Review scientific article

Chu-Li Liu

MENTAL HEALTH PROBLEMS IN TAIWAN FROM A GENDER AND ANTI-OPPRESSIVE PERSPECTIVE

A human rights issue

In the Taiwanese context, which is characterized by patriarchal values, mental health problems are considered to be different from physical illnesses. Therefore the ways of dealing with mental health problems are different across genders. This article illustrates how Taiwanese women who experience mental health problems are trapped in an oppressive system constituted by gender inequalities, economic difficulties and mentalism. It also shows how migration and transnational marriage had a profound impact on care work for people with mental health problems and disabilities in Taiwan. By analyzing the situations from the perspective of anti-oppression practice and human rights, it is anticipated to draw implications for future actions with the aim of enhancing the well-being of Taiwanese women.

Key words: Taiwanese women, gender, inequalities, Confucianism.

Dr. Chu-Li Julie Liu is currently professor and Director at Department of Social Work, Tunghai University in Taiwan. She got PhD in Social Work at Wilfrid Laurier University, Canada. She teaches courses such as 'working with individuals', 'working with groups', 'working with women', and 'social work practice — feminist perspective'. Dr. Liu published her work in Chinese as well as English social work journals. She had been a visiting professor at Faculty of Social Work, University of Toronto. Contact: chuli@thu.edu.tw.

DUŠEVNO ZDRAVJE NA TAJVANU IZ PERSPEKTIVE SPOLA IN ANTIZATIRALSKE PERSPEKTIVE: VPRAŠANJE ČLOVEKOVIH PRAVIC

Na Tajvanu, za katerega so značilne patriarhalne vrednote, na težave z duševnim zdravjem gledajo drugače kot na fizično bolezen. Pomembna kategorija je spol, saj determinira obravnavo. Članek prikaže ujetost tajvanskih žensk, ki doživljajo težave z duševnim zdravjem, v zatiralski sistem spolnih neenakosti in ekonomske neodvisnosti. Pokaže tudi upliv priselitev in transnacionalnih porok na skrbstveno delo za ljudi z duševnimi težavami in ovirami. Avtorica analizira situacije iz antizatiralske perspektive in perspektive človekovih pravic: opiše pričakovane rezultate prihodnjih dejavnosti, s katerimi bi bilo mogoče povečati blaginjo tajvanskih žensk.

Ključne besede: tajvanske ženske, spol, neenakosti, konfucianizem.

Dr. Chu-Li Julie Liu je profesorica na Oddelku za socialno delo na Univerzi Tunghai na Tajvanu in njegova direktorica. Doktorat iz socialnega dela je pridobila na Univerzi Wilfrid Laurier v Kanadi. Predava predmete: socialno delo s posameznikom, socialno delo s skupinami, socialno delo z ženskami in socialno delo – feministična perspektiva. Dr. Liu objavlja znanstvena dela v kitajščini in angleščini. Bila je gostujoča profesorica na Fakulteti za socialno delo Univerze v Torontu. Kontakt: chuli@thu.edu.tw.

Introduction

Taiwan is an island located in eastern Asia. The population is around 23 million people. Taiwan used to be an agricultural country that was economically poor. In order to transform the agricultural society into an industrial one, the Taiwanese government launched an economic policy in the 1970's that aimed to transform farms and fields into small factories and manufacturing facilities. This economic policy, known through the metaphor 'living room is factory', helped the economy to flourish (Lin, Lin 2009). Years later, this economic policy helped Taiwan to be known as one of the 'four little dragons' in Asia, meaning that Taiwan was economically powerful like a dragon. In the 1990's, the economic policy was transformed into moving small Taiwanese factories to Southern Asian countries. This economic policy was known as the 'moving south' policy. This 'moving south' economic policy had profound impacts on Taiwan's social context. Many Taiwanese businessmen traveled to Southern Asian countries not only to build factories but also brought many workers from there to work in Taiwan. This brought about an era in Taiwan's history of significant migration from Southern Asian countries. In addition, Taiwanese businessmen also brought into the country young and poor women from Southern Asian countries to marry Taiwanese men who are socially and economically disadvantaged,

including men with mental health problems or disabilities (Hsia 2000). This marked the era of transnational marriage in Taiwanese history. The era of migration and transnational marriage had a profound impact on care work and particularly caring for people with mental health problems and disabilities in Taiwan.

