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"Tangled wires in the head": older migrant Chinese's perception of mental illness in Britain

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ABSTRACT

In this article, the authors explored Cantonese-speaking older Chinese migrants knowledge, attitudes and expectations regarding mental illness. They obtained verbatim data from semi-structured interviews with eight participants recruited from London-based Chinese and church communities in Britain. They analyzed the data using the principles of Grounded Theory and in-depth content analysis. They examined cultural idioms in participants' accounts. Findings suggested that Western diagnostic categories of mental illness were alien to participants. They had a culturally constructed way of defining and characterizing mental illness. Participants used idioms of 'nerve', 'mood', 'behavior', 'personality', 'normal life', 'compassion' and the idiom of 'others' to construct an alternative world for stigma management. They erected an invisible but permeable barrier to limit access to their normal world. The role of traditional Chinese culture of Confucianism was significant in shaping perceptions and conceptions of mental illness. This article offered another perspective on the alternative world of Chinese migrants' cultural understandings of mental illness, an area with limited understanding at present. The authors discussed important implications for future research and social policy.

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Introduction

The aims of this article are to: a) explore older Chinese migrants' views on what mental illness means to them, their expectations and attitudes towards mental illness, b) identify which mental illnesses are the major issues for older Chinese migrants, c) identify cultural, socio-economic factors which may contribute to a failure of the older Chinese migrants to present themselves as suffering from mental illness, and a failure to access and/or take up mental health services, d) gain deeper insight into the special mental health needs and issues within a single population, and (e) identify pertinent issues for future research in this area. In the following sections, the authors will first carry out a cross-cultural literature review on the Chinese culture of stigma and mental illness. Second, they will examine the experiences of mental illness in local Chinese communities in the British context. Third, they will discuss ethical issues and methodologies. Fourth, they will present results which will then be followed by a discussion and conclusion.

Chinese culture of stigma and mental illness: A cross cultural perspective

Culture refers to an inherited system of shared values and beliefs. Culture is transmitted from one generation to the next

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(Helman, 1990; Prior, Chun, & Huat, 2000). It determines what is an appropriate, acceptable and normal display of behaviour. Culture shapes responses to an illness and what constitutes illness (Helman, 1990; Olafsdottir & Pescosolido, 2011; Prior et al., 2000). It also reveals what the cultural taboos involved are particularly related to mental illness and the stigma attached to them.

In cross-cultural psychiatry, a number of research studies showed that certain Western psychiatric diagnosis (for example: dementia, Alzheimer's disease or depression) was considered in non-western societies as a normal part of life. These illnesses were considered the inevitable consequences of stress from worries, frustrations and the pressures of life (Helman, 1990; Jones, Chow, & Gatz, 2006; Olafsdottir & Pescosolido, 2011; Prior et al., 2000). In non-western cultures, mental illness was thought to be caused by an unhappy life (CMHA, 2009), imbalance of Yin (too much cold) and Yang (too much heat) (Cretchley, Gallois, Chenery, & Smith, 2010; Zhang, 2007), and aloofness (Littlewood, 1988). Elsewhere, mental illness was thought to be caused by bad family (Liu, Hinton, Tran, Hinton, & Barker, 2008), thinking too much (Liu et al., 2008), 'excessive thinking' or 'thinking too hard' (Yang, Phillips, Lo, Chou, Zhang, & Hopper, 2010, p. 836). Dementia was identified as a 'mind stealer' (Ikels, 1998, p. 257). It was perceived as a result of not being open-minded enough (Chan, 2010). According to Chan (2010), Alzheimer's disease was considered by some people in Hong Kong as the destiny of heaven (*tien ming*) (p. 472). The result of such conceptualizations of different types of mental illness was that they did not require psychiatric intervention (Helman, 1990; Jones et al., 2006; Naeem, Ayub, Kingdon, & Gobbi, 2012; Prior et al., 2000).

