# The Perceived Problems and Help-Seeking Preferences of Chinese Immigrants in Montreal

Carole Pigler Christensen
*McGill University*

Abstract

Helping professionals have long recognized the underuse of mainstream services by immigrants of Chinese origin. Although popular belief suggests that they experience few problems for which they would tend to seek help outside of the family, little empirical evidence exists to either support or negate this assumption. This exploratory descriptive study examines the nature and frequency of problems and help-seeking preferences of a random sample of 60 men and women of Chinese origin. Results confirm that the family was the preferred first choice of help for most psychological and interpersonal problems, friends being a frequent second choice of female respondents. No overall significant differences are found between males and females when choices for help were examined. These findings are discussed in terms of policy and practice implications, and the need for further research.

Résumé

La sous-utilisation des services sociaux généraux par les Chinois est un fait reconnu depuis longtemps par les assistants sociaux. Même si la croyance populaire veut que les Chinois éprouvent peu de problèmes qui les poussent à chercher de l'aide en dehors de la famille, on possède peu de preuves empiriques pour étayer ou infirmer cette assertion. Cette étude exploratoire porte sur la nature et la fréquence des problèmes et des préférences en matière d'aide d'un échantillon randomisé de 60 hommes et femmes chinois. Les résultats confirment que la famille est la source d'assistance favorite pour la plupart des problèmes d'ordre psychologique et interpersonnel, les amis constituant le plus souvent un deuxième choix pour les répondantes de sexe féminin. Ces conclusions sont ensuite discutées au niveau de leurs conséquences pratiques et du besoin d'entreprendre des recherches plus approfondies.

Helping professionals have often noted that Chinese populations residing in North America seldom make use of mainstream mental health resources and social service agencies (Christensen, 1986; Sue & Sue, 1983). A "mainstream" agency refers to a tax-supported service established to serve the needs of the general population. Popular stereotypes have generally offered positive interpretations for the underuse of mainstream services by people of Chinese origin. For example, it has been suggested that service underuse is due to strong family ties and a sense of community among Chinese people, which sustains those in need of help. Also, ideal Chinese personality types are presented as exhibiting few overt mental health problems and are described as stoic, passive, and unemotional. In fact, North Americans of Chinese ancestry are often considered to be a "model minority", having successfully overcome hardships and gained acceptance, without exhibiting psychosocial breakdown or confrontative tactics (Ho, 1981).

Although numerous observers from the dominant cultures (i.e., English and French Canadians) have interpreted the underuse of

mental health services and social agencies as a sign that Chinese people do not need them, this assumption has been questioned recently by several Asian writers (Kitano & Matsushima, 1981; New, Kong-ming, & Watson, 1983; Yamamoto, 1981). Many now suggest that mainstream service underuse may be related to cultural and perceptual factors affecting people of Chinese origin. To date, however, there is no body of literature in Canada exploring Chinese immigrants' perceptions of problem areas, and how they choose to cope with these problems. In order to explore these questions, a descriptive exploratory study was conducted involving Chinese immigrants in Montreal.

The mental health literature suggests that culturally determined attitudes toward psychological disturbance influences the behavioural expressions and recorded rates of psychological problems. Since most Asian cultures view the mentally ill with fear, shame, and ridicule, families are reluctant to seek mental health services, except in cases of severe distress with which they cannot cope (Yamamoto, 1981). Moreover, research suggests that the expression of certain psychological disorders seems to be culture specific, resulting in inaccurate assessment and diagnosis of Asian populations by Western-trained clinicians (Yap, 1951). Yet other psychological disturbances such as depression, as understood in the West, seem to occur only rarely in Asian cultures (Marsella, 1978). However, studies of psychological disturbance have often been hampered by variations in terminology and differences in symptom manifestations across cultures. Several authors note that among populations of Asian origin, psychological problems are often expressed in symptoms involving hypertension, insomnia, psychosomatic complaints, interpersonal problems, and generational conflicts (Marsella, 1979; Sue & Sue, 1983) Yamamoto, 1981).

Immigrants of Chinese origin do not necessarily have extended families with whom to relate. When present, however, the extended family structure appears to establish relationship patterns that mitigate against some hardships (Leung and Christensen, 1985), including loneliness and the loss of family members (Tseng & Hsu, 1969). Furthermore, when adhered to, religious traditions involving ancestor worship seem to reduce grief, as relationships to loved ones are not believed to end through death (Yamamoto, Okonogi, Iwasaki, & Yoshimura, 1969).

