

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/5359327>

Concepts Within the Chinese Culture That Influence the Cancer Pain Experience

Article in *Cancer nursing* · March 2008

DOI: 10.1097/01.NCC.0000305702.07035.4d · Source: PubMed

CITATIONS

44

READS

1,317

4 authors:



Lih-Mih Chen

Kaohsiung Medical University

7 PUBLICATIONS 66 CITATIONS

[SEE PROFILE](#)



Christine Miaskowski

University of California, San Francisco

676 PUBLICATIONS 24,995 CITATIONS

[SEE PROFILE](#)



Marilyn Dodd

University of California, San Francisco

359 PUBLICATIONS 14,174 CITATIONS

[SEE PROFILE](#)



Steven Pantilat

University of California, San Francisco

136 PUBLICATIONS 3,555 CITATIONS

[SEE PROFILE](#)

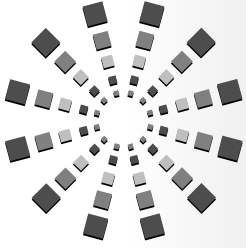
Some of the authors of this publication are also working on these related projects:



Latent Growth Modeling of Cancer Symptoms [View project](#)



BUILDCare ethnography [View project](#)



Lih-Mih Chen, RN, PhD
Christine Miaskowski, PhD, RN, FAAN
Marylin Dodd, PhD, RN, FAAN
Steven Pantilat, MD

Concepts Within the Chinese Culture That Influence the Cancer Pain Experience

KEY WORDS

Buddhism
Cancer pain
Chinese patients
Confucianism
Multidimensional model of pain
Sociocultural dimension of pain
Taoism

The purpose of this article is to describe some of the concepts within the Chinese culture that influence the sociocultural dimension of the cancer pain experience. The major concepts that influence Chinese patients' perspectives on cancer pain and its management include Taoism/energy, Buddhism, and Confucianism. Within the beliefs of Taoism/energy, pain occurs if Qi, or blood circulation, is blocked. To relieve pain, the blockage of Qi/blood must be removed and the person needs to maintain harmony with the universe. Within the beliefs of Buddhism, pain/suffering is a power, unwanted but existent, that comes from a barrier in the last life; from the objective world; from a person's own sensation; or from other people, animals, and materials. Only by following the 8 right ways (ie, right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration) can an individual end the path of pain/suffering. A Confucian believes that pain is an essential element of life, a "trial" or a "sacrifice." Therefore, when a person suffers with pain, he or she would rather endure the pain and not report it to a clinician until the pain becomes unbearable. Oncology nurses who care for Chinese patients need to understand the fundamental beliefs that influence the sociocultural dimension of the pain experience for these patients. This information will assist the oncology nurse in developing a more effective pain management plan.

In 1983, Ahles and colleagues¹ developed the multidimensional model of the cancer pain experience that included 5 dimensions: physiological, sensory, affective, cognitive, and behavioral. In 1987, McGuire² updated this model by adding a sixth dimension, namely, the sociocultural dimen-

sion. These 6 dimensions of the cancer pain experience were confirmed in a study of 40 cancer patients.³

McGuire suggested that the sociocultural dimension of the cancer pain experience included demographic characteristics (eg, age, sex, and race), ethnic background, and cultural,

Authors' Affiliations: School of Nursing, Kaohsiung Medical University, Kaohsiung City, Taiwan (Ms Chen); Department of Physiological Nursing, University of California, San Francisco (Dr Miaskowski); Department of Physiological Nursing, University of California, San Francisco (Dr Dodd); and Department of Medicine, University of California, San Francisco (Dr Pantilat).

Corresponding author: Lih-Mih Chen, RN, PhD, School of Nursing, Kaohsiung Medical University, 100 Shi-Chuan 1st Road, San Ming District, Kaohsiung City, Taiwan (Lih-Mih.Chen@ucsf.edu; limich@kmu.edu.tw).

Accepted for publication September 12, 2007.

spiritual, religious, and social factors that influence individual's perceptions of and responses to pain. Cultural background is an important aspect of the sociocultural dimension of pain because persons from different cultures perceive and respond to pain in different ways. In addition, how and whether people communicate their pain to healthcare professionals and to others can be influenced by cultural factors.⁴ Finally, perceptions of, responses to, and communications about pain can influence patients' use of pharmacological and nonpharmacological interventions.

