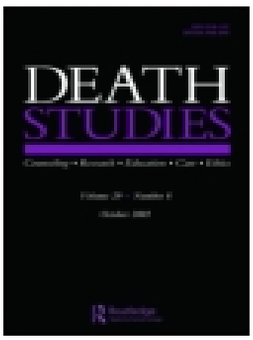

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Chiung-Yin Hsu , Margaret O'Connor & Susan Lee

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UNDERSTANDINGS OF DEATH AND DYING FOR PEOPLE OF CHINESE ORIGIN

CHIUNG-YIN HSU
School of Nursing & Midwifery, Monash University, Australia

MARGARET O'CONNOR
Vivian Bullwinkel Chair in Nursing, Palliative Care, School of Nursing & Midwifery, Monash University, Australia

SUSAN LEE
School of Nursing & Midwifery, Monash University, Australia

This article introduces the primary beliefs about ancestor worship, Taoism, Confucianism, Buddhism and traditional Chinese medicine that have influenced Chinese people for thousands of years, particularly in relation to death and dying. These cultures and traditions remain important for Chinese people wherever they live. Over a long period, Chinese people have integrated these philosophies and religions to form the basis of their culture and traditions. Although they agree that death is a natural part of the life span, a unique belief about death and dying has emerged among the Chinese from this integration. From this, the people find a significant definition of death and dying.

Chinese people have had the world's most successful continuous culture for the past four millennia, and culture and traditions remain prominent wherever they live. Even in the twenty-first century, Chinese people living in China, Taiwan and the United States of America still value their culture and traditions (Szalay, Strohl, Liu, & Lao, 1994). And people from Chinese culture living in Australia and the United Kingdom follow Chinese culture and traditions in relation to their health beliefs (Hsu, O'Connor, & Lee, 2005; Payne, Chapman, Holloway, Seymour, & Chau, 2005; Yeo et al., 2005).

Received 5 December 2006; accepted 13 August 2007.
Address correspondence to Prof. Margaret O'Connor, School of Nursing and Midwifery, Building E, Peninsula Campus, McMahons Rd., Frankston, Victoria 3199, Australia. E-mail: margaret.oconnor@med.monash.edu.au

Taoism, Confucianism, and Buddhism are the main three philosophies or religions in Chinese culture. Taoism is considered both a religion and philosophy emphasizing the independence of the individual and connection to natural forces of life, Confucianism provides the moral code or ethics of behavior, and Buddhism contains the rituals of the spiritual life (Penson, 2004; Picton & Hughes, 1998).

Before these philosophies were popular in ancient China, ancestor worship was the original philosophical underpinning of Chinese culture. Chinese people consider the family to be the basic unit of worship, economic activity, emotional support, and prestige (Lee, 2003).

Like all cultures, Chinese culture has a particular perspective on dying and death. Chinese society and its people have developed meanings about death throughout history, particularly in relation to religious beliefs, philosophical beliefs, and cultural practices. Death is a taboo and Chinese families will not discuss issues of death and dying for fear of invoking bad luck. In order to postpone bad luck associated with death, Chinese people will try to prolong the patient's life as long as possible, while also acknowledging that death is part of the lifespan.

The evolution of traditional Chinese medicine (TCM) since 3,000 B.C. has been one of the achievements of Chinese culture (Chen & LeCompte, 2002; Kwong-Robbins, 2003). In the modern world, TCM is still one of the most popular complementary and alternative medicines for Chinese people (Ng, 2006).

This article introduces these influences from culture and philosophies on Chinese people, as they have functioned for thousands of years, and still do, especially in relation to death and dying. The strands that influence Chinese views of death and dying will be discussed in turn, then drawn together to illustrate their contemporary influence.

Ancestor Worship

In Chinese culture, the earliest records about the identity of ancestor worship in China were found in the historical remains of the Shang (商) dynasty (trad. 1750–1027 B.C.; Csikszentmihalyi, 2005). Furthermore, records from the Chou (周) dynasty (trad.

1027–221 B.C.) about the location of the dead in tombs, suggest that the dead were directed to the ancestors for after-death guidance (Csikszentmihalyi, 2005). Following these traditions, for Chinese dying patients and their families, dying at home is a way of continuing bonds with ancestors.