Although it has long been noted that cultures vary in terms of stress inducers (Leighton & Hughes, 1961), there is no reliable body of literature comparing stress inducers in countries of origin of Chinese immigrants, with those perceived upon immigrating in Canada. However, both historical and current accounts suggest that immigrant adaptation, Canadian immigration procedures, and the experience of racial discrimination may be sources of stress for immigrants of Chinese ancestry (Chan, 1980; Lai, 1971, Li, 1983).

The individual's perception or personal definition of a situation, while never truly divorced from culture, is extremely important (Tseng, 1979). Within any cultural group, a range in definitions of apparently similar situations may be found, and responses to problems vary, according to the individual's personal range of acceptable behaviours (Christensen, 1985). Furthermore, once those in the individual's immediate environment define his or her behaviour as deviating from the culturally acceptable norm, their responses and efforts to deal with the situation will affect the individual's self-perception (Draguns, 1979). Problem definitions and preferred solutions are also related to the degree of integration and assimilation into the dominant culture, which is closely related to whether the individual is a recent immigrant, or Canadian-born (Allodi, 1978). Intergenerational differences pose special problems for Chinese immigrants and their more westernized Canadian-born children, whose perception of problems and preferred resolutions may differ considerably from those of their parents (Li, 1983).

The underuse of mainstream agencies by Chinese immigrants as a function of their lack of knowledge of existing services, and the culture-bound nature of the services offered, has been considered elsewhere (Christensen, 1985). The major purpose of this paper is to examine problem perception and preferred modes of resolution among Chinese immigrants. More specifically, the following questions were addressed: 1) What is the nature and frequency of the problems perceived by Chinese immigrants residing in Montreal? 2) Who, or what, is the preferred source of help when Chinese immigrants are faced with a particular problem? Answers to these questions were sought to aid policy makers and practitioners in their efforts to understand the current underuse of mainstream services by people of Chinese origin.

*Method*

A random sample, stratified by sex, was drawn from names listed in the City of Montreal telephone directory. Potential respondents were contacted by telephone by two Chinese research assistants who explained that the aim of the study was to improve understanding of the problems and service needs of the Chinese community. Confidentiality and anonymity in the reporting of the data were emphasized. Six persons contacted refused to participate, stating that they did not wish to discuss their problems with others.

At a prearranged time, respondents were interviewed in their homes by trained Chinese interviewers, fluent in Mandarin and Cantonese, as well as English. Most younger respondents completed the questionnaire without assistance, but many of the elderly required help. To guard against potential bias due to sex, a male with an M.Ed. in counselling conducted all inteviews with the males in the sample; and a female, with an M.S.W. degree, interviewed all female respondents.

All participants had to meet the criteria of being permanent residents of Canada, living here for one year or more, but having been born in a country other than Canada. The 60 respondents selected (30 male, 30 female) had resided in Canada from 1 to 35 years, with a mean of 9 years. Participants ranged in age from 18-80 years, with 12 persons in each of four age-group categories: 18-26 years; 27-31 years 32-46 years and 47-55 years and over. The mean age was 40 for males as well as females. Eighteen respondents were single, 35 were married, and 7 were widowed. Fifty-eight respondents reported their ethnic group to be Chinese; of these, 39 were born in mainland China, 12 in Hong Kong, 1 in Taiwan, and 6 in Vietnam. The others were from Singapore and Malaysia.

The participants lived in many areas of Montreal (only 8 resided in Chinatown), but more than half (52%) reported that there were many Chinese people in their neighbourhoods. Twenty-two of the 60 respondents were homeowners, and the majority were satisfied with their living situation. Most respondents (95%) had no members of their extended family living in their homes.

On the whole, the sample represented a well-educated group, with 45 of the 60 respondents having completed high school or post secondary education. However, income and occupational levels were generally low to moderate (the most frequent income range reported was from $10-14,000). Approximately one-third of the respondents was in each of three categories: Christian; Ancestor Worship; no religious affiliation.

*The Instrument*

Following extensive discussions with Chinese social workers and counsellors employed by both ethnic and mainstream agencies, an instrument was designed to collect data pertaining to the area under investigation. The three-part questionnaire was piloted using Chinese men and women (3 of each six), revised accordingly, and translated into Chinese characters by a person familiar with counselling terminology. A subsequent retranslation (into English from Chinese) indicated that the questions were understood as intended.

