Chinese Lay Theory and Mental Illness Stigma: Implications for Research and Practices

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This paper describes lay theories of mental illness in Chinese culture and its possible contribution to the stigma associated with persons with mental illness in that culture. These lay theories reflect to some degree, fundamental Chinese beliefs and values including: Confucianism, Taoism, Buddhism, and folk religions. Specific stigmas related to the public, family, and self are presented. Implications for rehabilitation practices and research are discussed.

Stigma has been identified in the literature as a prominent factor negatively affecting individuals with mental illness and their families in various cultures (Corrigan, 2005; Corrigan, & Kleinlein, 2005; Corrigan, Watson, & Miller, 2006; Tsang, Tam, Chan & Cheung, 2003a, 2003b). The negative effects of stigma include discrimination from the public and increases consumers’ reluctance to seek professional help. Cultural and philosophical beliefs held deeply by the individuals may contribute to stigma formation and act as a barrier to rehabilitation and recovery. These culturally determined beliefs are typically referred to as folk beliefs or lay theories. Haslam (2005) asserted that it is important to understand laypeople’s conceptions of mental illness and its associated stigma as these conceptions and beliefs influence the public’s help-seeking decisions and attitudes towards mental illness, especially when these conceptions originate in different cultural contexts.

Unlike most Western nations, China is a fairly homogeneous culture with 95% of its population belonging to Han Chinese. Though China has 55 ethnic minorities (e.g., Miao, Manchu, Yi, Tibetan, etc), the focus of this paper is on the primary beliefs of the largest group, Han Chinese. There are some traditional core Chinese values shared by all Chinese groups that have significant influence on understanding and interpreting mental illness and its stigma. These folk values and beliefs are rooted in the philosophical and religious constructs of Confucianism, Taoism and Buddhism. Chinese core cultural values endorse 1) harmonious view towards nature, 2) family as the core unit of daily life and resource for support, 3) harmonious social and interpersonal relations, and 4) avoidance of extreme emotional reaction (Tseng, Lin, & Yeh, 1995). As pointed out by Lin (1988) “most, if not all, of traditional Chinese health beliefs regarding mental illness are deeply rooted in the Chinese core culture and have evolved along with the historical development of that culture. Their content cannot be comprehended without adequate understanding of this cultural background.” (p. 107). Prevailing sociocultural views on mental illness is essentially a reflection of the society’s philosophical and core beliefs (Fabrega, 1991). Considering stigma in light of these contextual elements necessitates a shift from an individual perspective to how stigma is intertwined with cultural and social forces and enacted in daily life. As noted, some key cultural and philosophical influences that guided important aspects of Chinese social behavior for thousands of years are Confucianism, Taoism, and Buddhism and each is briefly described below.

Confucianism

Confucianism is a world-view, a social ethic and a way of life. It is not a formal religion but rather a moral philosophy. It has exerted profound influence on Chinese political and social culture for over a thousand years. The main features that characterize Confucianism are ethical and moral values; filial piety; respect for elders and ancestor worship (Tan, 1981). Confucianism, as the Chinese social ethic, has filial piety as a fundamental value, and it encourages moral excellence and the cultivation of harmony within self, family, society and universe. In the
view of Confucianism, one’s destiny depends mainly on one’s moral effort and a negative outcome is solely due to one’s moral failure. Traditional Confucian values have great impact on modern Chinese culture including medicine and health care (Guo, 1995; Tu, 1996). The Confucian paradigm has a fundamental focus on stable relationships in society which translates to an ideal for social harmony and order. The maintenance of social harmony is so important that it takes priority over the expression of one’s own opinions and values (Pearson, 1995). Harmonious interdependence is embodied by the Five Cardinal Relations (wu lun): between sovereign and subject, father and son, elder and younger brother, husband and wife, and friend and friend (King & Bond, 1985). Under this paradigm, humans do not exist alone but are conceptualized as a relational being.

