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ORIGINAL PAPER

The Social Meanings of Traditional Chinese Medicine: Elderly Chinese Immigrants' Health Practice in the United States

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Abstract We situate elderly Chinese immigrants' utilization of traditional Chinese medicine (TCM) in social contexts (e.g., family and social networks), exploring how TCM is used as a tool, a resource, and a product of meaning-construction in their everyday life. We conducted in in-depth interviews with 20 elderly Chinese immigrants in the United State, exploring the complexity of their understanding and practice of TCM. We used grounded theory to identify the set of meanings that are particular to elderly Chinese immigrants' use of TCM as a part of their health practice. For our participants, TCM is not just a resource for illness management. Instead, incorporating TCM in their health practice allows them to: (a) perform and reaffirm their cultural identity as Chinese, (b) maintain their moral status and fulfill their social roles, and (c) pass down health knowledge and cultural heritage. Clinical implications were discussed.

Keywords Traditional Chinese medicine (TCM) · Complementary and alternative medicine (CAM) · Social identity · Moral claims · Cultural heritage

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Introduction

A recent national survey found that 38.3% of the adult population in the United States has utilized some form of Complementary and Alternative Medicine (CAM) in the past 12 months [1]. The National Center for Complementary and Alternative Medicine defined CAM as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine" [2]. CAM is often incorporated as a part of individuals' medical pluralistic practice [3, 4]. Recent studies, however, have highlighted that there are significant differences between ethnic groups in (a) the types of CAM they incorporate in their health practice, and (b) how they utilize the specific types of CAM [5, 6]. For example, one study found that Hispanics use homeopathy and spiritual healings as substitutes to mainstream medicine (MSM); in contrast, African Americans use biofeedback and traditional medicine to substitute MSM but use acupuncture and massage to complement MSM [5]. In other words, the ethnic/cultural identities and health beliefs of a particular group may have significant impact on its CAM utilization [6–8].

Because (a) acculturation is a significant predictor of CAM utilization [9, 10] and (b) half of the Chinese immigrants arrived in the United States in the last 20 years [11], traditional Chinese medicine (TCM) often is an essential part in Chinese immigrants' management of health and illness [4, 8]. In fact, Chinese Americans were found to have the highest prevalence of CAM use among all Asian American subgroups [7]. Even though there are efforts to "modernize" TCM through the examination of Western science in recent years [12], TCM as a health practice originated in ancient China and dates back more than 5,000 years [13]. It includes the use of herbs,

acupuncture, and other methods (e.g., proper diet and exercise) aiming to maintain and promote the balance and harmony of the human body [13, 14]. Some forms of TCM can be considered folk remedies/practices (e.g., preparing herbal meals and practicing Qigong) that individuals learn from their social networks. Others, such as acupuncture and moxibustion, are generally performed by TCM providers [15]. Several researchers have argued that the use of TCM is influenced by cultural beliefs [16, 17]. Because elderly Chinese immigrants are more likely to be the first-generation immigrants (i.e., less acculturated) and hold stronger Chinese cultural beliefs, it is important for researchers to recognize their use of TCM as part of their health practice [18].

In addition, the management of health and illness is often a family-coordinated activity rather than an individual responsibility [19, 20]. For example, Chinese patients often rely on their social network (e.g., family and friends), as opposed to their providers, for health information and health-related decision-making [21, 22]. Because illness is a socially situated event that requires coordination between the patient and his/her support network [19, 23], it is important to remember that health-related behaviors are not only about the management of physical health but also individuals' identities, cultural values, moral beliefs, and other resources (e.g., social status and financial resources) [24].

Because Chinese culture values the interdependence between family members [25], elderly Chinese often live with their adult children and are the primary caretakers of their grandchildren [26, 27]. As a result, elderly Chinese immigrants' health practice and beliefs exert great influence on the whole family's health practice [28]. From this perspective, investigating elderly Chinese immigrants' health practice can have important clinical implications. In this study, we situate elderly Chinese immigrants' utilization of TCM in social contexts (e.g., family and networks). We adopt a qualitative approach, engaging in in-depth conversations with elderly Chinese immigrants regarding their health practice. Rather than simply identifying the general patterns of TCM practice, our objective is to explore how TCM is used as a tool, a resource, and a product of meaning-construction in their everyday lives.