The Problems and Preferences Questionnaire consisted of 43 items in two separate categories: personal or psychological problems (23 items); and interpersonal/interactional problems (20 items). On a Likert-like 5 point scale (1 = never; 5 = very often), respondents were asked to indicate the degree to which they had experienced each problem; and who they would go to, from a list which included: Friend; Immediate Family Members; Other Family Members; Doctor; Chinese Worker in a Chinese agency; Clergy; Non-Chinese social worker (or other helper) in a mainstream agency; No one; Other. If "other" was the chosen response, respondents were asked: "Who would you go to?"; "What would you do?". The latter question was phrased thus in keeping with the literature suggesting that an alternative other than seeking a specific helper might

be considered (i.e., a person might choose to *do* something or to do *nothing*). Responses were indicated in terms of first, second, and third choices.

As an adjunct to the major research questions, the researcher was interested in how Chinese immigrants generally find support and assistance. A simple Support Network Questionnaire was designed for this purpose asking respondents whether they belonged to a religious organization or Chinese Association; whether they had relatives and friends in Montreal; and whether they knew of the existence of ethnic and mainstream service agencies. In addition, they were asked whether they had ever requested help from any of these sources. All data was summarized in percentages.

*Findings*

Responses to the Support Network Questionnaire indicated that the overwhelming majority of the respondents had relatives (97%) and friends (93%) living in Montreal; and that relatives were the most common source of help (83%), followed by close friends (78%). Notably, the respondents indicated that all friends that had been sought for help were Chinese. Fifteen percent of the respondents belonged to a Chinese voluntary association or club, but less than half (6%) had asked for help from this network. Eighty-seven percent of the participants knew of Chinese community services, but only 48% had actually used this source of help. The least common source of help was the mainstream social service system (3%), despite the fact that more than a quarter of the respondents (27%) knew of these services.

*Problems perceived.* The first major area addressed by the Problems and Preferences Questionnaire related to personal and psychological problems perceived by the respondents, and their perceived frequency (see Table 1). An examination of high, medium, and low percentage clusters in selected problem areas reveals noteworthy patterns. An overwhelmingly large number of respondents indicated never experiencing problems relating to alcohol/drugs (97%); not wanting to go on living (87%); or the feeling of "going crazy" (83%). Making decisions was moderately perceived to be a problem by 50% of the respondents; 53% seldom experienced worry about the future; 57% seldom perceived problems controlling feelings; 48% never perceived problems in the area of sleeping/bad dreams, and the same number seldom perceived problems related to their race or ethnicity. Although the lowest overall percentage scores were found in the "very often" response category, for the problem areas "feeling homesick" (37%), and "worry about relatives back home" (28%), "very often" had the highest percentage scores.

Table 2 presents the frequency distribution of selected problems perceived in the interpersonal/interactional area. The highest percentages were found in the "never" category, as follows: problem about sex

(85%); problem with authority figures (80%); and problem with marriage/love relationships (72%). Fifty percent of the respondents seldom perceived problems trusting others, and 50% moderately perceived problems accepting the values of other. It is noteworthy that 45% of those sampled experienced language problems (French/English) very often.

## TABLE 1

*Frequency Distribution for Selected Personal and*
*Psychological Problem Areas*
(N = 60)

| Problem Area | % Never | % Seldom | % Moderate | % Often | % Very Often |
|---|---|---|---|---|---|
| Making decisions | 8.3 | 33.3 | 50.0 | 6.7 | 1.7 |
| Worry about future | 11.7 | 53.3 | 21.7 | 5.0 | 8.3 |
| Controlling feelings* | 15.0 | 56.7 | 23.3 | 1.7 | 1.7 |
| Feeling powerless | 36.7 | 21.7 | 28.3 | 8.3 | 5.0 |
| Loneliness | 25.0 | 21.7 | 31.7 | 15.0 | 6.7 |
| Alcohol/Drugs | 96.7 | 3.3 | 0.0 | 0.0 | 0.0 |
| Don't want to go on living | 86.7 | 13.3 | 0.0 | 0.0 | 0.0 |
| Problems related to my race/ethnicity | 31.7 | 48.3 | 16.7 | 3.3 | 0.0 |
| Problem sleeping/ bad dreams | 48.3 | 23.3 | 20.0 | 5.0 | 3.3 |
| Feeling of "going crazy"* | 83.3 | 10.0 | 5.0 | 0.0 | 0.0 |
| Feeling tired/ dizzy/weak | 33.3 | 23.3 | 23.3 | 16.7 | 3.3 |
| Feeling worthless/ useless | 45.0 | 28.3 | 18.3 | 6.7 | 1.7 |
| Feeling homesick | 15.0 | 13.3 | 16.7 | 18.3 | 36.7 |
| Worry about relatives back home | 23.3 | 18.3 | 18.3 | 11.7 | 28.3 |