According to the report of the Ministry of Health and Welfare Taiwan, 24,342 males and 27,521 females suffer from various mental health problems in 2014 (Ministry of Health and Welfare Taiwan 2014). Given the fact that these released official figures are based on medical settings' documents, it is believed that in fact more people suffer from mental health problems, but remain invisible within the medical settings.

Although the western model of psychiatry entered into Taiwan's medical fields a long time ago (the first psychiatric hospital was opened in 1929 in Taipei), mental health problems are, by many Taiwanese people, considered to be of another quality than physical illnesses. Taiwanese culture is embedded with Confucian ideology where the values of family and the superiority of males are highly emphasized. Most Taiwanese are Buddhists and Daoists and their attitudes towards mental health problems are strongly influenced by their cultural and religious beliefs. Mental health problems were considered to be a moral problem in the family in Taiwanese culture and religion (Wen 2012). It was believed that the ancestors or current family members had done immoral things and the punishment returns back to their offspring. Therefore, a Daoist priest would be hired to host a worship ceremony to symbolically pay it back or remedy what they had done before. If it didn't work, then hiding the persons with mental health problems in the house or sending them to an institution out of their family town and never seeing them again are ways of dealing with it in Taiwan still today. This is supposed to cover the 'immoral image' of the family. Therefore, Taiwanese cultural and religious beliefs regarding mental health problems dominated the family members' choices of care for people with mental health problems.

Taking into consideration the cultural, religious and patriarchal beliefs in Taiwanese society, women with mental health problems and female carers for relatives with mental health problems experience oppression in Taiwan. This article aims to illustrate the oppression women with mental health problems experience in Taiwan. It starts by illustrating 2 stories obtained from 2 research projects that had been conducted by the author in 2004 and 2014 respectively. Jun was a participant in research on females with mental illness and was interviewed regarding her life story in the summer of 2014 in Taiwan. Kung's wife, Sabrina, was a participant in research on transnational marriage in Taiwan and was interviewed regarding her marriage in 2004 in Taiwan. By analyzing the situations from the perspective of anti-oppression practice and human rights, it is anticipated to draw implications for future actions.

The story of a woman with mental health problems

Jun is an only daughter who was born in a rich family in Taiwan. Having a boy baby was always the preference of a couple in the Taiwanese culture, however, Jun's parents had expected to have children long before Jun's birth, but didn't due to Jun's mother's health, so they were very excited about Jun's birth. It is the custom that the couple would expect or be required by their parents to have a second child if the couple's first child is a girl, but given the situation of Jun's parents, they are happy with only having one female child. Because of being born in a rich family, Jun's parents bought everything they could for Jun. Everyone thought Jun was a girl with lots of blessings. When Jun reached the school age, her parents sent her to an elementary school that only accepts the so-called 'elite', meaning that it is a school for the elites' children only. Jun's parents spent lots of their time devoting themselves to school activities in order that Jun would receive her school teachers' attentions. After graduating from the elementary school, Jun and her parents disappeared from the neighborhood and no one in the neighborhood knew what happened to this family. Years go by, the mansion of Jun's parents becomes a 'ghost house' in the neighborhood due to lack of maintenance.

One day, a woman in the neighborhood ran into a relative of Jun and finally found out what happened.

In the summer of graduation from the elementary school, every graduate was preparing for going to junior high school and was excited about being a teenager. However, Jun had a breakdown one day and was diagnosed with 'schizophrenia'. This was shocking news for Jun's family; it was believed that it must be a curse for the family. The family treated Jun as a shame to the family and was scared about being discriminated by the neighborhood, so they chose to move out of the neighborhood one night without telling anyone. Jun has become a revolving--door psychiatric service user, being in and out of psychiatric wards. Today, when Jun's mental health is stable she stays at home in a small village with her parents. Luckily Jun's parents are rich enough to support themselves financially and do not need to go out to work, however they do not want to have contact with other neighbors. They are scared of being scorned and isolate themselves.

