

Perspectives on Disability
Exploring Chinese, Somali and Russian Families
The role of culture in assessment, planning and intervention

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The Globalization of Health and Disability



“Western mental-health discourse introduces core components of Western culture, including a theory of human nature, a definition of personhood, a sense of time and memory and a source of moral authority. None of this is universal”

Derek Summerfield, the Institute of Psychiatry in London



Learning Objectives

- To examine how the Western views have influenced perception and identification of disability in other parts of the world
- To gain a general understanding of the demography of Chinese, Somali and Russian families including issues of immigration, gender and identity
- To cultivate a broader understanding of the role culture may play in shaping ideas assessment, intervention and service planning
- To better identify barriers, challenges and successes these groups face with disabilities
- To explore strategies going forward in our work with various ethnic groups

Presentation Overview

- Introduction to the role of culture
- Exploring Chinese, Somali and Russian Families
- Concerns and Barriers
- Strategies Going Forward
- Limitations
- Assessment Tools
- References
- Question Period

“Culture “

- A social practice – not something that one possess (genetics).
- Identifiers are: race, nationality, language, gender, sexual orientation, religious beliefs, ethnicity and place and aesthetics.
- The sum of one's beliefs, rituals, customs and practices that guide thinking, decision making and actions in a patterned way.
- Can also be affected externally via contact with other societies, war, competition for resources, development of technology, and social dynamics
- Fluid – can change with acculturation or assimilation into a different society (immigration)

Is Culture Important?

- How people of a certain culture view disabilities can vary greatly
- In some cultures, disabilities are hidden in others they are encouraged to participate in society and be independent. In some they are viewed to be endowed with special gifts and are of benefit to the people of that society.
- It may be an oversight on our part as clinicians, working with individuals and families from varying countries, race and languages to apply a prescriptive formula for each family we meet.
- Even within the same country, beliefs, values, religion, and culture can vary within societal groups of that country.

Exploring Chinese Culture

- Background
- Religious/Philosophical Beliefs
- Traditional Child Rearing
- Chinese Families in Toronto
- Healthcare in China and Hong Kong
- Traditional Concepts of Health and Illness
- Barriers to Accessing Services

Background of the People of Chinese Descent in Canada

- The culture of Chinese immigrant is very heterogeneous – presenting with great diversity.
- They can vary greatly depending on their place of origin (not necessarily from China), socioeconomic status, religion, level of education and their own experiences with adapting to Western culture.

Background of the People of Chinese Descent in Canada

- Individuals coming from rural and urban areas
- Refugees
- Individuals who are 3rd generation living in Canada
- More recent immigrant from mainland China who are young professional

Religious – Philosophical Beliefs:

- *Buddhism*: a religion and philosophy - belief in Karma (the later consequence of what one does in a previous life)
- *Confucianism*: is the most influential philosophy in China, striving for harmony among its people that prescribes rules for the social structure
- *Daoism* (Taoism) philosophy is second in importance to Confucianism, who's main belief is that nature is the primary law and will take care of itself
- *Christianity*: was brought to China in the 16th century, but was suppressed (as all religions were in China) by the Communist government when it came into power in 1949.

Religious – Philosophical Beliefs:

- *Cosmology*: Qi is the cosmic force of vitality that exists in the universe and the body.
- The concepts of *Yin* – representing negative energy, and *Yang* – representing positive energy are central to classical Chinese medicine and is influential in the Chinese community
- *Astrology*: offers daily guidance to what is safe and what should be avoided.
- *Feng Shui*: has evolved to where it is used in modern times to help choose the location of one's home or business and its layout to ensure living peacefully.

Traditional Child Rearing

- Confucianism heavily influences child rearing even today, requiring that the child be absolutely obedient to the parents.
- Chinese are generally viewed as a pragmatic people who give priority to taking care of their family's practical needs
- Parents expect to dictate the child's education, careers choice and marriage
- Education and work are highly valued
- Developmental disorders may be normalized or mislabeled as lazy, disobedient or bored

Disability, Culture and Service Engagement among Chinese, Somali and Tamil Communities in Toronto
 The Roeher Institute July 2004 (undertaken by Community Living Toronto).

