REHABILITATION EDUCATION

Journal of the National Council on Rehabilitation Education

Volume 20 Number 4 2006

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Chinese and American Perspectives on Stigma

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This paper discusses the Chinese and American perspectives on stigma. We review Chinese lay theories on disability and describe their impact on stigma and stereotype formation. These lay theories are understood on the basis of Chinese beliefs and values: Confucianism, Taoism, Buddhism, shame and guilt, and dialectical thinking. An understanding of these lay theories can help researcher and educators better understand observed differences in cognition and behavior between Chinese and American cultures and, thus, provide a means of comprehending and reducing confusions and conflicts between groups. Research findings on Chinese and American differential attitudes and implications for rehabilitation education and curriculum development are also discussed.

Goffman (1963) originally defined stigma as the mark that distinguishes someone as discredited. For example, people marked by skin color (ethnicity), physiology (gender), body size (obesity), and clothes (poverty) are stigmatized by the general public. Since then, models of stigma have become more complex so that now it means not only the public cues that signal membership in a stigmatized group, but also the cognitive, emotional, and behavioral consequences of the cue.

As a stigma process, prejudice leads to negative emotional evaluations, which may include fear of someone viewed as dangerous or angry with someone described as lazy. Prejudice leads to discrimination, the behavioral outcome of stigma. Stigma is a behavioral chain that leads from the stigmatizing mark, through attitude structures (like stereotypes and prejudice) and results in discrimination that harms people with disabilities. The stigmatizing mark has meaning in terms of stereotypes. Stereotypes are categorical statements about groups of people (Lee, Albright, & Malloy, 2001; Schauer, 2003; Schneider, 2004), which exist across ethnic groups, religions, educational achievement, income levels, sexual orientation, physical disorders, and disability. Learning stereotypes is unavoidable. By the time people reach adulthood, they have acquired many of the stereotypes that have developed in their culture (e.g., Hirschfeld, 2001; Tajfel, 1981).

The form of different disability stigmas varies with an individual’s understanding of specific dis-
ability. Research on the general population shows those members of the public share common folk conceptions about health conditions. These common folk conceptions are known as lay theories. These lay theories that are developed through an individual’s social experiences become part of their cultures (Peng, Ames, & Knowles, 2001). These culturally grounded lay theories influence an individual’s basic cognitive process, such as casual attribution for social behavior, understanding of an illness as well as reaction to the illness (Furnham & Malik, 1994; Ng, 1997). Because lay theories are based on the meaning-making system of an individual or group, it could be argued that the social cognitive processes that comprise stigma are also a central component. Chinese is the largest single group of Asians in the United States and comprise more than 25 percent of the 12 millions Asians (Barnes & Bennett, 2002).

It is the purpose of the paper to discuss Chinese culturally-grounded lay theories and their influence on stigma formation. An understanding of lay theories can help researcher and educators better understand observed differences in cognition and behavior between cultures and, thus, provide a means of comprehending and reducing confusions and conflicts between groups.

Triandis (1990) contended that “perhaps the most important dimension of cultural difference in social behavior, across the diverse cultures of the world, is the relative emphasis on individualism versus collectivism.” (p.42). These cultural dimensions refer to the degree of separateness and connectedness of individuals and groups (Triandis, 1995). Individualist cultures tend to emphasize I consciousness, independence, autonomy and separateness. In contrast, collectivist cultures have a tendency to stress we consciousness, interdependence, collective identity, group solidarity, and relationship (Markus & Kitayama, 1991; Triandis, 1989). Triandis (1989) highlighted the difference between the two groups. Individualists “give priority to personal goals over the goals of collectives; collectivists either make no distinctions between personal and collective goals, or if they do make such distinctions, they subordinate their personal goals to the collective goals.” (p.509) Eastern cultures, such as Chinese, are typically described as collectivist and Western cultures, especially American-European culture, as strongly individualistic. These cultural differences shape people’s social cognition and behavior, which in turn influence one’s attitudes and stereotypic formation of certain groups. As discussed below, Chinese cultures view disability within the context of family and social groups while the individualistic view on disability prevails in American culture.

Chinese and American Differential Attitudes toward People with Disabilities

There are several cross-cultural studies comparing differences between Chinese and Americans in terms of their attitudes toward people with disabilities. Chan and his associates (Chan et al., 1988; Chan, Lee, Yuen, & Chan, 2002; Tsang, Chan, & Chan, 2004; Wang, Chan, Thomas, Larson, & Lin, 1997; Wang, Thomas, Chan, & Cheing, 2003) have conducted a series of studies to examine Chinese high school and college students’ attitudes toward disabilities.