Jun is female, was a wanted child by her parents, was born in a rich family, therefore she is able to stay at home with her parents and receive basic medical care such as medication or hospitalization when needed. However, Jun's parents still chose to 'hide' her from her upper class circle of friends, which indicates that Jun's mental health problem is considered as a shame. Jun is single and does not have her own social activity group. What remains unsolved for Jun's parents is what to do when they and Jun all become aged.

The story of a woman who is a carer for a man with mental health problem

What happens to a boy or man with mental health problems and a similar family background to Jun? It is still considered as a shame in the family; however the ways of dealing with it might be different. Here is the story of a man. Kung was born as the eldest child in a traditional and conservative Taiwanese family in a village in Taiwan. Since Kung was the eldest boy in the family, he was expected to honor the family and continue the family line according to the culturally prescribed rules for males. Unfortunately, Kung was found to have intellectual disabilities, usu-ally seen as 'developmental retardation', from birth on, which was certainly a big shock for the whole family. Although Kung's parents continued to give birth to several babies and wished that they were able to have a 'normal' boy to take up the responsibilities that Kung was supposed to do, all of their other children were girl babies. In a patriarchal Taiwanese culture only the son, in particular the eldest son, is the legitimate one to continue the family line. Therefore Kung's parents decided that Kung should marry and have children, so that Kung's children will continue the family line. Kung's parents had difficulties finding a Taiwanese woman that was willing to marry Kung. Eventually, they decided to involve a broker (who should help the family to find a woman) and chose him a woman named Sabrina from one of the South Asian countries. Sabrina never saw or knew anything about Kung before their wedding party. Although Sabrina realized that Kung is not 'normal' after their wedding party, her family back in her hometown received a lot of money from Kung's parents; she has no choice but to stay in Taiwan with her new disabled man. Sabrina takes care of Kung and the family hopes that she will have male children with Kung in order to continue the family line. Kung's mother was worried about Sabrina running away from this marriage, so she limited Sabrina's contact with outside world, including Sabrina's parents. Sabrina was not able to establish a social support system in a foreign country. The isolation further made Sabrina vulnerable to crisis events, violence, abuse or other traumatic experiences.

Jun and Kung were both born in rich families, however, the ways of dealing with their men-tal health and disability problems are different due to their gender. Culturally and in everyday practice, females are still inferior to males and are not legitimate to carry the family name in Taiwan. The choices of Jun's and Kung's parents are reflections of these cultural prescriptions of gender roles. They are both lucky from the perspective of their family financial situation;

therefore they both receive medical care. The story of Kung also reveals the fact that in the cases of men with mental health problems, the care work falls on the shoulders of women: either mothers or women from rural countries that are economically dependent and have little choices in their lives. However, in the case of women with mental health problems, like Jun, the care work falls to no one.

The current paradigm on disability and care in Taiwan

Taiwanese culture is embedded with Confucian ideology that family is highly valued and emphasized. It indicates that family in the culture embedded with Confucian ideology used to be and continues to serve the role of 'private social security system', therefore, the caring issues are considered to be resolved by the family (Hu 1995).

The caring policies for the disabled persons in Taiwan include National Health Insurance, Long-term care, Mental Health Law (December 1990, changed in 2008) and People with Disabilities Rights Protection Act (launched in 2014, first launched as People with Disabilities Protection Act in 1970). In response to the needs of people who suffer from mental health problems and their families, the Mental Health Act first came into force in 1990 in Taiwan (Law and Regulations Database of the Republic of China 2014 a). It has been revised 4 times since then in order to meet the changing needs and paradigm shift in the mental health area. According to the newest version of the Mental Health Law from 2008, it mandates that social workers should work with psychiatrists, nurses, occupational therapists and psychologists together as a team to help people with mental health problems. Therefore, social workers legitimately work in psychiatric medical settings, including acute psychiatric wards or community mental health rehabilitation centers. In addition, it is mandatory that this professional team should work with people with mental health problems and their families to deal with issues such as medication, caring, social skills problems, family relationship problems and similar. Although it mandates that professionals work as a team, the psychiatrists take the lead within the team and are most often those who are powerful in the decision making process. This reflects that the medical model is still a dominant discourse in Taiwan's mental health area.

