

## **The Background to the Research: Cultural, Theoretical and Methodological Issues**

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### **Abstract**

The disastrous earthquake of 12 May, 2008 had its greatest impact on the Qiang people, an ethnic minority living in the mountainous regions of Sichuan at the earthquake's epicentre. Over 80,000 people died, over a million were injured or missing, most buildings collapsed and most homes were demolished under the avalanches. Thousands of children were evacuated to safety, some moved to far distant locations. The research team from the University of Newcastle responded to the plea of the Qiang leaders to help the children. In cooperation with the China-Australia Centre for Cross-Cultural Studies, a three stage psycho-cultural research program was devised, comprising a survey of children's current caregivers, interviews with the children, and development of a culturally appropriate rehabilitation scheme. Shuguang Wang was appointed to coordinate the project. This paper discusses the research issues involved. Of paramount importance was the collectivist nature of the Qiang culture and the traditional ways of dealing with disasters. Theoretical issues related to the relevance of western individualistic psychological and psychiatric approaches to therapy in the Qiang collectivist environment. Methodological problems related to developing appropriate measuring instruments, and preparing guidelines and training programs for local Qiang interviewers and volunteers.

In the devastating earthquake of 12 May, 2008 in Sichuan Province, over 80,000 people lost their lives and over a million people lost their homes and members of their families. The epicentre of the earthquake was in the mountainous area home to the Qiang ethnic minority.

It was a school day in the afternoon, and many hundreds of children and their teachers were crushed in the collapsed school buildings under the huge boulders which rained down in avalanches from the mountain tops. Volunteers and the soldiers worked tirelessly to rescue as many as possible. Many temporary settlements were erected to house the survivors. Many children were removed to safe locations, some far distant from the earthquake zone. For children who were orphaned or separated from their families, temporary buildings comprising half dormitory and half schoolroom were erected. Carers were put in charge.

Shuguang Wang and Melissa Gao were in Sichuan at the time and were active in the rescue work. Following on from their PhD research at the University of Newcastle, they had been carrying out cross-cultural research on HIV/AIDS prevention, Shuguang Wang in the ethnic minorities (Wang & Keats, 2005) and Melissa Gao (Gao, 2004; 2007) with the Gay, MSM and Lesbian communities in Sichuan. This research had culminated in the setting up of the China-Australia Centre for Cross-Cultural Studies at Sichuan University, led by Professor Deng Shengqing as Director and Dr. Wang as Deputy Director. We had just begun the latest project with the Qiang ethnic community when the earthquake struck.

As soon after communication became possible, a meeting was convened at the Centre to draw up a plan to help. Participants included Professor Deng Shengqing, Dr. Shuguang Wang, Dr. Melissa Gao, UNESCO delegates, and representatives of the Qiang Ethnic Minority led by the Director of Ethnic Affairs for the Qiang Community, Mr. Yang Xian Gui. The Qiang representatives said that it was the children who were in the greatest need of help. Three categories of children were identified as most in need: children who had lost parents; children who had not lost parents but whose parents could not cope; children who were seriously injured. The University of Newcastle was asked if we could help, and responded quickly with special grants from the University and from the Faculty of Science and Information Technology and the School of Psychology to fund a .4 staff appointment of Dr. Wang as Associate Professor (previously Conjoint Associate Professor). Research

funds were provided in a special grant from the John and Daphne Keats Research Endowment Fund, and Shu-guang Wang was appointed to coordinate the project.

### **Developing the Research Strategy**

Two major aims guided the planning of the research strategy.

- 1) Work towards a culturally appropriate program of rehabilitation for the children;
- 2) Design a research plan in which the effectiveness of the data gathering and the rehabilitation program could be evaluated.

Evaluation had not been part of any other volunteer interventions. Also we were aware that any effective intervention would have to carry the children through into their changed circumstances over a longer term. Moreover, it was essential that the Qiang people's cultural traditions should be considered, and respected, in our response to their pleas for help.

Our immediate need was for some basic information about the numbers and whereabouts of the children. The government policy was to bring them back to their home environment as soon as temporary housing could be provided. However, this was proving to be a slow and difficult process. Our first task therefore was to locate the children. We knew that the numbers would be large, certainly in the thousands, but exact numbers could not be known.

It was important to find out the nature of the children's experiences and the extent of their losses before any effective rehabilitation program could be introduced. A three-stage psycho-cultural research program was therefore devised, comprising

- 1) A survey of children's current caregivers providing basic information about the children's experiences;
- 2) Interviews with the children;
- 3) Development of a culturally appropriate rehabilitation program.

This three-stage program is now being carried out with the support of the Qiang community leaders, the China-Australia Centre for Cross-Cultural Studies, the Sichuan Academy of Social Sciences and the University of Newcastle. The cultural, theoretical and methodological issues which had to be considered are discussed in this paper.