The traditional practice of ancestor worship fosters the concept of a continuing bond with the deceased and with life after death, which influences the life of survivors and descendants. Ancestors are believed to play a role in a family's wealth, health, and success; if misfortune befalls a family, it may be attributed to the ancestors' displeasure, especially when suffering from life-threatening illness or death. Chinese people believe that the spirits of the dead continue to remain on earth, and the ancestors' displeasure will bring bad luck to the immediate family and the entire family clan (Yick & Gupta, 2002).

Taoism

Taoism is the oldest indigenous religion in China, tracing its origins to prehistoric Chinese belief (Lo, 1999; Sellmann, 2002b). During the later years of the Chou (周) dynasty (trad. 1027–221 B.C.), Chinese thought entered its most creatively productive period, often known as the era of the One Hundred Schools of Thought (諸子百家). Many philosophies were developed, such as the school of Yin-Yang (陰陽), Confucianism, and Taoism. Although traditionally traced to the mythical Lao-Tzu (老子) "old Philosopher" (Li Er 李耳, 604～? B.C.), Taoism is an "umbrella term" covering prehistoric Chinese belief and a range of similarly motivated doctrines among the One Hundred Schools of Thought (Hansen, 2003). In addition, various approaches to traditional Chinese medicine were developed in the evolution of Taoism, including philosophical mysticism, immortality, and the nourishment of life, the main original beliefs in Chinese views of death and dying (Hansen, 2003).

The Tao is a central concept of ancient Chinese thought, the character Tao (道) literally means "path" or "way", and it resists analytic definition; but synonyms, such as course, method, manner, mode, style, means, practice, fashion, technique and so on, have been offered (Hansen, 2003). Tao simultaneously embodies both "being" and "non-being" in constant, cyclical, and evolutionary

flux of production and destruction. From this notion, the system of Yin–Yang (陰陽) and Wu-Hsing (五行) is produced and these become the fundamental philosophies of Feng Shui (風水), reversion, and meditation.

The concepts of Yin and Yang originate in ancient Chinese philosophy and are adopted by the Taoism. It describes two primal opposing but complementary forces found in all things in the universe. *Yin* literally means "a hillside in shade" and is the darker element, and *Yang* meaning "a hillside in sunlight" is the brighter element (A. Wang, 2005). From the literal meanings, the symbol of Yin–Yang was created and called Tai-Chi (太極, great ultimate). It reveals the cyclical nature of the Chinese worldview: that life undergoes cycles of production (Yang) and destruction (Yin). In this symbol, Yin is the dark, moon, cold, female, introvert, and passive side of life, shown as the black area. Yang is the light, sun, warm, male, extrovert, and active aspect, shown as the white area. The two small dots within each area indicate that Yin contains the seed of Yang, and Yang contains the seed of Yin (Tan, 2003c; A. Wang, 2005). Because Yin and Yang are descriptions of complementary opposites rather than absolutes or conflicting, everything in the universe contains both light-dark and active-passive. Any Yin/Yang dichotomy can be seen as its opposite when viewed from another side.

From constant intermingling of Yin and Yang, Wu-Hsing (Five Phases or Five Elements) emerge. The interaction of Yin and Yang produces five elements (wood, fire, earth, metal, and water) and enables change to take place within the world. Because the literal meaning of Wu-Hsing is *five phases* or *five movements*, the five elements is not meant to be physical substances but rather to represent cyclic movements (A. Wang, 2005), which have both a productive cycle and a conquest or restraining cycle of interactions between the elements. In the productive cycle, wood produces fire, fire's ashes generate earth, earth begets metal, from metal drips water and water nourishes wood. In the conquest cycle, earth is conquered by wood, wood is vanquished by metal, metal is melted by fire, fire is extinguished by water, and water is obstructed by earth. The Wu-Hsing was used in many fields of early Chinese philosophy, including seemingly disparate fields of Feng Shui and traditional Chinese medicine (Bourguignon, 2005; Field, 2002; Sellmann, 2002a; A. Wang, 2005).

Good Feng Shui will bless residents and descendants with wealth, health, and success. Chinese believe that good Feng Shui will harmonize the natural environment of their dwellings and tombs (Harrell, 2005). However, tombs or dwellings that were originally well placed, may change over time, and become poor Feng Shui, lacking chi (氣) or harmony that may lead to bad luck or misfortune. In particular, poor Feng Shui of the ancestors' tombs or memorial tablet located at home may lead to ancestors' displeasure, and illness and misfortune sent as a reminder for communicating displeasure.