In Taiwan the National Health Insurance is well established. Everyone is entitled to be taken care of by Taiwan's health care system with a low premium. However, the long-term care system was first introduced in 2006 and is still developing (Tseng 2006). So many issues of chronic illnesses remain unresolved, including the mental health issues. The ideology of family taking up the caring responsibility is included in the long-term care system in Taiwan. Tseng (*ibid.*) indicated that the notion of people with disability staying with and being cared for in their families is central to Taiwan's long-term care system. Placing the disabled persons in institutions is an alternative only when they are not able to stay in their own families. In order to implement it, various programs and services are developed to assist the families in caring for the disabled people. For example, in-home services for the disabled as well as assistive technology services are developed to assist the disabled persons staying at home (*ibid.*). By examining the details of in-home services and assistive technology, it reveals that people with physical disability are defined as the main service users in the long term care policy in Taiwan and people with mental health problems are ignored. In addition, the caring responsibilities are still currently considered as women's work in Taiwan. Women are also responsible for the long-term care for the persons with disabilities and chronic illness. Therefore, it is women, including mothers, wives and female care workers that keep the long-term care system operating in Taiwan. Putting all these together, it explains why parents of men with disability or chronic illness, in particular parents of men with mental health problems, are eager to arrange marriages for their disabled adult sons. Nevertheless, ironically, single women with mental health problems are ignored in this caring system constituted by patriarchal cultural beliefs (Yen 2010).

The Convention on the Rights of Persons with Disabilities (CRPD) was adopted by the UN General Assembly in 2006 (Walker 2013). This convention has several characteristics. Firstly, the human rights of the disabled and anti-discrimination for the disability are emphasized. Secondly, the paradigm of disability shifts from a disease model to a social model, meaning that the disability issues being considered as social issues rather than personal diseases is emphasized. By adopting the social model, it is anticipated that the disable persons' rights to equality, safety, freedom, social inclusions, privacy and free will are ensured and protected (Tang, Chen 2008). Before the Convention, the People with Disabilities Protection Act with the emphasis on protection first came into force in 1970 in Taiwan (Laws and Regulations Database of the Republic of China 2014 b). Its title was changed into People with Disabilities Rights Protection Act and the ideology of the CRPD was adopted in 2014. Examining the details of Taiwan's People with Disabilities Rights Protection Act, protecting human rights, facilitating independent living and social inclusion for the disabled are clearly declared. However, by searching the electronic database of the library in Taiwan, 68[1] articles on disabilities and related social policies were published (most in Chinese) since 2000. Strikingly, the articles mainly focused on 2 topics: employment of persons with disabilities and health care. Any human rights issues of the disabled and social inclusion for the disabled are missing. It is the same in social service agencies which work in the field of disability (Pan, Yen 2011). This reflects that rehabilitation and income, which are basic needs, are still the focus of disability in Taiwan and supported the comments by Zaviršek (2009: 3) that 'countries with moderate disability activists and a weak tradition of political social work have found their niche mostly with rehabilitation science.' This also explained why withdrawing from society and involving a woman from economically inferior areas to care for the man with disabilities are strategies Jun's parents and Kung's parents adopted to deal with the disability issue in the family.

How can the human rights issues and anti-discrimination lens be adopted in Taiwan? The following paragraphs are to introduce anti-discrimination concepts and analyze Jun's and Kung's stories accordingly. By doing so, further actions to enhance the human rights and social inclusions for the disabled in Taiwan will be addressed.

Anti-oppression and mental health problems issues

Anti-oppression refers to a model that aims to understand how structural inequality and social divisions result in oppressing certain groups of people, as well as to understand how to eliminate the causes of oppression (Dominelli 1996). Dominelli (2002) pointed out that the sources of oppression stem from 3 levels, including individual, institutional and cultural levels. Personal attitudes and beliefs are examples of sources of oppression on an individual level, whereas policies and working procedures are those at an institutional level. In addition, cultural values and ideology are examples of sources of oppression at the cultural level. Thompson (2006) indicated that unequal distribution of power firstly results in social exclusion and consequently results in structural inequality. People in the same social context are divided into one group of privileged and another group of disadvantaged respectively due to unequal distribution of power. In addition, certain discourses which tend to explain particular problems are developed usually by the privileged. These discourses became the sources of oppression for certain groups of people through education, religion and media. As a result, the oppressed are given less resources and have inferior status (Dominelli 1996, McDonald, Coleman 1999). Therefore, the oppressed suffer in an interlocking system of oppression (Dominelli 2002, Thompson 2006, Mullay 1993).

