

全球化与跨文化压力及其对健康的影响

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【关键词】 跨文化压力; 全球化; 健康

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【Key words】 Cross-culture stress; Globalization; Health

一、全球化与健康

自20世纪80年代以来,随着现代化交通和通信手段的发展,以及高度不均衡的世界经济^[1-3],开始了全球化进程。全球化运动(global movement)始于经济全球化^[2, 4, 5]。经济全球化推动了物质、信息、技术和人才交流的全球化,随之产生了更加广泛的跨洲、跨地区、跨国家的文化接触和交流。这种发展变化,使全球化很快从经济层面发展成为一种全方位的全球化运动^[6-9],从而形成人们在日常生活中对全球化的理解。当今的全球化早已超越了经济领域,包括政治、经济、军事、社会、环境、生活方式、教育、卫生等几乎所有的社会层面。以至于人们在遇到问题时,常常自觉和不自觉地从全球范围来思考问题的对策。

全球化为人类文明进步和健康发展提供了前所未有的机会,同时也为如何保障个人和国民健康提出了巨大挑战。自第二次世界大战以来,欧美等发达国家针对移民问题,展开了大量文化同化与健康关系的研究。结果表明,外来移民在适应新的社会人文环境过程中,普遍感受到文化同化的压力,从而导致了一系列生理、心理和健康方面的问题^[10-12],甚至出现高血压、心脏病、胃溃疡等躯体疾病,以及焦虑、抑郁、敌意、仇恨、自杀等精神疾病^[13-15]。我国目前正处于快速不均衡的发展阶段,每年不仅有大量人员出国旅游、学习和工作,其他国家来华的人数更是迅速增加。根据教育部统计,1978年全国只有1 236名留学生^[16],2011年上升至29万^[17],2012年增加到32.8万^[18]。不同文化间的交流碰撞,就有可能产生与身心、社会和行为相关的健康问题。

二、跨文化压力与文化同化压力

1. 文化与压力:文化首先是一种社会现象,是人类文明发展的产物^[19-21]。在人类历史进程中,不同部落、民族和国

家形成了自己独特的文化^[19, 22]。重商主义、跨国贸易、社会变革和现代交通通信技术的进步,促进了不同文化的接触、互动和交流。而全球化的进程使得这种交流从一种少数人、个体、不自觉、出于好奇的行为,逐渐发展成为有很多人参与、集体、自觉和有目的的行为。如今越来越多的不同国家、地区和民族的人有机会接触不同的文化,包括独特的历史地理、风土人情、传统习俗、生活方式、行为规范、思维方式、价值观念等^[20, 22]。赛里(Hans Selye)率先引入物理学“压力”(stress)的概念,研究心理压力与健康关系,认为压力是内外紧张刺激因子(stressors)作用于躯体引起的一系列非特异性反应,如肾上腺素分泌增加、心跳加快、出汗等^[23, 24]。美国行为医学家Holms将有关压力的研究由生物学引伸到社会心理行为领域,发展了压力与健康的研究^[25]。我国的陈心广教授^[26]早在20世纪90年代就强调压力实际是一个过程,准确地应称为紧张刺激。而紧张刺激因子是指能够超乎寻常地激发和(或)提高机体唤醒水平,使各种内在、外在条件改变。当紧张刺激因子通过一定的载体和途径作用于人体,且为人所感知时,压力便产生了。

2. 跨文化压力(cross-culture stress):可看作是人们处在陌生的文化环境内感受到的压力。如把外来人群目前所在地的人群定义为主体人群(host population),相应的文化定义为主体文化(host culture),把生活在主体人群中的外来人群定义为客体人群(guest population),后者所携带的文化定义为客体文化(guest culture),则跨文化同化压力的核心,就是客体人群作为个体或者群体在与主体文化中的个体或群体进行接触交往和互动过程中,因为主客体文化的差异,和/或个人文化适应能力不足而产生的压力。例如,从理论上讲,欧美人到中国所感到的跨文化压力应该大于亚洲人,因为欧美国家文化与中国文化的差异要大于亚洲国家文化与中国文化的差异。而从个人适应能力的角度分析,受过良好教育和准备充分者要比未受过教育和缺乏准备者承受的压力要小。理论上讲,跨文化压力可以是同一个国家中不同种族间交流过程中产生的压力,也可以是不同国家之间交流所产生的压力。本文主要描述不同国家间交流所形成的跨文化压力。

3. 文化同化压力(acculturative stress):这一概念是针对移民(留学移民和难民)提出的。当移民作为个体或相对较小的群体,从自己的原产地(place of origin)——通常是一个相对落后地区进入到一个新的更发达地区——目标地(place of destination),文化同化就开始了^[27, 28]。因此文化同化压力特指在文化同化过程中,外来客体人群与主体人群接触交流和互动时所感受到的压力^[27, 29, 30]。然而,在全球化的今天,移民定居已不再是大多数人出国的目的,人口也不仅

DOI: 10.3760/cma.j.issn.0254-6450.2014.03.027

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仅局限于单向地由欠发达地区流向发达地区。因此经典的文化同化压力概念无法准确表达如今跨文化过程中所面临的压力。

文化同化是指移居国文化对移民的同化作用,即把主体文化定义为主流文化(mainstream culture),外来文化或客体文化成为边际文化(side-stream culture)。因此文化同化压力所关注的是同化与被同化的关系,且很难准确反映跨文化交流和由此而产生的跨文化压力。如果文化同化压力是指移民在目标地相对被动地接受主体文化时感受到的压力,而跨文化压力则涵盖了包括因主动吸纳和被动接受不同文化时所感受到的压力,即跨文化压力。因此采用“跨文化压力”一词要比“文化同化压力”更准确表达在全球化背景下,因文化交流和碰撞对身心健康的影响。