The purpose of this article is to describe some of the concepts within the Chinese culture that influence the sociocultural dimension of the cancer pain experience. Clinicians who care for Chinese patients with cancer pain need to understand these concepts for them to provide culturally sensitive care to this patient population.

■ Definition of Pain

The Chinese dictionary defines pain as a hurt or an unpleasant feeling in common daily living.⁵ This definition is quite similar to those found in Western references.^{6,7} From antiquity, pain was viewed as a simple idea or, from the perspective of dualism, as either a sensation or an emotion.⁸ Ancient philosophers considered pain to be an emotion. For example, Aristotle called it a passion of the soul. In contrast, Descartes saw pain as a sensation, like heat or cold. A more contemporary writer suggested that pain could be described as an extreme aversiveness, as having the ability to annihilate complex thoughts and other feelings, as having the ability to destroy language, and as a strong resistance to objectification.⁹

From a physiological perspective, pain is defined as a strong discomfort of the human body,¹⁰ as a perception or response to noxious stimuli,¹¹ or as a protective mechanism.¹² From a psychosocial perspective, pain is more broadly regarded as an unpleasant sensory and emotional experience associated with actual or potential tissue damage.¹³ Philosophers have interpreted pain as a punishment,¹⁰ as evidence of existence,¹⁴ or as a trial before becoming successful.⁵ Furthermore, philosophers and religious leaders have suggested that pain is the result of innate sin, that it is punishment for evil.⁸ As Livingston^{15(p25)} wrote, "The chief difficulty encountered in a search for a satisfactory definition for pain, is the fact that it can be considered from either a physiologic or psychological perspective. Any consideration of pain, by one approach alone, without due regard for the other, is incomplete."

■ Chinese Perspectives on Pain

Pain is a biochemical phenomenon, a neurophysiological occurrence, a simple sensation, but it is also a complex experience with far-reaching ethico-religious implications.¹⁶⁻¹⁸ However, the Western dichotomy of body and mind is quite alien to the traditional Chinese mode of thinking.¹⁹ From a Chinese perspective, pain is a complex experience that can

only be understood through an understanding of several Eastern philosophies and religions (ie, Taoism/energy theory, Buddhism, and Confucianism).

Taoism/Energy Theory

Taoism was organized by a man named Lao-Tzu, who was born in China in about 604 bc. The word *Tao* has several meanings, including way, path, or discourse. On a spiritual level, Taoism is the way of ultimate reality. It is the way of all nature, the primeval law that regulates all heavenly and earthly matters. To live according to the Tao, one must adapt oneself to the order of nature.²⁰ Each individual is linked in a chain that consists of concepts related to each other in harmonious balance. Taoism believes that there are 2 polar complements (Yin and Yang) within and between the body and its environment.

As shown in Table 1, the Chinese divide all natural phenomena into 2 contrary components (eg, day/night, upper/lower, man/woman, good/bad, and positive/negative).²¹ Yin originally meant the shady side of a slope, such as moon, female, cold, rest, responsiveness, passivity, dark, interiority, downwardness, inwardness, decrease, satiation, tranquility, and quiescence. It is the end, completion, and realized fruition. Yang meant the sunny side of a slope, such as sun, male, heat, stimulation, movement, activity, excitement, vigor, light, exteriority, upwardness, outwardness, and increase. It is arousal, beginning, and dynamic potential.²² The 5 principals for Yin and Yang harmony are the following: (1) All things have 2 facets: a Yin aspect and a Yang aspect; (2) any Yin or Yang aspect can be further divided into Yin and Yang; (3) Yin and Yang mutually create each other; (4) Yin and Yang control each other; and (5) Yin and Yang transform into each other.

