Heaven for having granted her wish.

Possible Explanations of Behaviour

Heaven's verdict

Here is an example where illness is solely attributed to Heaven. Pathological and medical factors are totally disregarded. While *Tian* follows stringent moral standards in "handing down illnesses", it also has a humanistic side and the power to use discretion at times. The wife here is able to appeal to *Tian* with her sincerity to reduce the verdict on the husband.

Family and spousal roles

What is apparent here also is the role many Chinese women assume as wife. A Chinese wife is expected to serve her husband and family and to sacrifice her well-being for the benefit of the family. Here the woman did this docilely and was so grateful when her wish to share the family's adversity was granted.

At stake

It appears that the wife's conviction was so strong that confronting her belief will probably be inconsequential. The clinician here could nevertheless explain to her the anatomical and physiological aspects of cataract and focus on how to take best care of her eyes, as well as her husband's. Without challenging her notion of the cause of disease, medical information and treatment options, if necessary in the future, will probably be accepted by the patient.

Appendices

Appendix A: Chinese Glossary

People

Confucius (Kong Fu Zi) 孔夫子 Philosopher and educator, father of Confucianism

Dong Zhong Shu 董仲舒 Confucian scholar and philosopher of the Han Dynasty who synthesized Confucian ethics with the Five Elements concept

Fang Zhong Yan 范仲淹 Poet of the Song Dynasty

Lao Zi 老子 Author of *Dao De Jing*, considered the founder of Daoism

Li Shi Zhen 李時珍 Herbalist of the Ming Dynasty and author of the most authoritative document on Chinese herbal medicine, *Ben Cao Gang Mu*

Mencius (Meng Zi) 孟子 Confucian philosopher; *Mencius* and *Confucius* are often put together as the icon of Confucianism

Mo Zi 墨子 Philosopher of the Warring States Period who believed in Heaven's Mandate and Universal Love and advocated for frugal and non-hedonic life

Zhang Zai 張載 Neo-Confucian whose thoughts revolved around the Doctrine of the Mean and who aspired to a simple and tranquil life

Zhang Zi 莊子 Daoist philosopher famous for his poetic and abstract thoughts

Classic Books

Four Books of the Confucian canon:

The Analects 論語 Collection of Confucius' teaching

Da Xue 大學 Great Learning

Zhong Yong 中庸 Doctrine of the Mean

Mencius 孟子 Collection of thoughts of *Mencius*

Five Classics of the Confucian canon:

Si Jing 詩經 Book of Poetry

Shu Jing 書經 Book of Documents

Yi Jing (I Ching) 易經 Book of Changes

Cun Qiu 春秋 Spring and Autumn, history of Confucius' home country, the State of Lu

Li Ji 禮記 Book of Rites

Ben Cao Gang Mu 本草綱目 The earliest encyclopedia of Chinese herbal medicine, compiled by *Li Shi Zhen* of the Ming Dynasty, considered to be the first and most authoritative document on Chinese medicine

Tang Shu 唐書 History of the Tang Dynasty

Dao De Jing (Tao Te Ching) 道德經 The Book of the Way, by *Lao Zi*

Concepts

Ben Wu 本無 Original nothingness, a concept of the philosophical Daoism that the universe is originally void of anything and it is the state the world should return to

Da Tong 大同 Great Harmony, the ultimate harmony of the world

De 德 Virtue, or potency of virtue, refers to a person's good conduct and internal good quality

Di 帝 Lord, originally the lordship of Heaven; it had extended to refer to the emperors as they saw themselves as the sons of Heaven with the divine mandate to rule

Feng Shui 風水 Wind and Water, the two constantly changing elements in the environment, refers to the belief that the setting one is in determines to a great extent how one's life unfolds. By selecting or re-arranging the surrounding, one can turn things around to effect favourable outcome