Confucian thought frames the problems and disabilities commensurate with mental illness in terms of fate that is defined by one’s relationships (Nagayama Hall, & Okazaki, 2002). Acceptance of one’s role as handed down by destiny is essential to a Chinese psychology. This perspective dissuades viewing disabilities as a challenge to be overcome. In that sense, it is antithesis to the notions of empowerment in Western thoughts (Zimmerman & Warschausky, 2005).

Buddhism

Originating in India, Buddhism addresses the sufferings and frustrations of human beings and inspires people to seek a path to supreme enlightenment. In Chinese societies, Buddhist beliefs meshed well with Taoism and Confucianism. The pursuit of hedonic pleasure or materialistic satisfaction in a mundane world is the direct opposite of emanation from anguish and suffering. Buddhists believe that performing good deeds will earn positive consequences, and doing bad things will result in negative repercussions. Basically, this idea is consistent with a belief called Samara in Buddhism, which asserts people’s transmigration in a cycle of birth and rebirth. It is thought that a person’s past actions and deeds determined future “rebirth”. From Buddhism’s viewpoint, a disability may be considered a result of punishment of one’s wrongdoing in a past life. It is understandable why people with mental illness are stigmatized in a Buddhism dominated culture.

Shamanism, Fatalistic Beliefs, and other Folk Religions

For over 8000 years, the fundamental religious belief in China was shamanism (Lee, 2001; Lee & Wang, 2003). Shamanism is a spiritual belief or practice of a shaman who can connect the inner world with the outer world, the body with the soul, and the living with the dead. While Confucian and Taoism values have more influence among intellectuals and the ruling class, folk religion, especially in rural areas, remains an important influence on the perception of Chinese towards mental illness (Bilik, Lee, Phan, & Shi, 2004; Chang, Xu & Allan, 2002; Lee & Wang, 2003). In contrast to the structural pattern of the three principal philosophical systems, folk religious practices are more diffused and eclectic. It combines ideas on magic and doctrinal elements of Confucianism, Taoism, and Buddhism. The core beliefs are the existence of “souls” of dead people.

Although less direct in shaping the perception of mental illness, Taoist values permeate every aspect of Chinese culture (Chen, 2001). According to Jenni (1999), it emphasizes the unity of all things, humanity’s essential oneness with nature, the duality (yin and yang) of all things in the universe, the dialectic of change and the importance of balance. Tao may also be interpreted as the law of nature. With Tao comes the yin and yang which are in a state of dynamic equilibrium and harmony and produce all sentient beings. The implication to health is that optimal health is the result of harmony and balance, both within the individual’s social environment and the relationship with nature and the universe (Jenni, 1999). An illness such as mental disorder is viewed as a pattern of disharmony within a person’s body and soul. Therefore healing is a process of bringing the configuration back to balance to restore harmony within the individual. In Chinese medical thoughts, there are no boundaries between physical and psychological illness. Many mental health problems, such as depression, are commonly considered as “weakness” in spiritual strength. It is conceivable that mental illness in Taoism’s view is just a mere “imbalance” of yin and yang that needs adjustment.

Folk religions continue to have impact on the daily life of many Chinese. People believe that many illnesses are supernatural in origin. Women often seek out shamans to solve family problems and heal illnesses, including mental illness. For example, a person’s illness may result from little respect to ancestors, especially failing to carry out duties vis-à-vis one’s ancestors. Shamans can communicate with the spiritual world and help people settle their problems and heal their illness. This has tremendous impact on the conceptualization of mental illness among Chinese (Tsai, 1985).

