

Chinese Family: A Powerful Treatment  
Agent for depressive features in children  
& young persons

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# Chinese people in Australia

According to the ABS 2001 Census:

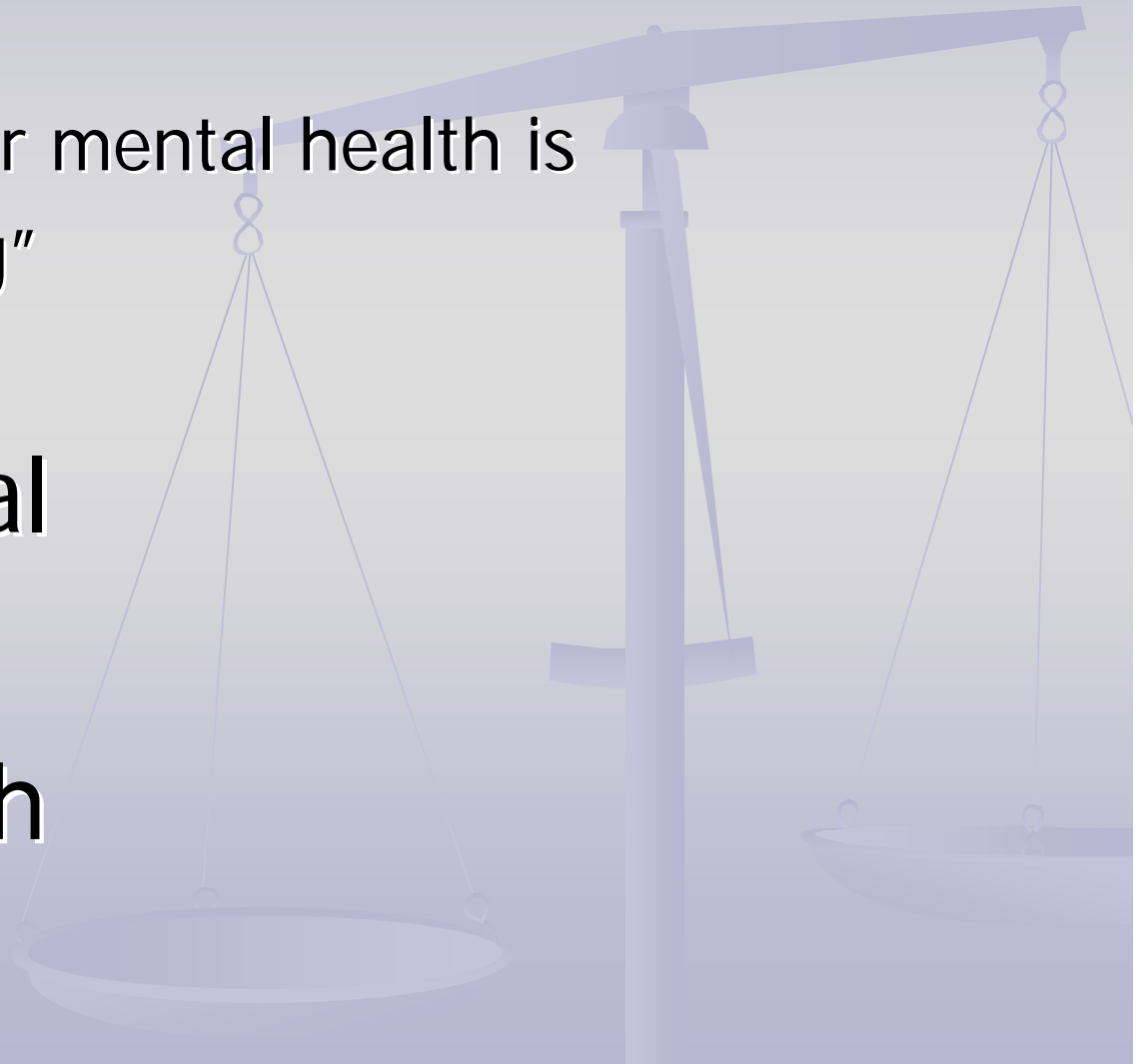
- Being Chinese is the sixth most common ancestry that people identified with (3 % of the Australian population)
- Cantonese is the third most popular dialect other than English spoken at home (225, 307)

# The term “mental health” is a western word

The Chinese term for mental health is “jing shen jian kang”

精神      Mental

健康      Health



# Limited understanding of the Treatment Process

- Chinese people have limited understanding of the treatment process and what is the need for care.
- When mental illness occurred, Chinese families tended to keep the problem within the family and then within the community until it can no longer be contained before they sought help from outside agencies.