- Gen* 根 Roots, from where the individual has come and to where he or she would ultimately return, refers to the family and ancestry country which provide the environment and necessities for one to grow up
- Guan Yin* 觀音 A Buddhist deity worshipped by Chinese for her universal salvation
- Guo Jia* 國家 Country-family, Chinese consider the country as the big family to which one's allegiance should be directed
- Heng* 恆 Cycle, a belief that the universe functions in a recurrent and infinite way
- Heng* 衡 Balance, a belief in a system where all will balance themselves in a natural and self regulatory way
- Hun Dun* 渾沌 The state of the origin of the universe in which everything was mingled together
- Jia* 家 Family, for many Chinese the family extends longitudinally and laterally to include all members of the kinship linked by marriage and blood
- Jing* 經 Meridians that run just below the skin that connect all vital organs of the body, as well as from these organs to the exterior
- Ju Guo* 祖國 Ancestry country, a term used by Chinese to emphasize all fellow Chinese come from the same ancestor and have a common root
- Jun Zi* 君子 Confucius' ideal man who is constantly self-cultivating and who is uncompromising in thinking and doing only the noble things
- Li* 禮 Rituals, rites or manner, originally refers to prescription of ceremonial rituals, gradually became the code of behaviour and norms for everyday life
- Liu Fu* 六腑 Six Entrails, the six body organs concerned with digestion, circulation of body fluids, and extraction and rejection of waste from the body, include the gall bladder, stomach, small intestine, large intestine, bladder and the tri-provinces
- Liu Yin* 六淫 Six Vices, the six factors that have been identified as disease-causing: wind, cold, heat, wetness, dryness and internal fire
- Luo Ye Gui Gen* 落葉歸根 All leaves return to the roots, a common saying by the Chinese to denote that the family is where one eventually belongs
- Min Zu* 民族 *Min* means people or populace, *Zu* means tribe, race or ethnos, the Chinese often refer themselves as the Chinese *Min Zu* to emphasize all fellow Chinese come from the same root and to convey a strong connotation of ethnic bonding
- Pan Gu* 盤古 The legendary giant who separated the universe into heaven and earth to allow people to live on the land
- Pu Du* 普渡 Buddhist concept of universal salvation and purgatory for all
- Qi* 氣 Internal vitality energy of the body, which in combination with the blood form the basis of life and all vital activities; also refers to the potency of righteousness that permeates the Universe
- Qi Gong* 氣功 Different schools of exercises that aim at promoting the circulation of *Qi* to maintain the body's health so that it will be able to ward off diseases.
- Qi Qin* 七情 The seven emotions in the realm of human passion, each of which can have an effect on health: happiness, anger, worry, pensiveness, grief, fear and surprise
- Qiu Tong Cun Yi* 求同存異 Seek compatibility and let differences co-exist, a belief that one can always find compatible elements in different systems and that non-compatible ones should be allowed to co-exist
- Ren* 仁 Kindness, humanness, magnanimity, a quality of human that put others' welfare before one's own