Reversion is a concept emphasized by Taoists, meaning that all things ultimately revert to their primordial, original tranquil state of equilibrium, the Tao itself. For the Taoist, this means to escape from the mundane world to enjoy the unbounded freedom that Tao affords, recognized as immortality (Tan, 2003c).

Taoist meditation seeks to break free of all myriad things of the individual body and mind to achieve immortality and unbounded freedom. This meditation aims to deconstruct the body and mind from material actuality back to the fluidity of potentiality in order to create an ideal and embryonic construction to embody a perfected body and mind. Unlike most meditation, much of Taoist meditation is performed while moving, such as doing Chi Kung (氣功) or Tai-Chi Chuan (太極拳) (Shahar, 2005; Tu, 2005).

The Taoist regards death as a natural part of the lifespan; the seminal text (Tao Te Ching (道德經) attributed to Lao-Tzu) speaks of death as an inauspicious event, to be avoided. Self-cultivation techniques seek prolonging physical life, a viewpoint that follows mainstream ancient Chinese thoughts on death (Kleeman, 2003; Lo, 1999). Taoists follow Lao-Tzu's viewpoint in beliefs about death and dying suggesting that death is not an achievement for life and that people should perform self-cultivation techniques, such as Feng Shui and Tai-Chi Chuan, in order to prolong physical life (Kleeman, 2003). At the same time, they believe that death does not end the relationship between the living and the dead (Eisenbruch et al., 2004); retribution (Pao Ying, 報應), poor Feng Shui, misfortune, and bad luck would explain the causes of illness and death (Lai, 2006; Yeo et al., 2005). Retribution relates to the current family or previous generation's negative experiences, which could be due to the family having been cursed by others with feelings of hatred toward them (Yeo et al., 2005). When

a family member experiences life-threatening illness, it is common for Chinese people to attribute it to one of these ascriptions, and Taoist rituals might be performed by Tao-Shih (道士, scholars of Tao) to seek its cause, in order to relieve the symptoms and prolong the patient's life. These traditions have been followed for thousands of years, even in modern communities of Taiwan and Hong Kong (Kleeman, 2003; Lo, 1999; Tan, 2003c).

Confucianism

The term *Confucianism* was originally coined by 16th-century Jesuits missionaries to China as a new term for the venerable, all-encompassing tradition rooted in Chinese culture and philosophical-religious thought. Confucianism is based on the teaching of Confucius (K'ung-Fu-Tzu, 孔夫子: "Master K'ung"). K'ung-Fu-Tzu is the honorific title for K'ung Ch'in (孔丘, 551-479 B.C.), a Chinese preeminent philosopher, social thinker, political theorist, and educator (Csikszentmihalyi, 2005; Riegel, 2002; Tan, 2003a,b). His teachings, preserved in the Analects of Confucius (Lun-Yu, 論語: a short collection of his discussions with his disciples), form the foundation of subsequent development of Chinese education. The Analects suggest the comportment with li (禮), hsiao (孝), i (義), and jen (仁) for an individual, such as how s/he should live and interact with others, and the forms of society and government in which s/he should participate. Following these teachings, a person achieved her/his self-cultivation to become a superior person (Chün-Tzu, 君子). The Confucian legacy of proper education as a cornerstone of socio-political transformation, and teaching as the highest and most noble vocation, continues to develop in East Asian societies.

Propriety (li, 禮) refers to the ritualized norms of proper conduct regulating all aspects of human interactions according to one's position and rank in family and society. Confucius suggested that formal behavior and manners are followed in personal family life: children are taught to honor the li, honoring parents, loving siblings, respecting elders, trusting friends, and retaining loyalty to the family. Li needs to combine the external aspect of performing the proper rituals with the internal nature of a sincere inner attitude. Confucius also instructed his followers that they should never neglect heaven and spiritual forces, because the spirits should also be treated following the li (Riegel, 2002).

Filial piety (hsiao, 孝) is defined as the primacy of the parent–child relations in the indivisible personal, social, and religious realms of individual life, the origin of which lies in ancestor worship. Hsiao (filial piety) is the primary duty of all Chinese requiring complete obedience of sons/daughters to parents during their lifetime and taking the best possible care of them as they grow older (Gerber, 1999). When parents are dead, Confucius suggested that children should venerate them with the proper rituals and continue the worship by producing descendants. Following this tradition in both Taiwan and China, the three-generation-stem family (parents live with one son and his family) is generally the traditional, typical, and prevalent form (Kung, 2003). In the 17th century, some missionaries attempted to prohibit Chinese Catholic converts from participating in ancestor worship; this was considered as an attack on Chinese culture and family structure (Tan, 2003b). Younger Chinese, although they adopt Western ideas and values, maintain respect for the elderly; even though younger Chinese Americans do not live with their elders, they visit them frequently (Y. Wang, 2003).

