



Culture, threat, and mental illness stigma: Identifying culture-specific threat among Chinese-American groups

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ABSTRACT

We incorporate anthropological insights into a stigma framework to elucidate the role of culture in threat perception and stigma among Chinese groups. Prior work suggests that genetic contamination that jeopardizes the extension of one's family lineage may comprise a culture-specific threat among Chinese groups. In Study 1, a national survey conducted from 2002 to 2003 assessed cultural differences in mental illness stigma and perceptions of threat in 56 Chinese-Americans and 589 European-Americans. Study 2 sought to empirically test this culture-specific threat of genetic contamination to lineage via a memory paradigm. Conducted from June to August 2010, 48 Chinese-American and 37 European-American university students in New York City read vignettes containing content referring to lineage or non-lineage concerns. Half the participants in each ethnic group were assigned to a condition in which the illness was likely to be inherited (*genetic condition*) and the rest read that the illness was unlikely to be inherited (*non-genetic condition*). Findings from Study 1 and 2 were convergent. In Study 1, culture-specific threat to lineage predicted cultural variation in stigma independently and after accounting for other forms of threat. In Study 2, Chinese-Americans in the genetic condition were more likely to accurately recall and recognize lineage content than the Chinese-Americans in the non-genetic condition, but that memorial pattern was not found for non-lineage content. The identification of this culture-specific threat among Chinese groups has direct implications for culturally-tailored anti-stigma interventions. Further, this framework might be implemented across other conditions and cultural groups to reduce stigma across cultures.

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Introduction

"Chinese people say, 'If she is crazy and not yet married, and if you tell others she is sick, no one will marry her.' This person is someone who has no future. It's as if she has died." – Chinese Immigrant Sister of individual with schizophrenia

Mental illness stigma has been described as especially pervasive and severe in Chinese groups (Yang & Kleinman, 2008). Chinese groups have consistently endorsed more severe negative stereotypes and social restriction toward people with mental illness

(Yang, 2007). Such intensified stigma results in damaging internalization of stereotypes, concealment of illness, and other harmful psychological outcomes (Lee, Lee, Chiu, & Kleinman, 2005). Stigma threatens adherence to treatment and makes sustained reintegration into society difficult (Lee, Chiu, Tsang, Chui, & Kleinman, 2006). Yet the cultural mechanisms that underlie the heightened mental illness stigma among Chinese groups when compared with Western groups (Yang, 2007) remain unexamined. We utilize cultural anthropological insights into Chinese society to identify and empirically test cultural constructs that may explain these group differences. Specifically, we assess whether the extension of one's family lineage through marriage and making it prosper in perpetuity (Kleinman & Kleinman, 1993) represents such a novel mechanism. We examine this via two studies offering different

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methodological strengths—a national vignette study and a laboratory experiment.

Mental illness stigma framework

Goffman (1963, p. 3) proposes that the stigmatized person is reduced “from a whole” person to a “tainted, discounted one.” People in a given social context may attach negative stereotypes to mental illness that may differ from the actual characteristics of a person, of which dangerousness is considered central (Jones et al., 1984). The present research builds on a motivational framework that assumes that accurate perception of potential threat is inherent to survival (Stangor, Crandall, Heatherton, Kleck, & Hebl, 2000). Mental illness stigma accordingly develops from a universally-held motivation to avoid danger that manifests through two distinct sources of threat (see non-highlighted portions of Fig. 1). The first—an instrumental, ‘tangible threat’ to individuals—“threatens a material or concrete good, such as health and safety” (Crandall & Moriarty, 2011, p.74). The second—‘symbolic threat’—threatens the vitality of society via endangering “ideology, and an understanding of how the social, political, and/or spiritual worlds work” (Crandall & Moriarty, 2011, p.74). This classification has identified two pathways to predict mental illness stigma.

Tangible threat. Representations of physical dangerousness comprise one ‘tangible’ threat via perceived peril to one’s physical safety. Corrigan, Edwards, Green, Diwan, and Penn (2001) and Corrigan et al. (2005) demonstrated in two studies that perceived dangerousness directly engenders affective reactions of fear, which then predisposes behaviors such as social distancing and rejection.

Symbolic threat. In parallel, attributions of responsibility (Weiner, 1985)—by implying an individual’s volitional role in causing a stigmatizing condition—constitute a second threat. A ‘symbolic’ threat exists in that a lack of restraint by the individual in acquiring mental illness threatens the ethical order of society (Stangor et al., 2000). A ‘symbolic threat to societal order’ proposes that perceiving that one had control over the origin of mental illness leads to blame, which engenders affective (e.g., anger) and behavioral reactions (e.g., punishment) which result in response to the threat that such individuals pose to societal order. ‘Symbolic’ threat has been formulated in this manner in prior studies (Crandall & Moriarty, 2011; Stangor et al., 2000), and the ‘symbolic threat’ pathway has been empirically supported by two additional studies (Corrigan et al., 2005; Weiner, Perry, & Magnusson, 1988). Finally, three studies showed separate effects of ‘tangible’ and ‘symbolic’

threats, suggesting independent pathways (Corrigan et al., 2005; Crandall & Moriarty, 2011; Feldman & Crandall, 2007).