Dominelli (2009) adopted the term 'mentalism' to make sense of the oppression and inequality experienced by people with mental health problems. As opposed to people without

---

[1]   206 women and social policy articles, 168 children and social policy articles, 81 adolescents and social policy articles are published in the same period of time. The number of disability-related articles is less.

mental health problems, people with mental health problems are categorized as 'others' in most societies around the world from the mentalist perspective, in particular. People that are categorized as 'others' have less power or are deprived of power and are inferior to people without mental health problems. People that are categorized as 'others' are deprived of equal chances, autonomy and are not treated as human being in their own rights. As a result, people that are categorized as 'others' are stigmatized, which may result in working in work conditions that do not secure a minimum wage, or unemployment. Institutionalization becomes the main intervention developed for people that are categorized as 'others.'

Due to the discourse of mentalism, many people with mental health problems experience social exclusion. Barnes (1999) and Zaviršek (2006) both pointed out that people with mental health problems experienced exclusion by various social systems, including the employment system, the housing system and by general public attitudes. As a result, people with mental health problems may live in poverty; they become homelessness and experience harassment or discrimination by the wider society. Within the perspective of social exclusion, they are deprived of resources to enhance their skills to improve their quality of life; they are silenced due to lack of public space for them to reveal their experiences of social exclusion (Zaviršek 2006). Social exclusion turns out to be a traumatic experience for many people with mental health problems. Paradoxically, without the awareness of human rights, certain institutionalization seems like providing people with mental health problems with inclusion that is in fact a form of exclusion (*ibid.*). In order that people with mental health problems be socially and fully included, Barnes (1999) argued that discourses of mental health problems should be critically examined.

Two discourse models of mental health problems are commonly adopted, including the disease model and the discrimination model (Corrigan, Penn 1997). In the discourse of the disease model, mental health problems are considered as dysfunctional symptoms that have a profound impact on people's skills and function. Therefore people with mental health problems need medical doctors and different experts to cure them. In the discourse of the discrimination model, people with mental health problems are considered to only have functional issues, however, the problems they encounter are mainly caused by discrimination. Consequently, they are disadvantaged socially and economically. Therefore, mental health problems should be analyzed and understood in the context of social injustice. The discourse of the disease model became the dominant discourse for many years. However it is currently challenged by the discrimination model.

Several techniques are developed to work with the oppressed in the anti-oppression practice. Unequal distribution of power, sources of oppression and marginalization are utilized as frameworks of assessment; the voices of the oppressed are important and should be listened to carefully by the practitioners; empowerment is an important skill; critical consciousness of discourses of practitioners are important; careful examination of discourses of policies and the ways policies define the service users as well as the distribution of resources are important (Cambridge, Ernst 2006, Sakamoto *et al.* 2009). Ultimately, it aims to make social change, in particular to equally distribute power and resources as well as fairly include everyone in the social system (Sakamoto, Pitner 2005).

Anti-oppression, mental health problems and women

How can one read and make sense of the stories of Jun and Kung from the perspective of anti-oppression? When Jun and Kung were diagnosed as mentally ill, they were both considered as 'others' and were deprived of education and participation in social activities. This reflects that both parents held the beliefs and had a similar value system that mental health is a shameful disease and isolation is the way to deal with it. Sources of oppression include cultural, systematic and individual levels (Dominelli 2002). Jun's and Kung's stories reveal that cultural beliefs are the first source of oppression which are practiced on the individual level.

But not only women and men with mental health problems, also women and people from economically disadvantaged parts of the world are oppressed, as well. The anti-oppressive perspective shows that people who are privileged refuse to share power and resources with the disadvantaged (women and people from economically inferior areas). The privileged purposefully isolate the disadvantaged, for example they discriminate and stigmatize them (Dominelli 1996, McDonald, Coleman 1999). Their discriminatory discourses eventually result in the deprivation of rights. This concept helps to understand why Jun and Sabrina have been deprived. Jun is a female with mental health problem, so she is isolated and only holds a restricted lifestyle. Jun has no say in the decision-making regarding her lifestyle. It is her parents and Taiwanese culture that make the decision for Jun. Jun is deprived of her power of decision-making due to mentalism as well as due to the patriarchal discourse. Kung is a male with mental health problems, which does not restrict the man to enter into marriage. In contrast, Kung is expected to marry and continue the family line, although it is his parents' decision whom he will marry. His parents instrumentalized another person who is also disadvantaged, a migrant woman from a poorer south Asian country, to marry him and to secure the family name and offspring. Compared to Jun, Kung is not isolated as 'others'. The different life choices that Jun and Kung hold reflect that they both are deprived of the power of decision but females are deprived of much more.