Chinese folk beliefs on mental illness

Mental illness is ascribed when a form of behavior or experience is judged to be abnormal, aberrant, or deviant (Haslam, 2005). The way culture defines mental illness affects the patterns of stigma that shape and impede treatment and recovery of mental illness. Fabrega (1991) asserted that the degree of stigma attached to an illness depends on its features, how the illness is interpreted by the culture, and the impact it has on the individual’s social identity. An array of etiologies has been considered to cause mental illness among the Chinese. In Chinese, mental illness is described as “dian” and “kuang” which means insane and crazy. The Chinese character “kuang” denotes a class of mentally disordered behaviors. The character literally means a dog biting
fiercely and indiscriminately. This interpretation reflects the original Chinese belief that madness is derived from the bite of a rabid dog. On the other hand, the Hong Kong Chinese often use the term “chi xian” which means short-circuited in the brain, or going haywire or crazy, which insinuates the neurological nature of the illness. Other lay beliefs include moral lapse (Ganey, 2004); weak character (Lee, 1996); punishment for one’s transgression in this life or in the previous one (Lee & Wang, 2003; Pearson & Yiu, 1993); failure to carry out duties vis-à-vis one’s ancestors (Tsoi, 1985) and even eating foods that should be avoided during pregnancy (Lam, 1992). These lay beliefs often differ from the academic theories presented in the literature (Furnham & Chan, 2004). Many of these beliefs contribute to stigmatizing representations of mental illness in the culture.

Chinese Lay Theory and Stigma of Mental Illness

Fabrega (1991) examined psychiatric stigma in several non-western societies and concluded that suffering from mental illness is an extreme shame in Chinese society. According to Fabrega’s finding, the shamefulness is not based on the pathology itself but rather on the perspective of Chinese beliefs, which were dominated by Confucian ideology. He reported that in the Han dynasty, to show zero tolerance of violation of Confucian ethic, the emperor sentenced the execution in public of an insane man for killing his mother and brother. As Confucianism has filial piety as a fundamental value, it is expected one pays respects and shows love for one’s parents. People with mental illness who often manifest themselves with bizarre behaviors are stigmatized and ostracized as they deviate from the Five Cardinal Relations set out by orthodox Confucian values. The perceived unpredictability is viewed with extreme denunciation and social sanction because it threatens to violate the Confucian principles governing social order and harmony.

A lay construct unique to Chinese society related to stigma is “face”, “mianzi” ( ) (Hwang, 2001; Kleinman & Kleinman, 1993). When equated to Western values, face is very similar to the notion of reputation. Face applies to both personal and social relationships in China. Corollary to face is the inseparable concept of “guanxi” or relations. Face and guanxi work hand-in-hand. One without the other renders useless. Kleinman and Kleinman (1993) observed that a strict network—“guanxi”, in which maintenance is dependent on the reciprocating of favors—“renqing”, organizes social interaction in Chinese groups. The returning of favors is directly connected to face, which is central to social identity, and is representative of power and standing in Chinese social hierarchy. The diagnosis of schizophrenia results in a “loss of face” for the individual; he or she is deemed ‘faceless’ or powerless to engage in social interaction (Yang, 2007).

Family Stigma

As a collective society, stigmas in China are not limited to individuals but extend to the family, the village or even the whole tribe (Jenni, 1999). Mental illness of a relative can be experienced as a loss of face for the family. Face is the situated identity or self-image of an individual in a particular situation (Hwang, 2001). When relationships are conducted on the basis of their role in accordance with established social norms, everybody has face and is able to maintain psychosocial homeostasis. In contrast, when a person encounters serious failure, it is difficult to maintain psychosocial homeostasis. Once a person experiences failures, not only the person himself but also those related to him will lose face. Thus the Chinese rule: honor one, honor all—disgrace one, disgrace all. Sharing such emotional feeling is the principal cause of shame. The intensity of shame reactions varies by the relationship with the person with mental illness. Family members would have stronger reactions of shame, while non-family members may react in milder way. Relatives of a mental illness patient may experience enormous levels of family stigma from the general public. Consequently, many people are very reluctant to recognize publicly their relatives are afflicted with mental illness. One family member in an interview stated, “We can be thrown out of society because of this (i.e., having a person with mental illness in the family)” (Raguram, Raghu, Vounatsou, & Weiss, 2004). Furthermore, the family as a whole may be held responsible for the disturbing behaviors of the person with mental illness.