"Jen" (仁) is often translated as humanness and humanity, referring to the attribute of being fully human. The Chinese character for jen comprises the character for "person" and the number "two," indicating a relationship between persons in the community. Confucius also emphasized that filial piety is the root of jen. Performing jen means loving people (Tan, 2003b).

"I" (義) is commonly translated as "appropriateness" or "benevolence." Confucius emphasized that individual behavior and manners must be proper, right, and fitting in relation to other people (Tan, 2003b). Following this teaching, taking care of older parents, especially when they are ill, is an important obligation of Chinese people.

A "chün tzu" was extolled as the goal of self-cultivation by Confucius, because it embodies the virtues of propriety, filial piety, appropriateness, and humanness. The ultimate achievement of a human being is to be a chün tzu who can use knowledge through self-cultivation to improve the life of human beings (Tan, 2003b); that person has to behave like a chün tzu even during her/his last days. In addition, a chün tzu has to respect the spiritual and religious gods because spiritual development comes after physical, emotional, and mental development. However, Confucius taught

his disciples that "if you do not know how to live as a person, how can you serve the spirit?" (Chung, 2003, p. 373). Therefore, in Confucius' teachings, human beings need to achieve their moral development in the community in order to improve their quality of human life, by avoiding talking about extraordinary things, feats about violence, disorder, and religious gods (Chung, 2003; Riegel, 2002). Thus talking about death and dying will bring bad luck; consequently, a common strategy to cope with the fear of death is to escape or avoid that topic.

Although he underlined that the spiritual and religious gods should be kept at a distance, Confucius was concerned with dying and death, suggesting that the quality of the dying should be improved by family and friends to complete their achievement of being a chün tzu in the final days of the person's life. In Confucius' teachings, the care of the dying and death is categorized in three groups: (a) physical care, (b) emotional care, and (c) spiritual care (Huang, 1999; Hung, 2002). In physical care, bland food has to be supplied to maintain the patient's nutrition and the environment must be comfortable and clean for their living. In emotional care, the dying should not feel isolated from family and friends, and her/his desire should be understood. In spiritual care, the patient should die in peace without fear.

The Confucian concepts of death are closely associated with ancestor worship and extend from filial piety. Like Taoism, Confucius agreed that death is a natural part of the life span, but he disagreed that the spirit of the dead preoccupies the living. In Confucius' teaching, the individual achievement of immortality is through being a chün tzu and the continued existence of her/his descendants (Li, 1993). Also, the procedure of funeral and death anniversaries needs to be based on the ritualized norms of proper conduct (li) in the Confucian Analects, because an appropriate ceremony will secure the quality of the deceased's life in the other world (Young, 2004).

Buddhism

Buddhism is one of the world's major religious traditions, with a significant influence on Chinese culture for thousands of years. Originating in northeastern India in the sixth century B.C., Buddhism derives its name from the founder, Siddhartha Gautama

(560–480 B.C.), known as the Buddha Sakyamuni (that is, "the Wise One" or "Sage of the Sakays Clan"). Buddhism began to trickle into China sometime in the middle of the Han (漢) dynasty (206 B.C.–220 A.D.) and was then given a name: Fo-Chiao (佛教) in Chinese (Hsieh, 2002; Poceski, 2004; Teiser, 2005).

Siddhartha was the son of a local ruler of the Sakyas clan, located in the modern Indian–Nepalese border region. He grew up in luxury, married a beautiful princess, and fathered a son. Then, on trips to the city, Siddhartha saw the Four Passing Sights: a sick person, an older person, a corpse, and a monk who had renounced the world and sought enlightenment. He was shocked by life's afflictions; the first three were the sufferings of ordinary human beings and the last indicated that a man could transcend through meditation and religious practice (Bonney, 2003; Powers, 1997; Schobert & Taylor, 2003). Siddhartha abandoned his privileged life for enlightenment from the Four Passing Sights and started his teachings, from which Buddhism developed.

