SOME ASPECTS OF MENTAL ILLNESS AMONG RECENT IMMIGRANT CHINESE

A comparative case study of Chinese male patients, immigrant and Canadian-born, hospitalized at Provincial Mental Hospital and Crease Clinic, B. C., 1950 - 1960.

by

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ABSTRACT

Thus study seeks a contribution to the understanding of the problems of immigrant Chinese by comparing them with Canadian-born Chinese. It is almost impossible to understand the ways and customs of the Chinese without some insight into their culture. But to understand the adjustment problems of this minority group, their cultural background must be discussed in comparison with the North American culture. The study is focussed upon a small group, both immigrant and Canadian-born, whose failure to "make good" in Canada is signalized by their admission to a mental hospital. For case-study, eighteen immigrant Chinese patients and a comparative group of nine Canadian-born Chinese patients were selected.

Data was obtained from clinical files recorded by doctors, psychiatrists, nurses, social workers and other members of the treatment team. A rating scale was devised to help assess the major factors in adjustment to life, subdivided into (a) personality constituents, (b) social factors, and (c) economic factors; this is then used to examine and compare the social functioning of each group.

To substantiate the findings and to present a clearer picture of the causal factors, three illustrative cases are presented in detail - one Canadian-born Chinese, and two immigrant Chinese patients, in the ratio of the number studied. Each case is appraised in the same three areas: personality constituents, social factors, economic factors. Continually unsatisfactory employment and the barriers to communication created by cultural confusion show up among the factors at work.

Problems of communication, social integration and cultural conflict are brought into clearer light as correlatives of mental illness, and the significance of these findings is appraised.

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CHAPTER I

IMMIGRATION AND ADJUSTMENT: THE SPECIAL PROBLEMS OF THE CHINESE

Immigration is a physical transition involving the abandonment of one social setting and the entrance into another which may, or may not, be completely different from the earlier one. At times, an immigrant will feel strange, somewhat distressed, helpless and remote from everything that was familiar to him, even though he is living in the midst of his own racial group but of a different generation in the new country. We know that human beings are never identical despite the fact that they may have the same physical make-up and speak the same language. On the other hand, the immigrant may experience challenge, hope and inspiration towards the development of his goal or fulfillment of life in the new country.

Basic Problems of All Immigrants

"The typical immigrant settling in any country is faced with grave problems of adjustment",[1] such as those of language, customs, employment and new social roles. The mature immigrant has brought with him his cultural heritage,

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[1] Davie, M. R., World Immigration, The MacMillan Company, New York, 1949, p. 461.

including his language and customs, his ideals and his philosophy of life, all of which have influenced the formation of his thought as well as his development through the life span. As in the case of most immigrants, he must now learn a new language, as well as new customs and laws. For some, the language may be entirely new, having no similarities in character with his native tongue. Adult immigrants experience greater difficulties in learning new languages than do immigrant children. "Young people can, under certain circumstances, make radical and complete changeover rather quickly".[1] "Even the Britisher at first feels himself a stranger in Canada",[2] he who has very few, if any language difficulties.

The adult immigrant has been brought up in a native mode of thinking; that is, his thoughts in relation to politics, ideals of life and loyalty to his native country are rooted within him. He knows that he must be loyal to the new country but he will, at the same time, continue to feel some patriotism toward his native country. Loyalties can only be acquired in terms of living them, they cannot be acquired through a will to do so. Persons who can change their loyalties as readily as their geographical location may well be undesirable immigrants. Yet, often, when an immigrant is

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[1] Van Kooten, Tenis C., Living in a New Country, Guardian Publishing Co., Ltd., Hamilton, Ont., 1959, p. 64.

[2] Damm, E. B. M., Mental Illness and Migration Stress, Master of Social Work thesis, University of British Columbia, 1959, p. 2.

noticed to think or behave differently, one may be quick to judge him with thoughts such as 'They came here to live, so they had better learn to live as we do.'

Although the immigrant may be aware of ways in which his mode of living differs from that of the people of the new country, he cannot discard old habits and take on new habits quite so easily when he has been influenced by certain habits in his formative years. Integration is a type of living where the immigrant does not completely lose his identity but becomes an active part in the flow of life of the new country. "For some individuals this may be a great task; for others it may be a traumatic event."[1] Acculturation appears to depend upon three main factors: personality, economic and social factors. Each of these factors will be discussed in detail in the following chapter.

"Assimilation means to identify oneself with everything in the New Country"[2]: its laws, customs, language and thinking. It is absorption into the new country and acceptance of what he sees without criticism and without actually taking part in the integral activity of that country. The process of assimilation of the adult, generally, is gradual, and possibly in no case is it complete in every aspect,

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[1] Damm, op. cit., p. 2.
[2] Van Kooten, op. cit., p. 49.

during his lifetime. It has been said that it takes as long as three generations for a complete transition. Assimilation is often demanded immediately of the immigrant by the average citizen of the new country, but this is "not only undesirable but psychologically impossible."[1] However, there are always those people who will try to perform the impossible, who are determined to change overnight. "All that such a person has done is to repress himself, what he thinks he has removed. Then he tries to live what he does not really know and what he himself is not."[2] Such a person creates difficulties which cause him to feel frustrated and insecure. This deep sense of insecurity, in turn, can lead to mental ill health. His assimilation, of course, would depend greatly upon his motivation to migrate. The reasons may result from inadequacies or inability to reach his level of aspiration in his own country. Another reason may be that financial gains for the provider of the family might be anticipated in the new land.

Motivation to Emigrate

An individual considering migration might experience many ambivalent feelings about leaving his homeland and old friends to face an entirely new environment. He probably wonders whether the attraction of the New World is as great

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[1] Van Kooten, op. cit., p. 51.
[2] Ibid., p. 61.

as he thinks, and reads, that it is. He may wonder too, about the extent to which people of his national or racial origin are acceptable in the new country.

Some people migrate because of family disputes which lead to a feeling of inadequacy within the family circle and this may be a form of revenge against the family. The New World, noted for its many opportunities to succeed, may give the migrant new ideas of success and feelings of capability, which will ultimately be recognized by the family. On the other hand, the immigrant may be a very capable and industrious man who is unable to reach his level of aspiration through competition in his own country, yet he hopes to attain an even higher goal elsewhere. Again, he may be a carefree individual looking for adventure and knowledge of another country.

There are also desperate drives which motivate an emigrant such as those of poverty or political stress. The emigrant, hearing of the 'high level of living' and 'land of abundance' is attracted by this feature alone if he is currently faced with possible starvation or political discrimination. Political situations may have become increasingly more difficult for him, a situation which is found in many countries today.

Most immigrants are, in a sense, ignorant of the language, customs and laws of a new country, - "ignorance

means weakness and exposure to exploitation"[1] - and this has caused grief for many immigrants. The greatest immediate concerns of the newcomer are for food, lodging and employment. Some immigrants have been met at the port of entry by their countrymen who have previously immigrated. These countrymen have been known to take advantage of the newcomers, often selling them fraudulent insurance or possibly asking for a high fee for securing employment for them.

Preparation for Immigration

Many immigrants come from rural backgrounds, "yet they settle in the cities where life is more complex,"[2] and where job opportunities are not compatible with their employment background and training. This adds to their problems of adjustment, as they must often learn to do unfamiliar work. At times, an immigrant might have to lower his social status in order to find employment. Professional people, skilled and semi-skilled workers tend to find appropriate employment sooner than those of the unskilled labouring class. One of the psychological factors which an immigrant should consider is the learning of new social roles, not only in relationship to his occupation but as a citizen as well. Unfortunately, the immigrant is initially considered more or less homeless and a second rate citizen by the general public.

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[1] Davie, op. cit., p. 461.
[2] Loc. cit.

These attitudes occur, perhaps, because of his behaviour, speech, and dress which make him more easily recognized as an immigrant. The immigrant must identify himself in a primary social role as an immigrant before extending his activities beyond the primary stage into the absorbing society and developing a capacity to identify with it. Only as far as the absorbing social structure develops and continues to function smoothly may the institutionalizing of the immigrant's behaviour be said to be achieved.[1] He must also realize that no matter how personally well equipped an immigrant he may seem to be, to meet the New World he will still be faced with the initial task of meeting the unknown, and of passing through transitional phases of acceptance, recognition, integration and assimilation.

Many immigrants feel unaccepted, alone, forsaken and lost in the new country and this is only natural as he is in totally new surroundings and nothing is familiar to him. As he familiarizes himself with the language and becomes articulate in its use, it is up to him to lay some of the groundwork for himself: for being better understood, recognized and accepted. He must learn too, to recognize and accept the role expectations others have of him.

These, then, are some of the problems which

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[1] Eisenstadt, S. N., The Absorption of Immigrants, The Free Press, Glencoe, Illinois, 1955, p. 8.

confront any immigrant from any country. With these in mind, the specific background of immigration, with its attendant problems of the Chinese who emigrated to Canada, can be considered.

Special Problems of the Chinese Immigrants

The first immigration of Chinese into British Columbia is not on record but there is evidence that some came from the State of California, and took part in the Gold Rush of the Fraser River in 1858. According to C. H. Young,[1] it was estimated that two thousand came to the gold fields. These Chinese, mostly single men, had come, for the most part, from the province of Kwang-Tung, in the vicinity of Canton; they belonged to the coolie or farm labourer class and had a low standard of living. They adjusted to the labouring class in Canadian cities whose members were primarily engaged in industrial work. Those who were not absorbed into industry found work in cafes or as household help. Employment in households was aided by the fact that the Chinese are noted for their faithfulness, obedience and servility. A few of the immigrants adjusted to the rural districts and continued farming, an occupation with which they were familiar in their native land.

The conspicuous features of the Chinese immigrants

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[1] Young, C. H., The Japanese Canadians, The University of Toronto Press, Toronto, 1938, p. 226.

were their physical characteristics, such as colour, oriental facial features, their food, beliefs, including their social celebrations and the "trivialities such as his erstwhile pigtail or his gait in walking,"[1] their language, and habits of dress. (In the early days the Chinese who came to this country possessed a certain dog trot type of walk.) The uniqueness of their speech and writing and their attire, (particularly that of the women, with their baggy trousers and small bound feet) were all objects of ridicule. Their superstitions and beliefs caused the Canadians to think of them as being very strange. On important social occasions the Chinese exploded firecrackers and had a special preference for decorating objects and buildings in red. They "watched designs formed by joss sticks tossed by the priests for indication of the direction where Lady Luck lay."[2] It would seem that all of these customs were looked upon as strange and ridiculous and a sense of discrimination developed which added to the difficulties of adjustment for the Chinese.

The earlier Chinese immigrants were "more painstaking, industrious and persevering, they were successful in the placer mines and time and again they made mines pay which the hasty impatient whites thought were not worth working."[3]

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[1] Taft, D. R., and Robbins, R., International Migrations, The Ronald Press Co., New York, 1955, p. 562.
[2] Loc. cit.
[3] Davie, op. cit., p. 309.

Envy soon led to competition and to exploitation. With the increase in number of Chinese immigrants, a head tax of $500 was imposed upon them in the State of California, with the hope of decreasing the number of newcomers. Many Chinese were exploited by their own people who paid their passages to the new land, then controlled the lives of such immigrants until repayment was made. It is possible that such stressful situations as this led them to work for very low wages or at work of any kind, in order to pay for their freedom.