The notion of Qi (Chi) is as fundamental to Chinese culture and medical thought as Yin and Yang is. The key point of harmonious balance of the body and its environment

☀ **Table 1 • Characteristics of Yin and Yang**

Yin	Yang
Earth	Sky
Moon	Sun
Night	Day
Winter	Summer
Woman	Man
Cold	Heat
Interiority	Exteriority
Inwardness	Outwardness
Downwardness	Upwardness
Dark	Light
Passive	Vigor
Decrease	Increase
Dorsal	Ventral
Fluid and temperature	Power and Spirit
Meridians: liver, heart, spleen, lung, kidney	Meridians: gall bladder, small intestine, stomach, large intestine, pericardia, bladder

is the balance of Qi, “energy field.”¹⁸ For the Chinese, Qi is the pulsation of the cosmos itself, the thread that connects all beings, and a common denominator of all things—from mineral to human. An individual’s Qi comes from 3 sources. The first source is Original Qi (Yuan Qi), which is transmitted by parents to their child at conception. The second source is Grain Qi (Gu Qi), which is derived from the digestion of food. The third source is Natural Air Qi (Kong Qi), which is extracted by the lungs from the air we breathe.²² Qi can be the source of all movement and accompanies all movement, can protect the body, can be the source of harmonious transformation, can ensure stability and govern retention, and can warm the body.²²

Qi is the source of life and forms the basis for the diagnosis and treatment of illness and for the promotion of health and the prevention of illness. People may become ill if there is any disharmony of Qi.²¹ There are 4 types of disharmonies of Qi, namely, deficient Qi, collapsed Qi, stagnant Qi, and rebellious Qi. Deficient Qi may affect the whole person and may cause lethargy, exhaustion, cold, and loss of organ function. Collapsed Qi, a kind of deficient Qi, means that the Qi is too insufficient to hold organs in place. It may cause the prolapse of the uterus or hemorrhoids or loss of motivation or commitment. Stagnant Qi is abnormal Qi movement—the Qi does not flow through the body in a smooth and orderly fashion. Stagnant Qi in the limbs and meridians may be the origin of aches and pain in the body. It can also lead to the impairment of an organ. Rebellious Qi is a particular disharmony in which the Qi is going in the wrong direction. For example, stomach Qi should be downward; if it rebels and goes upward, there may be vomiting and nausea or explosive forms of mania. Deficient Qi and collapsed Qi are Yin conditions. In contrast, stagnant Qi and rebellious Qi are Yang excessive conditions.²²

Pain is regarded as stagnant Qi in limbs and meridians. Chinese people believed that pain occurs if Qi circulation is blocked. In addition, another disharmony that will lead to pain is named congealed blood. The blood circulates continuously through the body, nourishing, maintaining, and moistening its various parts. Blood moves primarily through blood vessels, but also through meridians. If the blood is not flowing smoothly or becomes obstructed, it often causes sharp, stabbing pain, tumors/cysts, or swelling of organs. On a psychological level, the inability to feel safe, excessive vigilance, suspiciousness, paranoid ideation, and delusion can also be associated with congealed blood.^{21,22}

A Chinese proverb says that “there is no pain without a blockage and no blockage without pain.” This phrase means that because every pain is a blockage of Qi/blood, removing the blockage will eliminate the pain. The principals of pain relief are not only to move the blockage of Qi/blood but also to maintain harmony with the universe.

Buddhism

The Chinese have been influenced by Buddhism for several thousand years. Mercy, thriftiness, and humility are the 3

treasures of Buddhism. Buddhists regard pain (rendered as ill, sorrow, turmoil, and suffering) as a defining characteristic of human life. Pain is a part of life, as well as a physical-emotional-mental-spiritual complex that defines the nature of human existence.¹⁹

If a person experiences pain calmly, without becoming emotionally distressed, he or she can attain greater states of being.²³ Several types of pain/suffering exist in Buddhism. They are called the Noble Truths of pain/suffering (ie, birth, the aging process, sickness, death, to be conjoined with what one dislikes, to be disjoined from what one likes, and to not get what one wants).²⁴ Pain/suffering is a power, unwanted but existent, that comes from a barrier in the last life (ie, *Imm and Ko* [cause and effect]); from the objective world; from a person’s own sensation; or from other people, animals, and materials.²⁵ Pain arises from craving for objects that are figments of distorted human minds. The only way to transcend pain/suffering and to experience a lasting spiritual bliss is through enlightenment—the art and joy of the destruction of craving.¹⁹ In Buddhism, 8 ways exist to end the path of pain/suffering (Table 2).²⁵


Right view means to see and understand things as they really are and to realize the Noble Truth of suffering.²⁵ It means to see things through and to grasp the impermanent and imperfect nature of worldly objects and ideas.²⁴ Because our view of the world forms our thoughts and our actions, right view yields right thoughts and right actions.