Mental illness stigma thus draws conceptual roots from apparently ‘universal’ motivations to avert physical and symbolic threat. This framework may also predict differences in mental illness stigma via varying endorsement in levels of ‘tangible’ and ‘symbolic’ threats across different cultures. However, distinct cultural groups are also viewed as varying in their subjective interpretations of what mental illness is seen to threaten most (Yang et al., 2007). We thus extend this ‘universal’ threat framework to evaluate distinct cultural components to help explain cultural differences in mental illness stigma.

Tangible threat, symbolic threat and ‘threat to family lineage’ among Chinese-Americans

Because stigma has been shown to manifest in distinct ways within Chinese culture (Yang & Kleinman, 2008), we identify the example of Chinese groups to illustrate how relevant cultural domains might be incorporated into this stigma threat model. This ‘cultural component’ might include the beliefs, values and practices held by a group, which also includes the individual’s role in negotiating values held by social worlds (Betancourt & López, 1993). Using an anthropological perspective, we identify a new cultural construct—threat to family lineage through genetic contamination via marriage—that may account for heightened stigmatizing attitudes among Chinese groups.

Starting from the original ‘universal’ threat framework, elevations in tangible and symbolic threats may partially account for higher mental illness stigma among Chinese-American groups. First, enduring Confucian traditions emphasize self-cultivation via moderate behavior (Fei, 1992). Because common mental illness stereotypes of dangerousness and unpredictability directly challenge cultural norms of restrained behavior, heightened perceptions of dangerousness may lead to increased fear and stigma outcomes (social distance and restriction). This represents increased tangible threat. Regarding ‘symbolic’ threat, a person’s lack of self-restraint is especially threatening to social order because it indicates a breakdown by the family and society in providing guidance (Fei, 1992). Chinese groups may thereby attribute mental illness to an individual’s lack of cultivation, thus initiating greater perceptions of responsibility, resulting in blame and anger, which predispose stigma outcomes. Accordingly, we first hypothesize that Chinese-Americans will be more likely than European-Americans to distance themselves from people with mental illness and their family members. Second, we hypothesize higher levels of tangible and symbolic threat among Chinese-Americans.

But in solely considering these forms of stigma threat, a core cultural dynamic intrinsic to many Chinese groups is missing. As identified by seminal ethnographies (Yang & Kleinman, 2008), one key social motivation is to extend one’s family lineage and to make it prosper (Kleinman & Kleinman, 1993). To continue one’s lineage into perpetuity—thus assuring placement into “an eternal chain of filial children” (Stafford, 2006, p. 86)—permeates everyday interactions. Accordingly, the activities that determine one’s status as a ‘full adult’ member revolve around an individual’s engagements to continue one’s lineage to extend into perpetuity (Stafford, 2006). For ensuing generations, there are obligations to produce offspring and to cultivate the lineage’s reputation (Yan, 2003). Corroborating quantitative findings stem from Taiwanese subjects also scoring highest on temporal farsightedness—that one’s actions both result from ancestral deeds and affect future generations—among all ethnic groups studied (Chia, Wuensch, Childers, & Chuang, 1994). We thus identify as a core Chinese cultural construct the ways that

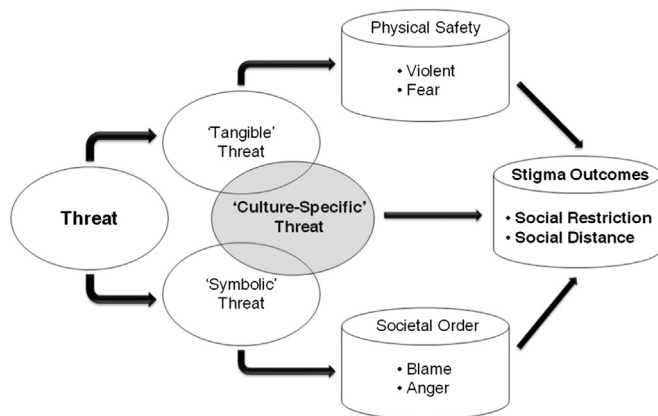


Fig. 1. Diagram of the mechanisms by which threat influences stigma outcomes. ‘Culture-specific’ threat is shown to overlap partially with ‘tangible’ and ‘symbolic’ threats while also representing a distinct form of threat that leads to stigmatization.

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