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Preface

In the Hippocratic writings one finds the follow: *“Observe the nature of each country; diet; customs; the age of the patient; speech; manners; fashion; even his silence...one has to study all these signs and analyze what they portend.”* These words are as true today in Canadian society as when they were written some three millennia ago. These words serve as reminders to health professionals that in order to help the suffering, one must fully appreciate the context and the culture of those that they seek to help. To do otherwise will simply limit the effectiveness of care, and in the long run will make the challenge of working with communities that much more difficult. The words also serve to find common ground between “western” medicine and health practices of eastern philosophies. Neither east nor west is exotic or peculiar; the cultures and practices in each must be understood and seen in their context. The medical practices in each must be examined within the context of effective treatment and care.

Canada is a country of immigration. It has richly benefited from the contribution of those individuals of Chinese heritage whose contributions span many generations of the Canadian Mosaic. Together with other Canadians, they have helped create Canada as a model to the world of how cultures and peoples can work together to the mutual benefit of all.

Chinese customs, religion, and health practices are rich and complex and have stood the test of time over many millennia. They have served their people well, and can also serve as knowledge to others. This manual will serve as an important resource for health professionals who choose to expand their own understanding, and to better serve those of Chinese background. The philosophies, traditions, cultural norms and practices of Chinese origin are carefully described, with case examples to facilitate discussions to further explore the variations within the community. The manual will serve as both a reference book and as a resource for workshops. Health professionals are well advised to take full advantage of the opportunity that this manual makes available. In both eastern and western medicine and health care, people have updated their knowledge, skills, values and practices. One should consider carefully the context of health care and medical practices, today and yesterday.

It is said that in learning of others, we learn of ourselves. This publication will afford health professionals an opportunity to explore a fuller understanding of health and healing, challenge pre-conceived notions and biases and help health professionals better understand health needs in a cultural context. It will serve as a valuable resource to any health professional interested in broadening their perspective and in providing more sensitive and appropriate health care service.

Ralph Masi, MD, CCFP, FCFP

Forward

This handbook was conceived as a means of helping health care providers understand Chinese attitudes, beliefs and behaviours relative to the health, medical and rehabilitation needs and services of their Chinese Canadian clients. It fulfills this expectation admirably through the use of specific examples which are linked to the experience of immigration, language and culture as well as Chinese philosophy.

What is fascinating is the fact that while some of the issues which arise are unique to Chinese culture, many are *not* unique to the Chinese population, but have a much wider application. Readers who have experience in multicultural settings will rapidly realize that values such as strong family ties, respect for senior family members, protection of children well into adulthood and abhorrence of euthanasia are common to many “traditional cultures”. Other behaviours are related to being a new immigrant, or to the lack of familiarity with accepted practice in the new environment — experiences which are common to many newcomers. The handbook also addresses the challenge of conveying information through an interpreter, whether a family member or someone else, and how to optimize clear communication between the client and service provider.

The goal of the handbook is to sensitize the reader and encourage an atmosphere of understanding so that the individual client and family are seen within their culture and experience; at the same time, the health care providers must recognize that they must operate within the bounds of their profession. Offering reasons why clients and families behave the way they do, the handbook gives suggestions for the health care providers not only in terms of understanding, but also in managing, difficult situations.

Health services are most effective when they are culturally appropriate and respectful of the clients’ attitudes, beliefs and behaviours. The handbook stresses the principles of seeking information, and listening carefully to the responses so as to achieve better treatment, planning and improved compliance, in short, a more satisfactory outcome for all.

Nancy Christie

Convenor, Demonstration Projects

International Centre for the Advancement of Community Based Rehabilitation

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Most importantly my thanks go to the health care workers who share their experiences in the focus groups or interviews. Their input has generated the wealth of cases that became the guiding posts for the development of the book. While they represent only a very small portion of the army of health care workers working in the field, my surf through the vastness of the health care waves with them has allowed me to see the health care profession in a way I never had before.

It has been an enjoyable and inspiring journey.

Kwok-Keung Fung
June, 1998

Prologue

Heaven and Earth and the relationships between the Yin and Yang are vividly represented in the human body. Like Heaven, the body has 366 minor joints corresponding to the number of days of the year and 12 divisions of major joints corresponding to the number of months. All beings of the universe come from Heaven, Earth and Man. Heaven creates them, Earth nourishes them, and Man perfects them.