Methods

Participants and Procedures

Twenty elderly Chinese immigrants (female = 12; male = 8) were recruited in a midwestern city in the United States. The majority of the participants were recruited from local churches, including churches formed by Chinese congregations and churches that offer services in Chinese. Churches were chosen as the recruitment sites because church activities are the primary social gathering for the elderly Chinese in the area. The local churches provide door-to-door shuttle services, allowing the elderly Chinese to leave their house without relying on their children for transportation. Others were recruited through word of mouth of recruited participants. Both authors are native speakers of Mandarin Chinese. All recruitment and informed consent procedures were conducted in the participants' native language (i.e., Mandarin Chinese). All participants provided written consent to participate in the study. The study was approved by the Institutional Review Board of the University of Oklahoma.

All participants are from China. The age range of the participants is 58–75 ($M = 64.65$, SD = 4.75). Their length of living in the United States ranges from 1 to 15 years ($M = 4.2$, SD = 4.72). One couple does not live with their children but has a sister and nieces living nearby. Three participants speak some English and have their own vehicles. Six participants have health insurance. Seventeen participants immigrated to the United States to reunite with their families.

The study adopts a qualitative design to explore the complexity of how elderly Chinese immigrants utilize TCM in constructing meanings in their everyday lives. The first author conducted one focus group (with 4 participants), 6 dyadic interviews with married couples, and 4 one-on-one interviews from January 2009 to March 2010. The initial plan was to conduct focus groups only (i.e., the focus group was the first attempt in data collection). However, we soon realized that it was necessary to change the interview format due to the participants' confined mobility and remote housing locations. Many of the potential participants rely on their children for transportation and others have illnesses that limit their mobility. Individuals who have expressed interests but were unable to attend the focus group were then invited to participate in dyadic or individual interviews. The recruitment ended when our grounded theory analysis indicated that data saturation has been reached.

All interviews utilize a standardized protocol (i.e., a semi-structured format with a primary set of questions), focusing on participants' experiences, understandings, and rationales for seeking out, accessing, and using TCM. The first author conducted all interviews in Mandarin Chinese, which lasted about 45–60 min. Table 1 provides a list of sample interview questions. Follow-up questions vary slightly across interviews, allowing the authors to encourage participants to elaborate and clarify their understanding of TCM practice. The first author also took field notes during the interview process. Following the sociological traditions of generating findings that are meaningful and

Table 1 Interview guides (selected questions)

Areas of inquiry	Interview questions
Overview	1. Can you tell me how you generally take care of your health?
	2. Can you tell me what TCM means to you?
Personal care	3. Is there any TCM practice that you do regularly? How about when you are sick?
	4. When you were in China, do you prefer TCM or western medicine when you are sick? Why?
	5. When you were in the United States, do you prefer TCM or western medicine when you are sick? Why?
Health care practices of the family	6. Do you children use TCM? Are they interested in TCM practice?
	7. Do you think your children feel the same way about TCM as you do? Why or why not?
Family communication	8. Does TCM ever become a conversational topic between you and other family members? What do you talk about? Why do you talk about those issues?
	9. Do you try to talk about TCM with your children or encourage them to use TCM? Why or why not?

representative of the participants' experiences, we solicited "inner views of respondents' lives as they portray their worlds, experiences, and observations" [29].

Because both authors moved to the United States from their native countries in their adulthood (i.e., the first author is from China and the second author is from Taiwan; both received their B.A. degrees in their home countries), they are able to relate to the participants' immigration experiences, cultural references, and acculturation processes. The authors' backgrounds allowed them to conduct and analyze the interviews in a way that is culturally sensitive and contextually complex. All the interviews were audio-recorded and were transcribed in Chinese within 2 weeks of the interviews. The transcripts and their corresponding field notes were then independently analyzed by the authors, and discussed in weekly meetings. All data were analyzed in Chinese. The second author, who received an M.A. degree in Chinese-English translation and interpretation, was responsible for translating the selected examples into English. Both authors then reviewed the translated texts to ensure that they were consistent, faithful, and accurate to the participants' narratives.