- Ren* 仁 Restraints, tolerance, an ability built up from early age to stand hardship and pain and to delay gratification
- San Jiao Gui Yi Jia* 三教歸一家 The three religions belong to the same family, a saying that asserts that the teachings of the three major religions, Confucianism, Daoism and Buddhism, are essentially the same
- Tai Ji* (Tai Chi) 太極 Tranquil body movement exercises that promote circulation of Qi and blood
- Tian* 天 Heaven, many Chinese believe that all decisions come from the heaven to which everybody is invariably accountable
- Tian Fu* 天父 Heaven Father, Chinese term for Christian God
- Tian Ming* 天命 Heaven's mandate, the belief that the heaven has the ultimate control over every individual and is capable of handing down reward and punishment for things one does
- Tian Zhi* 天志 The will of Heaven, the function and power of Heaven in regulating human life
- Tu* 土 The soil, denotes the origin or ancestry from which one derives his or her life and to which one should have fidelity
- Wen Fa* 文化 Chinese term for culture, which is made up of two parts: *Wen* means literal civilization, *Fa* means transformation and assimilation
- Wu Xin* 五行 Five Elements, or Five Movements, the ancient Chinese believed that all the materials in the world were made of five elements, each of which was produced and conquered by another in a cyclic way
- Wu Zang* 五臟 Five Viscera, the five body organs concerned with the consciousness, extraction and circulation of nourishment and vital activities of the body, include the heart, liver, spleen, lungs, and kidneys
- Xiao* 孝 Filial piety, a major and fundamental Confucian concept that indoctrinates unconditional respect, absolute obedience and unreserved care for parents by children
- Xiao Ren* 小人 Petty man, the diametrical opposite of Confucius's ideal man *Jun Zi*
- Yi* 義 The act or propensity to do the righteous things and to be loyal to others
- Yin - Yang* 陰陽 Shadiness and shininess, the belief that everything in the universe has a positive and negative side which interact continually with each other to maintain an equilibrium; upset of the equilibrium results in vicious things such as illness
- Zhong* 忠 Loyalty, fidelity, allegiance, one of the foremost virtues for the Chinese, directed practically to anybody, including the spouse, friends, master, emperor, and the state; *Zhong* and *Xiao* (filial piety) are often put together as the two basic principles of life
- Zhong Yong* 中庸 Centrality and normality, the concept that one should be well aware of one's position in relation to the surroundings and should avoid extremes in handling one's feeling and behaviour
- Zi Ji Ren* 自己人 Own people, a phrase casually used in conversation to emphasize the bonding within the group, whether related or not, and to convey a sense of solidarity

Appendix B: Chronology of Chinese Dynasties and Governments

Emperor Xuan Yuan	Mythical
Emperor Yao	Mythical
Emperor Shun	Mythical
Emperor Yu	Mythical
Xia Dynasty	Approx. 2183 - 1752 B.C.
Shang Dynasty	Approx. 1751 - 1066 B.C.
Zhou Dynasty	1066 - 256 B.C.
Spring and Autumn Period	722 - 481 B.C.
Warring States Period	403 - 221 B.C.
Qin Dynasty	221 - 206 B.C.
Han Dynasty	206 B.C. - 220 A.D.
Wei Dynasty	220 - 265 A.D.
Jin Dynasty	265 - 420 A.D.
South and North Dynasties	420 - 581 A.D.
Sui Dynasty	581 - 618 A.D.
Tang Dynasty	618 - 907 A.D.
Five Dynasties	907 - 960 A.D.
Song Dynasty	960 - 1279 A.D.
Yuan Dynasty	1279 - 1368 A.D.
Ming Dynasty	1368 - 1644 A.D.
Qing Dynasty	1644 - 1911 A.D.
Republic of China	1911 - present*
People's Republic of China	1949 - present

* The government of the Republic of China has relocated to Taiwan since 1949.

Appendix C: Advisory Committee

Co-chairs

Kwong Yuen Liu	Yee Hong Centre for Geriatric Care	Social Worker
Joseph Ng	Mount Sinai Hospital	Social Worker
Amy Chan	Toronto Hospital, Western Division	Social Worker
Dr. Peter Chang	Hong Fook Mental Health Association	Psychiatrist and Lawyer
Nancy Christie	International Centre for the Advancement of Community Based Rehabilitation	Convenor
Suk Han Lai	Scarborough Grace Hospital	Social Worker
Maria Lee	Dept. of Health, City of Toronto	Social worker
Grace Liu	Scarborough General Hospital	Physiotherapist
Dr. Ralph Masi	Multicultural Health Coalition	Physician
Trudy Molke	College of Nurses of Ontario	Nursing Practice Advisor
Dr. Joseph So	Trent University	Professor, Medical Anthropology
Dr. Ka Tat Tsang	University of Toronto	Professor, Social Work
Dr. Karen Yoshida	University of Toronto	Professor, Physical Therapy

Appendix D: Sponsoring Organizations

Mount Sinai Hospital and The Samuel Lunenfeld Research Institute

The Toronto Mount Sinai Hospital, a 390-bed (adult and newborn) acute care centre affiliated with the University of Toronto, was founded in 1923. It is committed to providing excellence in patient care, teaching and research. In 1992, it was awarded Canada's first four-year accreditation award by the Canadian Council on Health Services Accreditation — the highest honour a Canadian hospital can achieve in the accreditation process.