Dong Zhong Shu

[董仲舒] (179-104 B.C.)

Introduction

Filling a Gap

Multiculturalism is enshrined in the Canadian life and in the Canadian constitution. It has become not only an ideology but a reality. As Canadians embrace newcomers from all over the world, and immigrants continue to settle and give rise to new generations of multiple ethnicities, cross-cultural communication becomes a daily necessity.

Between 1986 and 1996, roughly 200,000 to 250,000 immigrants arrived in Canada each year, the majority of whom settled in major metropolitan areas like Toronto, Vancouver and Montreal. More than half of the 1.04 millions immigrants who arrived between 1991 and 1996 came from Asia and the Middle East. By 1996, a total of 4.7 million people of the country's 28.3 million population have a mother tongue other than English or French. The largest non-official language group is Chinese, with more than 860,150 people, or 3.0 % of the population. This represents a marked increase of 42 % in just five years.'

Whether speaking English or French or not, the newly arrived immigrants have to interact with the mainstream society. Shopping, banking, sending children to school, or visiting the doctor or health centre are just some of the essential activities they have to carry out as they settle in Canada. Increasingly both the public and private sectors have taken measures to meet the special needs of these new communities. For example, schools have hired teaching assistants who speak immigrants' languages to attend to the needs of recent immigrant students, and governments have increasingly utilized minority media to make public announcements. As well, public and private organizations are implementing sensitivity training to help their staff become more aware of the cultural diversity in the community.

In the health care field, it is impractical, and often impossible to match every patient with a health care practitioner of the same ethnic background. The challenges of making special efforts to serve ethnic groups confront the individual health care provider on two fronts:

1. Language barriers

This fundamental barrier, while highly inhibiting, has been partially overcome through the use of interpreters, either provided by the patients or by the health care institutions, such as on-call interpreters. Others are exploring the use of phrase books or electronic translators to facilitate communication between patients and clinicians.

2. Cultural barriers

Cultural barriers, while more subtle, might have more profound effects on the interaction between the patient and the health care provider. Communication might not take place freely, even when the language barriers are removed. The patient might withhold information, affecting diagnosis, or he or she might seek alternate treatments concurrently, complicating the treatment prescribed by the health care provider. A therapist may wonder why a patient does not follow instructions. As health care providers have more contact with people of a particular cultural group, they might gain insight into these obstacles. How soon and how well one gains experience depends on how extensive the contact with a particular ethnic group is and whether there are peers around to furnish relevant information.

It was with the intent to address these barriers in health care services that this project was conceived. The goal is to provide a tool that will help health care providers better understand their patients of Chinese cultural background. During the development of this Handbook we have come across many dedicated health care providers who had the strongest conviction to provide the best service equitably to all patients but were at a loss trying to overcome the language barriers or accurately understand their patients' needs. We hope that this Handbook will help them gain some insight as to why some Chinese patients behave the way they do, so that the situation can be more sensitively and effectively managed.

Guideline for Frontline Care Providers

The Canadian Council on Multicultural Health put forward a document entitled "Health Care for Canadian Pluralism: Towards Equity in Health". Included in it are guidelines for both administration of health institutions and front line health care providers. The following excerpt will provide a good orientation for front line care providers:

When doctors, nurses, and other front line service providers deliver health care, they also deliver a message about how they, and the program or institution they represent, perceive individuals. Ideally, a culturally sensitive image of the "whole person" has been articulated by management and facilitated by administration; now, front line staff have the responsibility of actually delivering culturally appropriate care. Language is a key, both to understanding culture and to providing health care. Front line health professionals working with different cultural groups give top priority to overcoming linguistic barriers, but the availability of trained medical interpreters in Canada remains abysmally low.

Care givers can:

- *document their need for and experience with interpreters; feed the information to administration*

- *experiment with non-verbal means of communication and with the use of skeleton vocabulary*
- *learn how to work with untrained, non-medical interpreters; read about it, practise it, practise it in reverse.*

It does not come naturally to communicate through a third party, or to use “sign-language”, or to systematically note when and how linguistic barriers hamper the delivery of health care. These are learned skills, just as the skill of interpreting requires learning.

