A Study on the Concept of Mental Health and its Implication for Social Work Education in the Context of Chinese Communities

UNE ÉTUDE SUR LA NOTION DE SANTÉ MENTALE ET SES IMPLICATIONS POUR L'ÉDUCATION DE TRAVAIL SOCIAL DANS LE CONTEXTE DES COMMUNAUTÉS CHINOISES

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Abstract: The recently rapid growth of practice in cross-culture and multi-culture field leads practitioners to facing challenge of having to make choice amid different cultural values. Chinese culture has its own framework in understanding the concept of mental health, which is quite different from the Western's. On personal level, Chinese culture centers on the individual's inner cultivation. On self level, it concerns much about the individual's moral practice. On societal level, it focuses on the social harmony. And on spiritual level, it emphasizes on transcending the life limitations to reach oneness. Therefore, it is necessary for social work educators to help studnts to understand the basic cultural meanings underlying the concept of mental healh when applying it to the context of Chinese communities.

Keywords: mental health; Chinese culture; progressive adaptation; limitation inclusion

Résumé: La croissance rapide de la pratique dans un contexte inter-culturel et multi-culturel conduit les praticiens à faire face au défi de faire un choix parmi de différentes valeurs culturelles. La culture chinoise a sa propre compréhension de la notion de santé mentale, ce qui est assez différente de celle de l'Occident . Au niveau personnel, la culture chinoise se concentre sur la cultivation interne de l'individu. Au niveau individuel, il s'agit bien de la pratique morale de l'individu. Au niveau communautairel, elle souligne l'harmonie sociale. Et au spirituel, elle met l'accent sur la transcendance des limites de vie pour atteindre l'unité. Par conséquent, il est nécessaire que les éducateurs sociaux aident les étudiants à comprendre les significations culturelles de base propres au concept de santé mentale lors de l'appliquer dans le contexte des communautés chinoises.

Mots-clés: santé mentale; culture chinoise; adaptation progressive; inclusion de prescription

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With the rapid growth of cross-culture and multi-culture counseling in Western countries (Chealtham, Ivey, Ivey, & Morgan, 1993, p.92-102), the 1980s and 1990s saw the emergence of both indigenization movement (Katz, 1985; Kitano, & Maki, 1996; Myers, 1988; Yip, 2001a), which emphasized the consideration of Western intervention models with local culture, and authentization movement (Ho, 1998; Lee, & Greene, 1999; Nimmagadda, & Balgopal, 2001; Payne, 1997; Uehara et al., 1996; Walker, & Staton, 2000; Walton, & Abo EI Nasr, 1988; Yip, 2002), which focused on summarizing and formulating the local practice experience into intervention models to dialogue with the dominant Western ones. It is also true in social work. The influence of globalization caused the emergence of research on cross-culture social work (Felin, 2000; Gould, 1995; Lee, & Greene, 1999; Lu et al., 2001; McMaham, & Allen-Meares, 1992; Midgley, 2001; Nagy, & Falk, 2000; Nimmagadda, & Balgobal, 2001; Nimmagadda, & Cowger, 1999; Ow, 1999; Phinney, 1996; Takaki, 1993; Uehara et al., 1996; Walker, & Staton, 2000; Walton, & Abo EI Nasr, 1988; Yip, 2004b). This multi-culture practice context raises question about the appropriateness and applicability of the Western intervention models rooted in the Western culture, and pushes professional practitioners including social workers to face the challenge of making choice amid different cultural values. To better serve clients with different cultural tradition, it's necessary to trace back to and consider the basic question: how the mental health is culturally defined.