### **Cultural Issues**

The Qiang people have a continuing cultural history going back over two thousand years. Theirs is a collectivist culture, with their own language, well-developed traditional leadership structures, and traditional belief systems, including beliefs about dealing with natural disasters, illness and grief. More about their culture will be described in the next paper in this symposium.

Experiences with western counsellors, psychiatrists, and other international volunteers in the aftermath of the earthquake did not leave a good impression on the Qiang people. The outsiders' emphasis on individuals rather than the community was treated with suspicion: children who were taken away from their group for individual counselling were often isolated afterwards and treated by their peer group members as having something wrong with them or having done something wrong. There were no ways of checking all the credentials of the many volunteers who came from overseas and other parts of China.

The Qiang people were also experiencing many problems with the Chinese Aid programs, made difficult to express because their need was so great. For instance, Han building workers who came from Chengdu could not communicate in the local language, and the major reconstruction programs carried out under the Sister Cities Aid Scheme were delivered as a total package without consulting the local community.

A further cultural issue which we needed to take into account in planning the rehabilitation program was that of the cultural change which is now going on in China and which will continue to affect the children and their communities. The new media, TV, telephone and computer access now beginning to reach into the remote rural areas will increasingly influence the children's lifestyles. There were already many threats to the traditional housing style, work opportunities were becoming fewer in the local areas, and many young adults

were leaving their families to find work elsewhere.

To be culturally appropriate the rehabilitation program had to meet the following demands: it should be acceptable to the Qiang cultural leaders and to the children's families; it should lead the children into the future; it should work with the whole community; and it should avoid alienating children from their peer groups.

### **Theoretical Issues**

In this cultural environment how did we come to the three-stage program which is the topic of this symposium? What theoretical constructs, models and methods could be drawn upon to achieve the aim of helping the children in a systematic, sustainable and measurable research program, one which would be acceptable to the Qiang people but which would also satisfy the University's research methodology standards?

Western approaches to dealing with grief and disasters (for example Raphael, 1986; Waring, 1992) place much stress upon the effects on the individual, and this is reflected in the individual counselling which is the most common therapeutic intervention style. The Qiang experience made it clear that we could not rely on this approach. Moreover, there were almost no trained counsellors whom we could engage in the task. Nor could we fund the training of the many counsellors who would be needed were we to advocate an individual counselling-based approach.

To lead the children into a future in which they not only will have to cope with their present situation but also have to expect further changes to threaten the traditional Qiang lifestyle, the concept of self efficacy (Bandura, 1986) provided a useful theoretical construct which could be used as a goal for individually based behavioural change. The question then was whether, or how, this notion could be incorporated into the goals of a rehabilitation program in the Qiang cultural context.

We found that the model which best met our theoretical and practical demands was the Multilevel Participatory Communication Model which had been developed by Melissa Gao (Gao, 2004) in her work with the gay young men and MSM (men who have sex with men) in China. The participatory approach has also been combined with the diffusion model (Kelly, 1995) and the edutainment model which (Tufté, 2000) used effectively in HIV/AIDS research in Africa. The diffusion model approach is one of the most common, often using mass media and top-down methods of spreading the messages, while the edutainment model uses exposure to mass media performances in TV and drama combining education and entertainment, and is particularly relevant in communities where literacy is not high. All these approaches involve active involvement by the researchers with the community and are adaptable for groups as well as individuals. The multi-level treatment allows for the inclusion of participatory communication at both interpersonal and societal levels.

Gao and Wang (2007) set out the main elements of the multi-level model in the summary of the method used in Gao's research with gay men and MSM in the following table.

**Table 1**

*Multi-level model for strategic development in combining participatory and diffusion communication model by three steps in the study* <sup>[1-2]</sup>

<b>Theoretical perspectives in behavior change</b>	<b>Theoretical models</b>	<b>Elements devised in study</b>	<b>Three steps in using participatory approach to develop culturally appropriate diffusion communication model</b>
Focus on individual socio-psychological perspective	HBM <sup>[3]</sup> SCT <sup>[4]</sup> TRA <sup>[5]</sup>	Increasing awareness to promote attitudes and behavioural change	Sites based series melodrama and small media to increase awareness
Focus on social groups and networks	Diffusion model Sub-cultural model Leadership-focused model Communication model	People-centered participatory and diffusion communication approach	Outdoor edutainment diffusion activities
Focus on social environmental change and culturally appropriate approach	Empowerment model Socio-political model Social structural model Social action model Culturally appropriate model	Community support and improving culturally appropriate contexts	Extend peer-led participatory and diffusion education into broad networks supported by various local community organizations

[1] Gao, M. (2005) *Participatory Communication Research and HIV/AIDS Control: A Study Among Gay Men and MSM in Chengdu, China*. PhD thesis, University of Newcastle.