One of the reasons the Chinese were disliked was because of the "absence of women to maintain homes ... which made for bad housing conditions."[1] It was thought also that the number of drug addicts increased with the influx of the Chinese and their opium smoking. Their gambling was also a source of disapproval by Canadians.

The early immigrants engaged in the Gold Rush had no intention of settling permanently; their intention was to save their earnings and return to their homeland when they had saved from $500 to $1,000. Even with intensive saving, they appeared to live in some degree of comfort on the basis of the standards of their own country. The Confucious doctrine of social structure: that "a man does not travel to distant places when his parents are living, and if he does,

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[1] Taft & Robbins, op. cit., p. 564.

he must have a definite destination,"[1] may have contributed to their lack of integration into the ways of a foreign land. The Chinese were discriminated against for this practice since it was felt that they were exporting the wealth of the country rather than spending it where they earned it.

Since the Chinese language is completely unlike the Canadian language, integration was more difficult. As mentioned earlier, adults experience greater difficulty in adapting to new cultures, and most of the early Chinese immigrants were adults. Furthermore, integration may have been difficult because of discrimination which handicapped their choice of employment. The Chinese were criticized for their lack of interest in assimilation and "duties of citizenship which the Americans denied them."[2] Their lack of interest in assimilation may have been attributable to the fact that, as a minority group, they were eager to group together for social life and to strengthen their morale. Consequently, with the arrival of more of their countrymen, their customs and habits were reinforced and renewed, and integration further deterred. Such factors, along with racial discrimination, would contribute to the establishment of predominantly Chinese communities in Canadian cities. These facts, as

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[1] Lin, Yutang, My Country and My People, The John Day Co., New York, 1939, p. 180.

[2] Taft & Robbins, op. cit., p. 565.

well as the recent curbing of Chinese immigration may have confirmed in the minds of the Chinese the country's disapproval of them which, in turn, would contribute to manifestations of withdrawal and stress.

With the amendment of Canada's Immigration Policy on Chinese immigration in 1947, which allowed "the admission of wife (or husband) and unmarried children under 21 years of age",[1] there followed a great influx of immigrants. This was a direct result of the relaxation of Canadian immigration policy, which permitted many more Chinese to escape the political uproar and the stresses of overpopulation and economic need in their own country. Hoping to find a new and better homeland, the Chinese found themselves instead in a strange and insecure environment.

The unskilled laborer, who had little to contribute to the highly industrialized society of Canada, had particular difficulty in adjusting to a new economic system and sometimes developed susceptibility to mental illness in his efforts to adapt. According to Hollingshead's[2] hypothesis on mental illness and class structure, it would appear that there is a higher frequency of mental illness in the working class.

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[1] Corbett, D. C., Canada's Immigration Policy, University of Toronto Press, 1957, p. 29.

[2] Hollingshead, A. B., and Redlich, F. C., Social Class and Mental Illness, John Wiley & Sons, Inc., New York, 1958, p. 198.

However, many factors such as class, sex, age, race, marital status and religious affiliation enter into the picture and alter these generalities. As shown in Table 1 (Intended Occupations of Chinese Immigrants To Canada, 1947 - 1959, of which more than 80% are in British Columbia), there is a far greater number of miscellaneous and general labourers than of professionals and merchants, skilled and semi-skilled workers or clerical workers.

TABLE 1

INTENDED OCCUPATIONS OF CHINESE IMMIGRANTS TO CANADA, 1947 - 1959

Occupational group	1947 -1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	TOTAL
Professional or merchant	12	10	23	29	24	31	94	58	41	49	171	542
Clerical	0	2	5	17	10	8	70	53	35	28	41	269
Farming	1	8	11	12	2	28	59	86	32	23	11	273
Skilled	2	5	9	7	8	33	50	49	26	21	30	240
Semi-Skilled	7	5	18	38	2	26	9	7	4	6	5	127
Labourers	5	26	357	751	785	337	345	598	210	275	240	3929
Miscel-laneous	51	136	517	398	194	455	762	84	97	93	98	2885
Dependent children	466	1103	1159	564	388	431	449	385	304	681	742	6672
Dependent mothers	342	446	603	497	516	607	737	773	913	1439	1243	8116
TOTAL	886	1741	2702	2313	1929	1956	2575	2093	1662	2615	2581	23153

Source: Statistics Section, Department of Citizenship and Immigration

If Hollingshead's hypothesis is valid, the number of potential mentally ill people is greater than if the number of immigrants were composed of the latter group of workers.

Cultural Background of Chinese Immigrants

The Chinese immigrant's customs and ways of living were quite different from those of Canadians, at the outset. But this difference was emphasized because of the absence of Chinese women who would have insisted on a higher standard of living than that achieved by single men. The Chinese men accepted accommodation considered intolerable by white men, hence "receiving mixed reactions of welcome as cheap labour and opposition as 'unfair' competitors."[1] A glance at the condition under which the white working man and the Chinese competed showed the unfairness of the competition. The Canadian is expected to discharge the ordinary duties of citizenship to himself, his family and his country; rent must be paid, food provided and the family decently clothed. Yet he is put in competition with one who does not assume any of these duties, as in many Chinese communities there were no women at all. Their own mode of living was retained, modified only sufficiently to meet the economic and legal demands made upon them.

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[1] Taft & Robbins, op. cit., p. 561.

Parent-Child Relationships

In the culture of the Chinese, the father-son relationship is highly glorified and filial piety is demanded.[1] The idea of solid kinship among members of a group is cultivated. China has arrived at the point of tradition and position in which the family revolves around the husband and wife "while the Canadian families tend to be child-centered."[2] The North American culture looks to the future, and the parent sacrifices for the child, parents acquiring for their children advantages which they themselves did not have.

It would appear that the Chinese do not segregate children from adolescents; they are all considered children until such time as they begin to assume some family responsibility by working the fields or going out to work in other occupations. The temporary rebelliousness of the youth of the North American culture, resulting from such factors as industrialization, is quite in contrast to the docile, disciplined behaviour of Chinese youth. One of the first things the Chinese child learns is the social obligations between man and man, self control and courtesy for mutual adjustment, and respect for his elders. This emphasis upon respect and obligation often deprived young men of a sense of enterprise and initiative. In the North American culture, on the other

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[1] Taft & Robbins, op. cit., p. 309.
[2] Van Kooten, op. cit., p. 17.

hand, the child is, to a large extent, under the authority of the parents until he is twenty-one years old, after which he assumes independence and moves out with a sharp break in family ties. As the children leave one by one, the parents are left alone.

A man who becomes financially successful in the world and who has been brought up in a traditional Chinese family would buy his father a new home but the successful man brought up in the North American culture "would surely buy himself the house,"[1] possibly helping his father financially, perhaps in a home for the aged. The elders in the Chinese family are so respected that "marriage is contracted through the hands of parents,"[2] unlike the "falling in love" of couples in the Canadian culture, and the mutual decision to marry without regard for parental opinions.

Status of Women

There also existed inequality of women in China. For example, her opinion about the marriage or about her husband keeping a concubine was not sought, nor was there respect for her position in the family lineage. North American women often supplement family income for a better standard of living and in order to have an independent life of their own.

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[1] Wilensky, H. L., and Lebeaux, C. N., Industrial Society and Social Welfare, Russell Sage Foundation, New York, 1958, p. 73.

[2] Lin, op. cit., p. 180.

The husband-wife relationship is based on love, loyalty and companionship and the wife may help her husband in his business on a social level. A good wife is a companion with extra familial activities, whereas in the Chinese family, the husband-wife relationship exists but is secondary to the parent-child relationship, "the ideal wife being a helpful wife and a wise mother".[1] She has her position of wifely duties of which she is fully aware. Chastity is a virtue in both cultures; however, divorces and birth control are unusual in China while both practices are prevalent in the North American culture. China today, under Communistic influences, "is reported to be changing precipitously,"[2] in family systems. This can also be said of Chinese immigrants in Canada, especially the Canadian born of Chinese-born parents. Except for physical characteristics, many Canadian-Chinese think, act, speak and eat as other Canadians do.

Family life for "the traditional large Chinese family has been patrilineal, patrilocal and largely patriarchal."[3] In China, the aged members of the family, which extends to include distant relatives, are objects of respect. It would seem that many aged Canadians are left to care for themselves with infrequent visits by their children. This

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1 Taft & Robbins, op. cit., p. 563.
2 Loc. cit.
3 Taft & Robbins, op. cit., p. 309.

attitude towards the aged may well be cause of serious concern by the elders of the Chinese immigrant groups.

Psychological Difficulties in Cultural Adaptation

"Although, infinite variety in personality make-up allows for a wide scope of deviation in individual behaviour, it is generally accepted that a psychologically secure, strong and constitutionally healthy person will from the outset, be better equipped than a dependent, insecure, passive and perhaps already disturbed newcomer."[1] The constitutionally strong person will be able to withstand the initial stress of adjustment; his previous social roles will also affect his adjustment period. Many Chinese immigrants suffered greatly through deprivation of food and comforts of life in their native land and in emigrating to Canada, some were exposed to exploitation and discrimination. To have suffered economically in his own country and then to endure the stresses of a minority group such as that of the Chinese in Canada would seem to imply that such a person must be physically and mentally strong. "Each country probably has certain particular antipathies. Canadians, whatever may be their general level of prejudice compared with that of other people seem to show their strongest prejudices against Oriental immigration."[2] The Canadian-born Chinese learned to

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[1] Damm, op. cit., p. 3.
[2] Corbett, op. cit., p. 31.

integrate under similar situations as well as that of the conflicting aspects of dual cultural background. It would seem that the greater the cultural differences between the Canadian and Chinese culture, the greater the psychological problem.

Criteria of Mental Health

Mental illness is an abnormal psychological manifestation of the personality. Personality is the behaviour of an individual developed from birth to death by the interaction of culture and society. Normal as well as criminal and anti-social behaviour is related to cultural factors. Anti-social behaviour is said to have much in common with mental disorders.

Jurgen Reusch[1] expresses his opinion on mental health in this way:

> Today we conceive of the individual as a living organism whose social relations are combined into a complex organization, whose inner world of experience is closely related to his social operations and whose soma materially makes possible his various activities - such a view necessitates a more unitary approach to men - one which will enable us to represent physical, psychological and social events within one system of denotation. If such an undertaking were to be successful, it would provide for an entirely

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[1] Ackerman, N. W., The Psychodynamics of Family Life, Basic Books Inc., New York, 1959, p. 8.

> new perspective of the intricate relations of mind, body and socio-economic events and would furnish a framework which would consider simultaneously the individual and his surrounding, both in health and disease.

Mental health today concerns not only the sick but also the entire community because the ever growing population and the crowded conditions of the modern city life have affected mental health. The different forms of mental illness in the various classes of population may offer some light on the relationship of class to the type of mental illness.

"If 'normal' behaviour, as defined in our culture, is taken as an absolute standard of reference and the behaviour of individuals conditioned to the values of another culture are compared with it, then, of course, it is even possible to speak of 'group psychoses and neuroses' as manifested by the individuals of the exotic society."[1] Diagnosis of mental illness in other societies is anything but simple.