Sabrina is a female from an economically disadvantaged area and she becomes inferior due to her gender and economic status. Sabrina is deprived of her own rights in several ways by the privileged, as she became a commodity, without a free choice whom to marry. She was also not given the choice whether she wanted to become a life time carer for a man with mental health problems or not. In addition, Sabrina is under severe control by her husband's relatives and is therefore deprived of chances to establish a support network. This makes her even more disadvantaged in a foreign country. Sabrina is trapped in an interlocking system of oppression.

People with mental health problems often experience social exclusion that eventually results in poverty, unemployment and isolation (Barnes 1999, Zaviršek 2006). Although Jun's and Kung's parents are financially better off, the whole family experiences social marginalization. For example, Jun's parents have to hide from their elite circle of friends and Kung's parents had to hide the son's diagnosis when they tried to get a wife for Kung. Therefore, it is not only the person with mental health problems but the whole family who experience social exclusion in Taiwan. This reflects that the discrimination and isolation on the ground of mental health are still prevalent in Taiwan. From a social work perspective the question is how to change it?

Looking into the future

Several groups, such as the Taiwan Association of Family Caregivers[2] and the Taipei Mental Rehabilitation Association[3], have acknowledged these issues and are trying to lobby policy makers to include women's and gender issues such as female sufferers and female caregivers into the mental health care system in Taiwan. However, there is still a long way to go. This reflects again the cultural beliefs that women are considered to be of a 'second class' and women's issues receive little attention.

What can be done to enhance the well-being of women in the situation of mental health problems in Taiwan? Anti-oppressive practice techniques are useful in developing possible strategies. Consciousness-raising is always the first step and follows the understanding of the unique needs and situations of women. The consciousness-raising helps the public to understand the disadvantaged situations of women with mental health problems as well as the situation of men who are feminized and seen as 'not proper men', when they develop mental health problems. The awareness and understanding then brings the public together to work on the issues and

---

[2]   Cf.: http://familycare.org.tw/en/index.html (30. 9. 2014).

[3]   Cf.: http://www.taipeitimes.com/News/feat/archives/2007/05/27/2003362739 (30. 9. 2014).

hopefully come up with constructive actions. Therefore, conferences on mental health issues are held in Taiwan.

Secondly, the political aspect needs to be changed in order that more resources and policies will be put into these issues. Although this has been a difficult part so far, we believe it will be successfully reached when more people devote themselves to these issues.

Critical examination of the discourse of policies should be done. This includes a careful discourse analysis of mental health relevant policies regarding the definition of service users, the distribution of budget and the inclusion of gender lens.

Critical consciousness of social work practitioners should be developed. Discourses of social work practitioners have profound impacts on practices, including service delivery process and resources referral (Danso 2009, Rossiter 2005). Without critical consciousness of social work practice, social work practice may turn from helping into oppression. This could be done by constant self-examination or supervision.

Lastly, a human rights principle should be included in social work education in Taiwan. By doing so, we will be able to have practitioners that are able to challenge the structural inequality.

References

Barnes, H. (1999), Exclusion and mental health – the relationship context of mental health practice. *Social Work Education*, 18, 4: 401–415.

Cambridge, P., Ernst, A. (2006), Comparing local and national service systems in social care Europe: framework and findings from the STEPS anti-discrimination learning disability project. *European Journal of Social Work*, 9, 3: 279–303.

Corrigan, P. W., Penn, D. (1997), Disease and discrimination: two paradigms that describe severe mental illness. *Journal of Mental Health*, 6, 4: 355–366.

Danso, R. (2009), Emancipating and empowering de-valued skilled immigrants: what hope does anti-oppressive social work practice offer? *British Journal of Social Work,* 39: 539–555.