Specifically, these studies revealed that Chinese students in Hong Kong and Taiwan were more positive toward people with physical disabilities than toward people with developmental disabilities and mental disorders. Furthermore, Chan et al. (1988) reported that Chinese students are less positive in their attitudes toward people with disabilities (both physical and mental disabilities) than are American students. More recently, Chen, Brodwin, Cardoso, and Chan (2002) examined the attitudes of Taiwanese, Singaporean, and American college students’ attitudes toward people with disabilities in a general context as well as in the specific context of dating and marriage. Even after 14 years since Chan and his associates examined this difference in 1988, the
Chen et al. study still demonstrates that American students had more positive attitudes toward people with disabilities than Asian students. The difference between Asian and American students in the Chen et al. study as measured by the *Attitudes Toward Disabled Persons Scale* (ATDP) was about 10 points (roughly 0.5 standard deviation) more positive for American students.

However, in the context of more intimate relationships, such as dating and marriage, only American female students revealed favorable attitudes, while American males had more negative attitude scores. The scores of the American males were similar to both the male and female Asian students.

Chan, Lee, Yuen, and Chan (2002) compared the attitudes of a group of undergraduate occupational therapy and business students in Hong Kong. They found that both first-year occupational therapy and business students started with similar attitudes but showed different trends in attitudinal change. By the end of the first year, the occupational therapy students who gained knowledge and exposure to people with disabilities through their study program showed significantly more positive attitudes, whereas the business students who did not receive training and exposure to people with disabilities were more negative. The results suggest that additional knowledge on disability and exposure to could positively change students’ attitudes.

Wang, Thomas, Chan, and Cheing (2003) used conjoint analysis to examine the attitudes of American and Taiwanese college students toward persons with disabilities. Wang et al. found that (a) younger and higher educated females with milder disabilities were preferred by both groups and (b) persons with physical disabilities were preferred by Taiwanese students, whereas persons with developmental disabilities were preferred by American students. They concluded that although disability-related attributes are heavily involved in the preference-making process, preference formation is also significantly affected by demographic characteristics (e.g., education) unrelated to disability.

In terms of factors affecting attitude formation in a general context, it appears that both Asians and Americans consider disability type as the most important factor in their attitude formation. Other factors important in attitude formation include non-disability specific factors such as age, gender, and education, with respondents showing a preference for people with disabilities who share similar backgrounds as the respondents. Similarly, regardless of cultural backgrounds, professionals and students in the healthcare and helping professions hold more positive attitudes toward people with disabilities than those in business/management. However, it is also clear that there are both quantitative and qualitative differences between people in the Chinese and American cultures, with people in the American cultures holding more positive attitudes toward people with disabilities than individuals in the Chinese cultures. These differences can be attributed to their respective beliefs, values, and world views. A full review on the differences is prohibitive and therefore only the salient constructs are discussed below.

**Confucianism, Taoism, and Buddhism**

Confucianism, Taoism, and Buddhism are the three most influential philosophical and religious beliefs which consequently form the bases of culturally-grounded lay theories in China. 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: 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 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 Asian belief.
This perspective dissuades viewing disabilities as a challenge to be overcome. In that sense, it is at odds with notions of empowerment in American societies (Zimmerman & Warschauisky, 2005).

Taoism is based on two principles; first, human beings must follow natural laws and the Way (or Tao), second, people must be humanistic (kind, polite, considerate) by following human laws. The former means that humans are in harmony with nature, and the latter means that they are in harmony with each other. Tao also means a road or the Way of Ultimate Reality (Lee, 2003). This path is viewed as a metaphysical, first principle that embraces and underlies all being, a vast Oneness that precedes and, in some mysterious manner, generates the endlessly diverse forms of the world.

According to Jenni (1999), Taoism emphasized the unity of all things, humanity’s essential oneness with nature, the duality of all things in the universe (yin and yang), the dialectic of change and the importance of balance. With Tao comes the yin and yang which are in a state of dynamic equilibrium and harmony, and produce all sentient beings. 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).