In Chinese communities across the world, mental illness per se was considered a taboo. It carried deep stigma of fear and shame for the sufferers and their families (Blignault, Ponzio, Rong, & Eisenbruch, 2008; Burr & Chapman, 2004; Chan, 2010; CMHA, 2009; Collins, Johnston, Tang, Fung, Kwan, & Lo, 2006; Cretchley et al., 2010; Ikels, 1998; Lee, Lee, Chiu, & Kleinman, 2005; Littlewood, 1988; Liu, Ma, & Zhao, 2012; Liu et al., 2008; Olafsdottir & Pescosolido, 2011; Yang, 2007; Yang & Kleinman, 2008; Yang et al., 2010; Zhan, 2006). For example, mental illness was purported to be caused by bad nerves and bad genes in the family (Blignault et al., 2008). The hereditary nature of mental illness was an 'inborn stigma' (Goffman, 1968, p. 45), which implicated the family as incompetent for carrying bad genes. This stigma contaminated the whole family and rendered it a bad family (Liu et al., 2008). In the context of schizophrenia, Yang et al. (2010) reported that it was regarded as a 'mind-split-disease' (*qing shen fen lie zheng*) (p. 836), and as a result of 'taking things too hard' or 'excessive thinking' (*xiang bu kai*). Yang et al. (2010) reported that schizophrenia was also attributed to the 'narrow-mindedness' (*xiao xin yan*) of a person (p. 838). This meant that the person was unable to open up their mind to release blocked feelings (Zhang, 2007). Traditional Chinese beliefs suggested that the loss of control in feelings and the unpredictability of schizophrenia sufferer deeply disrupted the principles of harmony and balance vested in Confucianism (Cretchley et al., 2010; Lee et al., 2005; Yang & Kleinman, 2008; Yang et al., 2010). Moreover, the behavior of a person with dementia was thought to threaten the Confucius notions of harmony, unity and survival of the family. It was thought to bring shame to families and communities alike (Koehn et al., 2012).

Preservation and protection of face were also central to Confucius philosophy of equilibrium. The stigma attached to a diagnosis of mental illness threatened one's reputation called 'face' ('*lien*' or '*mian zi*') (Yang, 2007, p. 47; Zhang, 2007, p. 56). Face represented a person's social and moral status (Zhang, 2007). Maintaining face in social interaction was very important for the Chinese in their local communities. This could explain why Asian communities (including Chinese) preferably attributed illnesses such as Alzheimer's disease to biomedical etiology. They preferred not to think of it as a mental illness (Jones et al., 2006, p. 15).

Vested in Confucianism also were virtues of self-control, self-help and the capacity to endure environmental stressors (Ikels, 1998; Yang et al., 2010). A diagnosis of depression (Burr & Chapman, 2004; Liang et al., 2012), and dementia (Chan, 2010; Ikels, 1998; Liu et al., 2008), often implied a weak will in a person's constitution. Goffman (1968) called this weakness 'abomination of the body' (p. 14). People who suffered from it would be deemed 'faceless'. They would be regarded as 'moral defects' within their social circles (Yang, 2007, p. 43). Thus the sufferers and their families would be deemed as 'discredited' people (Goffman, 1968, p. 14).Their social identities would be 'spoilt' (Goffman, 1968, p. 31).

Chinese families would then build a 'protective capsule' around their loved one with mental health problems (Goffman, 1968, p. 46), or an invisible barrier to protect and shield their family members from shame and loss of face associated with such illness (Chan, 2010; Liu et al., 2012; Yang et al., 2010). Since social interaction in Chinese groups was organized by a strict network of social relations (CMHA, 2009; Yang & Kleinman, 2008; Yang et al., 2010), the loss of face would lead to discrimination and social isolation of the sufferers and their close associates. The stigma attached to mental illness would therefore become a major barrier to the social acceptance of such a diagnosis (Blignault et al., 2008).

The British context

Migration affected the nature of the wider Chinese communities in Britain. Li, Lee, Mackenzie, Jones, and Lam (2009) revealed that experiences of ageing were strongly shaped by migration, traditional Chinese family values, gender and social class inequalities. They also found that long years of residence in Britain did not change the residents' traditional cultural values. In fact, they appeared to hold on to them steadfastly. Sources of psychosocial distress and mental illness (depression, loneliness, isolation, and family tension) were identified.

Studies on Chinese migrants had reported issues of stigma, language barriers, inadequate support from their family and poor social networks (Yu, 2000; Blignault et al., 2008; CMHA, 2009; Li et al., 2009). The studies highlighted unmet mental health needs of this migrant group. The unmet needs included a lack of professional interpreting services on one hand, and on the other, an unwillingness to seek medical attention or a lack of mental health awareness. These issues led to, among other things, frustration, stress and inequalities of access to mental health professionals such as General Practitioners and support from social services. Tran and colleagues (Tran,

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