Samsara, nirvana, and karma are the main beliefs of Buddhism emerging from Siddhartha's long quest to understand suffering and the nature of existence. *Samsara* is the "Wheel of Life" and refers to the cyclical stages of existence that are understood as a reincarnation or transmigration: birth–death–rebirth. Samsara is categorized as six realms of existence. The three higher realms correspond to the devas (gods), the asuras (jealous gods), and the humans. The three lower realms are the realms of animals, of the pretas (hungry ghosts), and of hell. Of these six realms, only the human realm offers the possibility of achieving nirvana and escaping the continuous cycle of rebirths. *Nirvana*, the ultimate Buddhist goal, brings freedom from the endless cycle of personal reincarnations with their consequent suffering, as a result of the extinction of individual passion, hatred, and delusion (Schobert & Taylor, 2003). *Karma* embodies the consequences of individual deeds and actions and is integral to goal of attaining nirvana. The performance of good deeds leads to good karma that results in a higher rebirth in the realm of existence placing the individual closer to nirvana. Evil acts accumulate bad karma and results in a rebirth of the person in a lower level of existence (Schobert & Taylor, 2003).

With Siddhartha's enlightenment and linked to the Four Passing Sights were Four Noble Truths and Bodhi (awakening).

The First Noble Truth is Siddharta's observation that life is fundamentally suffering and filled with sorrow which results from life's impermanence and dissatisfaction. The Second Noble Truth identifies the origin or cause of sufferings. Although human beings have cravings, desires, and attachments that bring pleasure, they are never sated because life's impermanence and leave people mired in a continual state of desire and suffering (Anderson, 2004; Schobert & Taylor, 2003). The Third Noble Truth prescribes that to overcome sufferings, humans need to eliminate cravings, desires, and attachments. The Fourth Noble Truth also is understood as the Middle Way to extinguish desire, terminate sufferings, and achieve enlightenment. Traveling the Middle Way requires walking the Eightfold Path, consisting of practices that humans need to learn to awaken to the true nature of the world and enter nirvana. These practices are organized into three categories: (a) wisdom, which includes the practices of right view/understanding anding and right intention/thought; (b) ethical conduct, which includes right speech, right action and right livelihood; and (c) concentration/mental discipline, which includes right effort, right mindfulness, and right concentration. By deliberately engaging in these practices, humans travel the Path of Liberation to Nirvana, escaping the endless cycle of birth and death (Anderson, 2004; Bonney, 2003; Schobert & Taylor, 2003).

Buddhism underwent a long process of modification under Chinese influences, becoming an important part of Chinese life. At the time of Buddhism's arrival, China had already developed a highly advanced culture with sophisticated religious traditions incorporating ancestor worship, Confucianism, and Taoism as already described (Hansen, 2003). Unlike the Confucian tradition emphasizing the virtues of filial piety and loyalty, family values, and social responsibility, Buddhism draws on monasticism, celibacy, and withdrawing from societal practices (Hsieh, 2002; Teiser, 2005). Buddhists, also, accepted the traditional Chinese value of filial piety and ancestor worship, and the Buddhist concepts of samsara and karma not only relate to the individual but adapted to include ancestors and families, even descendants (Hsieh, 2002; Poceski, 2004; Teiser, 2005).

Thus, understandings of death and dying in Chinese Buddhism have combined with the original Buddhist teaching and Chinese indigenous philosophies. In Chinese Buddhist belief, the

last thought during a person's last moments, whether good or evil, will influence the individual's next rebirth (Jing-Yin, 2006). Therefore, from the Chinese Buddhist view, caring for the dying person focuses on the patient's state of mind at the moment of her/his death. When death is imminent, reciting Sutra around the dying person will instruct him to go freely in peace.

Traditional Chinese Medicine (TCM)

Traditional Chinese Medicine has been used for thousands of years; in particular herbal medicine which was used first before any other TCM modality such as acupuncture, moxibustion (the therapeutic practice of burning moxa or another substance on or next to the skin), or massage. The legendary Shen Nung (神農, Divine Husbandman or Yan Emperor, c. 3000 B.C.) was considered the father of agriculture and herbal therapy; he is said to have tasted hundreds of herbs to test their medicinal value. He is recognized as the discoverer of natural drugs, the developer of acupuncture, and the first pharmacist (Chen & LeCompte, 2002; Feng, Doherty, & Rhee, 2005; Kwong-Robbins, 2003). The records of Shen Nung's achievements were compiled and arranged into a book (神農本草經, Shen Nung's Classic of Materia Medica), which is considered the earliest existent Chinese pharmacopoeia. This text includes 365 medicines derived from minerals, plants, and animals.