Karl Menninger[2] states that "mental health is the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness." Erich Fromm[3]

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[1] Opler, M. K., Culture and Mental Health, The MacMillan Co., New York, 1959, p. 23.
[2] Ackerman, op. cit., p. 5.
[3] Loc. cit.

says that "from the standpoint of function in society one can call a person normal or healthy if he is able to fulfill his social roles - if he is able to participate in the reproduction of society. From the standpoint of the individual we look upon health or normalcy as the optimum of growth and happiness of the individual."

It can be said, then, that varying cultural values determine to a great extent the definition of mental health since the components of contentment and happiness vary from culture to culture. The World Health Organization cites mental health as being the "capacity to establish harmonious interpersonal relations."[1]

The concept of mental health varies between the culture of the Chinese immigrant and that of the Canadian, hence making the diagnosis of actual mental illness more difficult. The psychiatrist and social worker must learn to comprehend which factors in both cultures may lead to mental illness and at what point psychiatric treatment is necessary, if they are to effectively help the mentally ill of this minority Chinese group within Canadian society.

Responsibilities of the Social Worker in the Mental Hospital

Jeanette Regensburg[2] states:

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[1] Ackerman, op. cit., p. 3.

[2] Regensburg, Jeanette, "Implication for the Practice of Social Casework," Social Casework, Vol. XLI, no. 1, January, 1960, p. 14.

> Social work seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationships which constitute the interaction between man and his environment. These activities can be grouped into three functions; restoration of impaired capacity, provision of individual and social resources, and prevention of social disfunction. Social casework is a method of social work which intervenes in the psychosocial aspects of a person's life to improve, restore, maintain or enhance his social functioning by improving his role performance. Intervention occurs when the person, or members of his group or his community, realize that his role performance is hampered or threatened. The intervention takes place through a professional relationship between the worker and the person, and also between the worker and other individuals whose interaction with the person affects his role performance. Since social functioning is the product of interaction among intrapsychic, somatic and social forces, social casework involves assessing the internal and social factors which impairs or threatens the person's role performance and helping him to find and use the somatic, psychic and social resources at his disposal, to eliminate or reduce malfunction and to enhance functioning in social roles.

It is important to note that Regensburg's statement implies broad interaction between people and groups. The relations between man and man, man and groups, and between groups and community, are rooted in the firm democratic beliefs that nourish our civilization. It is

beliefs such as that of freedom for individual development which result in the caseworker's faith and belief in the inherent worth and dignity of the individual and his right to self determination.

The social worker's task is to aid the individual to develop his resources to a maximum capacity of social functioning. He tries to understand the client's obstacles in adjusting to his environment and "to provide a social climate which will foster any individual search for self-fulfillment."[1] The social worker in the Mental Health Services, in trying to understand the client's problems, also helps the patient's family, relatives or friends to understand the patient's problems which, in turn, will assist his family in understanding his behaviour. Upon the patient's return from hospitalization for example, "the worker must give him more support in his efforts and even perhaps, actively intervene in his environment to reduce social or personal pressures upon him."[2] The caseworker may help the discharged patient with employment so that he may achieve some independence, thereby making a contribution to the community. "Social forces influence behaviour and attitudes of the individual;"[3] therefore, a helpful community receives gains

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[1] Damm, op. cit., p. 5.
[2] Hamilton, G., Theory and Practice of Social Case Work, Columbia University Press, New York, 1954, p. 23.
[3] Ibid., p. 22.

in return. However, for such a harmonious setting, the importance of co-operative relationship between social worker and other related professional disciplines must be recognized. In order to strengthen the relationship between the professional disciplines, one must understand clearly the concept of his role in the multiple discipline setting.

"In order to be qualified to bring any resulting impact to the attention of the public, the worker must have knowledge of the society's 'make-up'."[1] Culture plays an important part in determining those actions which may be acceptable and those which are unacceptable. In this particular field the worker must understand the complexity and psychological nature of the general public as well as that of the Chinese community: their unique culture, and what they think constitutes mental illness. It would seem that at the present time, the opinion of the Chinese in Canada in regard to mental illness is that it brings shame and disgrace to the whole family, both the immediate family and the extended family.

The purpose of this study is to assess whether the difficulties encountered by the Chinese immigrant and the Canadian-born Chinese in adjusting to a new culture did, in

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[1] Damm, op. cit., p. 5.

the cases of the sample of patients chosen, contribute to mental breakdown. In addition, an attempt will be made to indicate in what ways the social worker, with his knowledge and skill in assisting people to adjust to change, might help the new Chinese immigrant to overcome these stresses, regain or develop his sense of security and avoid mental breakdown, or in the case of mental illness, become rehabilitated within the Canadian culture.

Scope of Study

Basically, this study will examine the implications for those Chinese people who constitute the small group of recent immigrants and Canadian-born Chinese who have been hospitalized for mental disorder and who have failed to adjust satisfactorily in a Canadian community. The study is based upon the assumption that every person is a social being, an interdependent part of a system of human interactions.[1] Within the confines of the socio-cultural pattern each person responds in terms of his own constitution and life-experiences. This approach of analytical study is also based on a conception of mental health and mental illness which stresses the importance of the life-experiences of the individual, his relations to his own

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[1] Kluckhohn, C., and Murray, H. A., Personality in Nature, Society, and Culture, Alfred A. Knopf, New York, 1956, p. 6.

body, his parents, his siblings, peers, etc.[1] The study will examine the interdependence and cross-influence of psychological and cultural processes in the social functioning of the individual and attempt to assess the psycho-cultural conflicts. However, it is also designed to provide, in some measure, a more comprehensive knowledge of the difficulty experienced by the Chinese person in meeting his basic needs, the minimum requirements for adjustment and the possible factors contributing to mental disorder in both recent Chinese immigrants and those who were Canadian-born Chinese. Were these patients predisposed to mental illness, or did they fail to adjust to a new life because of stressful situations of adaptation? Is it an individual factor or is it due to socio-cultural differences such as language and work? The study is not directed toward absolute answers to social diagnosis, but its conclusions might help the professional caseworker to create a more meaningful social diagnosis, which, in turn, might result in more knowledgeable and improved casework treatment services for Chinese patients. The exposition may add to the professional social caseworker's knowledge of the Chinese, particularly those workers who deal with these recent Chinese immigrants and Canadian-born Chinese, hence proving beneficial to the patients

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[1] Mead, M., Cultural Patterns and Technical Change, American Library, New York, 1957, p. 14.

themselves. One basic question which should be raised is: "What kind of services are available to facilitate the initial adjustment of a newcomer?"

Method and Criteria of Selection

To understand people of a completely different cultural background requires some elaboration. Dissimilarities include language, customs, food, ideas of comfort, and philosophical thoughts. Therefore, this work presents some preliminary cultural data in this chapter in order to facilitate understanding of possible unique problems. The background also serves to suggest fertile grounds for the reaping of possible hypotheses. "Many exploratory studies have the purpose of formulating a problem for more precise investigation or developing hypotheses. "Many exploratory studies have the purpose of formulating a problem for more precise investigation or developing hypotheses. An exploratory study may, however, have other functions; increasing the investigator's familiarity with the phenomenon he wishes to investigate in a subsequent, more highly structured study, or with the setting in which he plans to carry out such a study; clarifying concepts; establishing priorities for further research; gathering information about practical possibilities for carrying out research in real-life setting; providing a census of problems regarded as urgent by people

working in a given field of social relations."[1]

This exposition will focus on the following hypotheses: (1) The prevalence of mental illness amongst the Chinese immigrants is related significantly to the level of education and occupation. (2) Migrating people are more susceptible to emotional disturbance than are native-born people. (3) Language difficulties create maladjustments. (4) Emotional disturbances are associated with extreme differences in cultural background. (5) Dual cultures of extreme differences affect mental stability. Each hypothesis connects two major concepts of research: mental illness and immigration, and mental illness and integration.

The source of material for this study was obtained from clinical and casework records on the files of Chinese patients hospitalized in the Crease Clinic of Psychological Medicine and The Provincial Mental Hospital at Essondale, B. C. These hospitals which are administrated by the B. C. Government offer two types of treatment: brief therapeutic measures in Crease Clinic for those acutely ill patients expected to improve within a four-month period; and continued therapeutic care at P. M. H., for the chronically ill patient. Treatment is provided by a team of psychiatrists, psychologists, social workers, psychiatric nurses, occupational

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[1] Selltiz, C., Johoda, M., Deutch, M., and Cook, S. W., Research Methods in Social Relations, Henry Holt & Co., New York, 1959, p. 51.

therapists and physiotherapists. Their observations of the patients are recorded on the patient's file and referral for brief or continued casework services is discussed by the team. The acceptance of a request for social work treatment remains with the Social Service Department and such acceptance depends greatly upon the availability of workers, as well as upon the appropriateness of the referral.

A small sample of nine Canadian-born Chinese patients and eighteen Chinese immigrants are studied on a comparative basis. In order to maintain uniformity, four main criteria were emphasized in selecting the samples:

(1) Patients admitted between the period of March, 1950 to March, 1960.

(2) Patients hospitalized for the first time for psychiatric treatment.

(3) Male single patients between the ages of twenty to forty-five.

(4) Patients who had been discharged from hospital before this study was undertaken.

Bachelors were chosen on the assumption that they possessed certain personality characteristics. The immigrant group may include some of those who experienced Communist ideology and thus were already subjected to stress and conflict. They were not selected within any classification of specific mental illness; e.g., schizophrenic, manic-depressive, etc.

Nine of the patients selected for this study were Canadian-born Chinese and eighteen were recent Chinese immigrants. This ratio was chosen because hospital records showed a higher frequency of immigrant patients. The method used to study this sample of patients was examination of clinical and casework records on their files, with information being recorded on a Working Sheet as shown in Appendix A. Data on these clinical files was obtained from the recorded observation of the patient by various staff members and social information gathered from relatives and associates of the patient.

A rating scale was employed to show a clearer measurement of comparison between the two groups, immigrant and Canadian-born Chinese patients. It also serves the purpose of showing a comparative measurement of the individual factors which affect mental illness and covers the following areas: (1) Personality constituents; (2) Social factors; (3) Economic factors. The findings recorded in each patient's file by physicians, psychiatrists, nurses and social workers have served as a basis for organizing the rating scale. Three case examples are subsequently provided to illustrate and support the rating scale as well as to serve as a means of better appreciation and understanding of the significance of the rating scale.

The rating scale used in this study is a

modification of that used by E. B. M. Damm in her Master of Social Work thesis, 1959, University of British Columbia, p. 42 - 44. Her study was a comparative study of German immigrant patients and Canadian patients admitted to the Crease Clinic of Psychological Medicine. This scale appeared to be generally applicable to any comparative immigrant studies and hence is being used in this study to compare Chinese immigrants with Canadian-born Chinese. From the total material compiled on these patients, a rating scale indicating factors which may have led to, or precipitated, mental illness, can be formulated (Chapter II).

CHAPTER II

THE ASSESSMENT OF "ADJUSTMENT"

The three areas "Personality Constituents", "Social Factors", and "Economic Factors" were found to be the major areas of concern in mental illness. The criterion "Personality Constituents" takes into account ego strength, concept of self and motivation. The attitude toward illness is a factor of ego strength, measuring the patient's acceptance of it or his complete lack of awareness of his immediate problems. A negative attitude to his situation, for example, may be seen in his defiance about hospitalization. This degree of acceptance of his illness is rated on three levels, high, moderate and low.