Family members commonly report being isolated from others in their community because of stigma (Tsang, Tam, Chan & Cheung, 2003a, 2003b). Without this support, families feel more exposed to the impact of the illness and the stigma that accompanies it. This stigma significantly affects the family’s response to the relative with mental illness. Families of people with mental illness respond to this experience with great emotional intensity (Tsang, et al., 2003b). Much of the burden carried by families is related to stigma and social isolation. Family members and the relative with mental illness, therefore, often try to keep experiences with the disorder a secret (Pearson & Tsang, 2004).

Public Stigma

Given the philosophical roots and the resulting lay beliefs on mental illness, it is not surprising that mental illness is severely stigmatized in mainland China and other Chinese communities in Asia such as Hong Kong and Taiwan. In a survey among medical, nursing, and allied health professionals at the An Ding Hospital in Beijing (Tsang, Weng & Tam, 2000), almost 80% of respondents endorsed social stigma as the most important hurdle for individuals with mental illness returning to the community. Similar levels of prejudice and discrimination also exist in Hong Kong. A survey (N=5,604) conducted by the Chinese University of Hong Kong to assess public opinion on mental illness revealed that about three quarters of respondents expressed fear towards halfway house residents and more than 90% opposed the setting up of halfway houses in their neighborhoods. These beliefs coincided with discrimination experienced in Chinese societies. For example, some citizens in Shatin District of Hong Kong went on mass rallies and protest marches against the setting up of a residential facility for ex-mental patients in a low-cost public housing estate (Cheung, 1988; 1990). A survey of 193 mental health patients in Hong Kong indicated that 75% of them feel that they have experienced stigma and discrimination (Chung & Wong, 2004) and the most frequently reported coping method was maintaining secrecy about the illness.
The cultural stigma attached to mental illness in Chinese societies also suggests the prevalence of highly pejorative stereotypes. Persons with mental illness are often perceived as dangerous and disruptive by the public (Philips & Gao, 1999). Tsang, Tam, Chan, and Cheung (2003a) surveyed 1,007 community respondents in Hong Kong and found nearly half of their sample described people with mental illness as “quick-tempered” and nearly 30% of respondents agreed that “people who had been mentally ill are dangerous no matter what”. Other studies reported that the public believes that people with mental illness are unpredictable and may lose control in public places (Furnham & Chan, 2004). These results perhaps reflect a Confucian desire to preserve social order, especially in view of the general reaction to the perceived notion of unpredictability and dangerousness.

**Self Stigma**

Public stigma is the way general public stigmatizes people with disability. Self stigma occurs when the person internalizes and accepts the stigma as justified. As a result the person experiences decrements in self-esteem and self-efficacy. Self-stigma may be greater in Chinese with mental illness. Families teach their offspring that shaming the parents and other elders is among the greatest disgrace a child can commit and disgrace may occur because the relative is not a competent member of society. In this mix of family shame and disgrace the person with mentally illness may develop low self-esteem. In this way, family members with mental illness internalize negative representations of mental illness, further exacerbating an already low sense of self-esteem.

In other cultures, we argued that not everyone with mental illness experiences self-stigma; many people with mental illness may show righteous anger in response to stigma (Corrigan & Watson, 2002). This kind of anger which expresses an individualist zeal would not appear in collectivist China where interdependence is a primary value. Two other factors seem to influence the manifestation of self-stigma; perceived justification and group identity. People who agree with negative statements about those with mental illness will likely exhibit worse self-stigma. Moreover, people with mental illness who identify with a more positive group (e.g., peer support groups) will be inoculated against stigma and experience reduced loss of self-esteem. Unfortunately, peer groups are not likely to thrive in China. These kinds of artificial groups would conflict with family and other community affiliations. Moreover, the isolation which many families may impose on the person with mental illness would interfere with their participation in peer groups.