THE CONCEPT OF MENTAL HEALTH

The definition of concept of mental health is widely discussed across different disciplines in Western societies, but so far, there is no concensus on a singal one (Jahoda, 1985: 3). In terms of relationship between mental health and mental illness, the concept of mental health can be organized into three categories: unipolar, bipolar, and two dimensional perspectives (Herron et al., 1997: 164). Unipolar perspective is to take reduction and eliminating of symptoms of mental illness as criterion for mental health. Mental health itself doesn't have its own standard. So it is called unipolar perspective. In contrast with unipolar perspective, bipolar perspective refers to mental health as one end of continuum, opposite to mental illness (Cox, 1993: 18; Eaton, 1951: 81; Kendell, 1995: 34; Sahakian, 1970: 3-4). It is no doubt that the above discussed two categories of concept of mental health are deeply related with the understanding of mental illness. These illness-based concepts of mental health face a lot of critiques and challenges, and are considered as a variant of traditional symptom reduction oriented concepts (Albee, 1982: 1043). They often focus on symptoms rather than causes, individuals rather than collective (Owen, 1993). Some Western scholars even go further to question whether the concepts of mental health and mental illness are two opposite ends of a continuum (Trent, 1993: 563-564). They argue, the concept of mental health has its own perspective (Dugdill & Herron, 1996: 81; Ruychevelt, 1995: 452). Moreover, some propose a new two dimensional perspective to understand the concept of mental health, and emphasize that both the concepts of mental health and mental illness have their own starting points and directions (Herron, 1997: 175; Jahoda, 1985: 15; Trent, 1994: 377; 1995: 76; Tudor, 1996: 128-129).

In the 2004 summary report, WHO describes mental health as "positive emotion or affect, personality trait encompassing concepts of self-esteem and sense of control, resilience in the face of adversity and the capacity to cope with life stressors" (WHO, 2004a: 17). Mental health is also defined as the ability to live happily (Preston, 1943: 112), or the capacity of personal growth and development (Chwedorowicz, 1992: 243; Winnicott, 1988: 12; Guntrip,1961: 25). Antonovsky (1996) considered the construct of sense of coherence as a vital part of positive mental health. The concept of mental health mentioned above, however, is free of the definition of mental illness as its basis, it is understood as individual's personality or as a state of individual psychosis, which is explicitly influenced by individualism (Syme, 1996: 26), and ignores the social inequality in the field of mental health (Whiteheah, 1987).

Maslow posited that the definition of mental health should include both the intra-psychic and extra-psychic healthy states (Maslow, 1968: 180). And in 1988 the Canadian Minister of National Health and Welfare (1988: 4) clearly announced the concept of mental health as something containing three major aspects: (1) the subjective well-being, the optimal development and use of mental abilities of individual and group, as well as the achievement of individual and collective goals; (2) the capacity of individual, group and environment to interact with one another; and (3) the attainment and preservation of conditions of social equality and justice. This idea is echoed by the WHO in 2001 (WHO, 2001, p.1) and the WHO European Ministerial Conference (WHO European Ministerial Conference on Mental Health, 2005, p.1).

In fact, the meaning of mental health varies in different social contexts (Wilkinson, 1996, 2005). It is the process of social construction through the course of interpersonal interaction (Stainton-Rogers, 1991: 9; Caplan & Holland, 1990: 10-12; Tudor, 1996, p.28-31), and can be understood correctly only when it is considered in the specific social and cultural contexts (Kovess-Masfety et al., 2005; Barry & Jenkins, 2007; Herron & Spingett, 1995; MacDonald, 1993; Redlich & Freedman, 1966). Therefore, the current concept of mental health is closely related to culture (Chwedorowicz, 1992; Albee, 1993). It is individual oriented, influenced by the predominant Western culture, which values the individualism (MacDonald, 2006, p.14). The Eastern culture is quite different, and should reshape the definition of mental health in its own way (Haque, 2005; Secker, 1998).

THE TRADITIONAL CONFUCIAN CONCEPT OF MENTAL HEATH

Among the various traditional main thoughts of ancient Chinese philosophies, Confucianism has played a significant role in the Chinese social life since it became the most dominant school in Hang Dynasty about 200 B.C. ago. Confucian Analects, Great Learning, Mencius, and Doctrine of the Mean are seen as the fundamental readings of the classical Confucian schools. They are the essence of Confucianism. For comparison with the current Western concept of mental health, the following discussion will be centered on the meaning of mental health in these writings and grouped into four levels: personal, self, societal and spiritual. The traditional Confucian thoughts, however, don't use the word "mental health", they refer much to how to lead a healthy life.

The Personal Level

Rather than discussing abstractly the nature of human beings in general, the traditional Confucianism always sees human beings in their daily social life and attempts to understand their interaction with others around. On the personal level, Confucianism emphasizes the links of individual with others around and the personal inner moral cultivation.