Dominelli, L. (1996), Deprofessionalizing social work: anti-oppressive practice, competencies and postmodernism. *British Journal of Social Work*, 26: 153–175.

- (2002), *Feminist social work theory and practice.* New York: Palgrave.

- (2009), *Introducing social work*. Cambridge: Polity Press.

Hsia, H-C. (2000), Transnational marriage and internationalization of Capital: the case of the 'foreign brides' phenomenon in Taiwan. *A Radical Quarterly in Social Science*, 39: 45–92 (in Chinese).

Hu, Y-H. (1995), *Three generations living together: myths and traps*. Taipei: Gu-Liu Publications (in Chinese).

Law and Regulations Database of the Republic of China (2014 a), *Mental Health Act.* Available at: http://law.moj.gov.tw/Eng/LawClass/LawAll.aspx?PCode=L0020030 (19. 9. 2014).

- (2014 b), *People with Disabilities Rights Protection Act.* Available at: http://law.moj.gov.tw/News/news_detail.aspx?SearchRange=G&id=105531&k1 (24. 9. 2014).

Lin, J-J., Lin, W.-I (2009), The political and economic impact on the development of social group work in Taiwan. *Social Work with Groups*, 32: 14–28.

McDonald, P., Coleman, M. (1999), Deconstructing hierarchies of oppression and adopting a 'multiple model' approach to anti-oppressive practice. *Social Work Education,* 18, 1: 19–33.

Ministry of Health and Welfare Taiwan (2014), *Statistics of people with disability in Taiwan.* Available at: http://www.mohw.gov.tw/cht/DOS/Statistic.aspx?f_list_no=312&fod_list_no=4198 (19. 9. 2014).

Mullay, R. (1993), *Structural social work ideology, theory, and practice.* Toronto: McClelland & Steward Inc.

Pan, P-C., Yen, C-F. (2011), Welfare resources allocation and service delivery for aging disabled people in Taiwan and UK. *Research on Disability,* 9, 2: 111–122 (in Chinese).

Rossiter, A. (2005), Discourse analysis in critical social work: from apology to question. *Critical Social Work*, 6, 1. Available at: www.uwindsor.ca/criticalsocialwork/discourse-analysis-in-social-work. (30. 11. 2010).

Sakamoto, I., Ku, J., Wei, Y. (2009), The deep plunge. *Luocha* and the experiences of earlier skilled immigrants from Mainland China in Toronto. *Qualitative Social Work,* 8, 4: 427–447.

Sakamoto, I., Pitner, R. O. (2005), Use of critical consciousness in anti-oppressive social work practice: disentangling power dynamics at personal and structural levels. *British Journal of Social Work,* 35: 435–452.

Tang, I-C., Chen., H-Y. C. (2008), The convention on the rights of persons with disabilities: turning the disability tide. *Research on Disabilities,* 6, 4: 238–251 (in Chinese).

Thompson, N. (2006), *Anti-discriminatory practic*e. Basingstoke: Palgrave Macmillan.

Tseng, C-M. (2006), Policies and vision of long-term care for the elderly and the disabled in Taiwan. *The Journal of Long-term Care,* 10, 2: 93–100 (in Chinese).

Walker, J. (2013), *The United Nations Convention on the Rights of Persons with Disabilities: an overview.* Ottawa: Library of Parliament (Publication No. 2013-09-E).

Wen, J. K. (2012), *'Both gods & doctors are needed': strategies in psychotherapy for psychiatric patients with Chinese popular religion.* Available at: http://share.wen-clinic.com.tw (25. 9. 2014).

Yen, C-F. (2010), The predicament of marriage in people with disability by gender and social class viewpoint. *Research on Disability,* 8, 2: 111–121 (in Chinese).

Zaviršek , D. (2006), Disabled women everyday citizenship rights in East Europe: examples from Slovenia. In: Lukic, J., Regulska, J., Zaviršek, D. (eds.), *Women and citizenship in Central and Eastern Europe.* Aldershot: Ashgate (62–87).

-    (2009), Social work with adults with disabilities: an international perspective. *British Journal of Social Work,* 39, 7: 1393–1405. Doi: 10.1093/bjsw/bcp083.