

Toward a Cognitive-Affective-Social Theory of Mental and Physical Health: The Chinese Case

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This article aims to (a) provide a systematic framework to account for psychological and physical well-being, and (b) initiate researchers' interests in exploring psychosocial variables relevant to the Chinese context. The various papers in this special issue contribute to fill the gaps by proposing several cultural-specific psychosocial risk and resource factors related to mental and physical health for the Chinese. Holistic thinking style, shameful feelings, self-esteem, and quality of social relations are proposed to be psychosocial factors related to the psychological and physical well-being of the Chinese. The relevance of these psychosocial risk and resource factors to the Chinese context is discussed.

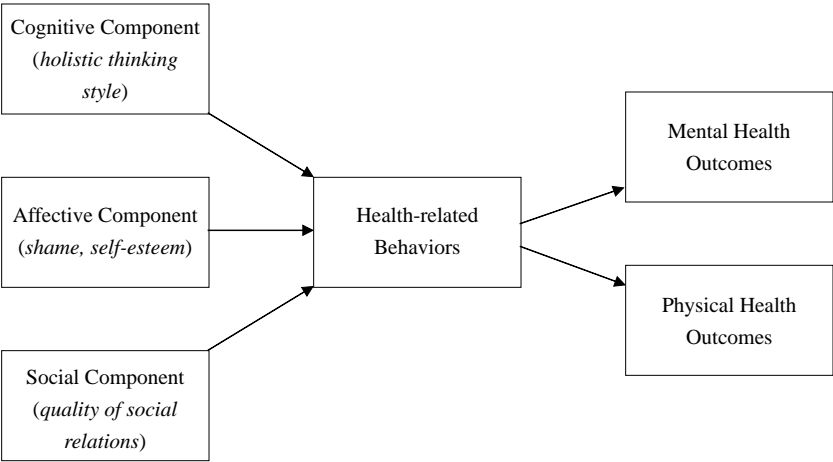
In health-promotion campaigns on smoking cessation, it is interesting to note the distinct strategies adopted by anti-smoking organizations from different cultures. In England, the Action on Smoking and Health endeavors to break the appealing (but fake) images associated with smokers: mature, tough, adventurous, and vogueish. The Hong Kong Council on Smoking and Health emphasizes the adverse effects caused by environmental tobacco smoke, or more commonly known as the "secondhand smoke." Their major aim is to enhance Chinese smokers' awareness that smoking can not only cause harm to one's own health but also have an adverse impact on other people. Moreover, the council has emphasized a major advantage of smoking cessation on their website: "The people you live with, especially your children, will be healthier." It seems

that in order to urge Chinese smokers to quit smoking, the key is not just to stress the possible harm of deteriorating health or to break the adorable personal image of a smoker, but more importantly to the nuisance and harm caused by smoking to others, especially those who have close relations with the smokers.

In light of the vast differences in values, attitudes, and beliefs between people from individualistic cultures and those from collectivistic cultures (see e.g., Yang, 1997), mental and physical health may also have distinct cultural meanings for individuals. Mental and physical health may generally be regarded as individual-related issues in the Western perspective. Specifically, health may be a matter of personal benefits, costs, and responsibility in Western societies. However, mental and physical health may have different psychological meaning for the Chinese. Health-related issues may be related not only to the individuals, but more broadly to the perception and well-being of people around them. Under the influence of a collectivistic culture in which interdependence is emphasized, Chinese people may react to health in cultural-specific ways. If a Chinese person suffers from chronic illness, he/she may consider himself/herself a burden for his family and colleagues. If another person is afflicted by mental problems, he/she may feel shameful for his/her aberrant behaviors. Strengthening health for the sake of one's family members may be a stronger source of motivation than doing it for oneself. People from an individualistic culture having the same health experience may be less prone to respond in the same manner.