> I examine myself three times daily: Have I been faithful in doing things for others? Have I been trustworthy in contacts with friends? Have I reviewed and practised what my teacher has taught me? (Sayings of Confucius translated by Ding Wangdao, 1999).

Doctrine of the Mean proposes that the personal moral cultivation consists of three major aspects. They are Zhi (wisdom), Ren (benevolence), and Yong (courage).

> The maintenance and improvement of these relationships (Five Cardinal Relations) depend on three virtues: wisdom, benevolence and courage (A selected collection of the Doctrine of the Mean translated by He Zuokang, 2006).

The Self Level

Along with emphasis on personal inner moral cultivation, Confucianism also puts much weight on the individual's practice competence in social daily life. Such individual's practice competence is even viewed as major priority to lead a healthy life.

> One must learn extensively, examine carefully, think prudently, distinguish clearly and practise sincerely the good way (A selected collection of the Doctrine of the Mean translated by He Zuokang, 2006).
> The gentleman wishes to be slow in speech and quick in action. (Sayings of Confucius translated by Ding Wangdao, 1999).

This individual's practice competence is considered as the manifestation of the personal inner moral cultivation. It is also the way to realize one's inner moral cultivation, which meets outside moral request from the consideration of Zhong (loyalty) and Shu (reciprocity).

> The way of the great learning is to rid oneself of selfish desires and develop further one's inherent virtues. One should not only develop his own inherent virtues further, but should

encourage all persons to do so also. Only then is it possible to reach the acme of perfection (A selected collection of the Great Learning translated by He Zuokang, 2006).

The Societal Level

According to Confucianism, five certain relationships, called Five Cardinal Relations, are of very importance. They are the relationships between sovereign and subject, father and son, elder and younger brother, husband and wife, and friend and friend. These Five Cardinal Relations constitute the traditional Chinese society and create the social harmony and prosperity. Among them, being filial to one's parents and respectful to one's elder brothers is considered as the basic virtues. Thus, keeping social harmony is regarded as the Chinese main priority in daily social interaction.

> The prince should be like a prince, the minister like a minister, the father a father, the son a son (Sayings of Confucius translated by Ding Wangdao, 1999).
> A gentleman devotes himself to basics. Once the Basics are established, the principles of government and behavior will grow there-from. The basics are to be filial toward one's parents and respectful to one's elder brother (A selected collection of the Analects translated by Lai Bo and Xia Yuhe, 2006).

The Spiritual Level

Confucianism contends that harmony embodies itself not only in ordinary social life but also in spiritual life. It refers to enhancing life status and finally achieving the state in which all conflicts disappear and the division of being internal and external doesn't exist.

> At fifteen I made up my mind to study; at thirty I was established; at forty I was no longer perplexed; at fifty I understood the will of heaven; at sixty I listened to everything without feeling unhappy; at seventy I followed all my desires and none of them was against the norms (Sayings of Confucius translated by Ding Wangdao, 1999).
> To exert one's kind heart to its full is to know one's nature. To know one's nature is to know the will of Heaven. To keep one's own heart and cultivate one's nature are ways to serve Heaven (A selected collection of Mencius translated by He Zuokang, 2006).

THE BASIC CULTURAL PRINCIPLE UNDERLYING MENTAL HEALTH AND ITS IMPLICATION FOR SOCIAL WORK EDUCATION IN CHINESE COMMUNITIES

Apparently, Confucianism understands individual's mental health in his/her specific social context. On personal level, it focuses on the personal inner moral cultivation, which connects personal development to the interaction with others around and can be divided into three aspects: Zhi (wisdon), Ren (benevolence), and Yong (courage). On self level, Confucianism emphasizes the individual's practice competence. Such competence includes the social moral requests of both Zhong (loyalty) and Shu (reciprocity). On societal level, Confucianism concerns much with Five Cardinal Relations and sees filial piety as basis for social harmony. On spiritual level, Confucianism ties the internal personal moral cultivation with the external social moral practice together, and promotes enhancement of individual's life status to such state that all forms of conflicts in personal daily life are transcended. This is what Confucianism calls the state of the mean or sincerity.

