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**Chinese American Young Adults' Attitude and Behavior  
with Regard to Traditional Chinese Medicine**

by

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requirements for the degree of

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in the

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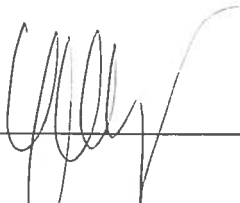
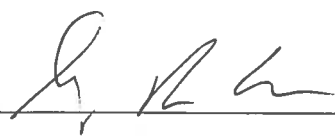
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## **Abstract**

This qualitative study examined the attitudes and behaviors of young adult Chinese Americans with regard to the use of Traditional Chinese Medicine (TCM). The increasing popularity of TCM treatments parallels the rise of alternative or complementary medicines in the United States. TCM is comprised of a set of principles and treatment modalities such as Chinese herbs, acupuncture, and Qi Gong that is distinct from Western or allopathic medicine. Understanding how young Chinese American adults think of and use TCM as an element of their health care practices is important in the provision of health care services to this group.

Nine Chinese American men and women living in the Bay Area were interviewed. Participants were recruited using a snowball sampling technique. All were young adults, professional or pre-professionals living in the San Francisco Bay Area. An interview guide was used during the semi-structured interviews with additional topics added as new categories emerged from ongoing analysis of preceding interviews. The transcripts were coded and analyzed using grounded theory.

Three of the nine participants were current users of Traditional Chinese Medicine. In general, they found TCM was credible because of its long tradition, being more natural and sustainable by the body over the long-term than Western medicine, and effective in achieving and maintaining balance in the body. The various ways in which they used TCM also reflected how their integration of TCM and Western medicine in their lives. In contrast, the 67% of participants who did not use TCM had negative experiences or mistrust of TCM, lacked access and knowledge about TCM, and preferred the convenience and speed of using Western medicine. TCM users were more likely to have

parents who were active users of TCM themselves and taught them its usefulness early on. In addition, TCM users were more likely to have a holistic attitude towards their health.

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## Chapter I. Introduction

Although Traditional Chinese Medicine (TCM) has its origins thousands of years ago in China, it has captured the imagination of many in the West, physicians and patients alike. A landmark study found that 34% of respondents in a national survey had tried some form of unconventional therapy within the past year (Eisenberg, 1993). Among the key findings are that the level of use of unconventional therapy is higher than previously known, and that 72% of the respondents who used unconventional therapy did not tell their medical doctors about their usage. This served as a wakeup call for the medical establishment to recognize the growing demand for complementary types of healthcare of which TCM is one kind, and to recognize the possibility that patients are using non-Western types of treatment without their physicians' knowledge. The Eisenberg study made contributions to understanding behavior surrounding unconventional medicine at a national level, noting that the highest use was found among non-black persons aged 25-49 with higher than average education and incomes. However, the majority of respondents were white (82%) with only a small number of Asian respondents (1%).

These studies are less useful in examining TCM in the cultural context of Chinese Americans. Oubre (1995) in her article "Social Context of Complementary Medicine in Western Society" reviews the role of medical anthropologists to investigate alternative medicine in its given context relative to Western biomedical medicine with the same rigors that they have historically applied to non-Western ethnomedicine. She also cautions against viewing complementary medicine as a homogenous set of modalities



devoid of cultural context, and that “American alternative medicine, like other systems of ethnomedicine, can be understood only in relation to the cultural ideology in which the medical system is used as well as the wider political sphere in which it occurs” (Oubre, 1995). In fact, usage of TCM among the mainstream may carry with it significantly different attitudes and behavior from the usage of TCM by Chinese immigrants and others who place TCM in some original cultural context.

This study does not attempt to quantify TCM use but to examine individual patterns of TCM use and their beliefs. The literature on TCM does contain significant study of TCM among Chinese immigrants, with the focus on helping practitioners more effectively serve the immigrant patient population. The focus has therefore been on immigrants, and on a generally low-income, low-education demographic.

This study seeks to contribute to the literature on TCM in several distinct ways. First, it focuses on a relatively understudied age group of Chinese Americans 20-30 years old, a demographic group that has heretofore been overlooked in studies on mainstream usage of TCM and in studies focused on Chinese immigrants. It introduces to practitioners the various attitudes and behaviors that this group can have toward TCM. Second, by exploring a group with dual cultural identities – both Chinese and American – it seeks to provide a sense of how TCM cannot simply be defined as alternative methods of treatment for them, nor quantified as a practice or commodity to be purchased in a plural health care system. *Rather, their attitudes towards and use of TCM have meanings embedded in their healthcare beliefs that are not to be simplified -- and that the “authentic” use of TCM carries with it various philosophical and cultural beliefs.* The purpose of this study is to identify and explore the rationales and motivations behind this

particular group's approach to TCM and its relationship to their understanding of Western medicine.