"Social Factors" include social and recreational activities, relationships with relatives and friends and the number of visitors during hospitalization. A high level of social and recreational activities is shown by a patient's activity in current events, clubs, sports and organizations prior to hospitalization and interests in similar activities during hospitalization. Those with very few such activities and those showing no desire to participate socially, were given 'low' ratings. Social activity is reflected to a great degree in the patient's relationships with relatives

and friends. It correlates with the frequency of visitors whether relatives or friends. The rating scale is devised to grade frequency of visitors at the hospital and of week-end invitations for visits with people outside.

"Economic Factors", including employment and earning capacity, financial status, and degree of mobility which is directly related to his stability of employment, are used to rate the patient's economic level prior to hospitalization. Employment and earning capacity are subdivided into three grades: (1) Managerial or the professional field which includes the higher level of employment and earning capacity. (2) Craftsmen, clerical or the technical field, which includes those who had experience, training or apprenticeship in specific skills. (3) The manual labourer, those who had no training and were given very little job responsibility.

Table 3 was devised from the findings gathered from the rating scales to present an overall comparison in percentages. These were rated A, B, C, with A having the highest degree of potential adjustment, and C having the lowest potential. Points were tallied for each case and a percentage was worked out for each group A, B, and C.

Using the rating scale, quantitative findings under the three major areas are presented under their respective headings.

TABLE 2-a

AREAS AND GRADES	EXPLANATORY NOTES
I. PERSONALITY CONSTITUENTS	
1. Ego Strength	
A. High	Realistic attitude toward illness; accepts hospitalization with good attitude; shows great struggle for maintenance of mental health upon hospitalization.
B. Moderate	Has limited realistic view toward illness; ambivalent feelings toward hospitalization; short duration of struggle to maintain mental health prior to admission.
C. Low	Little or no ability to perceive reality; defiant to hospitalization; little or no attempt to regain mental health prior to admission.
2. Concept of Self	
A. Strong	Shows strong desire for personal achievements; persistent effort toward self-worth and goals; has vitality and confidence.
B. Moderate	A moderate desire for personal achievements; inconsistent feelings of self-worth and goals; fluctuating feelings of vitality and confidence.
C. Weak	No sense of goal or personal achievement shown; limited feeling of self-worth and little or no effort toward goals; lacks vitality and self-confidence.
3. Motivation	
A. High	High degree of personal involvement in treatment; good adjustment on wards; uses potential for self improvement in fullest possible way.
B. Moderate	Moderate degree of personal involvement in treatment; adjustment on ward seems to fluctuate from day to day; requires encouragement to utilize own potentials; may see hospital as a protective institution.
C. Low	Little or no degree of self-involvement in treatment; poor adjustment on wards; little or no desire to mobilize own potentials; overt resistance to treatment.

TABLE 2-b

AREAS AND GRADES	EXPLANATORY NOTES
II. SOCIAL FACTORS	
4. Social and Recreational Activities	
A. High	Persistent high level of involvement in activities; Sports, cultural, or current events personally pursued, prior to and during hospitalization.
B. Moderate	Irregular participation and involvement in activities; participates only upon encouragement; limited awareness and initiative toward activities.
C. Low	Little or no activities encountered; socially shy; self conscious; shows no desire to participate, or involvement in activities.
5. Relationship with Relatives and Friends	
A. Adequate	Frequent contacts with relatives; a large number of friends and acquaintances prior to admission; has kept contact with distant relatives.
B. Moderately adequate	Irregular contacts with relatives; friends and acquaintances; may have occasional contact with distant relatives.
C. Inadequate	Infrequent contact with relatives or friends, if any; little or no contact with distant relatives.
6. Visitors	
A. Frequent	Regular visitors, once weekly in hospital; is asked out on frequent weekend invitations with relatives or friends.
B. Moderate	Visitors, spasmodic but on once weekly average; occasional invitations to spend weekends with visitors.
C. Limited	Occasional visitors, or none at all; irregular or no brief outings with visitors.

TABLE 2-c

AREAS AND GRADES	EXPLANATORY NOTES
III. ECONOMIC FACTORS	
7. Employment and Earning Capacity	
A. Managerial, Professional	Prior to admission, patient held a responsible position requiring specific training for the managing of employees, finances and products.
B. Craftsman, Mechanical and Clerical	A more limited responsibility requiring apprenticeship or vocational training for specific skills.
C. Manual labourers	Very little responsibility, requiring no training at all; duration of employment often irregular.
8. Financial Status	
A. Self-maintaining	Prior to admission, held a steady job, had a regular income; possessing recognizable assets of value; able to support dependents.
B. Borderline Dependency	Irregular income; personal assets of little value; some savings; able to assume some responsibility for dependents.
C. Dependent	Unemployed; low earning capacity; no steady income; little or no personal assets of value; dependent on family, friends or welfare.
9. Degree of Mobility	
Chinese Immigrants	
A. Low	Change of residence less than every third year.
B. Moderate	Change of residence from one to three years.
C. High	Change of residence once yearly or more.
Canadian-born Chinese	
A. Low	Change of residence less than every third year.
B. Moderate	Change of residence from one to three years.
C. High	Change of residence once yearly or more.

TABLE 3 *

AREAS	RATINGS					
	EIGHTEEN IMMIGRANT CHINESE PATIENTS			NINE CANADIAN-BORN CHINESE PATIENTS		
1. Personality constituents	A	B	C	A	B	C
(a) Ego strength	0%	59%	41%	11.1%	44.5%	44.4%
(b) Concept of self	0%	41%	59%	0%	44.5%	55.5%
(c) Motivation	0%	23%	77%	11.1%	33.4%	55.5%
2. Social factors						
(a) Social and recreational activity	12.5%	6.2%	81.3%	22.2%	22.3%	55.5%
(b) Relationship with relatives and friends	0%	31%	69%	11.1%	33.4%	55.5%
(c) Visitors	0%	0%	100%	11.1%	11.1%	77.8%
3. Economic factors						
(a) Employment and earning capacity	12.5%	6.2%	81.3%	11.1%	33.4%	55.5%
(b) Financial status	0%	10%	90%	0%	44.5%	55.5%
(c) Degree of mobility	50%	50%	0%	55.5%	22.2%	22.3%

* Source: Modification of scale from E. B. M. Damm's Mental Illness and Migration Stress, U. B. C. Master of Social Work thesis, 1959, p. 48.

Personality Constituents

In analyzing the area of Personality Constituents of the twenty-seven patients, it was generally found that both Chinese immigrants and Canadian-born Chinese patients possessed very low ego strength and an all around low-grade record. One of the voluntary Canadian-born Chinese in this study was quite aware of his illness and showed a great struggle for the maintenance of mental health, but most patients fell into the category of "moderate" and "low" capacity, finding some difficulty in accepting a realistic view toward mental illness and hospitalization. Their concept of self or the desire for personal achievements fell accordingly. It is presumed that since the immigrants had no family to care for them, the patients were found on the streets committing bizarre acts. They were admitted in a state of desolation and subsequently their efforts and desires for personal achievement or involvement were found to be seriously lacking and required much time and effort to promote any encouragement. It was in this category that these immigrants fell markedly below that of their counterparts. The Canadian-born patients, on the other hand, had their families to care for them and were admitted at an earlier stage of mental illness before they had greatly degenerated. It was noted that there were more immigrant patients who required certified admission than those of Canadian-born Chinese

patients. This might indicate a lack of knowledge of Public Services, hence the immigrants withheld their admission to hospital until such a time as it became absolutely necessary. It can almost be surmised that some of these immigrants had actually suffered from starvation at one point or another, prior to or following immigration. Prolonged starvation is known to give rise to psychological symptoms, thus any length of starvation may well have some psychological bearing. The Canadian-born Chinese patients had families and relatives to care for them in their initial stage of illness and as the situation became beyond the control of the family, they suggested, or sent their relatives to, mental clinics. These patients were kept close to the confines of the home and were therefore less frequently found behaving in a bizarre way on the streets. It is possibly because of this care and attention that the Canadian-born Chinese were able to show a higher degree of motivation or personal involvement, since they received treatment earlier than the comparative group.

The patient's attitude toward himself and others is a significant factor. It suggests the degree of distortion he is experiencing about himself and others. Out of the twenty-seven cases studied here, there were ten who possessed a high degree of feelings of persecution. Their ideas varied from: the feeling that people at work were spitting

on him; the family with whom the patient was staying could not be trusted and that they were lying to him; to such ideas that "Big Joe" was after him and was going to kill him or that the Communists were seeking him out. In one particular case, the patient felt that everyone was talking about him at work. These feelings may possibly emerge out of the fact that he could not speak or understand his co-worker's language and therefore he soon became suspicious of them and became a victim of his surroundings. These attitudes depend largely on the judgement and personality of the individual and how realistically he sees himself and others. There is a noticeably higher occurrence of this attitude with the immigrants than with the Canadian-born Chinese.

Another important factor is the attitude toward the new country. Those who fled because of political reasons did not appear to have entered Canada with the feeling of accepting Canadian life but merely to find a refuge and a security which some were not able to find. The opportunity and ability to plan ahead can considerably facilitate the process of adaptation. It is thought that the Chinese immigrants view Canadians with some scepticism because of the treatment of their forerunners, as was discussed in Chapter I. Many of the immigrant patients were found to have only distant relatives in Canada, who did very little to smooth the path of the newcomer.

Social Factors

The process of integration for the average immigrant is a painful one. To begin with, the position of the immigrant is that of the "marginal man" or "stranger". The difficulties to overcome are those of language and cultural differences and sometimes hostile local attitudes. It is not surprising then, that sometimes the immigrant is defeated by these various difficulties before he can hardly gain a footing and, accordingly, his integration remains incomplete. It was found, however, that the Chinese immigrant patients had little or no preparation for language or cultural differences prior to entry into Canada.

Patients in both groups experienced difficulty in socializing and in involving themselves in sports or cultural activities prior to admission. The Canadian-born patients, because of their coincidence of birth, did not have a language barrier as did the immigrant Chinese patients and for this reason they were able to participate in group activity to an advantage over the immigrant patients. Many of the immigrant patients were withdrawn from social activity and had therefore taken to solitary reading. Their lack of social interaction was evidenced by the few visitors they had, during their hospitalization, but this may also be due to cultural background, where mental illness is not too well accepted in the Chinese culture and thus their

associations were terminated. There was a noticeable lack of contact between immigrant and Canadian-born Chinese. It was found that most of the immigrant Chinese were admitted without the accompaniment of relatives or friends in contrast to the Canadian-born Chinese who, on most occasions, were accompanied by a relative who continued to visit them from time to time, although, there seemed to be the lack of such interest on the part of their families in having the patients home for weekends and holidays.