The provision of health services across cultures brings the significance of patients' rights into focus. Persons receiving care may not understand or even be aware that they have rights. Persons delivering care often find that explaining and ensuring rights across cultures presents new challenges.

Care givers can:

- *develop with community representatives working definitions of informed consent, confidentiality, and respect for religious beliefs.*
- *provide translations of patients' rights, and clarify them with interpreters and family members as well as with patients.*
- *make inquiries if they suspect that an individual's race or culture has implications for the protection of his or her rights.*

For example, dietary restrictions may have implications for a patient's right to balanced nutrition. Ritual requirements, either at critical moments or on regular occasions, may impact on how the dignity of the individual is to be maintained.

Cultural beliefs and practices tend to be more subtle than language barriers or religious requirements, but they impact just as strongly on the provision of health care. They are more difficult to recognize and to deal with because, quite often, neither the service provider nor the service receiver is particularly aware of them.

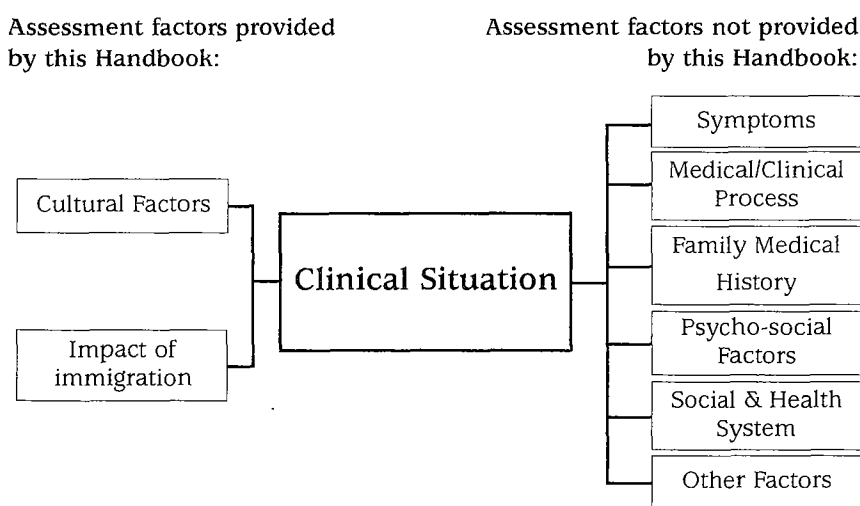
Care givers can:

- *discuss with each other their observations and understandings of culturally distinct health attitudes and behaviour*
- *prioritize for administration the cultural groups and cross-cultural skills to be addressed through in-service and other supports*
- *open a dialogue by asking “What is the custom in your community/country?” when attitudes or behaviour are puzzling or problematic.*

The responsibility for relating to the whole individual is shared by management, administration, and front line staff; but the task of ensuring that each person gets treated as a unique individual falls to the actual care giver. No matter how much knowledge and experience care givers have with a cultural group, they must check their understandings with each care receiver from that group. In the field of health care, probably more than elsewhere, actions based on cultural assumptions and stereotypes can be dangerous.²

It should be recognized clearly that this is not a book that will enable the health care providers to interpret and explain each behaviour in a clinical setting. Too many variables are at play at any one time that any singular interpretation is impossible and dangerous. The Handbook is set up to provide cultural perspectives and additional options to understand clinical situations. The readers are advised to continue to use other yardsticks and experiences in addition to what is provided in this book and weigh each factor to arrive at a more thorough understanding of the situation. Figure 1 provides a graphical scheme of the process.

Figure 1: Assessment of a Clinical Situation



Overview and Layout of the Handbook

The Handbook aims to provide an overview and illustrations of some of the major cultural elements that have an impact on the daily life and health behaviour of some Chinese Canadians. Many of us have difficulty making sense out of the thinking and conduct of people of other cultures. Others overlook subtle behaviour that might carry significant implications for the people they are interacting. This Handbook will help the readers understand the background of Chinese Canadians and reflect upon their own culture. This background information is useful in alerting the health care provider to cultural behaviours that may complicate the clinical process. Such prior understanding is crucial. It will give the health care provider a perspective and help prevent misunderstanding and tensions which might otherwise develop. The health care provider will then be able to proceed with rational strategies and seek ways of resolving the situation.