Data Analysis

We adopted grounded theory in generating themes and their correspondent properties [30, 31]. Grounded theory is essentially a constant comparative analysis, because it focuses on the interplay of data collection, analysis, and theory development [30]. Because grounded theory puts distinctive emphasis on theory development and participant's perspectives [30, 32], it provides us high internal validity in generating a comprehensive framework of the Chinese immigrants' understanding of TCM practice. By using NVivo 8 as data analysis software, we incorporated field notes and memos we generated during all stages of data collection and analysis into the process of constant comparative analysis, modifying the theoretical frame to highlight concepts of interest.

In the open coding stage, two major themes emerged consistently in all interviews: (a) participants' concerns for their culture and identities, and (b) their avoidance of being a burden to their families or friends. The authors then adopted focused coding, identifying all narratives that correspond to the above themes. During the process, we also reviewed the interview protocol to determine whether certain topics required further exploration and follow-up questions (e.g., member validation questions, such as asking interviewees about their opinions on certain comments and issues raised by prior participants). We modified our interview procedures as needed. Finally, we used axial coding to examine how TCM practice relates to the identified themes and what TCM practice means to the participants. At each coding stage, we independently coded the interview data for dominant themes and categories through procedures outlined by Charmaz [30]. We held weekly meetings to review our individual memos and the lists of themes together to check for inconsistencies or missing themes and develop a central set of categories. Throughout our analyses, we treated each data set (i.e., focus group, dyadic interviews, and individual interviews) separately. Because we did not find any substantive differences in the themes developed in different data sets, we merged the final themes together in the last stage of our analysis. After we finalized the themes, the first author selected coded examples to demonstrate these themes. In the following analysis, the participants are addressed with designated titles such as Aunt and Uncle, which reflect the cultural norm of paying respect to the elderly generation. Each elderly Chinese is identified with a pseudonym to ensure the confidentiality.

Results

We identified the set of meanings that are particular to elderly Chinese immigrants' use of TCM as a part of their health practice. Incorporating TCM in their health practice

allows them to: (a) perform and reaffirm their cultural identity as Chinese, (b) maintain their moral status and fulfill their social roles, and (c) pass down health knowledge and cultural heritage.

Performing and Reaffirming Cultural Identity

Many participants commented that using TCM was common in their everyday lives before they came to the United Sates. They equated using TCM to being Chinese. Uncle Lee explained, "As long as one is a Chinese, one believes in and uses traditional Chinese medicine." Our participants' identities are deeply intertwined with their culture, which is reflected in their understanding about and practices of health, food, language, family and communities. Uncle Chang used a food metaphor to explain why using TCM validates his identity:

> [Using TCM] is just like eating Chinese food. See, I have lived here for a while, I still eat rice. Last time, my son and daughter-in-law said to us, "Let's go eat pizza." I went. It was okay, but it did not make me feel as comfortable as our Chinese food. Something is missing. See, it is your culture. You can't change. Even your stomach could tell the differences.

Aunt Chao echoed, "Because you are still an Asian. It's in your blood. The food you eat, the medicine you take; they are all part of you." These comments demonstrated that TCM utilization is a direct reflection of their cultural identity as Chinese.

Some participants also emphasized that they could not remove this health practice from their everyday lives even when they have become more acculturated in other aspects of the host society. They took pride in the culture and insisted on keeping it going. Aunt Wong explained, "Traditional Chinese Medicine is the great cultural heritage from our ancestors for thousands of years." Uncle Chen continued,

> Traditional Chinese medicine is based on thousands of years of trials and errors. It has continued to influence us even in today's world. It is well known in the world. Just like Chinese martial arts, it is famous in the world. Right? For our generation, it is very much part of us.