The Samuel Lunenfeld Research Institute of Mount Sinai Hospital is widely recognized as one of Canada's premier biomedical facilities. Currently work is ongoing in research projects ranging from basic science studies on the molecular biology of development and cancer to clinical research endeavours in a wide spectrum of patient care areas.

The Chinese Outreach Program was founded within the Social Work Department in 1974. It was the first of its kind being initiated by a Canadian hospital in the province of Ontario, offering a comprehensive array of services to Chinese patients and their families through case management, community development, social action, teaching and research.

Salvation Army Scarborough Grace Hospital

The Salvation Army Scarborough Grace Hospital is a 229-bed family-centred acute care general community hospital. Opened in 1985, the Hospital is located in northwest Scarborough.

In 1993, Scarborough Grace was the first community hospital in Canada to receive a four-year accreditation award from the Canadian Council on Health Facilities Accreditation. In 1997, the Hospital again received the highest award.

Scarborough Grace Hospital provides acute medical and surgical care in all major specialties, with the exception of heart surgery and neurosurgery. The Hospital's main areas of service are: acute inpatient services, geriatric assessment and treatment, paediatric care, transitional care, palliative services, general rehabilitation, ambulatory and outpatient services, and health education and research. The Hospital is renowned for its Maternal and Newborn Services program, described as "a jewel" by the Canadian Council on Health Services Accreditation, and used for a model by other community hospitals in North America. Approximately 3,000 babies are born each Year at the Hospital.

Reflecting the philosophy of The Salvation Army, staff, physicians and volunteers at Scarborough Grace Hospital have a strong belief in their mission to provide the best possible physical, spiritual and emotional care for patients and their families. We call this kind of care "Love in Action".

Yee Hong Centre for Geriatric Care

The Yee Hong Centre for Geriatric Care is a community-based organization which provides vision and proactive leadership, through dedicated volunteers and competent and committed staff, in the development of culturally and linguistically appropriate services for seniors of Chinese origin in the Greater Toronto Area (GTA) and beyond.

The Mission of Yee Hong Centre for Geriatric Care is to enable seniors of Chinese origin in the GTA to live the healthiest, most independent and most dignified lives they can.

The principal roles of Yee Hong are:

- to provide and ensure a continuum of services for Chinese seniors
- to be a centre of excellence in the provision of culturally and linguistically appropriate care for seniors and other people with disabilities or disadvantages, where opportunities permit
- to advocate for special needs of all seniors and other jurisdictions
- to be a respected partner in the greater seniors services system

With a mandate to provide a continuum of social and health services for seniors, Yee Hong provides the following services:

1. A 130-unit non-profit seniors apartment and a 26-unit town house
2. A 90-bed nursing home, which is in the process of expanding to 180 beds
3. A medical clinic with family physicians and specialists and a rehabilitation centre providing physiotherapy, occupational therapy, and acupuncture services
4. A seniors community centre providing home support services and social and recreational services, which includes the following:
 - Supportive housing services to the Chinese Evergreen Non-profit Homes and the Wishing Well Manor, providing on-site personal support and homemaking services to tenants on a 24-hour basis
 - Community home help service
 - An adult day program for post-stroke patients and frail seniors and another adult day program for Alzheimer patients
 - A client intervention service, providing information and referral and counseling services to seniors
 - Friendly visiting and transportation programs for isolated seniors
 - Congregate dining
 - Social, recreational and educational programs for active seniors
 - Volunteer development program

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