Notably, Confucianism considers life as the interplay of two interactive and opposite forces: Yin (shadow and receptivity) and Yang (light and activity). As a consequence life is fluid and interactive rather than static and single (Liang, Chen ed., 2005, p.88). In another word, the conflicts in daily life are the result of encountering of these two opposite life forces. To settle the conflicts, two basic demands need to be met: limitation inclusion and progressive adaptation. It is impossible for a person to reach the state of wholeness, an integration of both internal cultivation and external practice, unless these two related demands are satisfied. As for Confucianism, focus only on the promotion of progressive adaptation could not ease the life conflicts. Furthermore, it could cause the result of "Going too far is the same as falling short", and the loss of harmony and unbalance in personal development. It is also the case in Toaism. Thus, the traditional Chinese culture sees individual as a part of life during the course of interaction with others around, and

individual's mental health can be promoted to achieve a high balanced state as wholeness by both including the difference and promoting the agency in daily life. Such effort attempts to meet the two basic challenges arising from the daily life: limitation inclusion and progressive adaptation. They are illustrated as following:
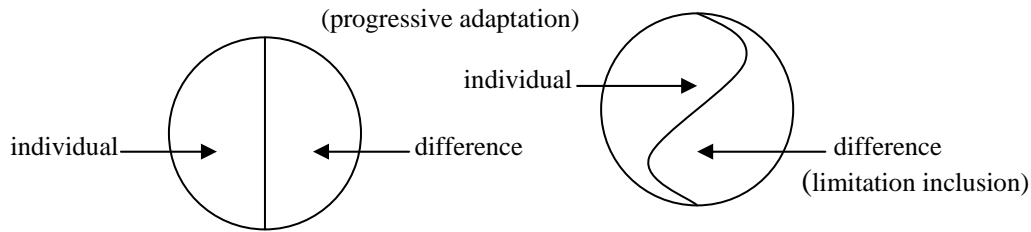

Figure1.1   **Figure1.2**

However, the Western concept of mental health has its own framework. On personal level, it centers around the value of individual rationality, independence, and autonomy, and separates individual psyche from outside world. On self level, it focuses on fulfillment of individual potiential and actualiztion of individual life meanings. On societal level, it concerns much about the individual social participation, achievement of social justice, and social change. Consequently, the Western concept of mental health emphasizes only the individual ability for progressive adaptation. It is shown as following:
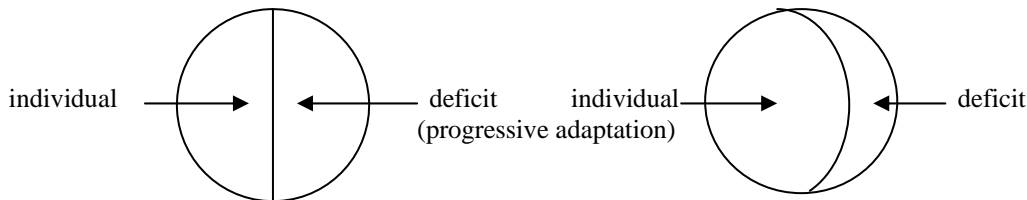

Figure 2.1   **Figure 2.2**

Thus, it is necessary for social work educators to distinguish between the Wstern concept of mental health and the Chinese concept of mental health when they teach students how to practice in Chinese communities. Otherwise, they would misunderstand the real Chinese cultural meanings underlying behind the concept of mental health by overemphasizing the inportance of client's progressive adaptation in dealing with his/her daily life conflicts, and would make students to:

a) neglect the client's ability for limitation inclusion in Chinese daily life and misunderstand it as manifestation of low self-esteem and high self restriction.

b) ignore the client's ability for progressive adaptation within his/her ability for limitation inclusion and simply interpret it as being introverted, emotion restricted and lack of awareness of social participation and social justice.

c) increase the client's conflicts with others around instead of helping him/her.

d) increase tension with clients instead of establishing a collaborative relationship.

This is not to say, there is no need for exchange between the Chinese concept of mental health and the Western concept of mental health. It, however, only indicates that the Western concept of mental health couldn't be borrowed directly for the application in Chinsese communities. When the ability for progressive adaptation valued in Western culture is combined with the ability for limitation inclusion concerned in Chinese culture, then it is possible for students to integrate Western social work intervention models with Chinese culture and create the new one suitable for Chinese culture and society.