Aunt Chao also shared her personal observation about other ethnic cultural groups living in the United States, "It doesn't matter where you are from. Indians, Vietnamese, or Mexicans, they all carried their own cultural practices to the United States. That's part of their life." Uncle Chen emphasized, "These are accumulated cultural essence passed down from our ancestors. How could we forget them?" These narratives highlight how TCM practice is intertwined with the participant's sense of cultural identity. TCM is a resource for them to perform their cultural identity; at the same time, their identity as Chinese is validated through their practice of TCM.

Maintaining Moral Status and Fulfilling Social Roles

I Do Not Want to Be a Burden, But a Helper

Although some of our participants depend on their adult children for financial support after moving to the United States, they are not passive care recipients. Our participants assume a high level of caretaking responsibility in the lives of their adult children and grandchildren (e.g., cooking for the family and taking care of their grandchildren), a finding supported by other studies [26, 27]. They actively provide care for the family as a way to reciprocate. In fact, several participants came to reunite with their children with the goal to support their adult children in their pursued educations or careers.

Our participants often viewed themselves as caregivers for the whole family and as primary caretakers for the grandchildren. They worked hard to assume these roles. To them, the meaning of life in this foreign land is based on what they can do for others: their families in particular, rather than for themselves. For example, Aunt Yao commented, "We are here because our kid needs our help. All you do is to help. Otherwise, why are you here?"

Illness or any physical problems may prohibit them from performing the responsibilities in caring for the family. When asked about how they usually deal with illness, most participants noted that TCM is their first choice, a finding supported by a recent study [5]. Aunt Fu explained, "[When I am sick,] I take Traditional Chinese Medicine first. If it does not work, I will try Western medicine." Aunt Low agreed, "I always choose traditional Chinese medicine." These comments do not overshadow the fact that elderly Chinese immigrants often have combined use of TCM and Western medicine [33]. However, what is interesting is that our participants unanimously made some moral claims when asked why they didn't seek help from Western medicine first. Uncle Lee and his wife explained,

> Our daughter is so caring. This is our tradition. We know there is no doubt that she would accompany us to see a doctor. This comforts us a lot. However, we don't want to give her the extra burden. She is very busy and struggles to get her things done. From our perspective, we don't want her to worry about us. We are here to offer help and comfort to her.

Not burdening others with additional worries or tasks is essential. Asking their daughter for help with medical visits is problematic and makes them feel guilty. After all, these

behaviors contradict their role as caregiver and/or caretaker. Their illness not only interferes with their caregiving role but also interrupts their daughter's work. The moral claim of not burdening others may even require the participants to silence their suffering. Aunt Su and her husband talked about avoiding bothering their nieces for medical help. The couple explained,

> Wife: For some minor illnesses or symptoms I have for a long time, I almost never visit a doctor. I just rely on some herbal medicine.
>
> Husband: It is not right to always ask them for help. You actually bring trouble to them.
>
> Wife: I have fallen six times at home; and I did not go to any hospital or clinic.

Aunt Wong emphasized this moral claim and concluded, "[Somebody says,] I am old; I have to depend on my children. They should do this and that for me. That's wrong." The reason that such behaviors are "wrong" is not because elderly Chinese should not ask for family support, but that such behaviors conflict with their desired social roles within the family structure (i.e., they should be the caregivers for the family and the primary caretakers for the grandchildren) in the United States.

These moral claims reflect the concerns and implied suffering of our participants: being a burden to their family is unacceptable even when they need medical attention. To our participants, their value and meanings of life are now defined by how much they can contribute to the family. This is a moral claim that they strive to perform everyday through their strategic use of TCM. The availability and utilization of TCM allow them to avoid requesting family assistance in seeking Western medical care. In other words, using TCM is the means to alleviate their moral concerns and assist their role performance, which also explains why most of our participants prioritize TCM over Western medicine in their health practice.