# China's Three Major Philosophies

- Confucius

孔子 Kong Zi

- Buddhism

佛教 Fo

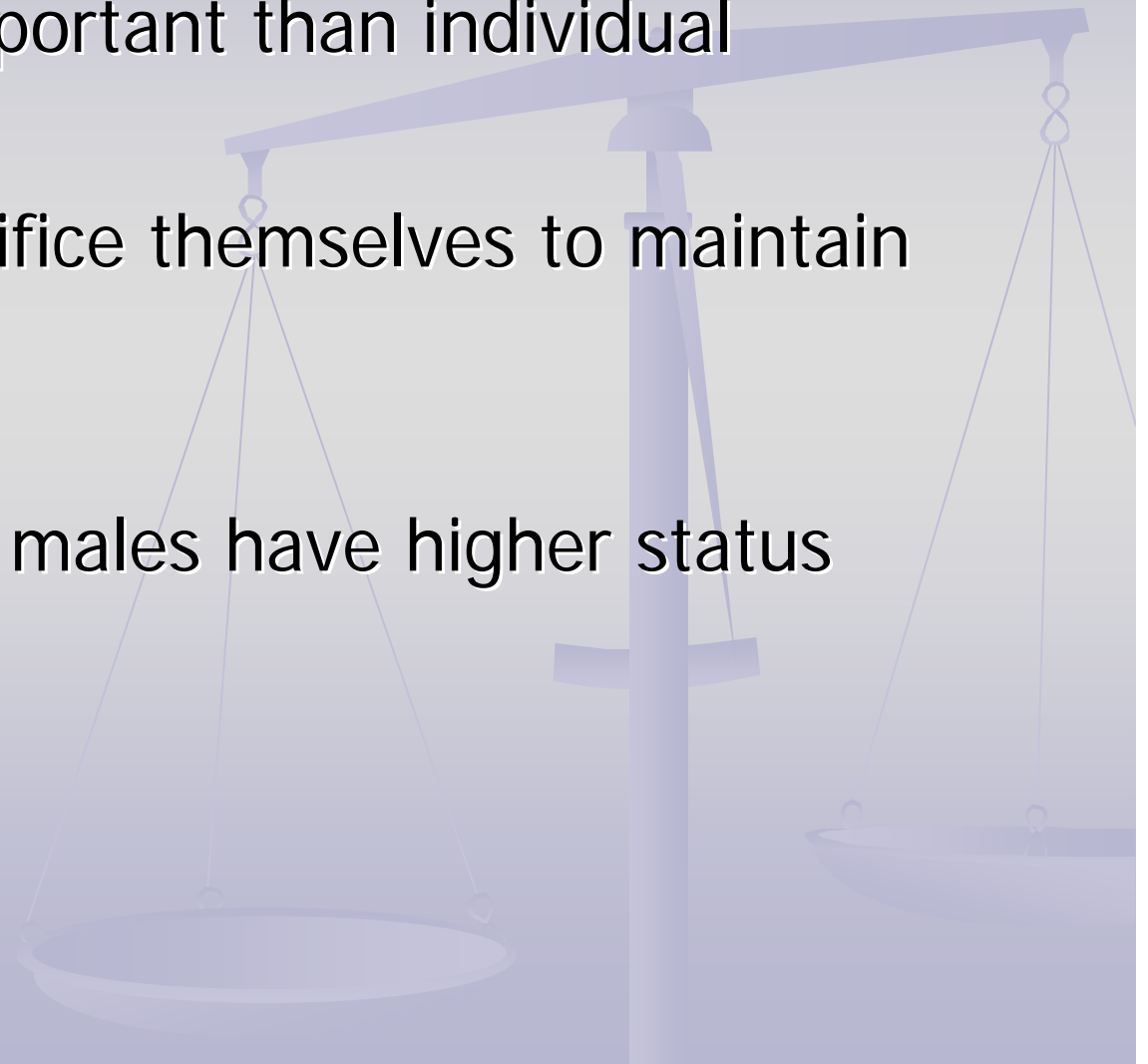
- Taoism

老子 Laozi



# Traditional Chinese Family Values

- Family is more important than individual
- Members will sacrifice themselves to maintain family honour
- Older members & males have higher status

