

- Develop educational materials to be distributed to community members/organizations in Chinese.

When working with families:

- Understand the consumer's family structure and work around it. Provide services to families in ways that do not conflict with their beliefs, customs, and values.
- Work with consumer and family, especially the caretaker and main advocate. Expand family care programs to include relatives as providers.
- Conduct meetings that involve the family, especially the older generation. Involve family members in the intake and treatment/rehabilitation process.
- Meet with the interpreter before meetings with consumer/family to keep him/her abreast of the purpose and content of the meeting; familiarize him/her with relevant terminology; determine verbal and nonverbal communication appropriate for the consumer/family.

When working with individuals:

- Recognize individual differences. Do not make stereotypical assumptions.
- Provide bilingual services. Languages differ among and within the cultural groups. It is highly important to acknowledge and respect the dialectal differences among Chinese people.
- Be aware of interpersonal skills and non-verbal communication cues (e.g., when invited into Chinese homes and offered something to eat or drink, it is considered impolite to say no).
- Explore services within the family's ethnic community.
- Provide consumer and family with as many written materials in their native language as possible.
- Do not assume that immigrants who came to the U.S. decades ago and speak English understand American medical, social, and rehabilitation concepts or systems well.

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Asian Culture Brief: China

A collaborative project between NTAC-AAPI and the Center for International Rehabilitation Research Information and Exchange (CIRRIE) at the State University of New York at Buffalo

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The purpose of this brief, developed as part of a series of Asia and Pacific Island culture briefs, is to present readers with a quick overview of the Chinese culture and to introduce references that will provide more in-depth perspectives. It is adapted from: Liu, G. Z. (2001). Chinese culture and disability: Information for U.S. service providers. Buffalo, NY: Center for International Rehabilitation Research Information and Exchange (CIRRIE).

Introduction

The Chinese are the largest single group of Asians in America. The Chinese in the U.S. are a heterogeneous group. They include people from mainland China, Taiwan, Hong Kong, and other Southeast Asian countries, and are characterized by significant linguistic, social, economic, and political diversity. There are differences in acculturation among Chinese immigrants from different parts of the world, between foreign-born and American-born Chinese Americans, and between different generations of Chinese Americans. In this paper, the word "China" refers to mainland China, Hong Kong, and Taiwan for simplicity.

Role of Family

The family is the most important social and economic unit of society among the Chinese. Members of a Chinese family are highly interdependent. In today's China, it is still very common for three generations to live under one roof. Parents are the highest authority in the family. Chinese are brought up to remain an integral part of their families throughout their lives; they are not raised to function independently.¹

Traditionally, the Chinese are willing to sacrifice for family members. They tend to seek help from immediate and extended family before turning to neighbors, communities, or professionals. Seeking help, such as social welfare and benefits from the government, can be very intimidating. Since respect for elders and filial piety are so important, it would be wise for rehabilitation professionals to establish a working relationship with parents or significant extended family members. Their involvement will be vital to the success of the rehabilitation process.

It is important to keep in mind that there are contemporary Chinese-American families who are "Americanized" but still hold some traditional values. And while it is important for American professionals to have knowledge of traditional Chinese values and family structure, it is also important to recognize that economic and political changes in mainland China, Taiwan, and Hong Kong have had a dramatic impact on the Chinese family system and values. While older- and middle-generation Chinese still maintain some traditional beliefs and practices, the younger generation has often tended to reject conservatism and

traditionalism. Although families share many of the same beliefs and traditions, they also have their differences and variations in values and practices. There is no one “typical” Chinese family.

Role of Community

Chinese people have a strong sense of community. The sense of being part of something greater than oneself gives the Chinese a feeling of belonging and security. Due to their unfamiliarity with western medicinal rehabilitation systems, new immigrants often prefer to seek medical help first from a Chinese doctor in their community. Some feel nervous, even skeptical, when referred to an American professional.

Role of Religion

China is a multi-religious country. The majority Han nationality, the largest ethnic group in mainland China, practices Buddhism, Christianity, and Taoism.² All Chinese are influenced by Confucianism as well. Chinese philosophies promote harmony. Taoism and Buddhism, the most popular religions in China, have some differences between them, but no conflicts.

In traditional Chinese medicine, humankind is viewed as a microcosm within a universal macrocosm. The energy in each human being interrelates with the energy of the universe. If there is imbalance of the yin and yang, then the immune system of the body is disturbed and the body is susceptible to illness.

Food Practices

Food is viewed as important in maintaining the body’s balance of *yin* (cold) and *yang* (hot). Imbalance is believed to cause illness (e.g., consuming cold fluid with oily food is believed to cause diarrhea). Yin foods include fruits, vegetables, cold liquids, and beer. Yang foods include meats, eggs, hot fluids, oily and fried foods. Some foods are used to treat illness or disease.³

The northern Chinese favor wheat and flour products; southerners prefer rice and noodles. Beef is cooked until well done; meat usually is not eaten in large quantities. Vegetables are frequently mixed with meat to maintain the balance of Yin and Yang. Chinese prefer cooked vegetables, not raw.³ Chinese people drink plenty of hot liquids, especially tea and chicken soup, when sick. Hot beverages are preferred due to belief that cold water shocks the system.⁴ Sick people with fever and/or stomach problems are advised to avoid cold fluid and food.