I Need to Keep Up with My Work

Four of our participants hold a job outside of the family. Aunt Wu and her husband own a restaurant business; Aunt Ma works in a food catering service; and Aunt Ping is a staff member in the housing service in a local university. Unlike our other participants, they are more proficient in English and are highly mobile, as part of the requirements in meeting their job responsibilities. In addition, they all have health insurance. As a result, one may expect them to be more acculturated into the host society and health care system and thus, less likely to rely on TCM. However, these participants still prioritize TCM over Western health services. When asked how often they would seek help from a Western doctor, Aunt Wu explained, "[I always have health insurance.] Still I seldom visit a doctor. Last time I went was a visit to the emergency room because my heart started beating so fast and I almost passed out." Aunt Ma noted,

> I am lucky. I don't have a lot of [health] problems. I rarely visit a doctor. One time, I tried different stuff for my skin problem but nothing worked. My daughter said the symptom might be caused by some type of bug since I mowed the lawn a few days ago. Then I went to see an American doctor. He gave me some ointment to apply to my skin. The problem finally went away.

In short, for these participants, they do not necessarily view Western medical services as part of their regular care. Instead, Western medical services were used for acute symptoms and/or life-threatening situations. TCM remains their first line of defense. For Aunt Ma, *different stuff* includes various forms of TCM (e.g., herbal medicine). Aunt Ping who suffered from a chronic back pain also responded, "I certainly go for my annual physical check. Other than that, it has to be a life-threatening issue. My back problem, I know it quite well. I know how to deal with it."

For these participants, TCM provides them the tools to meet the challenges of everyday life, not to be slowed down or inconvenienced by minor physical discomfort. TCM is the additional arsenal they have in their medical options that can supplement and/or complement Western biomedical systems. It provides them the ability to keep or keep up with their jobs when the illness occurs. Aunt Ping, who lives with her college student daughter and works to support the whole family explained,

> Because I have severe pain in my back, my family physician prescribed me some painkiller. I was supposed to take one pill each day. On the first day, I felt so dizzy and sleepy. […] Several days in a row, I could not keep up with my work. […] Finally, I stopped taking the medicine. Then my head suddenly cleared up and I could work better.

When asked how she managed her back pain without taking the pill, she answered, "I switched the pill to herbal patches." Similar to the participants who adopt TCM to maintain their moral status and fulfill their role in the family, Aunt Ping uses TCM to preserve her moral status as a competent worker and to confirm her value in both work place and home. The concern for preserving her status became more salient when Aunt Ping struggles with job security and physical suffering. She explained,

> My back problem is getting worse lately. I have visited the family physician several times. The injection treatment he gave me didn't stop my pain at all. Finally, he suggested getting a surgery. If I get the surgery done, I need to rest for at least six months for recovery. I can only have three-month leave from my work. I can't afford this. I might lose my job by taking half a year off.

TCM provides the participants additional resources as they cope with challenges in everyday life. In order to perform successfully at work, the participants used TCM to defer or avoid required medication or procedures. In our study, the working participants all sought help from TCM to assist them in preserving their moral status as productive workers. Even the couple who own a restaurant business expressed this concern about their moral status. Aunt Wu noted,

> See, you have your own business and you have to work harder and work more to keep it going. I try to take good care of myself. For common illness, I just use traditional Chinese medicine. Here in the United States, seeing a doctor is not that convenient. It is time consuming. I couldn't just leave everything here to my husband. He is busy in the kitchen all the time. You are tied up with this business and you have to be here all the time.

Aunt Wu's feels bad making her husband assume additional work when she takes time off for a medical appointment. Her concerns are not limited to her personal distress but also others' suffering when she seeks medical attention. As a result, TCM becomes her primary health care choice to maintain her moral commitment to work and to her family.