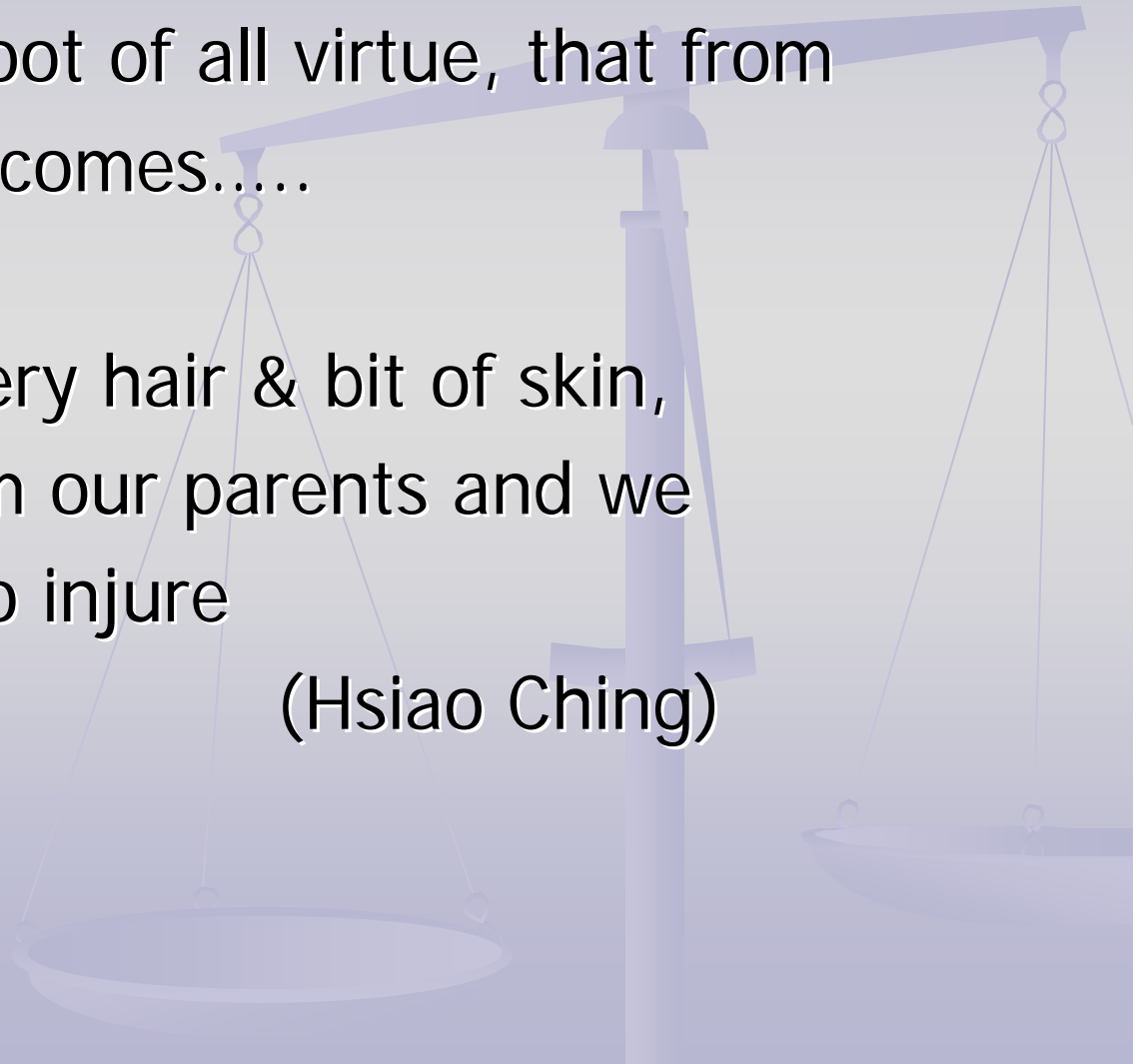


# Filial piety 孝敬 Xiao Shun

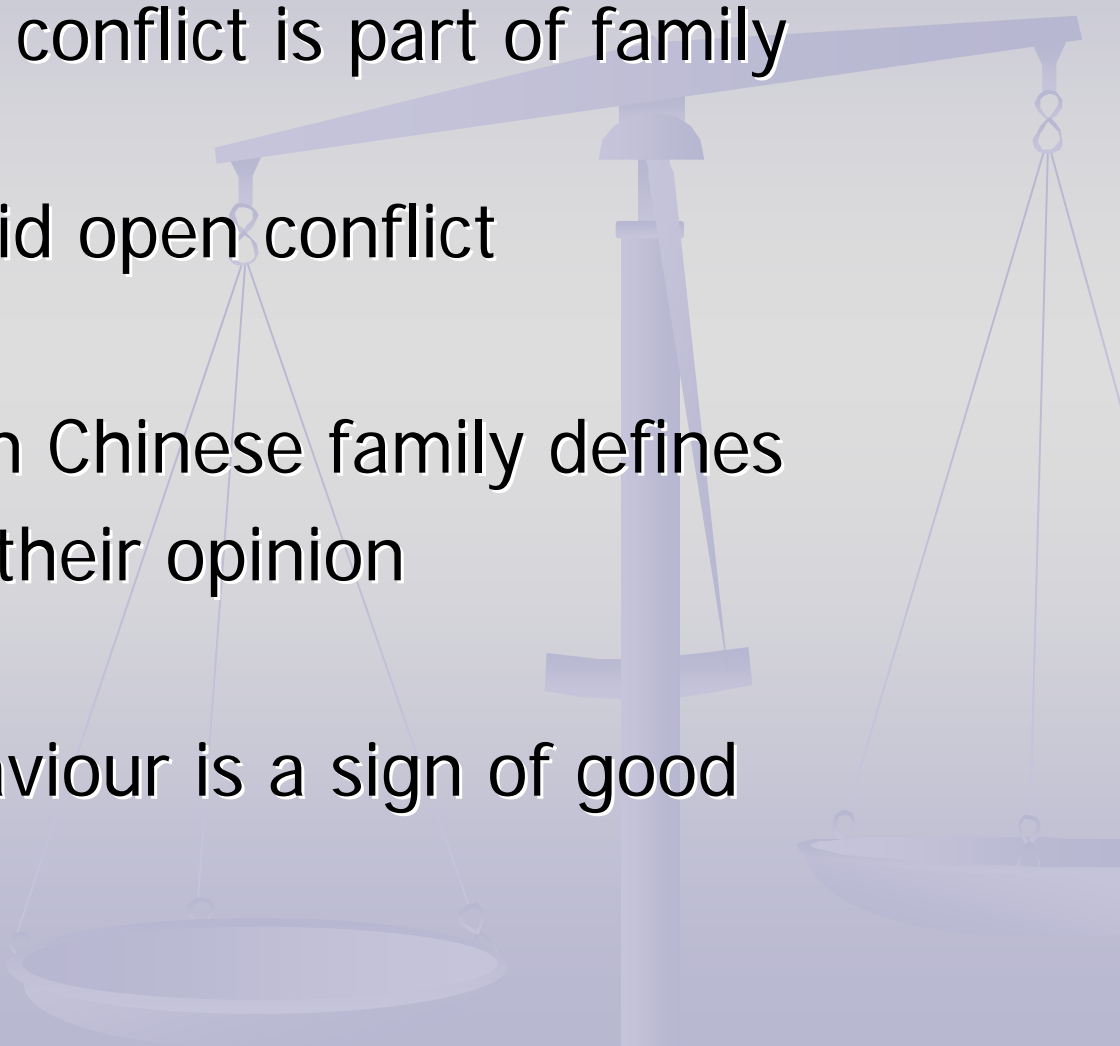
“Filial piety is the root of all virtue, that from which all teaching comes.....”

Our bodies, our every hair & bit of skin, are rec'd by us from our parents and we must not venture to injure or scar them”.