CONCLUSION

The rising of practice on cross-culture and multi-culture field work pushes practitioners to face challenge of making choice among different cultural values, and having to find an answer to the fundamental question: How to promote the well-being of clients. As the basis upon which most Western intervention models are built, the concept of mental health is often defined into three categories: unipolar, bipolar, and two

dimensional perspectives. The first two are centered around the concept of mental illness and face much critism. More and more scholars and practitioners view the concept of mental health and mental illness in two dimensional perspective with different starting points and directions.

Chinese culture has its framework in understanding the concept of mental health, which is quite different from that of the Western. On personal level, Chinese culture puts much weight on the individual's inner moral cultivation. On self level, it concerns much about the individual's practice competence. On societal level, it focuses on the social harmony. And On spiritual level, it emphasizes on enhancing the individual's life status and transcending all daily life conflicts. Obviously, in Chinese culture individual is understood in the context of his/her interaction with the environment. And mental health is regarded as interplay of the two interactive and opposite forces. It consists of two basic abilities: limitation inclusion and progressive adaptation. In contrast, the Western concept of mental health sees individual as a relatively independent unit, and focuses on eliminating of the deficit. It demands the fulfillment of progressive adaptation. Therefore, as social work educators they should help students to understand the different cultural meanings underlying the concept of mental health, and to integrate the ability of progressive adaptation on which most Western social work intervention models are built, with the ability of limitation inclusion with which Chinese culture is concerned, in an effort to encourage students to create indigenous social work intervention models suitable for Chinese communities.

REFERENCS

Albee, G. W. (1982). Preventing psychopathology and promoting human potential. *American Psychologist. 37(9)*, 1043-1050.

Albee, G. W. (1993). Keynote speech. In D. Trent and C. Read (Eds.), *Promotion of mental health. Vol. 2, 1992 (pp.1-14)*. Avebury: Aldershot.

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International*, *11(1)*, 11-18.

Barry, M. M. & Jenkins, R. (2007). *Implementing mental health promotion*. Philadelphia: Elsevier.

Caplan, R. & Holland, R. (1990). Rethinking health education theory health. *Mental Health Education Journal. 49*, 10-12.

Cheatham, H. E., Ivey, A. E., Ivey, M. B., & Morgan, L. S. (1993). Multicultural counseling and therapy: Changing the foundations of the field. In A. E. Ivey, M. B. Ivey & Morgan (Eds.), *Counseling and psychotherapy: A multicultural perspective (pp.92-102)*. New York: Allyn and Bacon.

Chu, K. F. Y. & Carew, R. (1990). Confucianism: Its relevance to social work with Chinese people. *Australian Social Work*, *43(3)*, 3-9.

Chwedorowicz, M. (1992). Psychic hygiene in mental health promotion. In D. Trent (Ed.), *Promotion of mental health. Vol. 1, 1992 (pp.241-246)*. Avebury: Aldershot.

Confucius, (He Zuokang ed.) (2006). Doctrine of the Mean. Beijing: Sinolingua.

Confucius, (He Zuokang ed.) (2006). Great Learning. Beijing: Sinolingua.

Confucius, (Lai Bo & Xia Yuhe eds.) (2006). Confucian Analects. Beijing: Sinolingua.

Cox, J. (1993). Guest speaker presentation. In D. Trent and C. Read (Eds.), *Promotion of mental health. Vol. 2, 1992 (pp.15-30)*. Avebury: Aldershot.

de Bary, W. T. (1970). Individualism and humanitarianism in late Ming thought. In W. T. de Bary (Ed.), Self and society in Ming thought. New York: Columbia University Press.

Dugdill, L. & Herron, S. (1996). Promotion of mental health. Mental health and mental illness. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 5, 1996 (pp.77-83)*. Avebury: Aldershot.

Eaton, J. W. (Ed.) (1951). The assessment of mental health. *American Journal of Psychology. 108*, 81-90.

Felin, P. (2000). Revisiting Multiculturalism in social work. *Journal of Social Work Education*, 36(2), 361-378.

Fingarette, H. (1972). *Confucius: The secular as sacred*. New York: Harper Toechbooks.