The Handbook contains three parts:

Part I Establishing a framework of Chinese culture

Chapter 1

This Chapter traces the origin and development of some of the major religious and philosophical thoughts that have shaped the culture of the Chinese since the pre-historical time. The Chinese have been under the influence of a multitude of schools of thought over thousands of years. A number of the representative schools are explicated here and their development examined. Emphasis is placed on the interaction between different schools of thought. Defining culture is always difficult. The term culture is used loosely here to encompass all the philosophies, religions, values and norms that influence one's customs and daily behaviours. The attempt here is to provide a comprehensive, though by no means exhaustive, account of the underlying cultural factors that affect the behaviours of Chinese in health settings.

The last part of the Chapter summarizes the characteristics of Chinese culture. The importance of family orientation and ethnicity bonding is stressed. The ability of Chinese to accommodate and hybridize different religious and philosophical elements is examined. The *Dao*, the ultimate goal that all religions and philosophies strive for, is seen as the convergent point for all institutions, though each school's interpretation of it may vary.

Chapter 2

This Chapter gives an overview of traditional Chinese medicine. The concept of the human body as a miniature universe capable of regulating itself and keeping itself at optimal state is examined. The origin of diseases as a function of external and internal factors is also explored. The interrelation between body parts and functions and the concept of the Five Viscera and Six Entrails are expounded, followed by accounts of the rationale and mechanism of herbal medicine and acupuncture.

Chapter 3

This Chapter deals with the individual's reaction to the intertwining cultural influences and his efforts to harmonize them. Five attributes are identified which the individual is subject to. A hypothetical self finally emerges which, through internalizing and harmonizing the cultural and religious elements, is able to live in accord with all the cultural institutions.

Chapter 4

With massive immigration in recent years and the advances in cross-continental travel and electronic communication, no culture today is

immune from mutations resulting from the constant bombardment of new information and alternate values and life styles. Yet the old culture endures and continues to exercise its influence on one's daily life and social interactions. An individual living under these changing environments often has to deal with the conflicts resulting from the clash of incompatible and sometimes competing cultural and social values. The impact of immigration and some of the residual behaviours brought over from the home countries are also examined.

Part II Implications on health behaviour

Chapter 5

This Chapter puts the cultural elements in perspective and attempts to interpret health care and clinical behaviours in terms of the individual's acculturated beliefs and values. Two facts should be born in mind. Firstly, a person is under the influence of different and sometimes conflicting cultural doctrines and hence one should not necessarily expect consistency in an individual's behaviour. Secondly, sub-communities within the Chinese community are subject to cultural influence to differential degree, with some schools of thought exerting greater impact than others. The individual's place of origin and his or her upbringing will usually have a great impact. For example, the Buddhist influence on Chinese from Vietnam and other Southeast Asian countries would be much stronger than on people from Hong Kong or mainland China. It is therefore important to keep an open mind and consider all possibilities when trying to unravel a behaviour in terms of cultural background.

Part III Illustration of culturally influenced behaviour

Chapter 6

This Chapter aims to illustrate some of the concepts covered in the first two parts with real-life scenarios involving health care providers and patients. All the cases were collected through focus groups or interviews with health care providers in the field. The cases aim to enhance the reader's appreciation of the culture of the Chinese and pave the way for application of the ideas in the Handbook. Each situation is followed by alternative interpretations as to why the patient might have behaved the way he or she did. While it is difficult to lay down rules and guidelines that would suggest ways of handling these real-life encounters, we do from time to time furnish suggestions for more sensitive and effective management of the situations.

Using the Handbook

Part I

Readers who want to get a total appreciation of the Chinese cultures and their impact on the Chinese should read the Handbook from the beginning. In Part I the reader will get a comprehensive picture of the intertwining impact of different cultural elements on the individual.

With this, the reader will be able to start to understand the complexity of the interdependency and interaction between the various cultural and religious thoughts and form a holistic picture of the Chinese as an individual. With such a prior understanding, the rest of the Handbook will fall into place naturally.