Right intention can be described best as a commitment to ethical and mental self-improvement. Buddha distinguishes 3 types of right intentions, namely, (1) the intention of renunciation, which means resistance to the pull of desire; (2) the intention of goodwill, which means resistance to feelings of anger and aversion; and (3) the intention of harmlessness, which means not to think or act cruelly, violently, or aggressively and to develop compassion.²⁶

Because words can break or save lives, make enemies or friends, start a war or create peace,²⁵ Buddha explained right speech as follows: (1) to abstain from false speech, especially not to tell deliberate lies and not to speak deceitfully; (2) to abstain from slanderous speech and not to use words maliciously against others; (3) to abstain from harsh words that offend or hurt others; and (4) to abstain from idle chatter that lacks purpose or depth.

Right action means to abstain from (1) harming sentient beings, especially taking a life (including suicide) and doing harm intentionally or delinquent; (2) taking what is not given, which includes stealing, robbery, fraud, deceitfulness, and dishonesty; and (3) engaging in sexual misconduct.²⁶

Right livelihood means that one should earn one’s living in a righteous way and that wealth should be gained legally and peacefully.²⁵ Buddha mentions 4 specific activities that harm other beings and that one should avoid for this reason: (1) dealing in weapons; (2) dealing in living beings (including raising animals for slaughter as well as slave trade and prostitution); (3) working in meat production and butchery; and (4) selling intoxicants and poisons such as alcohol and drugs.

 **Table 2 • 8 Ways From Buddhism to End the Path of Pain and Suffering**

Right view	<ol style="list-style-type: none"> 1. The truth about suffering is that it exists. 2. Life, birth, aging, and dying are suffering. 3. Only when we have broken the mirrors of illusion can we end our suffering.
Right intention	<ol style="list-style-type: none"> 1. Restrain from what pleases the senses and avoid all that is impure for our mind. Tend only to what is pure. 2. Use all that we are, all that we have to cultivate peace. 3. Tolerate all adversity and never abandon ourselves.
Right speech	<ol style="list-style-type: none"> 1. Words of honesty 2. Words of kindness 3. Words that are nurturing 4. Words that are worthy
Right action	<ol style="list-style-type: none"> 1. Do no harm. 2. Respect life. 3. Do not take what is not given. 4. Control desire.
Right livelihood	<ol style="list-style-type: none"> 1. Earn one's living in a righteous way (legally and peacefully). 2. Avoid dealing in weapons, working in a butchery, selling intoxicants, or raising animals for slaughter.
Right effort	<ol style="list-style-type: none"> 1. Conquer evil side and promote good side. 2. Firmly, gently take up the path to liberation and obliterate negative tendency.
Right mindfulness	<ol style="list-style-type: none"> 1. Precise and clarify the body, feelings, mind, and mental qualities. 2. Be mindful of the way we talk, the job we perform, and the attitudes we have toward friends and family.
Right concentration	<ol style="list-style-type: none"> 1. Single-minded concentration on the path to peace 2. Meditation can provide a space to cut through our absentmindedness.

Right effort is in itself an act of the will, whereas misguided effort distracts the mind from its task and results in confusion.²⁶ Right effort is detailed in 4 ways, namely, (1) to prevent the arising of unarisen unwholesome states, (2) to abandon unwholesome states that have already arisen, (3) to arouse wholesome states that have not yet arisen, and (4) to maintain and perfect wholesome states already arisen.