Gould, K. H. (1995). The misconstruing of multiculturalism-the Standford Debate and social work. *Social Work*, *40(2)*, 198-205.

Guntrip, H. (1961). *Personality structure and human interaction: The developing synthesis of psychodynamic theory*. London: Hogarth.

Haque, A. (2005). Mental health concepts and program development in Malaysia. *Journal of Mental Health*. *14(2)*, 183-195.

HEA (Health Education Authority) (1996). *Health promotion and health gain in a primary care led NHS*. London: HEA.

Herron, S. (1997). The cloudy waters of mental health. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 6, 1997. (pp.171-177).* Avebury: Aldershot.

Herron, S. & Springett, J. (1995). Mental health: The lay perspective. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 4, 1995 (pp.115-121).* Avebury: Aldershot.

Herron, S., Barlow, J., Kavanagh, C., Nevin, I. & Jones, P. (1997). Mental health in general practice. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 6, 1997. (pp.163-170).* Avebury: Aldershot.

Hill, F. (1995). Mental health, holistic wellbeing and the spiritual dimension. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 4, 1995 (pp.105-113).* Avebury: Aldershot.

Ho, D. Y. F. (1998). Indigenous psychologies: Asian perspectives. *Journal of Cross-Cultural Psychology, 29(1),* 88-103.

Hsu, F. L. K. (1953). *American and Chinese: Two ways of life*. New York: H. Schuman.

Hus, F. L. K. (1971). Psychosocial homestasis and jen: Conceptual tools for advancing psychological anthropology. *American Anthropologist*, *73*, 23-33.

Jahoda, M. (1958). *Current concepts of positive mental health.* New York: Basic Books.

Jordan, J. R. (1985). Paradox and polarity: The tao of family therapy. *Family Process*, *24(2),* 165-174.

Kakar, S. (1984). *Shamans, mystics and doctors: A psychological enquiry into India and its healing traditions*. London: Unwin.

Kate, J. H. (1985). The sociolpolitical nature of counseling. *The Counseling Psychologist*, *13(4)*, 615-624.

Kendell, R. (1995). Mental health and mental illness. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 4, 1995 (pp.33-40).* Avebury: Aldershot.

King, A. Y. C. & Bond, M. H. (1985). The Confucian paradigm of man: A sociological view. In W. S. Tseng & D. Y. H. (Eds.), *Chinese culture and mental health (pp.29-45)*. Orlando, Florida: Academic Press.

Kitano, H. H. L., & Maki, M. T. (1996). Continuity, change, and diversity: Counseling Asian Americans. In P. B. Pederson, J. G. Draguns, W. J. Lonner & J. E. Trimble (Eds.), *Counseling across cultures (4th eds., pp.124-145)*. Thousand Oaks, CA: Sage.

Koeing, T. L. & Spano, R. N. (1998). Toaism and the strengths perspective. In E. R. Canda (Ed.), *Spirituality in social work: New directions (pp.47-65)*. Binghamton, NY: Haworth Pastoral Press.

Kovess-Masfety, V., Murray, M. Gureje, O. (2005). Evolution of our understanding of positive mental health. In H. Herrman, S. Saxema & R. Moodie (Eds.), *Promoting mental health: Concepts of emerging evidence, practice (pp.35-44)*. A report of the World Health Organization, Department of

Mental Health and Substance Abuse in Collaboration with the Victorian Health Promotion Foundation and University of Melborne. WHO: Geneva.

Lee, R. P. L. (1995). Cultural tradition and stress management in modern society: Learning from the Hong Kong Experience. In T. Y. Lin, W. S. Tseng & Eng-kung Yeh (Eds.), *Chinese Societies and mental Health (pp.41-52)*. New York: Oxford University Press.

Lee, M. Y., & Greene, G. J. (1999). A social constructivist framework for integrating cross-cultural issues in teaching social work. *Social Work Education*, *35(1),* 20-30.

LIANG Shumin (Chen Lai ed.) (2005). Liang Shumin Analects. Changchun: JiLin People's Publication.

LIN, Y. S. (1974/5). *The evolution of the pre-Confucian meaning of jen and Confucian concept of moral autonomy.* Monumenta Sinica, *31*, 172-204.