Passing Down Health Knowledge and Cultural Heritage

Many participants commented that they purposefully mention TCM to educate their children about the topic during their routine family interactions. They actively offer health advice and consultation to their children or grandchildren when they encounter any symptom or illness. Aunt Wu lives with her daughter's family and is the primary caretaker for two grandsons. She explained,

> Justin, my eldest grandson, always gets a cold and a fever. I told my daughter to give him Chinese cold medicine. She didn't listen. Then I just gave him by myself. My daughter was not happy. He took it for some time, then he rarely got sick from having a cold. I told my daughter that she needed to trust the experience [from TCM]. Mom knows it because I learned and tried it.

Aunt Ping echoed,

> My daughter would try different things suggested by her doctor. If she realizes that they do not work, she usually comes to me. Then I tell her to try this and that. But at the very beginning, she doesn't listen to my advice at all.

Our participants expressed concerns about their children moving away from their cultural roots, losing interests in maintaining TCM practice. Aunt Fu commented, "Young people today do not have a good understanding of our Chinese medicine. To them, Chinese medicine is a myth. They do not want to spend time learning it." Aunt Low explained, "I brought two books [from China] about traditional Chinese medicine for my son. He said to me that he was not interested and the concepts are hard to understand." Aunt Wong echoed,

> Many young people think that Western medicine is easier to understand and they tend to accept it more than traditional Chinese medicine. This is because of the Western education they received. They think that Western medicine is scientific and Chinese medicine is not. Believing in science is not wrong, but they also have to believe in the experience and effect of Chinese medicine.

In response, our participants incorporate TCM ingredients and ideology in their everyday lives as they prepare food for the family and engage in conversations about health and illness. Because many common Chinese dishes include specific TCM ingredients or are based on TCM's ideology of health and illness [34], our participants often talked about their diet as part of their TCM practice. Aunt Wong commented, "[In addition to taking medicine,] there are also food therapies. Just put some herbs into cooking; and it will benefit your health." Aunt Yao explained, "You can put Chinese medicinal herbs in your cooking, it's called Yao Shan [literally: "medicated dishes"]. Our body needs adjustment with food. When I make chicken stew, I just put some Chinese herbs, such as ginseng and gouqi." Aunt Su echoed,

> Food therapy is very popular these days. Even restaurants offer those dishes. They often include Chinese medicinal herbs and they are good for the body. For example, red dates are good for Qi and gouqi is good your liver and kidneys. […]For some herbs, such as ginseng, you cannot just take them in large quantity or individually. Some of them are too strong and you could not handle it. It's better to mix them with food.

Food preparation serves as opportunities for our participants to pass on their health knowledge, allowing their

children to connect with their cultural roots. The implicit socialization process allows their children to appreciate and value both TCM and Chinese culture in general. Many participants claimed that their children have taken up the practice. Aunt Wu noted, "By now, my daughter has learned what to put in her cooking. For example, she always tries to cook a nutritious meal by adding herbs for my grandson." Aunt Chao proudly commented, "Even my son likes that. He could name the functions of the herbs I put in the food." In addition, as the adult children become more culturally educated about TCM, they can pass down such knowledge to future generations. Aunt Wu noted, "Now, my daughter even gets on the internet to check out some other traditional Chinese medicine on her own." Aunt Su explained, "My niece has been watching me using Chinese medicine all the time. She knows what to eat and how to cook during different seasons to maintain health." Incorporating TCM practice in their everyday lives and social responsibilities allow our participants to provide implicit cultural education with minimal interferences or disruption to their adult children's life in the United States.

Discussion

Our study examines elderly Chinese immigrants' experiences and practice of TCM in social contexts, exploring how TCM is used as a tool, a resource, and a product of meaning-construction in their everyday lives. The use of TCM is more than the simple management of health and illness for elderly Chinese immigrants.

TCM serves as a resource for them to claim their cultural identity; at the same time, TCM practice is the product of such performances. The Chinese cultural identity becomes a salient topic with heightened awareness in our participants' everyday life because they are in a foreign country and a different health care system. They experience a sense of loss in this new land (e.g., their children may not share the same cultural values with them). For the first time in their lives, such an identity is threatened or challenged due to a lack of English proficiency, unfamiliarity with the new environment, and limited access to health care. Being a Chinese is no longer a taken-for-granted fact but an identity that needs to be claimed and performed [35]. Because TCM always has been a part of their lives, continuing the practice of TCM in their management of health and illness allows them to perform and affirm their identity.