Huang-Ti (黃帝, the Yellow Emperor, c. 2800 B.C.) is the father of internal medicine and a patron of TCM after Shen Nung. Huang-Ti Nei Ching (黃帝內經, the Canon of Internal Medicine), the earliest known Chinese medical writing, is attributed to this legendary emperor. This famous classic is considered to be the bible of traditional Chinese medicine; in this book, five forms of drugs are introduced: pills, powders, pellets, tinctures, and decoctions (liquor in which a substance, usually animal or vegetable, has been boiled, and in which the principles thus extracted are dissolved) (Chen & LeCompte, 2002; Feng et al., 2005; Kwong-Robbins, 2003).

Besides the two legendary emperors, valuable medical books had been contributed since the Han dynasty. Shang Han Lun (傷寒論, Treatise on Colds and Fevers) is considered to be the most important medical classic (Chen & LeCompte, 2002; Feng et al.,

2005; Kwong-Robbins, 2003). Pei Chi Ch'ien Chin Yao Fang (備急千金藥方, Essential Prescriptions Worth a Thousand Gold Pieces for Emergency) contains a wide collection of prescriptions and has substantial content that distinctly influenced and contributed to the development of medical science, especially to the study of prescriptions. Women and children's care was paid great attention in this medical work, and varied treatments, such as acupuncture and moxibustion, diet therapy, preventive care, and health preservation were suggested (Chen & LeCompte, 2002; Hinriche, 2005). Li Shih-Chen (李時珍, 1518–1593 A.D.) wrote the Pen Ts'ao Kang Mu (本草綱目, The Great Herbal). This great pharmacopoeia, which summarizes what was known of herbal medicine up to the late 16th century, describes in detail 1,892 medicines including plants, animal substances, minerals, and metals, along with their medicinal properties and applications. Li Shih-Chen was 35 years old when he began to compile his Pen Ts'ao Kang Mu and took 27 years to finish it (Chen & LeCompte, 2002; Feng et al., 2005; Kwong-Robbins, 2003; Ling, 2002). This pharmacopoeia has been considered the only great scientific work written in the sixteenth century and is not influenced by Western scientific thought. It has been translated into all the languages of East Asia and the principal Western languages (Chen & LeCompte, 2002).

TCM is based on the Chinese philosophy of Taoism in that there is more to health than just the physical body; the mind and the spirit are also main points. As in the introduction of the previous section (Taoism), the principle of Yin–Yang and Wu-Hsing is used to explain the tissues and structures, physiology and pathology of the human body, and to direct clinical diagnoses and treatments (Chen & LeCompte, 2002; Hinriche, 2005; Kwong-Robbins, 2002). There are five Yin organs in the physical body (five tsang, 五臟): liver, heart, spleen, lung, and kidney. Although the same anatomical names are used as those in Western medicine, they refer to systems bigger than the organs. So, to be more correct, they refer the liver system, heart system, spleen system, lung system, and kidney system. Correspondingly, the Yang organ systems (five fu, 五腑) include the gall bladder system, small intestine system, stomach system, large intestine system, and urinary system. The liver system and the gall bladder system are a Yin–Yang pair, the heart system and small intestine is another Yin–Yang pair, and so on. These five Yin–Yang pairs correspond to

Wu-Hsing: wood, fire, earth, metal, and water. As discussed previously about Wu-Hsing, there is a pattern of relationships and changes among the five tsang and five fu (Chen & LeCompte, 2002; Hinriche, 2005; Ng, 2006). For example, wood overcomes earth. When the liver system has problems, it will lead to problems with the spleen system as well. Another example is the approach to rectify a "hypo" spleen system by "calming" the liver system (Ng, 2006, p. 198).

In the mind and the spirit, Yin–Yang and Wu-Hsing theory can be used. The five emotions: anger, joy, worry, sorrow, and fear, correspond to Wu-Hsing (Ng, 2006). Each is closely linked with the corresponding tsang and fu. There is a highly dynamic network of mind/body subsystems, which is formed among five tsang, five fu, and five emotions.