- Chinese people tend not to show their emotions in public
- Families who have a member with a disability are likely to be faced with negative disability-related attitudes from the extended family
- Deep feeling of guilt and a sense of responsibility that it is their child – “their cross to bear” – may lead to reject offers of outside help
- They must reconcile their own changing attitudes and beliefs with those that continue to be held by members of their extended families and community
- An underlying hope for a cure of the disability

Health Care in China and Hong Kong

- In mainland China everyone can access the medical system for a nominal fee. Most doctors have training in both Western and Chinese medicine and both treatments may be used simultaneously
- In Hong Kong, there are several systems of care but most access government clinics where fees are nominal but waiting times are long, and referrals are made to specialist
- Most hospitals are government funded
- Smaller semi-private care funded through employers and totally private care where those who can afford to pay are able to access the best specialists

Traditional Concepts of Health and Illness:

- A good traditional Chinese doctor is supposed to diagnose without asking any questions. Diagnosis and explanation are simple and brief. Herbal treatment is the main treatment modality of Chinese medicine.
- Rehabilitation services for a physical ailment may be avoided – restoring Qi (vitality) is passive
- May not access help as the disability may bring a sense of shame – reflecting negativity on the family
- Discussion of family dynamics may be seen as being disloyal, resulting in the person being sheltered, not diagnosed and kept from the outside world

Barriers to Accessing Services:

- with limited financial resources are at a pervasive material disadvantage. Their first priority is survival mode, focus on work, to provide housing and education for their children
- The language and communication barrier.
- Refugees are suspicious of authorities because of their own experiences with the government in China.
- People may be reticent about saying they have a member of the family who has a disability for fear of jeopardizing citizen status or marriage opportunities

Barriers to Accessing Services:

- As in many cultures there appears to be a tendency within Chinese communities to confuse intellectual disability with mental health issues (Tse, 1994).
- Feelings of self reliance and sense of responsibility may preclude the family looking for or accepting social services

Exploring Somali Culture

- Background on Somalis in Toronto
- Culture and Attitudes and Perceptions of Health
- Healthcare and Intervention
- Concerns and Cultural Barriers
- Strategies Going Forward

Background on Somalis in Toronto

- Identity, immigration, housing and education
- Heterogenous group
- Social isolation
- Available translated literature

Culture and Attitudes and Perceptions of Health

- "Autism doesn't exist where I come from"
- Causes and beliefs of disability
- Religious explanations of disability
- Identification as "disabled"
- The conceptual framework of mental health and disability
- Tendency to confuse intellectual disability with mental health issues
- Labeling, stigma and superstition

Healthcare and Social Services in Somalia

- Médecins Sans Frontières (MSF) remains the main provider of free medical services in all of central and southern Somalia
- No health institution or agency that is involved or provides services related to disability.
- No modern or Western child care centers or kinder gardens.
- Children at early stages of their age (2-3 yrs old) are placed in informal education institution, which is locally called DUGSI

Treatment of Disability

- Importance of tradition
- Healers
- Fire burners
- Role of medication
- View of healthcare professionals

Concerns and Cultural Barriers

- Decision making
- Language skills
- Gender roles
- Prenatal care

Working with Somali Families - Strategies

- Treatment that is congruent with culture and religion
- Emphasis on family members contribution to the family unit
- Parental participation
- Child socialization goals
- Interdependence of church and state
- Language and customs
- Conflict management strategies
- Notions of empowerment

Exploring Russian Families

- Background on Russians in Ontario
- Culture and Attitudes and Perceptions of Health
- Healthcare and Intervention in Russia
- Concerns and Cultural Barriers
- Strategies

Russians in Ontario

- 37,120 Russian-born immigrants in Ontario (Stats Can, 2006)
- 1.1% of Ontario's immigrant population
- 60% of Canada's Russian-born immigrants live in Ontario
- 27% report Russian ethnic origin, 73% report Russian plus multiple ethnic origins
- 95 % speak Russian, 86% have knowledge of English
- 64% Economic Class (skilled workers), 24% Family Class, 10% Refugee Class
- 63% with university degree, <1% had no formal education