* one case missing (no response)

*Help preferred.* The second major area under investigation was the preferred sources of help, or preferred behaviour, when a particular problem arose. The results of the responses to the Helper Preference Questionnaire indicated that the majority (60% or more) of the respondents would choose a member of the immediate family as the preferred helper for most problems, whether of a personal/psychological or interpersonal/interactional nature. "Other family members" and "Friend" were seldom the first choice for the preferred source of help.

Surprisingly, "Chinese worker in an ethnic agency" was chosen as a source of help consistently by only one respondent. The largest number of respondents (23%) viewed this source of help as first choice only in the case of a problem relating to language (i.e., English/French) followed by problems relating to house rental or purchase (8%). A non-Chinese helper in a mainstream agency was virtually *never* chosen. Last, there were several problems for which a majority (60% or more) of those sampled would choose to go to no one, including: problems relating to authority, police, sex, alcohol/drugs, and feeling of going crazy.

Because both males and females chose family as the first choice for help, the data was examined to determine if overall significant sex differences appeared in the respondent's second or third choices, using Chi Square procedures. Although "Friend" was the second choice of

## TABLE 2

*Frequency Distribution for Selected*
*Interpersonal/Interactional Problem Areas Perceived*
(N = 60)

| Problem Area | % Never | % Seldom | % Moderate | % Often | % Very Often |
|---|---|---|---|---|---|
| Marriage/love relationships | 71.7 | 15.0 | 10.0 | 0.0 | 3.3 |
| Problems with children/siblings | 31.7 | 10.0 | 43.3 | 15.0 | 0.0 |
| Problem about sex* | 85.0 | 8.3 | 5.0 | 0.0 | 0.0 |
| Parent/In-law problem | 51.7 | 16.7 | 23.3 | 8.3 | 0.0 |
| Not accepted by others | 38.3 | 38.3 | 18.3 | 5.0 | 0.0 |
| Feeling discriminated against | 15.0 | 31.7 | 31.7 | 18.3 | 3.3 |
| Don't know where to turn for help | 13.3 | 41.7 | 30.0 | 13.3 | 1.7 |
| Trusting others | 21.7 | 50.0 | 23.3 | 5.0 | 0.0 |
| Difficulty accepting values of others | 13.3 | 23.3 | 50.0 | 13.3 | 0.0 |
| Not belonging | 10.0 | 23.3 | 15.0 | 26.7 | 25.0 |
| Problem with authority figures | 80.0 | 10.0 | 8.3 | 1.7 | 0.0 |
| Language (French/English) problem | 8.3 | 10.0 | 16.7 | 20.0 | 45.0 |
| Problem concerning immigration/regulations | 23.3 | 11.7 | 25.0 | 25.0 | 15.0 |
| Feel people want me to forget my culture | 35.0 | 30.0 | 30.0 | 1.7 | 3.3 |

* One case was missing (no response).

many females and males generally chose "Other Family" member, neither second nor third choice differences in male and female help-seeking behaviours were found to be significant.

*Discussion*

In the interpersonal/interactional area, it was noteworthy that a high numbers of respondents indicated that they never experience certain problems that often lead majority group (British and French) Canadians to seek professional help from various agencies (e.g., problems with marriage/love relationships, sex and authority figures). However, cultural taboos with regard to certain types of problems may have distorted the nature of the problem areas reported. It is important to note that some of the problems perceived "moderately" to "very often" by approximately half of the respondents seem to be related to the minority group status occupied by people of Chinese origin in Canadian society (e.g., feeling discriminated against; difficulty accepting values of others; feeling of not belonging; French/English language difficulties; and problems with immigration regulations). Mainstream agencies and current theoretical models do not appear to attend sufficiently to problems that relate to the minority status experience of Chinese residents.

The results of this study are in keeping with the previous literature noting that the Chinese family offers its members their major source of support, even when other sources are available and known (e.g., Chinese community services). An examination of gender differences indicated that males are more reluctant than females to use sources outside of the family when help is needed.