In the theory of TCM, energy, blood, and body fluids maintain life activities and are the basic components of the body. The energy, called *chi* (氣), is needed for the systems of the human body to perform their physiological function (Chen & LeCompte, 2002). Chi, blood, and body fluids circulate through the meridians network, the system of ching (經, channels) and lo (絡, collaterals) all over the body (Chen & LeCompte, 2002; Ng, 2006).

For the TCM practitioners, direct knowledge of a patient's ailment is a fundamental prerequisite. TCM is a holistic perspective that considers a patient's mind, body, and spirit in order to re-establish balance and harmony of functional health and strengthen the body's immune system protecting against pathogens (Chen & LeCompte, 2002; Kwong-Robbins, 2002; 2003; Ng, 2006). A number of examination techniques—observing, hearing, and smelling, interviewing, taking the pulse, and touching—are used to create the clinical pattern of the disease before moving on to the analysis, synthesis and verification of data collected for treating patients (Quah, 2003). The hand is the key instrument of palpating for TCM practitioners; they take patients' pulse on their wrists through palpation to examine their health condition, such as a raised temperature, which may suggest obstruction of the Chi channels.

Chên-chiu (針灸, acupuncture and moxibustion) is also included in traditional Chinese medicine. Chên-chiu is used to induce stimulation in various acupoints of the body to impact on Chi, blood circulation, and various body functions. Acupuncture

(the use of needles) and moxibustion aim to stimulate specific acupoints for varied illnesses along the meridians systems which connect the body surface to internal organs (Ling, 2002). For dying patients with nausea, vomiting, or pain, acupuncture has been used to relieve these symptoms in order to improve their quality of life (Woodruff, 2004).

TCM lost popularity over the last century, although it had been practiced by people from Chinese culture for thousands of years. Since the early years of the 20th century, Western medicine has become more mainstream than TCM in China because of the development of Western medical science (Chen & LeCompte, 2002). However, TCM is still being used and Chinese medical workers and the general public have come to realize that TCM and Western medicine each has its own advantages. This has resulted in the development of medical science with combination of the two schools, especially on the relief of symptoms in late-stage cancer. According to Chinese medicine theory, there are two general causes of pain: (a) stagnation of chi or blood and (b) lack of sufficient nurturing (Ng, 2006). Pain can easily be assessed and differentiated by using Chinese medicine's four examination techniques to prescribe Chinese herbal medicine. In addition, fatigue, loss of appetite, difficulty in breathing, and dehydration have been relieved with TCM (Ng, 2006; Wong, Sagar, & Sagar, 2001). TCM provides the dying person with a sense of control and continuity of treatment that leads to an improvement in the physical and mental health of patients receiving palliative care (Ng, 2006; Woodruff, 2004).

Discussion

Although there are diverse beliefs about human life, over thousands of years the main philosophies and religions of traditional Chinese culture have integrated. Since the early 20th century the populations of China, Taiwan and Hong Kong have gone in divergent directions, producing highly different societies. During this time, the Communists propagated naturalistic beliefs about death in mainland China, and, in places like Taiwan and Hong Kong, rapid socio-economical change has had a pragmatic impact on the attitudes to death and dying. However, throughout all these influences, culture and traditions are still the main

concerns for the Chinese wherever they live (Chan, Lam, Chun, Dai, & Leung, 1999; Szalay et al., 1994), and in relation to death and dying, the great majority of Chinese people hold onto traditional beliefs and experiential practices. These beliefs provide the key medium for comprehending the unknown experience of life beyond death as well as regarding death as a natural part of the life span and culture (Gilbert, 2003; Kaufman, 2002; Koenig & Marshall, 2004).

Death and dying remain taboo subjects in Chinese communities and families may not discuss these issues for fear of invoking bad luck. Thus information disclosure to Chinese patients, especially those with life-threatening illness such as cancer, becomes an issue for doctors, patients, and families; especially, the belief that cancer is associated with bad luck (Wong-Kim & Sun, 2003; Yeo et al., 2005). As in western countries, however, where honest and open disclosure about illness issues is expected (Fallowfield, Jenkins, & Beveridge, 2002), some Chinese patients with cancer and their families also want such information. Researchers (Fielding & Hung, 1996; Fielding, Wong, & Ko, 1998; Jiang et al., 2006; Jiang et al., 2007; Tang et al., 2006; Tse, Chong, & Fok, 2003; S.-Y. Wang, Chen, Chen, & Huang, 2004) have suggested modifications in attitudes toward truth telling about cancer in China, Hong Kong, and Taiwan because results have shown that most patients prefer being told the truth.