(Hsiao Ching)



# Different Values & Expectations

- In the West, open conflict is part of family communication
  - Asian cultures avoid open conflict
  - Strong hierarchy in Chinese family defines who may express their opinion
  - Shy inhibited behaviour is a sign of good adjustment
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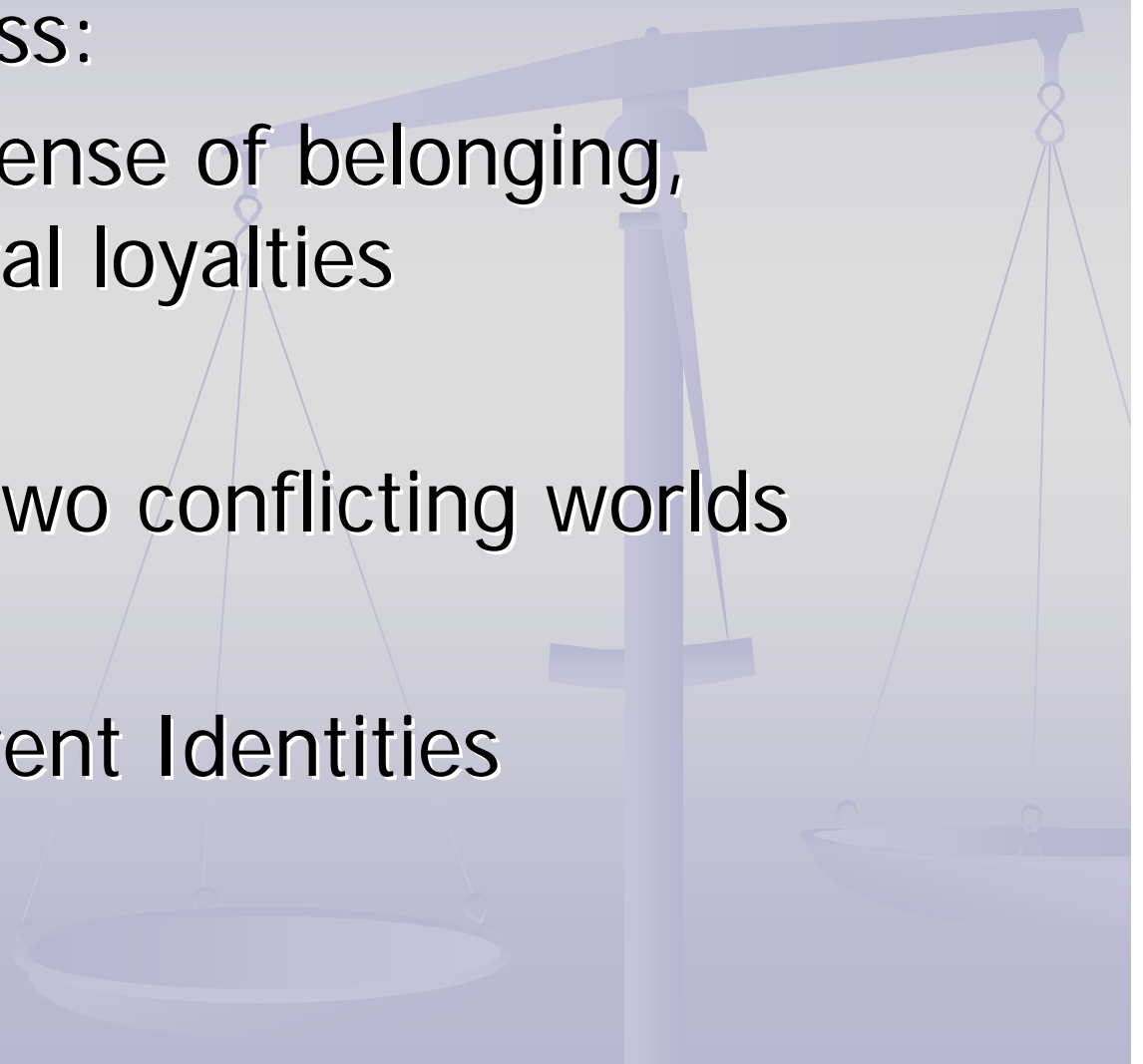
# Adolescent Sense of Identity

Acculturative Stress:

Threatens one's sense of belonging,  
questions cultural loyalties

Caught between two conflicting worlds

Two Totally Different Identities



# Cultural Strengths Base Approach

Emphasize on extended family, sense of obligation, parental sacrifice, filial piety