The majority of the participants perceived themselves to be in control of their feelings; some chose to go to no one for help with potentially serious problems. However, the study is limited in that no attempt was made to examine the reasons for some of the patterns that emerged. For example, the literature suggests that Chinese cultural values and attitudes (e.g., feelings of shame and guilt, and fear of ridicule or rejection), rather than stoic traits, may explain the low rate of help-seeking outside of the family circle.

The findings also tend to confirm the common observation that most Chinese people associate social services with concrete, practical help (e.g., housing), rather than psychosocial help. Seeking the services of a helper, even in a Chinese agency, for assistance with family, marital, or sexual problems would appear to be most unlikely for these respondents.

The fact that "a non-Chinese helper in a mainstream agency" was never chosen as a possible source of help, was of particular interest because it indicated clearly that even those who knew of mainstream agencies did not view them as an attractive source of help.

*Implications for Policy, Practice, and Research*

The findings reported above are subject to the limitations of self-report studies. Nonetheless, they clearly suggest a need to question the assumption that Chinese immigrants are a problem-free group, needing only those kinds of help that the family can provide.

The findings indicating that Chinese immigrants do not view mainstream agencies as a source of help is probably due to a combination of factors, relating to both psychosocial variables (i.e., the nature of the problems perceived) and sociocultural variables (i.e., the structure of services and the nature of the help offered). Since most Chinese people seem to turn to ethnic agencies, which may not have the full range of resources available, it seems important that policy makers and administrators form and maintain close links to these agencies. At the same time, however, mainstream agencies and professional educational institutions should move to incorporate the life experiences, problem perceptions, and service needs of Chinese populations into ongoing programs. Likewise, it seems important to ensure that information about available services be made widely available in Chinese communities. Helping models and theories must also be adapted and developed to incorporate all available information pertaining to Chinese values, extended family life, and expectations of the helping process. Although it is desirable to train more Chinese helpers, it is equally, if not more important, to train all helping professionals to work effectively in our multicultural societal context.

It must be recognized that the Chinese community is not monolithic but represents a number of culturally distinct sub-groups, including, for example, "old stock" Chinese Canadian families, more recent immigrants from Hong Kong and Taiwan, and refugees from countries such as Vietnam. Moreover, like all immigrants, Chinese individuals become bicultural to varying degrees, once in Canada. Most maintain aspects of their Chinese cultural backgrounds while incorporating aspects of the Canadian value system and life-style. Helpers in mainstream agencies must, therefore, guard against expecting all Chinese people to be recent immigrants unfamiliar with the Canadian way of life. Knowledge of, and respect for, differences among the Chinese populations is a prerequisite for a helper to be effective.

Language may pose a particular problem, not only for recent immigrants but also for many of the elderly Chinese who were recruited around the turn of the century to fill low-paying, menial jobs (e.g., on the railroad and in the service industry), which required little use of English or French. Clearly, language may present an insurmountable barrier, unless helpers familiar with Chinese dialects are available in mainstream agencies to help those in need.

As an exploratory investigation, intended to suggest areas in need of

further examination, this study had certain limitations. It involved a limited sample in one Canadian city, and cannot be generalized to all Chinese immigrants. A similar study involving larger numbers, and representative of the various ethnic groups among Chinese immigrants is needed. Chinese people have come from many backgrounds over a period of more than 100 years; and many of the newest immigrants have suffered extreme trauma and deprivation (e.g., the "boat people"). A future study should examine whether problems perceived and help-seeking behaviours differ, according to time of arrival and country of origin. It is also conceiveable that differences could be found according to the Canadian region or province in which Chinese people settled at a particular time. The literature suggests that the experience varied considerably depending on whether settlement was on the East or West coast, in an English or French-speaking area, and in the pre-World War II era or at a later time (Chan, 1980; New and Watson, 1983).

Although sex differences in the preferred sources of help were not found to be statistically significant for male and female respondents, future research should seek to further examine this question. More study is needed to determine whether differences in the family roles traditionally occupied by males and females of Chinese origin affect help-seeking preferences.

This study appears to be the first of its kind in Canada, and represents an attempt to begin to document the types of problems perceived by Chinese immigrants, and to gain insight as to how they prefer to deal with these problems. The results reported here are intended to increase our understanding of the complexity of the task at hand.

*References*

Allodi, F. (1978). The utilization of mental health services by Canada's immigrants. *Canada's Mental Health*, 26, 2, 7-11.