Chinese people follow beliefs about death and dying from the philosophies of Taoism and Buddhism. In the Taoist definition, immortality is the prolongation of physical life and the ultimate achievement of human beings. Therefore, following Taoist understandings, exercise (Chi Kung or Tai-Chi Chuan) and TCM are ways to prolong physical life for as long as possible; at the same time, Feng Shui for dwellings is also one of these systems. Jochim (1986) reported that, in modern Chinese community, a dying patient is brought home from a hospital when death is imminent and moved into the main hall of the house, which, in Chinese traditions, is the most holy place of the house and where the ancestral tablets are located. Chinese people believe that dying in the main hall of the house enables an individual symbolically to join her/his ancestors represented by these tablets or the family altar (Jochim, 1986). For dying patients, these systems are suggested as useful to relieve the patient's symptoms or postpone her/his death.

In a study conducted in Australia, researchers (Yeo et al., 2005) suggested that the main beliefs of Chinese-Australian people about cancer are mostly based on supernatural explanations related to Taoist philosophies, such as retribution, Feng Shui, misfortune and bad luck. Because nirvana is the final achievement for human beings, the dying person's peace of mind at the moment of his/her death is the focus of end-of-life care among Chinese Buddhist people (Jing-Yin, 2006).

Unlike Taoist and Buddhist philosophies, the Confucian emphasis on death is through living one's life. An individual should follow a moral stand (propriety, filial piety, appropriateness, and humanness) and this stand should be continuous even in the last moment of life. Following these teachings, dying Chinese patients are able to receive care which is similar to western palliative care at home. Although dying at home is an important practice from the perspective of ancestor worship, this preference has changed in modern Chinese communities.

Dying at home has a special cultural meaning for Chinese patients and their families. However, multiple factors and various healthcare systems' factors have influenced the place of death of dying patients. In Taiwan, although dying at home is especially important for the people, Tang (2002) suggested that the lack of resources for adequate home care support services was the main factor for hospital deaths. A similar situation was found in Hong Kong and mainland China (Ip, Gilligan, Koenig, & Raffin, 1998; Kerr, 1993). In addition, congested living environments and death being regarded as a stigma or bad luck are other factors that led to a preference for dying at hospital (Ip et al., 1998; Kerr, 1993).

TCM has been effective in relieving symptoms and improving quality of life and is still one commonly used complementary and alternative treatment for patients with life-threatening illness. Although emerging evidence suggests that TCM can play an important role in the care of cancer patients (Ng, 2006), the lack of sufficient clinical research is a barrier to its widespread use (Xu, Towers, Li, & Collect, 2006). The use of TCM for cancer treatment is a new but developing area for both formal medical evaluation and conventional western medicines.

TCM is a popular therapy among cancer patients, and in China, researchers (Xu et al., 2006) suggested that its use is a self-help process without any adverse effects. In Taiwan, it was

found that patients with advanced cancer and their family often elect to adopt a self-help attitude after the diagnosis of cancer (Liu et al., 1997). Sixty-four percent of participants with advanced cancer in any age group used TCM at the same time as the conventional therapy but 50% discontinued their TCM therapy within three months (Liu et al., 1997). The researchers suggested that the reason for withdrawing TCM might have been the lack of consultation with a professional Chinese doctor. Liu and her colleagues (1997) suggested that patients and their families should be encouraged to collect their information from reputable organizations (government or private). And at the same time, they should be encouraged to inform medical staff of any alternative treatment they are undertaking in order to avoid potential pharmacokinetic interactions (Liu et al., 1997).

Conclusion

The issues of death and dying are culturally constructed with particular social and historical experiences. The essence of Chinese traditions and culture has developed from Taoism, Confucianism, and Buddhism, although the Chinese all over the world have developed their own variant of Chinese culture. Like people everywhere, when faced with a life-threatening illness and the possible or subsequent death of a family member, Chinese people may try other methods to prolong life, use a mixture of traditional and western therapies, and look to their traditions and culture to provide support for these methods. In addition, the needs of patients and families for their social, psychological, and spiritual support should be met within their cultural framework. Learning the traditions that emerge from Taoism, Confucianism, and Buddhism is an important way that helps health professionals understand Chinese culture and its people, in order to meet the needs of the dying patients and their families.

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