Economic Factors

From an economic point of view an analysis of case material reveals that a majority of the patients held very low-grade records of employability. Many of these immigrants had worked only as unskilled labourers and had had very little education. The Canadian-born Chinese had a slightly higher education but many of them, too, worked as unskilled laborers. Only four out of the twenty-seven patients studied, had some specific training. Most of these patients had been working as dishwashers, cooks or farm hands. A few operated their own restaurant business but without too much success. An assessment of the overall picture of employment of these patients still suggests only a marginal status. Many dishwashers and cooks were temporarily employed and the farm hands held seasonal jobs. Consequently, their financial situations were also uncertain and in a few

instances when they had saved some money, they lost it by gambling. A few of the patients held personal assets such as life insurance. There was not one case on social assistance. The reason may have been that even though the Canadian-born Chinese knew of such services, it was below the dignity of the family to accept help from charity, especially when they had a family to care for them. There is a great family respect with the Oriental race, and even though they may not appear to be close, this family respect exists. As for the immigrants, they possibly did not know about such public service and even if they had known, they may have hesitated to apply for such help, since this would be looked upon as begging. In his own country begging is indicative of the lowliest form of existence. After coming to the 'Land of Prosperity' this would be indicative of failure to provide for oneself. Since their aims were for greater heights this becomes difficult, in fact, almost impossible to accept.

None of these patients were recipients of unemployment insurance. This may have been because of the temporary type jobs they held or, with the immigrants, it may have been that they were ignorant of what they were paying into and possibly by the time they took ill, they were not concerned about such matters. With some, there was very little time lapse between cessation of employment and admission to hospital. Several of the Canadian-born Chinese had left their

jobs or were unemployed and then gradually began to get ill but living with family or relatives, there seemed to be very little concern about collecting unemployment insurance. It is possible that the impact of such a 'shameful' illness was enough for the family, and such problems as unemployment benefits became a minor detail in comparison with the onset of the illness.

The average education of the immigrant cases was Grade 7, but within this group there are several who had only Grade 3 - 5 education. There was one illiterate person in the group. The average of the total education was brought up by two University students. The average schooling of Canadian-born Chinese patients was Grade 9, which is also a fairly high standing. Therefore in these cases, educational preparedness does not seem to be a major factor of maladjustment but such factors as integration appear to be a greater cause for maladjustments.

Comparison of the Two Groups

A general impression of both groups reflected a submarginal functioning in society with regard to occupation, financial assets and interpersonal relationships. It would seem that their occupation was, to some extent, hindered by the lack of specific training and their financial assets similarly followed due to the pay of an unskilled labourer who is not always permanently employed. In both groups

there was a noticeable lack of interpersonal relationship although, with the Canadian-born Chinese, since this is their native land, and since they are able to express themselves to fellow Canadians, showed a slightly higher, although not too significant, rate of association with others. Their advantage of language helped them, especially in rehabilitation in the work shops. The Canadian-born also had their families, even though their inter-relationships outside the family were limited.

Possibly because of this lack of familial support and relationship, the illness of the immigrants became acute. Having no one with whom to discuss their problems may have led to their bizarre actions which, in turn, often resulted in certified admissions. Twelve of the eighteen immigrants studied here were admitted as certified patients in comparison with three out of nine Canadian-born admitted under certification. There is a good indication that many of these Canadian-born patients, having had family attention and support, did not resort to bizarre actions. A slow and supportive orientation to, and realization of, their problems probably helped the patient to recognize the therapeutic value of hospitalization, with the result that the patient agreed to enter hospital with little or no resistance.

The motivations in life in the comparative groups are different. The immigrants either came with the idea of

making money in order to attain the North American standards or they fled from political pressures. The Canadian-born Chinese are concerned with integration but integration involves many facets such as overcoming the conflicts of a dual culture. Amongst Canadian-born Chinese, many seemed to possess feelings about domineering parents or the lack of acceptance by Occidental Canadians because of racial differences. Dual cultural background certainly seemed to present a problem. If they had been brought up in China, for example, they would not have felt the dominance of their parents quite so much because their associates would have had similar parents and obedience would not be uncommon. However, in comparing himself with those in Western culture, he would notice great differences. Furthermore, parents of these children would not have been under stresses of adjustment either, had they lived in China. There is a constant striving for integration and acceptance - to become one of the group. Both of these strivings are in effect different from each other but each creates stress and strain. It is no doubt under such pressures as these that many have not adjusted satisfactorily. Although, the immigrant in trying to obtain the North American standard, he is not looking at first as much for "acceptance" as for "self satisfaction". In this respect, though their goal may be the same, their motivation is somewhat different.

A striking comparison of diagnosis was noted here. Out of the eighteen immigrants hospitalized, sixteen were classified as "schizophrenic, paranoid type", compared with two out of nine Canadian-born patients. The latter were frequently diagnosed as "dissociative reaction" and "neurotic depressive reaction". In this study, however, no evaluation is made of these findings although a study of such diagnostic factors might prove of interest and value.

It would seem that many of the immigrants were subjected to political influence such as Communism. The Canadian-born are subjected to discrimination but this is a situation which they have been born into and therefore it is not a sudden encounter for them as Communism was for the immigrants. The Chinese immigrants, after shedding Communism, are again exposed to pressures of discrimination which they are not personally experienced to combat when they meet with it.

Analysis of the twenty-seven cases suggested that these particular areas, personality, social and economic factors, would be the most significant to explore. However, upon actual application, these areas presented some difficulties, particularly those areas which included early life history and history prior to entry into Canada. They could not be adequately rated because of lack of information in the hospital records.

Summary

As shown in this study, the majority of both Canadian-born Chinese and Chinese immigrants fell predominantly into the average to low rating grades. This was particularly noticed in Personality constituents and Social factors for the immigrants and Personality and Economic areas for the Canadian-born. This may indicate a slow adjustment toward integration in the second generation. The immigrants who were admitted possessed extremely high feelings of persecution by Communists and people in general. Many of the immigrants were found dirty, unshaven, undernourished and barely clothed, and wandering around aimlessly. For these reasons they were rated with a higher percentage in the C category of Personality constituents. On the other hand, the Canadian-born were able to make a higher rating in the "personality" area not having reached a point of complete desolation, this was greatly dependent on "Social Factors" such as care by relatives who admitted these patients at an earlier phase of development in their illness. Both groups showed that they had failed to establish any lasting friendship with people prior to admission.

The discrimination in Canada for Canadian-born Chinese does not seem to present as profound an effect as did Communism on the Immigrant Chinese patients. The Canadian-born Chinese were born to this circumstance and thus the

impact was not as great as for those who encountered abrupt political changes after their formative years. The resentment of foreign politics into one's native land would be greater and would therefore exist the underlying rebellious attitude with most patriots. As far as discrimination with the Canadian-born Chinese is concerned, the first generation Chinese Canadians more or less accept their stay in Canada as a privilege from the pioneering European stock and their feeling of resentment is of a slightly different nature. There is some sense of gratitude.

As it has been found here of Chinese patients, Miss Damm in her thesis similarly found that the German immigrant patients and Canadian patients had an average to low rating grade in Personality, Economic and Social factors. In both of these studies the patients fell predominantly in the occupational or economic fields. Many were untrained for specific occupations which classified them as unskilled labourers, although they had an average education of Grade 7 - 9.

Both German and Chinese immigrants had significantly high feelings of persecution. The Germans feared persecution by the Jews, and the Chinese by Communists. However, in addition to this, the Chinese encountered racial discrimination in Canada. Their racial features were more outstanding, making integration difficult because they could

on no occasion be taken for the prevalent European stock but this was possible for the German immigrants. They could also learn the language quicker than the Chinese, whose writing or speech had no similarities. To better understand the comparative groups and their problems, three typical case examples can now be examined.

CHAPTER III

SOME REPRESENTATIVE CASES

The two Chinese immigrant patients admitted to hospital by certification and one Canadian-born Chinese patient voluntarily admitted, whose cases are presented here, are representative of each of the groups studied. A ration of 2:1 of illustrative cases was taken because there was a doubled number of immigrant patients studied in comparison with the Canadian-born Chinese patients. These cases are cited in order to give further insight into some of the individual problems of the Chinese: their limitation in occupations, adjustment to another culture, and to increase understanding of these cultural handicaps. The illustrations also help to give some idea of their family life, especially the disturbed family life of the immigrants. A deeper insight into the individual personality constituent is also noticed in this case analysis. Through the use of case illustrations, the statistics of Chapter II become people with problems.

Case 1, Chinese immigrant patient, Kim

Kim, a twenty-two year old certified patient was admitted to the Crease Clinic of Psychological Medicine,

Essondale, B. C., In June, 1958,[1] from Vancouver, after a relative found him in Winnipeg, wandering aimlessly, poorly clothed, and unshaven. He does not know why he was admitted to Crease Clinic.

The patient is a quiet, seclusive person who was born in Sun Way, China, and began attending school following the Japanese occupation. He started school at the age of thirteen, and left at the age of eighteen. He worked on the family's farm until he left for Canada in 1955. After coming to Canada, he worked for his uncle during the day and was enrolled in a night school course in English three hours a week. He continued these combined activities intermittently for three years.

As he disliked working in his uncle's tailoring shop, he took jobs as a dishwasher or cook in various restaurants. Initially, the patient was employed in a cafe in Vancouver but in the early part of 1957, he purchased a restaurant here, selling the business in July of the same year, because business had become increasingly poor. He then decided to leave Vancouver for Winnipeg, travelling first to Powell River, Chilliwack and Hope, working as a cook. He

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[1] The names of patients and a few other pertinent data have been changed to preserve the identity of patients but not as far as to alter the interpretation of the case.

became involved in gambling and lost two hundred dollars. In need of money, he then took a job at Swan Lake, again as a cook. Apparently he came into conflict with the foreman, who complained of his poor cooking. Because of these conflicts Kim left his job and continued on to Winnipeg, where he was found wandering the streets by relatives who wired back to Kim's uncle and later made arrangements for his return to Vancouver.

He was returned to Vancouver but since that time his behaviour has been bizarre and he has appeared restless and confused, sometimes being found kneeling in the downtown streets, praying and talking to imaginary people. Upon admission to hospital, his contact with reality seemed very tenuous. Most of the time he would stare into space and he seemed to be hearing voices. He said that Princess Margaret told him that she was going to protect him from everybody. Kim's lack of contact with reality is shown by his inappropriate grin. He was diagnosed as "schizophrenic reaction - acute undifferentiated".

Kim improved with treatment and his confidence and desire for personal achievement returned slowly. He became interested in therapeutic activities and became personally involved in them. As the time for his discharge drew near, the patient himself felt that unemployment and his poor adjustment had a great deal to do with his present disturbance. He felt

that having to live in an environment which is completely different from his native land had induced a great deal of anxiety and his former responses were inadequate to cope with the stresses.

The uncle describes the patient as always having been quiet, withdrawn, secretive and concerned about making money. According to the uncle, the patient had very few friends in China or in Vancouver. Being alone most of the time, he began reading and his only satisfaction seemed to be found in work. When he was unemployed, he seemed very disturbed. He took no interest in recreational activities.

Family History

The only family history obtainable is a brief statement which the patient himself has given and also that which the patient's uncle has contributed. The patient said that his father, aged fifty-six, is an extremely domineering man, very tempermental and given to various vices such as drinking, gambling, and opium smoking. The father often beats his wife and was particularly hard to get along with when drunk or when he had lost at gambling. The mother, on the other hand, is an easy-going person and is affectionate toward her children. His mother is fifty-four years of age. The family consists of four siblings, the patient being the third oldest. The relationships between siblings are said to be good. Apart from his actual parents, Kim has declared

that he has other parents who are living in New Westminster. Apparently the patient purchased papers in order to enter Canada.