A multivariate theoretical framework is adopted in this article to provide a more systematic and comprehensive account of the psychosocial influence on health for the Chinese. Figure 1 depicts a general framework of this theory. As shown in Figure 1, the proposed theory underscores the influence of psychological variables at three different levels: cognitive, affective, and social. First, field theory (Lewin, 1935) proposed that the situational context is made up of both the objective stressful event and the subjective cognitions associated with the event. The role of cognition has long been recognized as an important factor influencing psychological and physical well-being. Second, the link between emotions and health has long been recognized since the ancient times of Hippocrates, the Father of Medicine. Hippocrates was the pioneer in pointing out a certain relationship between emotional disorders and disease caused by imbalance of bodily fluids. For instance, excessive yellow bile in the body is viewed to be associated with anger and hostility, whereas excessive black bile is

Figure 1. Theoretical Framework of the Cognitive-Affective-Social Theory of Mental and Physical Health (Proposed Cultural-Relevant Variables for the Chinese Model in Parentheses)



viewed to be related to depression. Third, the social environment has also been considered a resource factor that is potentially health-protective (cf. Cobb, 1976). Since Cobb’s enthusiastic review in the early 70s, a large volume of empirical studies has recognized the importance of social resources as a protective factor against life stress.

These three categories of psychosocial factors have been widely recognized by Western psychologists as major sources of influence on health behaviors, which in turn have an impact on individuals’ psychological and physical well-being. The proposal of cultural-specific meaning of health may imply unique risk and resource factors for the Chinese. What are the cognitive, affective, and social ingredients for the Chinese model?

The present special issue may fill these knowledge gaps. This issue presents a collection of papers, each of which focuses on a significant aspect of psychosocial element and its relationship with health in the Chinese context. The special issue, with the primary aim of exploring both mental and physical health issues in Chinese society, comprises two parts. In the first part, there are two papers that address cultural-specific issues of physical health for the Chinese. The following part consists of two papers that address cultural-specific issues of mental health for the Chinese.

In the study by Hou, Zhu, and Peng, the authors related the holistic thinking style, which is a unique meta-cognitive style for the Chinese, to disease perception among patients in China. This study is the first attempt to apply the Chinese dialectic and holistic systems of thought to the realm of health. Specifically, Hou and colleagues examined how the five principles of holistic thinking — connection, change, contradiction, compromise, and harmony — were associated with the perception of the generation of and recovery from diseases. Results from their study revealed that the Chinese tend to perceive the cause of and recovery from diseases in terms of complex dynamics between (a) psychological and physiological factors, and (b) personal and environmental factors. The greater the extent of holistic thinking, a more balanced view of different factors contributing to disease generation and recovery is taken.

The study conducted by Hui and Cheng was the first to incorporate interpersonal elements into the extant body of research on functional gastrointestinal disorders. Their study scrutinized how the quality of social relations plays a role in functional dyspepsia, a prevalent functional illness with chronic gastrointestinal symptoms but no clinical evidence of organic or biochemical pathology has been identified. Competent social behaviors were also examined in association with the relational quality of functional dyspeptic patients in Hong Kong. Results showed that Chinese functional dyspeptic patients, who were characterized by heightened anxiety and depression (e.g., Lee et al., 2000), reported poor quality of social relations and frequent use of incompetent social behaviors. More importantly, these psychosocial factors were found to distinguish the health status (i.e., patient versus healthy control) of the Chinese participants in this study, thus suggesting that the quality of social relations plays a role in influencing the psychological and physical well-being of the Chinese.

Ang, Palaiyan, and Goh sought to examine whether the Western findings on the relationship between emotional disorders and adjustment-related problems are replicable in the Chinese setting. The authors compared a number of adjustment problems among four groups of Singaporean adolescents with distinct psychological problems: anxiety-only, depression-only, comorbid anxiety and depression, and mentally healthy (i.e., no anxiety and depression). Their study documented that participants from the comorbid group had lower self-esteem than those from other groups. However, no differences were found in other adjustment problems among the groups. Such a result failed to replicate the Western findings that adolescents with comorbid presentations of anxiety

and depression display greater hostility than do their counterparts with presentations of a single emotional disorder. Results from this study may imply that self-esteem but not hostility is a cultural-relevant variable related to mental health for the Chinese.