Part II

Readers who want to put the Handbook to immediate use can go directly to Part II of the Handbook. This part serves as a bridge between Part I and Part III. It can be considered as an inventory in which health-related behaviours are categorized under different topics for easy access by the health care providers. The reader can quickly go to a topic of concern (e.g. patient consent, treatment, etc.) and scan the possible influences the patient may be under. The reader is however encouraged to go back to Part I when time allows to get an overall appreciation of the underlying factors behind these behaviours.

Part III

Part III supplements Part I and Part II by providing real-life scenarios in clinical settings to illustrate the effects of culture on the behaviours of the patient or the family. The scenarios will enhance the reader's appreciation of how cultural beliefs or attitudes may translate into actual health behaviours. By seeing how an actual behaviour unfolds, the impact of the cultural factors become more vivid and easier to grip.

"Health Boxes" such as this one appear throughout this part to highlight accounts that directly relate to health beliefs or behaviour. A reader who wants to skip the background and historical development can simply glimpse through these health boxes to get a feel of the impact of the Chinese cultural institutions on health.

Limitations

To explain one's behaviour in terms of a 3500-year-old culture that governs a quarter of the world's population is no doubt an enormous job. For the Chinese, so many variables are at play at any one time that any interpretation is bound to simplify and be subject to challenge.

To provide a comprehensive account of the Chinese cultures is beyond the scope of this Handbook, and in fact any book. The Handbook is prepared as a tool for health care providers. It is not meant to be a complete authoritative account on Chinese cultures. The reader is encouraged to assess each situation individually, discuss options openly with the patient, and consult peers and professional guidelines in deciding the best management for any situation.

We see this Handbook as an example of the efforts needed to make the Canadian health care truly accessible and equitable. On the practical side, we would like to make the daily work of health care providers easier. In addition, we hope this project will bring to forefront some of the issues and dilemmas of cross cultural communications and some of the difficulties health care providers encounter on a day-to-day basis.

¹ Statistics Canada, 1996 Census

² Health Care For Canadian Pluralism: Towards Equity in Health, The Canadian Council on Multicultural Health/Conseil Canadien de la santé multiculturelle (CCMH/CCSM)

Part I

Framework of Chinese Cultures

Chapter 1

ORIGIN AND DEVELOPMENT OF CHINESE CULTURES

Origin and Evolution of Chinese Religions and Schools of Thought

Culture is dynamic. This is particularly so for the Chinese. The development of Chinese cultures reflects an evolutionary process shaped by social and political changes over its history. No culture is immune from this perpetual modification. The term culture in Chinese is *Wen Fa* [文化]. *Wen* means literary civilizing force and *Fa* means transformation and assimilation. Therefore culture inevitably involves a process of continuous change, assimilation, and new interpretation.

It follows that the schools of thought that emerged 3,000 years ago, or the religions that found their way into China 2,000 years ago, were in a much different form than the way we know them today, though they might retain the same label. The Chinese are particularly adept in assimilating religions or beliefs to suit their special circumstances. For example, Buddhist doctrines, legends, paintings, temples, statues and shrines have all assumed such strong Chinese characteristics that there is hardly any trace of their Indian roots.

The following four sections attempt to trace the origin and development of different Chinese religions and philosophies and how they have shaped beliefs and thinking of the ordinary Chinese over time.

- Beliefs of the Pre-historical Man: Prototype of Chinese Religions
- Cradle of Enlightenment: Birth and Development of Chinese Philosophies
- Doctrines from Abroad: Imported Religions
- Melting Pot: Assimilation of Religious and Philosophical Thoughts

Beliefs of the Pre-historical Man: Prototype of Chinese Religions

Ever since the dawn of human appearance on Earth, we have been wondering how we relate to our surroundings. There is no record of the state of mind of the first people on the Earth except some pictographs and the like. There are however, in all ancient civilizations, treasure of legends and myths that depict vividly the life and aspiration of these early people. The Chinese describe this pre-historical period as *Hun Dun* [渾沌] (chaotic, turbid, blended, abyssal) where the heaven and the earth were of one piece and all the elements of the universe were mingled together. The universe remained in such a state for unknown length of time until the legendary giant *Pan Gu* [盤古] separated the earth from the heaven to create land for people to inhabit. The pre-historical China is primarily made up of legends like this that show how the earth gave

rise to mankind and how different gods taught mankind the skills to live fruitfully and in harmony with nature.