The uncle felt that this boy has always wanted to be very independent and therefore was unwilling to accept any help. The uncle felt that the boy was unnecessarily over-confident.

Personality Constituents

In assessing this case, there is evidence that there has been some difficulty in the relationship between the patient and his father. This childhood experience may well have become one of the causal factors in his present illness. "Persons with so-called constitutional susceptibility to schizophrenia, according to Freudian concepts are likely to be affected severely by adverse experiences in childhood."[1] Kim had difficulty in relating with peers which could also be indicative of poor family relationship, although, it is stated that Kim got along well with his brother and sisters. Kim was found to have relatively high ego strength prior to admission but at admission he was completely unaware of reality. Although his situation improved considerably, he was given a "B" grading due to his complete

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[1] Ratanakom, Prasop, "Schizophrenia in Thailand," Summer 1959, The International Journal of Social Psychiatry, Vol. V, no. 1, p. 47.

desolation at time of admission. His concept of self improved similarly and his sense of goal and personal achievement were shown by his involvement in workshop activities.

It would seem that Kim was admitted illegally into Canada. This fact could have created additional stress and anxiety for him.

Social Factors

In view of the past, his long standing difficulties in social adjustment and possible conflict with authority figures may well be rooted in the poor relationship between Kim and his father.

As far as social activities were concerned, Kim was withdrawn and secretive and found difficulty in maintaining relationships with others. He was not involved in social or recreational activities prior to his arrival in Canada, and did not develop any interest in recreational activities while in hospital, although he became engrossed in workshop activity. He had no friends, only an uncle with whom he lived after coming to Canada. His only visitor was his uncle who saw Kim on occasion. He was discharged to his uncle but prior to discharge there was no mention of weekend outings to his uncle's home.

Economic Factors

While a transition from a rural to an urban setting in itself produced a great deal of stress and strain, this

boy had to contend with an adjustment to an entirely new cultural environment. Old responses would prove completely inadequate in dealing with current situational problems. Through studying his background it would appear that the patient had brought with him very few resources which would assist him in his adjustment to the new environment. He lacked education and vocational training and according to available evidence, knowledge of the language. Consequently, he worked as a cook and dishwasher, remaining only a short time with each job. His mobility rate was comparatively high, as he continued his search for employment.

Moreover, the failure of his most recent enterprise, together with his loss of $200 in gambling and a period of unemployment might well have been precipitating factors in his present illness. A quiet, withdrawn young man, he was unable to confide his hopelessness to his uncle - his immediate family in Canada - and thus an outlet for his devastated feelings were not released but accumulated within him with resultant pressures which he was not able to withstand.

In view of his improvement and desire to return home, Kim was discharged to his uncle. There was Social Work contact with this patient during hospitalization. However, there was some language difficulty between patient and worker. Fortunately, the worker was able to secure a second

generation Chinese interpreter for a short while which helped in obtaining the recorded information. The Canadian-born Chinese interpreter had some limitations in translating the Chinese language and consequently the recording is not as full as it might have been.

Case 2, Chinese immigrant patient, Lim

Lim was a certified patient admitted to Crease Clinic in July, 1953 from Vancouver. He was suspicious of everyone and was extremely withdrawn. Now twenty years of age, he was born in Hoiping, Kwong Tung, China and received a grade 10 education in China, completing it at the age of 17. There is no record of his adolescent behaviour on file. He speaks very little English. When he arrived in Canada via San Francisco, he was met at the train by Mr. Hom, a close friend of Lim's father. Lim's father came over from Vancouver Island to visit his son for a few days. Although the boy said very little, the father did not notice anything unusual about him and made arrangements for him to remain with Mr. Hom until he found employment in Vancouver. Within a few days, however, Lim's father received a letter from Mr. Hom stating that the boy was not well and that he was acting very strangely. He would not talk and was morose. Mr. Hom also stated that Lim did not trust the Hom family, that he had ideas that the family were all lying to him, and as a result, did not co-operate with them. He claimed that they

might be putting poison in his food. He slept very little at nights and would often have nightmares. He would be heard shouting, "Please let me out, I am going to be killed. I don't want to die, I want to live."

Lim felt that people upset him by talking about him and following his every move. He was convinced that everyone was saying untrue things about him. On one occasion, as he was looking out of the window, he saw the Public Works Department digging a hole in the road. He firmly believed that they were digging a hole in which to bury him alive.

During hospitalization Lim improved greatly but he had difficulty in adjusting to hospital life and in realizing that he was ill. He did not socialize very well on the ward nor did he show any enthusiasm for recreational activity, although he became quite interested in the workshop and seemed to take delight in his achievements. Lim was diagnosed as "schizophrenic reaction, paranoid type". He was discharged in full to his father on Vancouver Island.

Family History

The patient's father, many years ago, whilst on a visit to China, married the woman who is now Lim's mother. The father left his wife in China and returned to Canada, soon after which she bore Lim. The mother was able to provide adequately for herself and Lim, but Lim was known to

be a thrifty person. Both parents' families have always had good mental health. The patient's father is now 76 years of age, and is one of six partners in a greenhouse operation.

Personality Constituents

Examination of the hospital records indicates that Lim possessed a low capacity of ego strength and had difficulty in accepting his illness. Similarly, his concept of self and motivation were moderate to low upon admission but improved greatly during hospitalization and he became quite involved personally in therapeutic treatment.

No doubt, Lim left China feeling that he could find security with his father. Possibly having been deprived of a father figure during his early life, Lim's expectations of meeting his father were great. To have been more or less rejected by him when first arriving here had no doubt a damaging effect on Lim's outlook. "Psychological identity refers to a self-concept, expressed in the strivings, goals, expectations, and values of a person or group of persons. It answers the question 'Who am I?' or 'Who are we?' ... The psychological identity of an individual or of a family pair or group is its psychic center of gravity."[1] "Psychological identity and stability of behaviour must be considered together ... Stability of behaviour is itself the end product

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[1] Ackerman, N. W., The Psychodynamics of Family Life, Basic Books Inc., New York, 1959, p. 82.

of complex interdependent processes",[1] such as the control of conflict, capacity to change, learn, fill new life roles and achieve further development. The lack of a father image and good family identity may well have influenced Lim's capacity for establishing his identity and stability in life.

Lim's difficulty in communicating, and his withdrawn state might have been brought on by the disappointment of his brief meeting with his father or he may have been warned by his mother to say very little about his life in China, lest it affect her position in Communist territory. She may have feared questioning about her son's disappearance out of the country.

Social Factors

The family arrangement appears to be quite unusual, but possibly not so, to many Chinese families. Assuming that this was the first time the father had met his son and heir, the father showed very little interest in his son's welfare. It would seem that Lim's father might have taken him to Vancouver Island to find a job there. His father showed no interest in taking Lim home to the Island but left him with his own friends who were strangers to Lim. It was shown that his high degree of feelings of persecution hindered his

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[1] Ackerman, op. cit., p. 84.

socialization and acceptance of others. Not being able to relate to others well, he became suspicious of them until this was magnified to such a degree that he experienced delusions. Lim's earlier adolescent experiences were not recorded on file. They may have contributed a great deal to his present behaviour.

Economic Factors

Lim had not found employment in Canada and there is no record of previous jobs prior to his entry into Canada, nor of his training in any specific field of work. He showed an all round low-grade rating except for mobility rate which was felt that his only change of residence was from China to Canada. At the time of admission, Lim was considered "dependent".

Case 3, Canadian-born Chinese patient, Tim

Tim, a Canadian-born Chinese, was admitted as a voluntary patient. He had been attending a physician for some time prior to his admission to Crease Clinic.

Tim completed Grade XI while he worked as a waiter from 5 - 10 p.m. After completing Grade XI, he left school to work on a farm for two years following which he worked at construction jobs. When he worked on the farms, he worked for long hours and low pay, often boarding with the Chinese farmers.

For the past year Tim had been hearing voices;

they were mostly heard at night and were mostly in Chinese although sometimes they were in English. However, these voices stopped a few days after admission. He had many somatic delusions. On one occasion he worried because he thought his urine was sometimes red and at other times green. He constantly worried about his eyes, thinking they were red. He has frequently asked his mother if his tongue was purple and she has told him that he was just imagining these things.

He was pleasant and co-operative on the ward and was interested in various recreational activities. He has planned to live at the Y.M.C.A. after his discharge. He realized that his "nerves" were bothering him prior to his admission and now he relates that those voices talked about his childhood days, some of which were pleasant and some of which were not.

It is stated in Tim's file that he looks much younger than his stated age and acts in quite a childish, immature fashion.

Family History

Tim was born and educated in Canada and comes from a family of five children. His father returned to China with two of his older brothers but was unable to come back to Canada because of the intervention of World War II. The father died about six months after arriving in China and the two children were brought up by relatives there.

Very little is known of the parent-child relationship but it is thought that the mother was affectionate toward her children as she sent for them after the war was over. On receiving the news of her husband's death, the mother remarried. From this marriage the mother had two daughters. A few years after Tim had left home, the mother's second husband also died and Tim returned home, but did not get along well with the eldest stepsister who was sixteen years old. However, he got along very well with the twelve year old stepsister. He found that his mother nagged him about little things such as keeping his room tidy, which soon reached a point of annoyance with Tim.

Personality Constituents

Tim showed a moderate degree of personality strength. It would seem that Tim had some perception of his illness, since he sought medical attention; this also shows some struggle to maintain mental health prior to admission. At the point of discharge he realized that he had been mentally ill. He also knew that he could not return home because of his poor relationship with his mother. His sense of goal and his desire for personal achievement were fairly high. Tim supported himself through school, working in the evenings as a waiter. But he lacked the perspective to obtain any specific training for future employment. His motivation or personal involvement in treatment was very good as shown by his

co-operation on the ward.

Social Factors

There is no evidence of social or recreational involvement prior to admission mentioned in the records, but it can be assumed from his recreational and social interests while in hospital that he had been moderately active in these fields prior to hospitalization. He appeared to have a moderately adequate contact with the family, although he could not get along with one of his stepsisters and found his mother overly particular. Nevertheless, having lived with his family would have given him some sense of security and of belonging. There is no mention of his relationship with friends nor is there any mention of the continuation of any friendship through the frequency of visitors received.

Economic Factors

Tim possessed a low occupational status, working as a farm hand and construction worker. He lacked specific training and therefore his education could not be utilized to a maximum toward better employment. His employment was somewhat irregular but he had not travelled any significant distance in search for employment which categorized him in "A" standing for his mobility rate.

Comparative Summary

These three cases are representative of the twenty-seven cases studied. Out of the twenty-seven patients there

were only seven cases with social worker contact. The dissimilarities between Immigrant and Canadian-born Chinese patients from the standpoint of education reveals that the Canadian-born Chinese patients have a higher educational level than their immigrant brothers. However, they had not utilized their education for any specific training and were therefore employed in similar occupations as the immigrants: dishwashing, farming or as cooks. There is some possibility that specialized training was discouraged because of discrimination in job applications. The immigrant Chinese patients were found to possess greater feelings of persecution than the Canadian-born Chinese and this may have some bearing on political influences from China. Several of the Canadian-born Chinese patients, having gone to China for a lengthy period of their childhood, and having returned to Canada, show an increased mobility rate in comparison with the immigrant Chinese patients who have moved only once - to immigrate. Three out of nine Canadian-born patients had been taken to China for a significant period in their childhood years which may have produced a significant problem in cultural conflict. Other Canadian-born Chinese were found to have had disruptive childhood experiences such as living in orphanages or being left to relatives because of the early death of parents.