[2] Gao, M. & Wang, S. (2007) *Participatory Communication and HIV/Aids Prevention in Chinese Marginalised (MSM) Population*. *AIDS Care*, 19(6): 799-810

[3] Health Belief Model (HBM) (Janz & Becker, 1984; Sarankakos, 1993)

[4] Social Cognitive Theory (SCT) (Bandura, 1995)

[5] The Theory of Reasoned Action (TRA) (Ajzen & Fishbein, 1994; Fishbein, 1995)

Relating these ideas to the Qiang children's cultural context, and adapting some of the well-established techniques used in therapy with individual children to applications in group situations, we developed a Rehabilitation Program in which the local community members and the research team worked together in planning and conducting the program.

### **Methodological Issues**

Methodological issues related to developing appropriate measuring instruments for the three stages of the research, preparation of all the questionnaires and interview schedule in English and Chinese, devising culturally appropriate methods for the children's rehabilitation, and evaluating progress and outcomes for each stage.

In keeping with the participatory communication approach, we needed to ensure that the Qiang people were fully involved and aware of what was being done and why. Cultural leaders were consulted, and village and Qiang local administrators took an active role in the planning, facilitating access to villages, schools and hospitals and supporting the project throughout.

Particular attention was paid to language issues. All the instruments were prepared in English and Chinese and translations verified by outside consultants, and the Chinese versions were translated into the local language by the interviewers. Because oral was the preferred traditional style of communication, we needed to depend on spoken rather than written responses to questions. The survey was therefore administered in a combination of oral and written forms. All the survey data collectors and all the child interviewers were speakers of both Qiang and Chinese. The surveys were conducted orally in the language of choice but the responses were all recorded in Chinese. The interviews with the children were all conducted in their own language in familiar locations and the responses recorded in Chinese.

Guidelines were prepared and training programs were conducted for the local Qiang interviewers and volunteers. The interviewers were encouraged to work actively with the researchers to develop their interviewing

skills and improve on all aspects of the survey questionnaire or interview schedule. We were fortunate in that Shuguang spoke the Qiang language, having been brought up in this region when his father had been stationed there in the army. He had been to school in Wen Chuan, the main township, and still knew childhood friends who were now in senior administrative positions.

The Qiang people had impressed upon us that no short term “quick fix” could be expected. Their experiences with visiting counselling volunteers, television stars and famous sportsmen who came to address the children showed that the good effects did not last long. Although the three-stage program would have to take a much longer time to implement, it would provide much more information to all involved.

It was impossible to design the survey methodology on the basis of a predetermined sample size. We knew that we would have to plan the survey with the expectation of very large numbers, but the number and location of surviving children only came in slowly. The government policy of bringing them home, although excellent as a policy goal, was very difficult in practice because all the home communities had been so badly damaged. Everything to construct the temporary accommodation had to be brought in. Added to the problem of finding the children was the difficulty of access everywhere in the region as the roads were completely blocked by the avalanches, especially in the steep mountain villages and in the townships along the riverside. Eventually the number of respondents obtained for the survey was around three thousand.

For the interviews the three categories of greatest need could be met with a sample of equal numbers in each of the three categories, namely children who had lost parents, children who had parents but whose parents could not cope, and children who were injured and in hospital. We added a fourth group who appeared to have few problems, bearing in mind that all children had been affected to some extent and no assumptions could be made about their situation. The total sample of 1200 included boys and girls in three age groups, from under six to fourteen years.

The methodology for the rehabilitation program was built around a program of therapeutic activities in which all children could participate. These activities will be described more fully in a later paper in the symposium. Well-known therapies used frequently in clinical work with individual children (Anastasi & Urbana, 1997) were adapted for group participation and relevance to the Qiang cultural environment. Although a choice from a wide range of activities was available, age differences and the children’s circumstances in practice limited their options, so three were selected as core activities in which all children could participate: story telling and writing; choral singing; and dramatic performances in traditional Qiang style. Each of these activities has a strong Qiang cultural tradition.

Key Qiang volunteers were trained to oversee the conduct of the program, to organise the time table and arrange for any visiting specialists. Observation checklists were prepared for the people conducting an activity session to record children’s level of participation. Progress is being monitored over a period of five months.

To begin the rehabilitation program we selected three sites: Luo Bu Village in the mountains, Yan Men School, a large school in Wen Chuan township which draws on children from the town and many Qiang villages, and the Wen Chuan Hospital Trauma Clinic in which many children are still suffering from the earthquake. Other villages were added later as the work progressed. As to numbers, no final sample sizes can be determined at this time.

## Conclusion

In this paper I have been able only to introduce the main features of this program of research. In the following papers we present results from the survey and the interviews, and a progress report from the rehabilitation program. The next paper will present the Qiang cultural perspective on the research.

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