LU, Y. E., Lum, D., & CHEN, S. (2001). Cultural competency and achieving styles in clinical social work: a conceptual and empirical exploration. *Journal of Ethnic and Cultural Diversity in Social Work, 9(3/4)*, 1-31.

MacDonald, G. (1994). Defining the goals and raising the issues in mental health promotion. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 3, 1994 (pp.207-228).* Avebury: Aldershot.

MacDonald, G. (2006). What is mental health? In M. Cattan & S. Tilford (Eds.), *Mental health promotion: A lifespan approach (pp.8-32).* England, Maidenhead: Open University Press.

Maple, N. A. & Barnes, M. (1992). *Women and mental health: Challenging the stereotypes*. London: Venture Press.

Maslow, A. H. (1968). *Towards a psychology of being*. New York: Van Nostrand.

McMahon, A., &Allen-Meares, P. (1992). Is social work racist a content analysis of recent literature? *Social Work*, *37(6)*, 533-539.

Mencius, (He Zuokang ed.) (2006). Mencius. Beijing: Sinolingua.

Metzger, T. A. (1977). *Escape from predicamen*. New York: Columbia University Press.

Midgley, J. (2001). Issues in international social work: Resolving critical debates in the profession. *Journal of Social Work*, *1(1)*, 21-35.

Minister of National Health and Welfare (1988). *Mental Health for Canadians*. Ottawa: Author.

Moore, C. A. (1967). Introduction: The humanistic Chinese mind. In C. A. Moore (Ed.), *The Chinese mind(pp.1-24)*. Honolulu: University of Hawaii Press.

Myers, L. (1988). *Understanding an Afrocentric world view: Introduction to an optimal psychology.* Dubuque, IA: Kendall/Hunt.

Nagy, G., & Falk, D. (2000). Dilemmas in international and cross-cultural social work education. *International Social Work*, *43(1),* 49-60

Neuman, J., Schroeder, H. & Voss, P. (1989). Mental health: Concepts and tasks from the psychological and psychiatric view. In J. Neuman, H. Schroeder & P. Voss (Eds.), *Mental health within the health promotion concept (pp.26-37).* Dresden German Hygiene Museum/Copenhagen WHO.

Nimmagadda, J., & Balgopal, P. R. (2001) Indigenization of social work knowledge: An exploration of the process. *Asia Pacific Journal of Social Work*, *10(2)*, 4-18.

Nimmagadda, J., & Cowger, C. D. (1990). Cross-cultural practice: Social worker ingenuity in the indigenization of practice knowledge. *International Social Work*, *42(3)*, 261-276.

Ow, R. (1999). Social work in multicultural context. *International Social work. 42(1)*, 7-14.

Owen, G. M. (1993). *Taking the strain*. National Association for Staff Support (NASS).

Payne, M. (1997). *Modern social work theory: A critical introduction* (2nd ed.). Basingstoke, UK: Macmillan.

Phinney, J. S. (1996). When we talk about American ethnic groups, What do we mean? *American Psychologist*, *51(9)*, 918-927.

Preston, G. H. (1943). *The substance of mental health*. New York: Farrar and Rinehart.

Redlich, F. C. & Freedman, D. Y. (1966). *The theory and practice of psychiatry*. New York: Basic Books

Ruyckevelt, J. V. (1995). Promoting mental health: A collaborative approach. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 4, 1995 (pp.451-457)*. Avebury: Aldershot.

Sahakian, W. S. (1970). *Psychopathology today*. Itasca Ill FE: Peacock Publishing.

Secker, J. (1998). Current conceptualizations of mental health and mental health promotion. *Health Education Research. 13(1)*, 57-66.

Schofield, G. (1995). Yoga and mental health. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 4, 1995 (pp.115-121)*. Avebury: Aldershot.

Solomon, R. H. (1971). *Mao's revolution and the Chinese Political culture*. Berkeley: University of Canifornia Press.

Stainton-Rogers, W. (1991). *Explaining health and illness: An exploration of diversity*. London: Routledge.

Syme, L. (1996). To prevent disease: The need for a new approach. In D. Blane, E. Brunner & R. Wilkinson (Eds.), *Health and social organization*. London: Routledge.