Focus on relationships between individuals

Treatment – Family as “patient/client”  
include extended family members

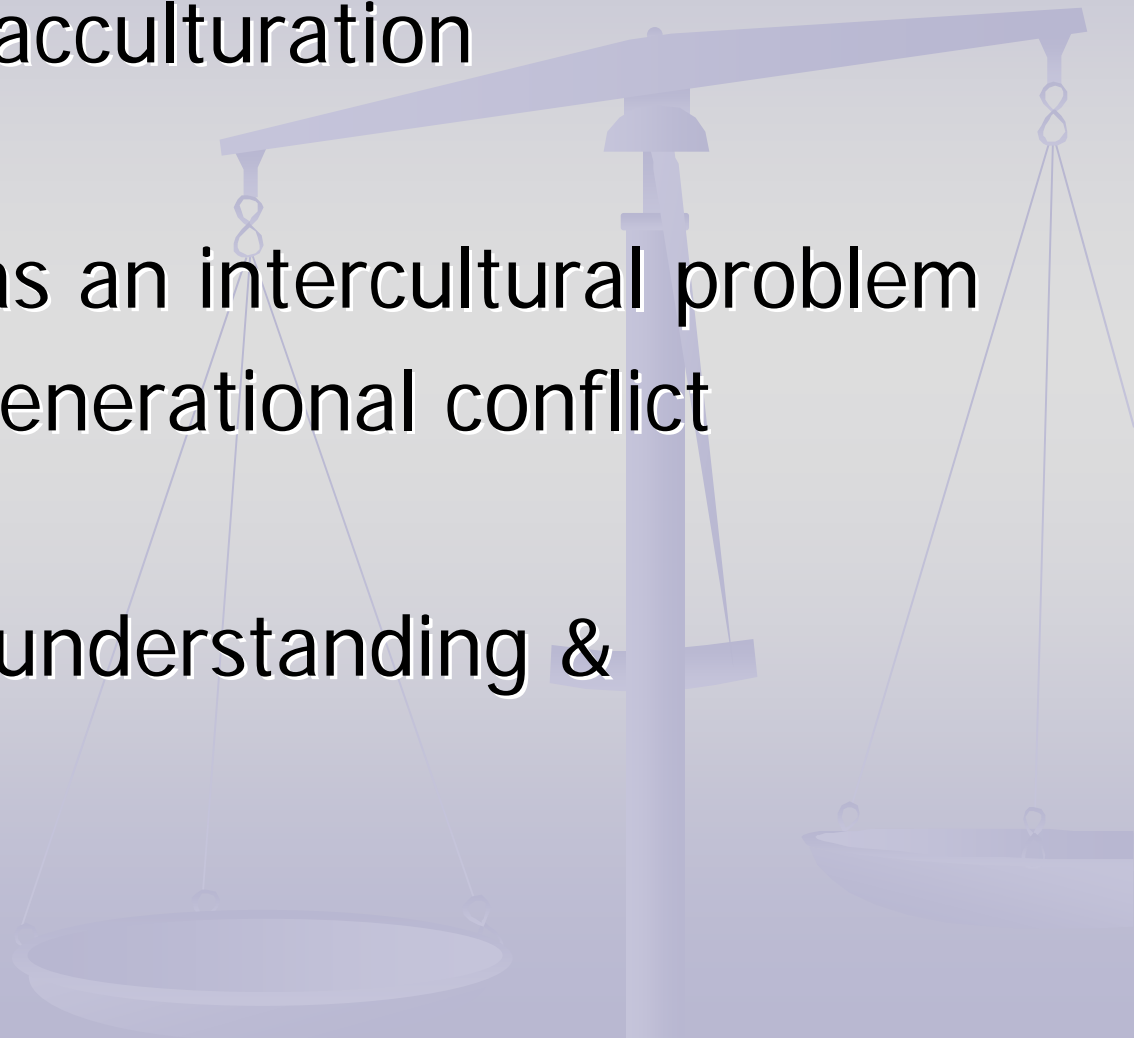
Caution in approaching authority figures e.g  
parents, etc

# Clinical Goals

Bring up issue of acculturation

Reframe conflict as an intercultural problem rather than intergenerational conflict

Fostering mutual understanding & communication



# Factors to consider when working with Chinese Children

1. Examine acculturative stress
  2. Aware of parent-child role reversal
  3. Social control: Shame & Loss of Face
  4. Promote pride in one's ethnic identity
  5. Meeting co-jointly with parents & children
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