In the final paper, the study by Zhang and Qian explored the influence of stress in perception of affect-related information on Chinese university students with different extents of shame-proneness. Despite the cultural relevance of shameful feelings to the Chinese, the authors have refined this notion by including situational influences of stress on the effects of shame on cognitive processing of affect-related information. Their findings demonstrated that the effects of shame were moderated by stress. Specifically, stress facilitated the processing of information related to both shameful and depressive feelings for shame-prone participants, but this facilitation effect was not found when there was no or low stress. Such results imply that even for Chinese individuals who are high in shamefulness, they are particularly sensitive to negative emotions only when they are under stress.

Taken together, these four studies have identified several crucial factors that may be related to mental and physical health for the Chinese: holistic thinking style, quality of interpersonal relations, self-esteem, and shameful feelings. With an emphasis on dialecticism and holism, the Chinese thinking style is traceable from ancient Chinese systems of thought, such as *I Ching* (易經) and Taoism (cf. Cheng, Lee, & Chiu, 1999). Influenced by a dialectic and holistic thinking style, the Chinese tend to pay more attention to environmental factors and are more sensitive to the interplay between personal and environmental factors than their American counterparts (see Nisbett, Peng, Choi, & Norenzayan, 2001 for an overview). The dialectic and holistic thinking style characterized by the Chinese is postulated to have functional effects on health through the taking in of a variety of perspectives, which may result in a more comprehensive evaluation of the phenomenon of health. Hence, the dialectic and holistic thinking style may constitute a cognitive resource factor that fosters psychological and physical well-being in the Chinese context.

The prevalence of shame among the Chinese rests on its close association with “face” or “*lian*” (臉). For the Chinese, shame is generally equated to the cultural-undesirable phenomenon of “losing face,” and thus this negative emotion is especially intolerable for Chinese people. Moreover, in cross-cultural studies on self-esteem (e.g., Chen, 2000),

Chinese participants were found to suffer more problems related to self-esteem than do their American counterparts. It is possible that the Chinese, who are socialized in a culture emphasizing restraint, may tend to turn their negative emotions inward through self-depreciation, thus lowering their self-esteem. The Americans, who are socialized in a culture emphasizing assertiveness, may tend to turn their negative emotions outward through self-expression. Taken together, both shameful feelings and low self-esteem may constitute cultural-specific affective risk factors that pose a threat to the mental and physical health of the Chinese.

Last but not least, the beneficial effects of social relations may be especially strong among the Chinese. In Chinese society in which interconnectedness and mutual dependence are stressed, individuals in the society are seen not as isolated entities but rather as members of an extensive network comprising intricate and reciprocal relations or “*guanxi*” (關係) with each other (see e.g., Menon & Morris, 2001). Individuals are aware that their behaviors are likely to influence others, and others’ behaviors in turn can have an effect on themselves. Thus, the quality of social relations is likely to influence the psychological and physical well-being of the Chinese. Competent social behaviors, which enhance the quality of social relations, are proposed to be psychosocial resource factors that are beneficial to mental and physical health for the Chinese.

To conclude, this article serves to (a) provide a systematic framework to account for psychological and physical well-being, and (b) initiate researchers’ interests in exploring cognitive, affective, and social factors relevant to health-related issues for the Chinese. It bears noting that the present list of ingredients suggested for the cognitive-affective-social model is in no way exhaustive. Researchers who are interested in Chinese health issues are encouraged to continue exploring and broadening the scope of psychosocial elements relevant to the mental and physical health of the Chinese.

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以認知情緒社會觀點探討華人的生理及心理健康

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摘要

本文旨在提供一個具系統性的架構去解釋華人的生理及心理健康，以及發起華人研究者探索與華人有關的心理社會因素。本期的專題文章提出多個與華人生理及心理健康有關的心理社會因素，包括整體思維、羞愧感受、自尊心和人際關係素質，並討論這些因素對華人的生理及心理健康的影響。