This query into the origin of the universe is universal to all cultures. Each culture has its own legends to account for the beginning of the world and life. It arises from a sense of insecurity and an urge for rationalization that are common to all humans. According to this early cosmic-human view, the world was not created. It is always there, with no beginning or end. Nature simply recycles itself, with time as the vehicle for the process, as is the case of the recurring seasons. Humans, as part of the nature, must be an integral part of that process.

Cradle of Enlightenment: Birth and Development of Chinese Philosophies

In periods of political and social turmoil and personal suffering, people start to question the meaning of life and to theorize ways of restoring social order and eternal peace. This kind of quest reached its peak during the Spring and Autumn Period (722-481 B.C.) and the Warring States Period (403-221 B.C.) and the time in between. For over 400 years lords were fighting with each other, bringing great suffering to the common people. In trying to find solutions to the suffering of people, great thinkers and philosophers emerged who formulated theories and came out with various notions on how society could achieve eternal peace and harmony. Some, like Confucius and Mencius, concentrated on counseling the rulers on how to rule and on teaching people how to discipline themselves. Others, such as Lao Zi and Zhang Zi, devoted their time to exploring the relationships between Man and nature and to seek eternal internal peace. This period of “a hundred schools contend” represents the highest point of China’s enlightenment and has given us some of the greatest thinkers and philosophers of all times. Their teachings and books were to exert a great impact on the thinking of Chinese for the centuries to come.

By the second century A.D., nine schools of thought had been identified:

- Literati Family (Confucianism)
- Daoist Family
- Yin Yang Cosmologist Family
- Legalist Family
- Names Family
- Mohist Family
- Diplomats’ Family (Verticalists and Horizontalists)
- Mixed Family (Syncretists)
- Farmers’ Family

Each of the above was to evolve further in the next 2000 years as a function of political, social and literary changes. Emperors in different dynasties endorsed various schools, either out of genuine belief or using them to consolidate their

dominion, or both. One emperor was so converted that he became a Buddhist monk himself. For most part of China's recorded history, it was Confucianism that dominated the Chinese society. It started with the Han Dynasty (206 B.C. to 220 A.D.) making Confucianism the state doctrine. Every mandarin official was selected from scholars who topped imperial exams, which primarily tested one's command of Confucian thoughts. Young men aspiring to be bureaucrats and serve the nation had to study and be well versed in the doctrine of Confucianism. This lasted almost without interruptions for two millennia. Towards the end of the 19th Century, China was subject to grave humiliation of repeated defeats in wars with western countries. Many Chinese, led by intellectuals, were determined to bring reform to the country and adopt the West's political system and technological orientation. Confucian thinking was thought to be an obstacle to China's modernization and in 1905 the examinations dominated by Confucian Classics were officially abolished.

Doctrines from Abroad: Imported Religions

Introduced to China around the first century A.D., Buddhism is no doubt the first and most influential foreign religion to have an impact on the daily life of ordinary Chinese. The influence of Buddhism reached its highest point during the Tang Dynasty (618-907 A.D.), when much of the literature and arts were tainted with Buddhist flavour. At its peak, approximately 5500 Buddhist monasteries and nunneries had been built in the country with close to 100 in the capital city of Zhang An alone. The privilege that the Buddhists enjoyed invited criticisms from officials of other schools, which escalated to an anti-Buddhist campaign by the government in the year 841 to 845. According to Tang Shu (History of the Tang Dynasty), 4,600 large Buddhist monasteries and 40,000 small ones were demolished and 260,500 monks and nuns were forced to return to secular life.¹ Buddhism in China was never to recover its imperial status, though it remained popular among the ordinary people, well into the present day.

Although Christianity found its way into China as early as the 7th century through Central Asia, it was not until the early 16th century that it began to have a lasting influence on the Chinese. The Jesuits, who were particularly keen in spreading Christianity to Asia, no doubt played a major role in establishing a beachhead for Christianity in China. Rather than imposing the new and foreign religion on the Chinese, the Jesuits chose to work from within. They learned the language and the literature, studied the ethics and teachings of Confucianism, and adopted Chinese customs. This enabled them to cultivate friendship with educated Chinese officials. In 1601, Matteo Ricci, a Jesuit brother, was permitted to set up a missionary headquarter in the capital.