Even with the limited amount of material available

from the records, the case histories of Kim, Lim and Tim have served to point up some of the significant factors in their mental illness which were tabulated for the total group in Chapter II. With such material set forth, it is now possible to re-examine the hypotheses cited in Chapter I with a view to reaching some definite conclusions about mental illness amongst the Chinese in this community.

CHAPTER IV

POLICY AND TREATMENT IMPLICATIONS

The general public views most European immigrants as being like themselves, especially when the immigrants have acquired some knowledge of the English language and show no conspicuously variant customs or habits. Other immigrants, however, may possess physical racial characteristics which make them conspicuous. For these people, integration may take longer in comparison with the other groups. "It is less easy for the Italians or the Poles to learn the English language and to adopt American customs generally, than it is for the Germans or the Scandinavians, and the obstacles that lie in the way of the Chinese and the Japanese are still greater."[1] Often, democracy is jeopardized by the tendency of citizens to react negatively to immigrant groups and to prevent them from any great success. At all levels of living there exists to some extent a "status" or prestige within the group. It would appear that the established labouring group, in trying to maintain a higher status or level of employment than the immigrant workers is inclined to look upon the immigrants and to discourage rather than encourage

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[1] Smith, W. C., Americans in Process, Edwards Bros., Inc., Ann Arbor, Michigan, 1937, p. x.

the newcomers to improve themselves.

The following are findings which support the hypotheses set forth in an earlier Chapter.

Language Difficulties and Maladjustment

The hypothesis that "Language difficulties create maladjustment" will be further supported here through quantitative findings. In studying these eighteen Chinese immigrant patients, there was a great frequency of feelings of persecution. Most of these patients did not speak English and they became suspicious of their co-workers in their casual conversations. Several of the immigrant patients withdrew from co-workers as a result of the suspicion that they were being talked about. The Canadian-born group did not show any direct result of feelings of persecution, such as those shown by the immigrants but it is believed that their lack of motivation in pursuing a vocation or a profession was greatly affected by discrimination in the field of employment. The language barrier and the lack of communication is believed to contribute to maladjustments in many cases. Many of the immigrant patients were found talking to themselves or to visions which they saw. Could this be that, in want of companionship, they visualized these figures or were found talking to themselves? With the difficulty of the language, job opportunities were narrowed for these immigrants. Most of the Chinese immigrant patients studied here

were employed as waiters or farmers and were grouped together, thus preventing their intermingling with the Canadians and hindering integration. Those who did speak some English spoke a broken English which was difficult for the professional staff in hospital to understand, hence was not helpful in assessing their problems.

Difficulties in learning the English language also accentuated social isolation prior to hospitalization. It was found that these patients lacked social activity and to all evidence, found socializing difficult. They showed no interest in sports, current affairs or clubs, prior to admission. Only 12.5% of the immigrant patients showed any sign of interest in social or recreational activity and 81.3% of which fell into a low category. A slightly higher percentage of 22.2% was shown by the Canadian-born patients in their interest toward socialization. Many lived by themselves, having only a few acquaintances. This lack of personal contact prior to admission was reflected in the number of visitors during hospitalization.

The desire to learn a new language will also depend, to a great extent, upon the individual person and his aspirations and motivations in life. Of the eighteen Chinese immigrant patients, three showed a strong desire to learn the language by taking it up in night school courses. It was noted that these were the younger immigrants. Those

over twenty-five years of age seemed to lack this desire or were concerned only with present employment and making a living. The study reveals, then, that language difficulties can result in inadequate communication which, in turn, contributes to poor mental health.

Mental Illness and Level of Education and Occupation

In support of the hypothesis that "Prevalence of mental illness amongst the Chinese immigrant is related more significantly to his level of education and occupation than to that of the native-born people", the study showed that the level of education was not as significant a factor for maladjustment as the correlation with the level of occupation. Both immigrant and Canadian-born Chinese had obtained a fair education averaging Grade 8 but because of the lack of specific training both groups fell into the labouring category. Of immigrant patients 11.1% and of Canadian-born patients 12.5% showed a fairly high earning capacity but the majority in both groups fell into a low category. As high as 81.3% of the immigrant patients were included in the very low earning capacity group. It would almost seem that the Canadian-born Chinese patients lacked initiative to pursue vocational training to better themselves in the occupational field. There appeared to be no hindrances, such as disrupting school attendance to become the breadwinner for the family. With a concern only for their own benefit the Canadian-born

Chinese patients seemed to lack plans or insight for their future. In China, most of the skilled or semi-skilled jobs are obtained through apprenticeship. There is some suggestion with a few of the immigrant patients that apprenticeship in their former country was not considered necessary as they possessed some erroneous ideas that their fathers were well established in a business in Canada. This was substantiated by the fact that their fathers sent them money regularly, an amount the family in China were able to live on in comfort. These immigrant patients were not found to have taken up any vocational training after finding that the choice of employment was limited for those without training. Language difficulties may have hindered their pursuit of vocational training and accordingly, they became employed as waiters or farm hands. Their choice of employment is unique in the respect that they invariably chose occupations such as waiters, cooks or farm hands. The reason may have been that they desired to group together for companionship and moral support or it may have been the precedence set by the immigrants when they were barred from other occupations.

Occupational status gives an individual a sense of security and stability. Fifteen of the eighteen Chinese patients in this study were employed in unskilled labouring jobs, some of which were seasonal and temporary; their employment could not have given them any great security

especially where wages were much lower than those of the average Canadian labourer because of the type of employment and their dependency upon their own countrymen for employment. Their living conditions must be depressing as well. The labouring jobs which these patients held gave them no sense of status in life. It was noted that not one in the labouring class possessed a superior position within his occupational group. These are substantiating facts which uphold the findings that those who have failed to adjust were of low-grade potential, and strongly suggest a correlation between mental illness and the level of education and occupation.

Migrating People and Emotional Disturbance

The hypothesis that "Migrating people are more susceptible to emotional disturbance" was found to be quite true in this small study of Chinese immigrants when compared with Canadian-born Chinese. This may not be true in other immigrant group studies but there was a far greater frequency of mental illness amongst the immigrant Chinese than in their Canadian-born counterparts. A statistical survey of the number of Canadian-born Chinese and Chinese immigrants in British Columbia was not obtained, but there is some likelihood that the immigrants are fewer in number, which would only increase their rate of mental illness. Many of these immigrants lacked the benefit of family life activities and

family psychological support. They were left to fend for themselves, in adjusting to a new culture where their racial characteristics are a great obstacle to integration and assimilation. All these factors present a major stress factor for the Chinese immigrant and the study reveals some relationship between mental disturbance and migration for this Oriental group.

Cultural Background and Emotional Disturbances

The hypothesis, "Emotional disturbances are associated with extreme differences in cultural background" is explored in the findings of this study. Six of the eighteen immigrant patients were found to have been in Canada for as long as nine to eight years prior to admission, others were within a period of three to two years. Yet, when hospitalized, they could not speak enough English to express themselves which showed how difficult it was for the Chinese immigrants to learn to use the English language even for a limited conversation. These immigrant patients showed that they could not adjust within this period of time and proved to be failures in the new country. This difficult process of integration, of course, has attributable factors such as those mentioned in the discussion of socialization and the tendency toward group solidarity. Being quite different, their customs and habits possibly hindered these people from mixing with the Canadians because at times their ways and

habits were laughable to the Canadians. Their distinctive racial features arouse prejudice amongst the dominant or Canadian groups who are inclined to think of and treat them as a group rather than as individuals. The racial characteristics being conspicuous, and the Chinese being aware of this fact, they possibly hesitated to mix socially with Canadians, feeling that they would not be well received.

Personality factors of ego strength also greatly determine emotional stability. Both immigrant and Canadian-born Chinese patients presented a low-grade picture of personality constituents and showed little personal incentive or strong desire for challenge. Of the immigrant Chinese patients, not one showed a high ego strength in which case they were rated 0% in the light of criteria set out in the rating scale. The Canadian-born patients showed a higher ego strength with 11.5%, but the majority of the cases fell into the B and C ratings. Much of emotional stability is deep rooted in the security of family life. It was found that seven out of the eighteen immigrant patients studied had been living with only one parent, the mother in China, while the father was away working in Canada. This may have, to some extent, accounted for a limited masculine identity with concomitant lack of a capacity to engage in competitive, or social activities.

Dual Culture and Mental Stability

The hypothesis that "Dual cultures of extreme differences affect mental stability" was more applicable to the Canadian-born Chinese patients who reflected an over dominance by their parents. This is perhaps the carryover of the Chinese culture of upbringing, with respect shown to parents and elders. The parents cling to the eastern culture of upbringing but as the children come in contact with the dominant or Canadian group, they become aware of the freer relationship between their associates and their parents and also a greater sense of independence from their parents. This promotes a rebellious attitude within the Canadian-born Chinese against his parents as a means of retaliation against the parent's demands. The Canadians who live on the fringes of Chinatown are usually families in the lower income and social stratum, with both parents possibly working and, accordingly, greater independence is expected of the children. It is the children in this situation that the Canadian-born Chinese compare with themselves, and with whom they establish a sense of identity. This may well be an influential factor in the limited life goals these Chinese set for themselves. Such an adjustment to such extreme differences of culture can present a great mental stress on the minds of youth. They are torn between two cultures. Because they have been brought up in one culture,

they become awkward in their attempts to adjust to another with resultant stress.

The significant differences in culture are usually noticed in the "teen" years which is a stressful age in itself without the presence of cultural conflicts. This is usually the phase in life when a child begins to break away from the protection of his parents and experiences some sense of independence. One major cultural conflict is that of language. As the Canadian-born Chinese progress in school, they find that the Chinese language is inadequate to express themselves and as a result, they begin to discontinue the use of the Chinese language at home, expressing themselves in English to their parents with a feeling of defiance, tinged with guilt. This alienates the parents from their children and adds another dimension to the many parent-youth conflicts which are part of the growth process. "Language seems to be one of the greatest barriers between the parent and the child; one cannot express himself fully in English and the other cannot ... in Chinese. Much is left unsaid, and neither can fully appreciate the habits and attitudes of the other ..."[1]

The associations in youth, of Canadian-born Chinese with the occidental Canadians does not frequently remain

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[1] Chen, E., Master thesis, Major mental and emotional conflicts confronting the American-born Chinese of second and third generation, University of Michigan, 1945, pp. 20 - 21.

through adulthood. There is an apparent waning of association in adulthood when cultural differences are manifested to a greater degree. Each are drawn to their own groups thus limiting the number of associates. Those who failed to make adjustments possessed a low capacity of social functioning as it was, without the limiting of association to their own racial group.