Takaki, R. (1993). Multiculturalism-battleground or meeting ground. *Annals of the American Academy of Political and Social Science*, *530*, 109-121.

Townsend, P. & Davidson, N. (1980). *Inequality in health*. London: Penguin.

Trent, D. R. (1993). The promotion of mental health: Falacies of current thinking. In D. Trent and C. Read (Eds.), *Promotion of mental health. Vol. 2, 1992 (pp.561-568)*. Avebury: Aldershot.

Trent, D. R. (1994). Fighting the four horsemen. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 3, 1994 (pp.377-384)*. Avebury: Aldershot.

Trent, D. R. (1995). You say prevention, I say promotion. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 4, 1995* (pp.73-77). Avebury: Aldershot.

Tseng, W. S., Lin, T. Y. & Yeh, Eng-kung (1995). Chinese societies and mental health. In T. Y. Lin, W. S. Tseng & Eng-kung Yeh (Eds.), *Chinese Societies and mental Health (pp.3-18)*. New York: Oxford University Press.

Tudor, K. (1996). *Mental health promotion*. London: Routledge.

Tudor, K. (1996). Mental health promotion at work. In D. Trent & C. Reed (Eds.), *Promotion of mental health. Vol. 5, 1996 (pp.127-143)*. Avebury: Aldershot.

Uehara, E. S., Sohng, S.S. L., Bending, R. L., Seyfried, S., Richey, C. A., Morelli, P., Spencer, M., Ortega, D., Keenan, L., & Kanuha, V. (1996). Toward a values-based approach to multicultural social work research. *Social Work*, *41(6)*, 613-621.

Walker, R., & Staton, M. (2000). Multiculturalism in social work ethics. *Journal of Social Work Education, 36(3)*, 449-462.

Walton, R., & Abo El Nasr, M.(1988). Indigenization and authentization of social work in Egypt. *International Social Work*, *31*, 135-144.

Whitehead, M. (1987). *The health divide: Inequalities in health in the 1980s*. London: Health Education Council.

WHO (2001). *Mental health: Strengthening mental health promotion*. WHO Factsheet No 220. Online, Available: http://www.who_int/ mediacentre/ factsheet/fs220/ en/October 2005.

WHO (2004). Summary report. *Outline mental health as a positive emotion of affect; a personality trait encompassing concepts of self-esteem and sense of control; resilience in the face of adversity and the capacity to cope with life stressors*. WHO: Geneva.

WHO European Ministerial Conference on Mental Health (2005). *Mental health action plan for Europe: Facing the challenges, building solutions*. Helsinki: World Health Organization.

Wilkinson, R. (1996). *Unhealthy societies: Afflictions of inequality*. London: Routledge

Wilkinson, R. (2005). *The impact of inequality: How to make sick societies healthier*. London: The New Press.

Winnicott, D. W. (1988). *Babies and their mother*. London: Free Association Press

Wu, D. Y. H. & Tseng, W. S. (1985). Introduction: The characteristic of Chinese culture. In W. S. Tseng & D. Y. H. (Eds.), *Chinese culture and mental health (pp.3-13)*. Orlando, Florida: Academic Press.

Yang, K. S. (1995). Chinese social orientation: An integrative analysis. In T. Y. Lin, W. S. Tseng & Eng-kung Yeh (Eds.), *Chinese Societies and mental Health* (pp.20-39). New York: Oxford University Press.

Yip, K. S. (2001). Reflection on social work indeginization in Hong Kong (Part One): Review and expectation. Hong Kong Social Work Journal, *35(1/2)*, 51-78.

Yip, K. S. (2002). Multicultural counseling: reflection from Asia culture. Asian Journal of Counseling, *9(1/2)*, 83-104.

Yip, K. S. (2003). Traditional Confucian concepts of mental health: Its implications to social work practice with Chinese communities. *Asia Pacific Journal of Social work*, *13(2)*, 65-89.

Yip, K.S. (2004a). Toasim and its impact on mental health of the Chinese communities. *International Journal of Social Psychiatry*, *50(1)*, 25-42.

Yip, K.S. (2004b). A dynamic Asian response to globalization in cross-cultural social work. *International Social Work*, *48(5),* 1-15.