Right mindfulness is the controlled and perfected faculty of cognition.²⁴ Buddha accounted for this as the 4 foundations of mindfulness: (1) contemplation of the body, (2) contemplation of feeling (repulsive, attractive, or neutral), (3) contemplation of the state of mind, and (4) contemplation of the phenomena.²⁶

Right concentration is described as 1-pointedness of mind, meaning a state where all mental faculties are unified and

directed onto 1 particular object. The Buddhist method of choice to develop right concentration is the practice of meditation. The meditating mind focuses on a selected object. Through this practice, it becomes natural to apply elevated levels of concentration in everyday situations.²⁴

The right path to relieve pain/suffering is not to seek pleasurable feelings but to develop a disinterested attitude toward it. Pain can extend over many lifetimes, throughout which every individual rebirths to the next life. Pain can strengthen the body, purify the soul, and deepen the spirit. In addition, pain will pause cravings, ignorance, and delusions, and their effects will disappear gradually.²⁶

Confucianism

The teachings of Confucius are principals for social interaction, individual morality, and ethics. These teachings have a significant influence on Chinese behavior. Harmony with all others and a lack of self-centeredness, respect for parents, and loyalty to family are the main teachings of Confucianism.¹⁹ *Li* (ritual, propriety), *Hsiao* (love of parents for their children and of children for their parents), *Yi* (righteousness), *Chung* (loyalty), *Xin* (honesty and trustworthiness), and *Jen* (benevolence and humaneness toward others) are the important concepts of Confucianism.^{21,27} However, to obtain respect from others, one must practice upright behavior, take care of one's own self, keep one's knowledge current, respect and love one's children, and assist with household and family tasks. The Chinese believe in and seek a satisfying social life as well as happiness and peace to promote health and prevent illness.²¹

A Confucian believes that pain is an essential element of life. If one loses the sensation of pain, one is no longer human. Pain is the best assurance that people are not really numb and insensitive.²⁸ The experience of pain and suffering not only heightens a person's sensitivity but also reminds a person of his or her humanness.²⁴ Mencius, a Confucian thinker, believed that humanness is to share with others one's pain/suffering. To share the pain or suffering of another is to achieve the goodness of human nature.¹⁹ To take one's own experience of pain near at hand is the departure to understand the minds and hearts of others. If one suffers from pain, one may derive some comfort from sympathetic relatives and friends, but one must bear the burden alone. The Confucian golden rule predicates that you should not do unto others what you would not want others to do unto you.²⁸

Pain, like evil, is something that all individuals wish to avoid. Unlike a gospel, which should be spread by missionary zeal, pain should be controlled, confined, managed, and, hopefully, killed.¹⁹ Thus, to refrain from imposing pain on others is a minimum requirement for cultivating the good life for everyone. In the Chinese culture, pain as a "trial" or "sacrifice" is profoundly meaningful. Therefore, when a person suffers with pain, he or she would rather endure the pain and not report it to a clinician until the pain becomes unbearable. Sometimes, patients will report their pain only to close family members and ask the family members to report the pain to a member of the healthcare team.²⁷

In conclusion, Chinese perspectives on pain are influenced mainly by the philosophical and religious beliefs of Taoism/energy theory, Buddhism, and Confucianism. Chinese people view the body as a whole energy field and regard pain as an essential part of life. Chinese try to understand pain from various religious and philosophical perspectives and to use these perspectives to facilitate pain management.

■ Implications for Nursing Practice

The effective management of cancer pain involves a detailed pain assessment, the diagnosis of the cause of the pain, and the development and implementation of a pain management plan. In most cases, a detailed pain assessment focuses on an evaluation of the description, location, and severity of the pain, as well as aggravating and relieving factors, the impact of pain on mood and function, and previous treatments and their effectiveness. Less attention is given to the sociocultural dimension of the pain experience and its impact on the pain management plan.

For Chinese patients, their cancer pain experience may be part of the fabric of their being. Their views about pain and its treatment may be deeply rooted in philosophical and religious beliefs that will impact all aspects of pain assessment and management. These 3 major philosophical and religious beliefs are not separate entities. They interact and fuse in Chinese patients' lives.²⁹ As part of the assessment of a Chinese patient with cancer, it is important to evaluate the meaning that pain has in the person's life and the causal attributions that the individual gives to his or her pain. In addition, the philosophical approach that a patient has toward whether pain should be treated will need to be discussed before a pain education program and a pain management plan can be implemented.