This discontinued relationship with Canadians is to a great extent due to the criticism of the Chinese group. If the Canadian-born Chinese are found not to be too closely affiliated with the Chinese community, the Canadian-born are considered to be rejecting their racial group and are subsequently chastised by the group quite severely. On the other hand, the Canadian-born Chinese feel that complete loyalty to their own group may lead to criticism regarding their place as a Canadian citizen and that they would be criticized by Canadians for not supporting local groups. The vacillation in feelings between two cultural heritages of very different kinds bring about difficulties in adjustment in the new country.

Another major parent-child conflict is the expectation of children of their parents. The Canadian-born Chinese children see the companionship and activities with their parents which are enjoyed by Canadian children. The Chinese parents are usually occupied with earning a

livelihood, such as operating shops, and therefore find little or no time to spend with their children. The parents expect their children to help them in the shops but as opportunity arises, the children try to refrain from helping and pursue an independent course. "Parents rebuke them for not helping with the operation of the family business and the ensuing friction alienates parents from their children and vice versa."[1]

Communication Problems

If the Chinese immigrant and Canadian-born Chinese experience difficulty in communication in the normal course of their lives, this difficulty is accentuated for the mentally ill Chinese admitted to clinic or hospital. There is a great indication that the use of an interpreter would be of valuable assistance to both the patient and the professional disciplines concerned with his recovery. Language is especially important in professions, where services are dependent upon the mutual understanding of the problem such as in provision of Social Services. In trying to achieve a full understanding of a person, not only is language an important factor but so also is the understanding of feeling tones and attitudes. Although this is difficult to capture even when employing an interpreter since the patient-worker relationship

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[1] Lee, R. H., The Chinese in the United States of America, Hong Kong University Press, 1960, p. 130.

is somewhat lost through the use of a "middleman", nevertheless, it is preferable to the limited communication which will otherwise exist. The worker can at least be alerted to sense those feelings and attitudes even though he does not actively participate in the conversation.

Cultures as widely different as the Chinese and North American cultures make working with the Chinese doubly difficult when compared with those cultures where there are some similarities in background. In China, for example, there is a word for "mother" which refers to "my mother" and another for "your mother". This difference is of great importance in communication as there is a tone of respect in expressing "your mother". Poor usage of words can create serious errors causing misunderstanding of feelings and patient-worker relationship. It is for situations such as this, that the choice of interpreter is important but this too, will depend largely on the availability of interpreters. In employing an interpreter, it is also important to know the interpreter's feeling toward and understanding of the situation. Therefore a few pertinent questions may help the worker to assess how the interpreter will react to the situation. For example, the Chinese place a great value on loyalty to the employer and if such is the case, the interpreter may slant his interpretation so as not to embarrass his employer which undoubtedly results in misinterpretation.

The worker must build a good relationship with his interpreter so that he can trust the interpreter and vice versa. Then, no matter how critical the situation may become, the interpreter can feel free to give a direct translation.

The Interpreter as a Part of the Treatment Team

It is felt that where interpreters are employed, they should be given some training or some knowledge of the interviewing process so that they can understand the situation and problems involved. This would almost entail a full-time interpreter in a large setting. There are those situations where only straight interpretation is required, such as in fact gathering. However, in a mental hospital where patients are apt to be more sensitive, a trained interpreter can bring about better results. An adequately trained interpreter would be one who can speak both languages skillfully and in addition, has some insight into case settings. For such involved work, the interpreter should be included as a member of the treatment team and not merely as a mouthpiece.

The interpreter in such a case should be accepted on an equal level, with the whole team working as a professional group. The worker becomes, to a large extent, dependent upon the interpreter for any help that he might wish to give the patient. If in any way, the interpreter is made to feel inferior within the treatment team, he can exert

misleading interpretation by withholding information or by using other devices. If the interpreter discontinues his services and should the patient-worker relationship take on an abrupt change, the worker may find himself quite helpless.

However, an interpreter can be used to an advantage if the interpreter-worker relationship is on a positive level. The interpreter, too, is dependent upon the worker and if the interpreter has been adequately oriented, he may even reflect the mannerism and tone of speech of the worker in speaking to the patients. The interpreter-patient relationship plays an important role in determining the patient's acceptance of the worker and in showing acceptance of the patient. In orienting the interpreter, the worker must be aware of the professional relationship and must avoid any therapeutic inclinations toward the interpreter.

There is, without a doubt, no greater advantage than a social worker of the particular national background with the skill of his own language as well as that of English to be employed in a setting such as this, where the language manifests itself as the greatest barrier in communication. It is my opinion that extensive work with families and communities in such situations can be a great factor in rehabilitating these patients to their families and communities.

Special Problems of Rehabilitation

Prior to discharge of a patient, it may be advisable to look into the family situation and find out how well the family has adjusted to the mentally ill member of the family and how they feel about his return home. This is particularly important with the Chinese family where mental illness is not well accepted and is regarded as bringing shame upon the whole household. In such cases, a more painstaking effort may be required of the worker and interpreter to help the family to be more understanding and more accepting of the patient, and also to help him gain increasing confidence in adjusting to his surroundings.

Many of these cultural prejudices are old habits and ways transplanted by the early Chinese immigrants, which have continued to be perpetuated by those who live in close confines of the small community lacking integration and the exchange of ideas. These people are unaware of the current attitudes in China and they do not wish to change their behaviour to fit changing times. It is enlightening such groups as these that make the worker's task doubly difficult. Where integration has been lacking, there is a likelihood that the language barrier would present a problem and it is also possible that the Occidental may not be too well accepted by the Chinese family when he shows concern about personal family problems. This is a situation in which an

interpreter may be of great assistance in breaking the barrier and introducing the work of the social worker.

Tentative Recommendations

It can be suggested that provisions should be made for a better informed public, especially the immigrant Chinese. It may also be recommended that there exist a closer contact between them and their Canadian-born brothers so that the immigrants may have a better knowledge of public services. These services the Canadians may take for granted, but for one who comes from a land where similar services may not exist, he might have insufficient knowledge about such services as mental health services to even inquire about them. Use of public services may also have been avoided because of past experiences where the American "Congress passed a general immigration law excluding 'undesirables' and persons likely to become a public charge."[1] This Act was passed in 1882 but it is possible that remnants of such talk still exist. In rehabilitating the Chinese patients, financial assets are carefully looked into so that he may make a better adjustment, without financial worries.

In the light of this study, it is the writer's opinion that many of the Chinese immigrant patients were subjected to a separated family life, that of the father in

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[1] Lee, op. cit., p. 12.

Canada, that of the mother and family in China. After the amendment of the Immigration Policy in 1947, many of these families were reunited with much disappointment for the wives and children. The wives had been accustomed to receiving periodic but large sums of money from their husbands in Canada, thus anticipating great expectations of their husbands upon arrival here. However, upon seeing them for the first time in their work habits, the families were greatly deflated, having remembered their father on visits to China dressed in fine clothes, with ready cash, and with plenty of leisure time. Now, in Canada, the wives "complained bitterly that, when asked, the husbands gave them a few dollars, insisting the wives had no need for more since they paid the bills and rent, and provided all the family needed. There was a reversal of roles, from the wives' point of view, while the husbands finally assumed their rightful ones."[1] This is believed applicable to the Canadian Chinese immigrant wives. This bone of contention initiated many disagreements in the household. With the remittance of large sums of money in China, the children of the family were sent to private schools and upon arrival, they refused to join their fathers in menial occupational opportunities. All these factors created disharmony in the families which can

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[1] Lee, op. cit., p. 209.

have a bearing on their mental health. The Immigration Policy is responsible, to some extent, for the creation of such a situation.

In conclusion, preventative measures for mental health require a greater effort toward integration. This is the only firm solution for better mental health. Integration is a two-way process. It is also up to the Canadians to show a greater acceptance of the Chinese. The second generation Canadian-born Chinese are paving the way for greater acceptance by improving their educational standards and moving into the professional fields, which sets the Chinese on an equal level with the Canadians and helps toward winning recognition on the same basis.

Recommendations for Further Studies

This study has been primarily a ground-breaking, pilot one, touching on only a few aspects of the problems of the Chinese in our community. In a limited way, it has revealed some of the problems involved in immigration, in adaptation to a new culture, and in the relationship between ensuing conflicts and mental illness. It was not designed to include any major findings regarding the treatment services offered to hospitalized Chinese people, who are suffering from a variety of mental illnesses. Nevertheless, it is considered appropriate to offer some recommendations for studies which might be attempted by others interested in the problems

of the Chinese - both immigrant and Canadian born. For example, the study of a comparative group of Chinese patients and Canadian Occidental patients might reveal different kinds of problems and point up measures which might ease the integration of immigrants into a new culture. Secondly, a study of the Chinese community in relation to living conditions which may or may not be contributing factors to mental illness and the attitude of the community toward mental illness might provide significant data. Finally, a study of the effects of illegal entry upon the mental health of the Chinese might alert us, not only to greater knowledge of mental illness, but provide us with some enlightenment about our present immigration policies insofar as this group of immigrants are concerned.

The whole purpose and intent of the study has been to shed some light on a problem which has been broadly stated in this way:

> ... acculturation, assimilation, and integration form a two-way process. A great many Chinese want a firmer place in the American society. The Americans must help, too, by thinking of them as fellow citizens and be less concerned with their ancestry. Only thus can true integration be achieved and made effective in America, ostensibly the most democratic society in existence. Although much remains to be done to achieve the ideal, many steps have been taken to improve race relations. But more should be and can be done by all Americans co-operating for the perfection of the democratic ideal.[1]

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[1] Lee, R. H., The Chinese in the United States of America, Hong Kong University Press, 1960, p. 430.

APPENDIX "A"

A working sheet for the gathering of information from clinical files at Crease Clinic of Psychological Medicine and Provincial Mental Hospital.

All patients; single, male, between the ages of twenty to forty-five years of age, admitted and discharged between March, 1950 and March, 1960, first admission to a mental institute, Chinese Immigrant or Canadian-born Chinese.

GENERAL INFORMATION

Age at admission .....

Month and year of admission .....

Canadian-born Chinese ..... or Chinese Immigrant .....

Religion .....

Discharge diagnosis .....

Social work contacts prior to admission .....

Social work contacts during hospitalization .....

SOCIAL AND OCCUPATIONAL INFORMATION

Education, grade .....

Occupation ..... vocational training if any .....

Length of present employment ..... length of other employment if any .....

Financial status, income, savings, or valuable assets .....

Living quarters, boarding or living with family or alone ...

Mobility, job and housing .....

Social activities, friends, hobbies or clubs .....

Social contacts, visitors .....

APPENDIX "A" (continued)

PERSONAL INFORMATION

A. Subjective (patient's view)

Reason for admission .....

Self awareness on admission and discharge .....

Attitude toward illness .....

Attitude toward discharge .....

Attitude toward others .....

Specific future plans .....

B. Objective (clinical view)

Physical condition .....

Appearance .....

Personality .....

Social prognosis, activities on ward .....

Acceptance of help .....

PAST HISTORY

Some information of past histories were obtainable through relatives or family. In many cases patients were unable to give much information about themselves and therefore very little is known about the motives of immigrants.

FAMILY HISTORY

Socio-economic background .....

Family, size, relationship .....

Developmental history .....

APPENDIX "A" (continued)

IMMIGRATION

Motivation for immigration .....

Beforehand knowledge of new country .....

Alone or accompanied .....

Post migration impression .....

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