Concept of Disability

The traditional Chinese term for disability is *canfei*, meaning *handicap* and *useless*, or *canji*, meaning handicap and illness. This demonstrates how the Chinese used to view disability. The term *canji ren*, meaning *handicapped* and *sick people*, is also common. The term *gong neng zhang ai zhe*, meaning *individuals with disabilities* is rarely used.

In many areas of China disability is viewed as a punishment for the disabled person’s parental or past-life sins. When encountering health problems, many religious people, especially those from rural areas where medical resources are not readily available, will visit temples or Taoist priest houses to pray, worship or perform rituals in order to find out the cause of and/or the solutions to their diseases or disabilities.

Mental health is believed to be achieved through self-discipline, exercise of power and the avoidance of morbid thoughts. Emotional problems are understood to be associated with weak character. In some cases, mental illness is blamed on evil spirits or punishment from god(s). Another belief is that unbalanced diet, eating food that should be avoided, or emotional disturbance during pregnancy will cause illness or disability of the newborn. For instance, grief or having temper tantrums during pregnancy is perceived to possibly cause the mother to lose her baby or to produce a baby with disabilities.

Shame and guilt have been described as a complicated mix in the family of the disabled.⁴ Shame is felt by the family (especially the head of the family) as well as by the disabled person. The stigma attached to disability may

cause the family to fear exposure to criticism and disgrace. Guilt may be felt by the individual with a disability in relation to his or her family, and/or ancestors; or, by the family in relation to the individual with a disability. These feelings often create conflicts and barriers for acceptance among family members.⁴

Shame and guilt are often associated with disabilities in Chinese culture and focuses on the *cause* of illness;⁵ that is, why it happened. In the West, the focus is usually on the *solution*, or treatment, for the disease. It is essential, therefore, to educate the Chinese consumer and family about the nature and/or cause of the disability, as well as about the treatment methods and available services. Misunderstanding of – or lack of knowledge about – a specific disability or illness can cause a tremendous amount of fear, hostility, alienation, and blame. Chinese people are generally more accepting and sympathetic toward individuals with *acquired* injuries that cause physical limitations than they are toward individuals with congenital physical or mental disorders.

Communication Between Consumers and Service Providers

The language barrier may be the problem most commonly cited by Chinese immigrants.⁶ Although many immigrants have learned some English, either formally or through their exposure to it via the media, most are fluent only in their native tongues.⁷ To complicate the situation, there are many different dialects in the Chinese language. Therefore, any health care professional seeking a Chinese interpreter should find out what dialect the consumer speaks.

Members of an immigrant family settling into a new community will learn English at different rates, so there might be many levels of English fluency within a family. It is always helpful for providers to take the time to learn as much as possible about the family’s unique cultural and linguistic backgrounds. Though taking the time upfront maybe difficult for the provider and may even cause conflict with some agencies’ policies, the knowledge and understanding that follows will help the provider build a trusting and helping relationship with the individual or family and make more effective service provision possible.

Besides language barriers, Chinese and Americans differ in their styles of communication. Chinese communicate less directly and less explicitly, often relying on gestures, facial expressions, eye messages, and other non-verbal signals.⁸ Interpreting these nonverbal expressions can be challenging since Chinese may have completely different meanings for nonverbal expressions than Americans. For instance, to most Americans, smiling generally means agreement, a positive reaction, and liking. The Chinese, on the other hand, may smile when they feel embarrassed or shy. Direct eye contact may be taken as an intimidation tactic by the Chinese, while Americans make eye contact to indicate they are giving their full attention.⁸ Americans are taught to look at others when speaking to them. Americans view eye contact as an indication of mutual understanding and trust. For the Chinese, looking a superior or an elderly person directly in the eye indicates disobedience and threat.

Chinese people are often shy, especially in an unfamiliar environment.³ Gentle and friendly tones of greetings are helpful. One should address older consumers and/or family members by *Mr.* or *Mrs.*, as it can be viewed as disrespectful to address older people by their first names. If a consumer’s parents or other older relatives are participating in a conversation or meeting with a rehabilitation counselor, it is extremely important to give the older family members equal attention while discussing the care of the younger family member.

While it is important to consider general Chinese communication styles, since they may affect our perception and ability to work with Chinese consumers, it is equally important to remember that these style differences are generalizations of traditional cultural/communication behaviors and will not apply to every individual.

Summary: Recommendations to Service Providers

When working with the community:

- Use Chinese media (e.g., Chinese newspapers, radio and TV stations) when conducting outreach.
 - Conduct outreach in schools, senior centers, and churches/temples.
 - Collaborate with existing community organizations and service providers.
 - Promote respite and recreational programs that are sensitive to cultural needs of the community.
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