Culture and Attitudes

- "Defectology"-the study of defect
- "the study of the handicapped and methods of their evaluation, education and upbringing
- Lev Vygotsky- "The Fundamentals of Defectology", 1993
- Research Institute of Defectology changed to Scientific-Research Institute of Corrective Pedagogy in 1995
- Education system-sensory, physical, cognitive and neurological
- Health system-severe health problems(CP) or psychiatric disorders (autism)
- Special school-sanitoriums

View of Disability

- Disabilities have been hidden in the past
- Children and adults with disabilities remained at home and were cared for by the family
- Early evidence and documentation of autism or autistic features in Russian history
- Described as "Blessed Fools" (Frith, 2002)

Health Beliefs

- Complimentary medicines and treatments are well accepted
- These treatments and supplements are as popular as traditional medicine and prescribed by many physicians

Healthcare and Intervention

- Access to education and treatment based on diagnosis
- Physical, sensory, and cognitive disabilities have been studied and supported
- Autism is relatively new phenomenon grouped within mental illness/psychiatry and linked schizophrenia in the past
- Some recent published studies on neuroimaging in autism but few clinical studies or information on treatments in Russia
- Dobro Association for Autistic Children Autism in Moscow founded in 1989 –only 2 locations, provides information for parents

Concerns and Cultural Barriers

- Stigma
- Alternative medicines and treatments- acceptance, efficacy and safety
- Accessibility of interventions
- Wait times

Limitations of Cross-cultural research

- Overgeneralization
- Small sample sizes
- Populations based on characteristics such as language or religion- are they homogeneous or heterogeneous?
- Geographical location
- Generational research

Cultural Assessment

- A tool to help providers better understand what shapes patients' ideas about health, illness, disease and disability
- Can help determine patients' beliefs, values and practices that might affect care and behaviours

Needs to be:

1. Structured
2. Comprehensive
3. Individualized
4. Respectful

McGill Model

- www.mcgill.ca/ccs/handbook/assessment/cf
- Developed in the Dept. of Psychiatry
- Used with initial interview
- 2 versions A-for clients and B-used in Cultural Consultation Service Evaluation at Montreal Children's Hospital

University of Michigan Health System Multicultural Health System

- Cultural Competency - effectively providing services to people of all cultures, races, ethnic backgrounds and religions in a manner that respects both the worth of the individual and preserves their dignity
- Cultural assessment
- Patients' Health Beliefs Assessment Guide

Calgary Family Assessment Model

- Nursing based model
- Developed by Lorraine Wright at The University of Calgary
- Used in individual and family therapy
- Biopsychosocial model
- Structural, Developmental and Functional Assessment

Wright, L.M. & Leahey, M. (1994)

Themes – Cultural Barriers

- Language Skills
- Gender Roles
- Decision Making
- Prenatal Care
- Self-reliance and self-responsibility-difficult to except help
- Stigma of Disability
- **Intellectual Disability confused with Mental Illness**

Summary of Strategies

- Gain knowledge about your client's culture and individual interpretations, beliefs and traditions
- Recognize and acknowledge your own cultural beliefs and how they influence your judgement and care delivery
- Look at some cultural assessment tools and incorporate into your practice to become more "culturally competent"
- Do not generalize-everyone is unique and has a family history that has shaped their religious, cultural, social and health beliefs
- Share case studies with your team so everyone can benefit from your experience and learn more about different cultures
- Partner with families to truly understand their world and needs

Quick Hit Questions

- Do I understand the family's values, beliefs, customs, and traditions?
- Do I understand the family's attitude regarding disability?
- Does the family accept the proposed assessment/treatment as a tool to help their child?
- Have I determined important social influences, which might affect client or family perception and use of this intervention?

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Conclusion

We should never forget that cultural norms and expectations are “shared, common environmental elements that underpin behavior” (Beigle, 2000).

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Question Period