Although the emphasis is different, Confucianism and Taoism interact harmoniously with each other in both ancient and contemporary China such that it provides the philosophical plank for social order and responsibility. Disability is seen as disharmony, and therefore hardly tolerable among Chinese.

Buddhism is a belief that people seek a path to supreme enlightenment. Originally created in India, Buddhism has meshed well with Taoism and Confucianism. The pursuit of materialistic satisfaction and hedonic pleasure in the mundane world is antithesis of emancipation from anguish and suffering. In the view of Buddhism, a disability is a result of divine intervention, punishment for one’s transgression in the previous life. Thus people with disabilities may be stigmatized in a Buddhism dominated culture.

Chinese Dialectical Thinking

Cultural beliefs based on Confucianism, Taoism, and Buddhism influence Chinese reasoning and thought process. The Chinese have had an enduring reputation for being dialectical thinkers, reasoning in ways that are distinct from the formal logic paradigm dominating the Western culture (Lloyd, 1990, Zhang & Chen, 1991). According to Peng and Nisbett (1999), Chinese tend to deal with contradiction in a dialectical or compromise approach, which is heavily influenced by Taoism. According to Taoism, the universe is in a state of flux and that all objects, events, and states of being in the world are forever alternating between two extremes or opposites (yin and yang).

As illustrated by Lao-zi, the founder of Taoist school, “When the people of the world all know beauty as beauty, there arises the recognition of ugliness; When they all know the good as good, there arises the recognition of evil. And so, being and nonbeing produces each other. ...” (p. 160) (cited in Peng & Nisbett, 1999). According to the Taoists, the two sides of any contradiction exist in an active harmony, opposed but connected and mutually controlling (Peng & Nisbett, 1999).

Because contradiction is regarded as natural and pervasive, Chinese view contradiction less as black and white and more tolerant of apparent contradiction than are Americans (Choi & Choi, 2002; Peng & Nisbett, 1999). When confronted with contradiction, Chinese tend to endorse the idea that the truth is always somewhere in the middle (doctrine of the mean) which is contrary to American belief of either truth or false (Peng & Nisbett, 1999). On the other hand, in American tradition, contradictory propositions are unacceptable according to Aristotelian logic. Americans respond to propositions that have the appearance of contradiction by differentiation — deciding which of two propositions is correct.

Additionally, Chinese dialectical view of the world is interconnected and a single object cannot be recognized or understood without simultaneous perception of the context in which it is embedded. Americans tend to focus on the attri-
butes of a single, salient person or object. These culturally different perspectives may further explain how Chinese and Americans view their own worlds and react to life events. This understanding is important as Rodgers (2004) asserts that Chinese dialectical thought provides a novel theoretical lens through which to view much of the Chinese and American differences in group and social perceptions. It is interesting to note that one would expect the Chinese to be more tolerant with people with disabilities, research, however shows otherwise. One possible explanation for this paradoxical phenomenon could be the hierarchical structure of the Chinese culture, which leaves no room for deviation.

**Social Categorization and Stereotypes**

The process of categorization is essential to the formation and activation of stereotypes, which in turn is central to intergroup relations. Culture and the lay theories that arise from culture-specific socialization influence the manners in which categories are formed, structured, learned, and applied (Choi, Nisbett, & Smith, 1997, cited in Rodger, 2004). Rodgers (2004) asserted that Western and Eastern cultures differ significantly with respect to the nature and structure of their categories and their use of categorical knowledge.

According to Rodgers (2004) Westerners tend to organize their world in terms of categories and rules, while Easterners, on the other hand, tend to organize their world in terms of relationships, rather than categories. As a result, Chinese, relative to Americans, might be less likely to categorize social objects. Thus, mutually exclusive social categories based on skin color (e.g., “Blacks”), religion (e.g., “Muslims”), or other shared properties, rather than categories based on inter-relations (e.g., “people who work for me”), may be less common in Chinese cultures (Jie et al., 2004, cited in Rodger, 2004). In that sense, Chinese might be less likely to hold stereotypic beliefs about social groups than are Americans, because they are less inclined to organize social objects in terms of artificial categories but prefer fuzzier and less distinct categorization (Rodgers, 2004).

Given that categorization is an important process of stereotyping (Taifel & Turner, 1986), it is reasonable to expect that stereotyping may be less among Chinese than do Americans. However, this assumption may be erroneous due to several cultural factors that might actually make Chinese more prone to stereotyping. As members of collectivist societies, Chinese are generally more cognizant of and sensitive to the influence of group norms and social roles on the behavior of the individuals (Triandis, 1995). Individuals are thus expected to conform to the group norms and create greater homogeneity in the characteristics and behaviors of a group.