Incorporating TCM in their everyday lives allows our participants to fulfill desired social roles within their social network. For our participants, their use of TCM is not necessarily tied to their level of acculturation or status of health insurance. TCM is essential to their ability to seek medical care with minimal interruptions to their valued responsibilities. TCM provides them the tools to cope with challenges faced in everyday life, allowing them to claim the moral status of being productive individuals that contribute to complex interpersonal/family networks.

Finally, TCM practice provides our participants the vehicle to educate their children about health knowledge and values that are deeply intertwined with the Chinese way of life. TCM as part of Chinese cultural heritage has been kept alive for thousands of years through its seamless infusion with Chinese people's everyday lives. Yangsheng (養生, literally: "nurturing life"), a fundamental concept in TCM, highlights the importance of maintaining a harmonious balance in everyday life [34, 36]. The balance can be achieved through a proper diet [34]. TCM provides the foundation of what it means to live healthy as a Chinese. Our participants applied the TCM practice and ideology to the overall family care, which is manifested through their food preparation, routine family conversation, and health consultation with their children. TCM allows them to pass on cultural-specific health knowledge, practices, and values through socialization and rituals within the family. Our participants viewed TCM as valuable resources for their children to connect with their cultural roots. TCM practice allows our participants to keep their culture alive across generations in a foreign land.

The findings of the study also have important clinical implications for providers who work with specific ethnic groups and older patients. The literature on CAM has demonstrated that individuals often strategically utilize a mixture of Western biomedical treatments and other alternative treatments [37, 38]. However, providers need to be cautious about the patients' CAM practice. For example, Ginkgo, a common TCM ingredient in Chinese dishes, may increase the risk of bleeding during and after the surgery [39, 40]. Some popular folk remedies in Hmong, Saudi Arabian, and Chinese cultures can cause lead poisoning [41]. For surgical patients, their CAM practice may interfere with coagulation, affect their blood pressure, or increase the sedating effects of their anesthetics [42, 43]. In short, cultural sensitivity should not be a blind acceptance of the patients' health-related practice [44, 45].

As providers are urged to discuss CAM practice with their patients, they need to recognize that the primary concerns from their patients are not necessarily on the effectiveness or safety of the medical treatments, but on preserving their cultural identity, desired moral status, and cultural heritage. TCM allows them to claim personal power and fundamental self-efficacy and respect in this foreign land. From this perspective, a blanket rejection to CAM (due to concerns about potential complication) is not only culturally insensitive but also likely to discourage patients from disclosing their actual CAM practice.

Culturally sensitive care should be accomplished through open, respectful, and empathic conversations about the specifics of CAM practice (e.g., when and what types of CAM are used) and their potential consequences (e.g., therapeutic and social concerns). For example, by discussing about potential complications that may be caused by the additive effects of herbal medicine in Chinese dishes, providers can demonstrate their cultural sensitivity without compromising the quality of their care. By recognizing that elderly Chinese immigrants' TCM practice can be motivated by the patients' desire to avoid burdening their family members, providers can discuss how a delayed consultation in Western health services often resulted in increased number of complications and additional financial burden to the family.

Limitation

Because the current study examines the social meanings of TCM for elderly Chinese living in the United States, it is possible younger Chinese living in the United States or elderly Chinese living in their native countries do not attribute the same meanings to TCM. In addition, the unique social norms and interpersonal dynamics in Chinese families are essential to our participants' understanding and utilization of TCM. Other ethnic/cultural groups may not attribute the same social meanings to their CAM practice.

Conclusion

For the elderly Chinese immigrants in our study, TCM is not only a resource for illness management. They actively and strategically use TCM to accomplish their social goals and identity claims. Culturally sensitive care requires both providers and patients to openly discuss the specifics of the CAM practice, acknowledge the patients' social objectives, and explore potential concerns and consequences of such health behaviors

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