Collectivists are more likely to endorse public stigma and apply it to people with serious mental illness. In addition, the concept of fate among Chinese reflects acceptance of one’s role as handed down by destiny; this has the effect of facilitating the internalization of public stigma and development of self-stigma. Individualists are therefore more likely to be sensitive to self statements and manifest more self stigma. Hence, Chinese are more likely to endorse public stigma than to manifest self-stigma. Lai (2007) studied self-stigma with 191 adults with mental illness in Taiwan. Through path analyses, she affirms Corrigan and Watson’s (2002) model showing that awareness of public stereo-

types (e.g., most persons with mental illness are disgusting) leads to stereotype agreement (e.g., I think most persons with mental illness are disgusting) and subsequently to making self-concurrence statement (e.g., Because I have a mental illness, I am disgusting) and finally leads to self-decrement beliefs (e.g., I currently respect myself less, because I am disgusting).

**Implications for research and practices**

Haslem (2005) suggests that lay understandings of mental disorders can be captured within four dimensions, pathologizing (the illness is abnormal, deviant), moralizing (the individual is morally responsible for the illness), medicalizing (the illness has a somatic basis), and psychologizing (the illness is ascribed to psychological dysfunction) and different cultures may endorse a particular dimension more than the others. For instance, Western cultures may tend to endorse the psychologizing dimension more than Eastern cultures. From our discussion on lay theories of mental illness stigma in China, it seems Chinese lay understandings on mental illness tend to be moralizing, blaming the individual for the illness. This belief concurs with finding that people with mental illness are often judged to be responsible for their deviant behavior (Weiner, Perry, and Magnussen, 1988). This moralizing view further exacerbates self-stigma among Chinese with mental illness (Lai, 2007).

Research has often linked stigma to the moralizing dimension by showing correlations between controllability attributions and negative attitudes (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). The apparent link between moralizing and stigma prompts strategies for destigmatization such as campaigns to challenge the ascription of character weakness of persons with mental illness. Corrigan and Penn (1999) identified three approaches that may diminish public stigma towards people with mental illness; protest, education, and contact. Some strategies such as education and contact have been successful in reducing public stigma (Corrigan, Rowan, et al., 2002; Corrigan, Edwards, Green, Diwan, & Penn 2001; Corrigan, River, et al., 2001). The success and relevancy of these strategies for destigmatization have yet to be proven in Chinese. In view of the long cultural history and influence of Confucianism, Taoism, and Buddhism, Chinese view on mental illness is deep rooted. Thus, it is challenging to change Chinese attitudinal stigmatization of mental illness. New culturally relevant strategies may be necessary and further research in this area is needed.

The mental illness stigma affects not only to the individuals with the illness but to their families as well. Shame and guilt and face loss associated with mental illness stigma among Chinese can have pernicious effects on Chinese consumers in seeking rehabilitation service and mental health treatment. Underutilization of rehabilitation and mental health services among Asians has been a prevalent and severe issue (Leong, 1994; Matsuoka, Breaux, & Ryuji, 1997). Given the importance of lay beliefs in affecting treatment seeking, community education about the causes of mental illness and correcting their misconceptions may be important in promoting rehabilitation and mental health services. For Chinese consumers who are in rehabilitation services, expression
of emotional extremes can be viewed as pathogenic factors disturbing normal functioning of the body (Bond, 1993). Often they to report physical problems that are really a reflection of mental or emotional problems to avoid stigma.

Mak and Chen (2006) attribute the inhabitation of expression of feelings in the counseling session to avoid losing face. These authors believe that individuals who are concerned about face loss care about their public image and are very conscious about how others view them. Thus, it is imperative for rehabilitation counselors to raise their awareness of clients' beliefs about mental illness and be sensitive to making cultural differences in the counseling session. In their recommendation in counseling Asians and Asian Americans, Chen and Mak (2008) suggest that counselors to avoid threats to clients' self-worth and loss of face by avoiding attribution to the causes of clients' personal failures and difficulties when addressing presenting problems.

With the increasing diversity of the American population and the global internationalization, cross-cultural knowledge and application, such as examining lay beliefs of mental illness and stigma to understand people's attitude and social behaviors, are becoming important. We hope this paper raises this awareness and offers some suggestions to rehabilitation counselors working with Chinese and Asian consumers.

References