Chan, A. B. (1980). The Myth of the Chinese Sojourner in Canada. In J. Ujimoto (Ed.), *Visible minorities and multiculturalism: Asians in Canada* (pp. 33-42). Toronto: Butterworths.

Christensen, C. P. (1986). Expectations of mainstream social services among Chinese immigrants in Montreal. *Intervention*, 74, 41-49.

Draguns, J. G. (1979). Mental health and culture. In D. Hoopes, P. B. Pedersen, & G. W. Renwick (Eds.), *Overview of intercultural education, training and research* (Vol. I: Theory, pp. 56-71). Washington: Intercultural Network Inc.

Ho, M. K. (1981). Social work with Asian Americans. In R. H. Dana (Ed.), *Human services to cultural minorities* (pp. 307-316). Baltimore: University Park Press.

Kitano, H. H. L. & Matsushima. (1981). Counseling Asian Americans. In P. P. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (pp. 163-180). Hawaii: University of Hawaii Press.

Lai, U. (1971). The new Chinese immigrants in Toronto. In J. L. Elliot (Ed.), *Two nations, many cultures: Immigrant groups*. Scarborough, Ontario: Prentice-Hall.

Leighton, A. & Hughes, J. (1961). *Causes of mental disorders: A review of the epidemiological knowledge*. New York: Milbank Memorial Fund, 1961.

Leung, P. & Christensen, C. P. (1985). Relationships between aged Chinese parents and their children. In Chen, M. (Ed.), *Readings about the Chinese experience in Canada: Selected papers from the annual meeting of the Canadian Asian Studies Association*. Guelph, Ontario: University of Guelph.

Li, P. S. (1983). The Chinese Family. In P. S. Li, & B. Singh (Eds.), *Racial minorities in multicultural Canada* (pp. 86-96). Toronto: Garamond Press.

Marsella, A. J.(1978). Thoughts on cross-cultural studies on the epidemiology of depression. *Culture, Medicine, and Psychiatry*, *2*, 343-357.

————. (1979). Cross-cultural studies of mental disorders. In A. J. Marsella, R. G. Tharp, & T. J. Cibrowski (Eds.), *Perspectives on cross-cultural psychology* (pp. 233-257). New York: Academic Press.

New, P. Kong-ming, & Wagson, W. (1983). Pathways to health care among Chinese-Canadians. In P. S. Li, & B. S. Bolaria (Eds.), *Racial minorities in multicultural Canada* (pp. 56-67). Toronto: Garamond Press, 1983.

Sue, D. W. & Sue, S. (1983). Counseling Chinese Americans. In D. R. Atkinson, G. Morten, and D. W. Sue (Eds.), *Counseling American minorities* (pp. 97-106). Dubuque, Iowa: Wm. C. Brown Company, Publishers.

Tseng, W., & Hsu, J. (1969). Chinese culture, personality formation, and mental illness. *International Journal of Social Psychiatry*, *16*, 5-14.

Tseng, W. S.(1979). Culture and psychotherapy. In A. J. Marsella, R. G. Tharp, and T. J. Cibrowski (Eds.), *Perspectives on cross-cultural psychology* (pp. 333-345). New York: Academic Press.

Yamamoto, J. (1981). Therapy for Asian Americans. In R. H. Dana, (Ed.), *Human services for cultural minorities* (pp. 323-330). Baltimore: University Park Press.

Yamamoto, J., Okonogi, K., Iwasaki, T. and Yoshimura, S. (1969). Mourning in Japan. *American Journal of Psychiatry*, *125*, 1660-1665.

Yap, P. M. (1951). Mental disease peculiar to certain cultures: A survey of comparative psychiatry. *Journal of Mental Science*, *97*, 313-327.

*About the Author*

Carole Christensen, (M.S.W., Psychiatric Social Work D.Ed., Counselling Psychology) is an Associate professor and M.S.W. Program Co-ordinator at the McGill University School of Social Work, where she has initiated and developed the area of crosscultural education and research over a 10 year period. She has extensive clinical, supervisory, and consultant experience in cross-cultural counselling, and regularly conducts training workshops for helping professionals in Canada and abroad. She is currently on sabbatical in Hawaii, where she is refining and testing an original model for cross-cultural awareness development.

Address Correspondence to: Dr. Carole P. Christensen, McGill University, School of Social Work, 3506 University Street, Montreal, Quebec, H3A 2A7.