Chinese patients may believe that pain is caused by a Yin and Yang imbalance in the body. Therefore, they may prefer to take Chinese medicine or use acupuncture, instead of analgesics, to cure the block in the meridians.³⁰ If clinicians do not understand these beliefs, they may view these patients as not adhering to their analgesic regimen. Furthermore, Chinese patients may believe that the nonharmonic situation between them and the environment (time, place, or others) can cause disease or symptom.^{31,32} Therefore, they may use various rituals to enhance harmony (eg, move some furnishings, ask clinicians to perform procedures at a specific time, and refuse visitors who are foes to them). If clinicians do not understand that these rituals are intended to enhance harmony, they may misinterpret them.

Clinicians need to understand that Chinese patients may believe that pain should be endured. Based on a variety of beliefs (eg, sin from last life, the *Inn and Ko* [cause and effect], a trial or sacrifice, a born-to-be fate, and afraid to bother either family or clinicians), Chinese patients tend to bear and accept their pain. They report pain only when it becomes unbearable.^{30,32} Some patients may choose to endure intractable pain to accomplish their life trial.

Clinicians need to discuss this belief with patients. They need to inform patients about the deleterious effects of unrelieved pain on their mood and functional status. In some cases, clinicians may need to support the patient's belief system and assure them that they will be available to assist with pain management.

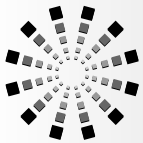
Some Chinese patients may blame themselves for their illness,³³ whereas others may negotiate with God(s) to change their fate by praying in the temple or at home, intoning gospel, giving alms to the poor, becoming a vegetarian, or wearing a *Fu* (amulet).^{31,32} Again, clinicians need to ask patients to describe the various approaches that they use to manage their pain and their illness.

Clinicians need to be patient and encourage Chinese cancer patients to report their pain. They need to explore their beliefs about pain and respect their rituals for pain relief. Patients should be assisted to keep the harmony between themselves and their environment. Clinicians need to discuss with patients which pain management strategies they can accept and use. Finally, patient education programs need to be tailored to incorporate some of the culturally specific approaches to pain management that are outlined in this article.

References

1. Ahles TA, Blanchard EB, Ruckdeschel JC. The multidimensional nature of cancer-related pain. *Pain*. 1983;17:277–288.
2. McGuire DB. Coping strategies used by cancer patients with pain. *Oncol Nurs Forum*. 1987;14:123.
3. Alhes TA, Martin JB. Cancer-related pain: a multidimensional approach. In: Turk DC, Feldmen CS, eds. *Non-invasive Approach to Pain Management in the Terminal Illness*. New York, NY: Haworth; 1992:25–48.
4. Helman C. Pain and culture. In: Helman C, ed. *Culture, Health and Illness*. 4th ed. Woburn, MA: Butterworth Heinemann; 2000:128–135.
5. Way LL. *Chinese Dictionary*. 1st ed. Taipei, Taiwan: Daun-Hua; 1982.
6. Mahon SM. Concept analysis of pain: implications related to nursing diagnosis. *Nurs Diagn*. 1994;5(1):14–24.
7. Waddie NA. Language and pain expression. *J Adv Nurs*. 1996;23(5): 868–872.
8. Morris DB. *The Culture of Pain*. Berkeley: University of California Press; 1991.
9. Scarry E. *The Body in Pain: The Making and Unmaking of the World*. New York, NY: Oxford University Press; 1985.
10. Guralnik DB. *Webster's New World Dictionary of the American language*. New York, NY: The World Publishing Company; 1987.
11. Melzack R, Wall PD. Pain mechanism: a new theory. *Science*. 1965; 150:971–979.
12. Blumenfeld H. *Neuroanatomy Through Clinical Cases*. Sunderland, MA: Sinauer Associates; 2000.
13. International Association for the Study of Pain. Definition of pain. In: Merskey H, Bogduk N, eds. *Classification of Chronic Pain*. Seattle, WA: IASP Press; 1994:209–214.
14. Nores J. The philosophy of pain: new concept. *J Chronic Fatigue Syndr*. 1999;5(2):99–105.
15. Livingston WK. *Pain Mechanism: A Physiologic Interpretation of Causalgia and Its Related States*. New York, NY: MacMillan; 1943.
16. Good MD, Brodwin PE, Good B, et al. *Pain as Human Experience: An Anthropological Perspective*. Berkeley: University of California Press; 1992.
17. Keefe FJ. Behavioral assessment and treatment of chronic pain. *J Clin Psychol*. 1982;50(6):896–911.
18. Kleinman A. Neurasthenia and depression a study somatization and culture in China. *Cult Med Psychiatry*. 1982;6(2):117–189.
19. Tu WM. A Chinese perspective of pain. *Acta Neurochir (Wien)*. 1987; 38:147–151.