Consequently, social group membership may be more reflective of others in Chinese than in Americans. By knowing a person’s position at a certain company might provide useful information about that person’s characteristic and behavior. For instance, it is a common knowledge that Japanese businessmen usually work late hours and go out for entertainment after work. Knowing Mr. X is a manager of a big Japanese corporation, one will automatically view him as a person who stays out late for work and business. Consequently, the collectivist/interdependent tendency to view groups as uniform, rather than individualistic, might lead Chinese to stereotype more than do Americans.

Thus, behavior is thought to reflect group norms and social roles (Menon et al., 1999; Triandis, 1995). In such way, Chinese tend to view groups as processing “personalities” and may be more likely to hold stereotypic beliefs about groups (Rodgers, 2004).

**Lay Theory and Stigma in Chinese Cultures**

Many Chinese lack a clear understanding of a particular disability. Lay beliefs about disabilities are thus vague and stereotypic. Lam (1992), for instance, described that the Chinese believe that epilepsy is caused by the mother eating lamb during pregnancy. The Chinese term for epilepsy, “feng yang dian,” translates as “shaking of the lamb.” Similarly, Lee (1996) reported that many Chinese believe mental health problems are associated with weak character and deviant behaviors.
For most Chinese families, life is presumed to be unalterable and unpredictable, requiring a resignation to external conditions and events over which they have little or no control. Accepting this fate, human suffering is a part of natural order. Maintaining inner strength under all circumstances is considered as an expression of dignity. Often time Chinese tend to turn to their families and friends for support before seeking professional help. Thus, the influence of Chinese family on mental health extends beyond its role as a source of support. Coping strategies with crisis and illness in Chinese families are unique.

The prime source of coping relies on oneself, including facing the problem and devising a solution; enduring and persevering; striving; and having confidence. It is generally believe that if one has the willpower; one should be able to overcome the problem. The second major source of coping is help from one’s family and social network. The third source is from shamanism and folk religions. The final coping strategy is doing nothing and letting nature take its course, an approach which is greatly influenced by Taoist philosophy. These coping strategies differ greatly from Western systematic problem solving strategies.

**Implication for Rehabilitation Education**

The importance of multicultural rehabilitation education has been addressed by the Council on Rehabilitation Education (CORE) standards and in the literature (e.g., Chan, Lam, Wong, Leung, & Fang, 1988; Rubin, Push, Fogarty, & McGinn, 1995). As the world globalizes, rehabilitation counselors working with clients from different cultures becomes more frequent. If rehabilitation counselors are expected to effectively serve persons with disabilities from minority groups, rehabilitation counseling education programs must make multiculturalism an integral component in their curricula.

As discussed in the paper, Chinese and American cultures differ in beliefs, values, and world views and these differences could have direct impact on rehabilitation practices. In order to work with clients from China and their families effectively, rehabilitation counselors have to understand the family dynamics and the shame and guilt complex of the Chinese culture. As pointed out by Chan et al (1988), a particular type of disability may influence a family’s willingness to seek professional help or service due to the fear of the stigma repercussions. Thus, case finding and subsequent confidentiality may be particularly important in working with Chinese clients.

The Chinese dialectical view of world that sees suffering as a fact of life may affect acceptance of and adjustment to traumatic events or disabilities. Such adaptation style may be mistaken as denial by American counselors; therefore, rehabilitation counselors should be sensitive to this particular adjustment style and not to provide “cookie cut” style of treatment according to the Western “stage adjustment model.” As suggested by Chan et al. (1988) rehabilitation counselors need to be aware of many cultural factors that impact their Chinese clients.

In addition, rehabilitation counselors should be aware of their own values and beliefs, verbal and non-verbal behaviors, and bias which may be crucial in establishing rapport with Chinese clients.

Wehrly (1991) asserts that it is more than just taking one course in multicultural counseling for rehabilitation counselors to become effective in working with clients from different cultures. Rubin at al. (1995) recommend that multiculturalism should be infused throughout the training curriculum in a manner that promotes continuous self-examination of one’s own values, attitudes, and behaviors towards persons with disabilities from other cultures. Such self-exploration should subsequently result in more effective service delivery behavior with clients from different cultures.

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