4. 跨文化压力的来源:

(1)文化距离(cultural distance):主体文化与客体文化的差异,或者说文化距离直接影响跨文化压力^[31,32]。如一个从推崇集体主义文化国家(诸多亚洲国家)到一个推崇个人主义的国家(多数欧美发达国家)的人,就可能更易感受到跨文化压力^[33]。

(2)个人文化竞争力(cultural competence):或称跨文化竞争力(cross-culture competence),可以理解为对不同社会文化环境(地理、气候、语言、住房、饮食、生活设施和习惯、安全、疾病等)的适应能力(adaptability)^[34,35]。相对而言,受教育程度高、有充分准备、有较高社会和经济地位、有国外生活经验和较好语言能力者,其跨文化压力低^[36-39]。

(3)自信(self confidence):在陌生环境易缺乏自信,导致心理压力。反之,如有自信,可以努力适应新环境,减少甚至避免不必要的压力。如对语言能力的自信可以促使在新环境中积极与人交流,加快适应新环境,从而减轻跨文化压力^[40,41]。

(4)价值冲突(value conflict):文化差异的核心表现为价值观的不同。当人们进入一个新环境,往往以自身熟悉的方式与人交往,很有可能把价值冲突引入日常生活,从而产生跨文化压力^[42,43]。

(5)排外(alienation):即所谓身份认同(identity threat)。有时新环境内只有极少数人存在这种排外思想,也会通过多种方式表达,如冷漠、嘲笑、贬低、排斥、歧视等,从而形成跨文化压力^[44,45]。

(6)机会剥夺(opportunity deprivation):由于多种原因,包括主体文化中存在(如社会制度、政策法律、心理文化)和客体个人本身(如外来人、能力不够、缺乏对当地了解),使得客体在新环境内受到差别对待,难以获得足够机会生存和发展,无法与主体人群享有同等机会,因而产生持久和强烈的跨文化压力^[45]。

(7)想家(homesickness):即思念家人、亲友及家乡环境的自然情感^[46]。当个体无法面对新环境、受到排斥或不公平待遇、身份认同障碍、挫折、失败等等,常促发和加重思乡想家的情绪,如此种情绪太过强烈或持久即表现为跨文化压力^[47]。

(8)社会支持(social support):足够的社会支持可缓解跨

文化压力,反之亦然^[37,48,49]。社会支持包括个人的社会成员网络、良好的社会环境和包容的文化习俗^[50]。

上述8个因素可分为内源性(文化竞争力、自信、想家)、外源性(文化距离、排外、机会剥夺、社会支持)和相互作用源性(文化价值冲突)。此外家庭、婚姻、职业等的压力也不可忽视。

三、跨文化压力与健康关系

1. 增加罹患躯体疾病的风险:研究表明,长期暴露于不同的社会文化环境,如适应不良或感受到压力过大,能够增加多种疾病患病风险,尤其是高血压($OR=1.78, 95\%CI: 1.50 \sim 2.11$)^[51]、心脏病^[51]、糖尿病^[13]等。

2. 对精神健康产生负面影响:压力过高或者持续时间过长,本身就是一个精神健康问题。研究表明,长期暴露于不同的社会文化环境,可以产生持久的心理压力,进一步导致失眠、多梦、忧郁,甚至自杀^[52-55]。一项长达3年的追踪调查表明,因为文化环境不同而产生的心理压力与美籍墨西哥裔青少年移民(包括第一代和第二代)的精神健康密切相关,即压力越大,内化、退缩、不安、焦虑和抑郁等精神健康问题出现的机会越大^[52]。因此在研究跨文化压力与健康的关系时,精神健康问题不可忽略。

3. 对健康行为的负面影响:在很大程度上,个人的健康水平取决于自身的行为。研究表明,多种不健康行为(包括吸烟^[56-59]、酗酒^[60,61]、吸毒^[62,63]、不健康性行为^[64]等)均与文化适应不良密切相关。当生活在一个新环境而感到困惑无助时,易于接受不健康的行为。因此开展跨文化压力与健康关系研究,必须重视健康行为的问题。

四、跨文化压力的测定

现代心理测量学(psychometrics)和测量模型(measurement modeling)为客观评估跨文化压力提供了方法手段。而过去关于文化同化压力的评估,包括多种已使用、经历过严格心理测度学分析和测量模型评估的量表,为客观评估跨文化压力提供了模板和素材。考虑到跨文化压力与文化同化压力的相似性,为了协助跨文化压力测评工具的开发,以下列举8个用于评估文化同化压力的测评工具(按照发表的先后年代):Cawte压力量表(Cawte Stress Scale)^[65]、社会-态度-环境-家庭文化同化压力量表(Societal, Attitudinal, Environmental and Familial Acculturative Stress Scale, SAFE)^[66]、生活压力量表(Index of life stress, ILS)^[67]、文化同化压力问卷(Acculturative Stress Inventory, ASI)^[68]、留学生文化同化压力量表(Acculturative Stress Scale for International Students, ASSIS)^[69]、多维度文化同化压力问卷(Multidimensional Acculturative Stress Inventory, MASI)^[70]、西班牙裔移民压力量表(Hispanic Stress Inventory Scale for Immigrants, HIS-I)^[71]、巴塞罗那移民压力量表(Barcelona Immigration Stress Scale)^[72]、多维度文化同化压力量表(Multidimensional Acculturative Stress Scale, MASS)^[45]。

五、结语

跨文化压力与健康将是全球健康领域一个非常重要的研究方向。本文提出此观点,仅作为初步理论构思,还需要

在今后的研究实践中不断完善和提高。

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(收稿日期: 2013-09-12)

(本文编辑: 张林东)