20. Chang CC. *The Philosophy of Lao-Tzu*. Taipei, Taiwan: Cheng-Chune Book; 2000.
21. Chen YC. Chinese value, health and nursing. *J Adv Nurs*. 2001;36(2): 270–273.
22. Kaptchuk TJ. *The Web That Has No Weaver: Understanding Chinese Medicine*. New York, NY: Contemporary Books; 2000.
23. Smith-Stoner M. How Buddhism influences pain control choices. *Nursing*. 2003;33(4):17.
24. Tu WM. A religiophilosophical perspective on pain. In: Kosterlitz HW, Terenius HW, eds. *Pain and Society*. Berlin, Germany: Dahlem Konferenzen; 1980:63–78.
25. Hengyucius. A Buddhist's perspective of pain/suffering. 1995. <http://humanum.arts.cuhk.edu.hk/~hkshp/humanities/ph95-03.htm>.
26. Davis JR. *Path to Enlightenment/Buddhism*. London, UK: Hodder & Stoughton; 1999.
27. Creel HG. *Confucius and the Chinese Way*. New York, NY: Peter Smith Publisher; 2000.
28. Tu WM. The neo-Confucian concept of man. *Philos East West*. 1971; 21(1):72–81.
29. Kao HS, Redder FM, Hsu MT, et al. A Chinese view of the western nursing management. *J Holist Nurs*. 2006;24(2):92–101.
30. Chung JY, Wong TK, Yang JS. The lens model-assessment of cancer pain in a Chinese context. *Cancer Nurs*. 2000;23(6):454–461.
31. Yeh CH. Religious beliefs and practice of Taiwanese parents of pediatric patients with cancer. *Cancer Nurs*. 2001;24(6):476–482.
32. Chen YD. Conformity with nature: a theory of Chinese American elders' health promotion and illness prevention processes. *Adv Nur Sci*. 1996;19(2):17–26.
33. Martinson IM, Leavitt M, Liu C, et al. Comparison of Chinese and Caucasian families caregiving to children with cancer at home. *J Pediatr Nurs*. 1999;14:99–109.



MEDIA NEWS

Reviews of selected media are presented in this feature. Nurses, other health professionals, and publishers are invited to submit books, videotapes, CD-ROMs, and other related oncology education materials to: Carol Reed Ash, Editor, *Cancer Nursing*, J. Hillis Miller Health Center, PO Box 100187, University of Florida, Gainesville, FL 32610. Selections of items for review will be based on their relevance to cancer care and the availability of space.

REVIEWERS WANTED FOR MEDIA REVIEWS.

Cancer nurses interested in reviewing material for publication in the “Media News” feature should submit a letter and a short biographical sketch to the Editor at the address listed above.

Books Received

The End-of-Life Handbook: A Compassionate Guide to Connecting with and Caring for a Dying Loved One

David B. Feldman, Ph.D and S. Andrew Lasher, Jr., M.D.

New Harbinger Publications, Inc., 2008
Earlita K. Chenault, Publicist earlita@newharbinger.com
Paperback: 188 pps.; ISBN-1-57224-515-8

Everyone's Guide to Cancer Survivorship: A Road Map for Better Health

Ernest H. Rosenbaum, M.D., David Spiegel, M.D., Patricia Fobair, L.C.S.W., M.P. H., Holly Gautier, R.N.

Andrews McMeel Publishing, LCC, 2007

www.Andrewsmcmeel.com

Paperback: 304 pps.; ISBN: 978-0-7407-6870-5

Unnatural History: Breast Cancer and American Society

Robert A. Aronowitz, MD

Cambridge University Press, NY, 2007

Publicity@cambridge.org

Hardback: 366 pps.; ISBN: 978-0-521-82249-7