This study is significant in that the practice of TCM here in the United States is not a simple transfer of ideas from Chinese culture into American culture. This thesis attempts to address the specific cultural context of Chinese Americans in analyzing their attitudes and behavior towards Traditional Chinese Medicine. By examining young Bay Area second generation Chinese Americans, we can gain a better sense of how their attitudes towards TCM influence their healthcare practices. The context of TCM is better understood from the perspectives of Chinese Americans who, in addition to negotiating their own identities, have to form their attitudes towards their own health. For some, health maintenance and the treatment for certain illnesses involve the use of TCM, and this study attempts to explore the explanatory model (EM) behind the use or nonuse of TCM by a small subgroup of Chinese Americans (Kleinman, 1980). An explanatory model is a set of individual beliefs surrounding, the origins, symptoms, pathophysiology, and treatment for an illness. EMs can help us understand the ethnomedical beliefs, attitudes and behaviors of individuals and their respective communities (Oubre, 1995). This is significant for Chinese American young adults, whose attitudes and behaviors towards TCM can represent an expression of their ethnic identity and reveal aspects of the cultural constructs of illness and health.

## Chapter II. TCM and Western Medicine

Although a complete exposition of Traditional Chinese Medicine and its principles is neither possible nor intended here, an introduction to its major principles is given in this section. This will serve as a reference for understanding the beliefs and practices of Chinese Americans today. The practice of TCM is grounded in a significantly different context from Western biomedical approaches. TCM is oriented toward the maintenance of balance within the body and between the body and the environment. Fundamental philosophical and metaphysical beliefs, such as Yin and Yang, shape the understanding of bodily processes. Secondly, the conception of the body is not focused on physiology and anatomy as with Western medicine, but with the understanding of bodily elements, and organs, which work in concert to maintain balance and harmony. Diagnosis of problems is expressed in terms of elements, such as Qi, Blood, Jing, and Shen, the various Channels or Meridians, and the organs of the body. This section outlines these principles.

As a result of this broader and more holistic approach to health and health problems, treatment modalities are much broader and go far beyond biomedical approaches. Thus, this chapter also discusses various modalities, such as herbs, food as medicine, hot and cold foods, acupuncture, Qi Gong, and meditation. This chapter concludes with a discussion of the differences between TCM and Western medicine. By exploring the differences, we can better understand how Chinese-Americans who practice TCM put each in context of a unified health program and how they can generally be seen to work “hand in hand.”

## **a. Principles of TCM**

### *Yin and Yang*

The traditions upon which Chinese medicine are based on the theory of Yin and Yang, an important part of Taoist philosophy. Both Taoism and Confucianism have had great influence on the development of TCM. The theory behind Yin and Yang is that natural phenomena tend to occur in pairs with opposing characteristics, such as “heaven and earth, sun and moon, night and day, winter and summer, male and female, up and down, inside and outside, movement and stasis” (Wiseman and Ellis, 1995, p. 15). Yin and Yang each have certain associations. Yin is considered earthly, night, internal, cold, while Yang is heavenly, day, external and hot. There are five basic principles of Yin-Yang theory (Wiseman and Ellis, 1996). First, all phenomena can be categorized into Yin and Yang. Second, Yin and Yang themselves can be divided into Yin and Yang aspects relative to each other. For example, while hot is considered Yang in contrast to cold, it can be divided further into Yin (warm) and Yang (very hot) aspects. These divisions can continue into Yin and Yang aspects of either (e.g., very hot or boiling hot).

Third, Yin and Yang are mutually dependent upon each other for existence. One cannot exist without the other and indeed create each other since one cannot exist in a vacuum. As opposites, Yin and Yang exist relative to one another.

Fourth, Yin and Yang counterbalance and control one another. A deficiency, or vacuity, in one can cause a relative increase in the other’s effect, while an excess of one causes a relative deficiency in the other in balancing the effects. This has implications for the type of treatment that may be recommended to counteract the effect of either a

deficiency or excess in either Yin or Yang. The deficit or surfeit of one is different from the normal mutable relationship between Yin and Yang in which they are interconnected and in flux with one another. In a way, one controls the other and checks its influence.

The fifth principle is that Yin and Yang are interconvertible. In TCM, this can be seen in pathology where Yang patterns can give way to Yin patterns. Elements characterized as Yang could have resulted from Yin conditions, or alternatively lead to a Yin condition (Wiseman and Ellis, 1995). As a result, TCM has less focus on cause and effect, and more focus on maintaining balance.

Kaptchuk (1983) captures the essential difference between the Chinese way of thinking and that of the Western approach, characterizing the Chinese view of the universe as “a web of interrelated things and events.” Phenomena is primarily explained in the context of their relationship to the whole and defined in relationship to other phenomena. He explains, “for the Chinese, that web has no weaver, no creator; in the West the final concern is always the creator or cause and the phenomenon is merely its reflection” (Kaptchuk, 1983). Consequently, the isolation of a disease process as separate to the body is an alien concept to the way of thinking of the TCM practitioner.

#### *Qi, Blood, Jing, Shen, Fluids*

The Chinese view the body as comprising of the following important elements or substances: Qi, blood, essence (Jing), Shen, and Fluids. Qi is commonly translated as vital energy, but is better conceptually framed as “matter on the verge of becoming energy, or energy at the point of materializing” (Kaptchuk, 1983). Qi is considered a Yang Substance, while a deficiency in Qi is considered a Yin condition. There are

several types of Qi, and the Qi that is in the body is generally referred to as Normal or Upright Qi (Zheng-Qi) or as True Qi (Zhen-Qi) (Kaptchuk, 1983, p.26). The most basic form of Qi is “original Qi, or Yuán Qì” which is formed from three sources: essential Qi or prenatal Qi of the kidney, nutritional Qi, and great Qi from the air which we breath (Wiseman and Ellis, 1996, p.17). There are different forms of original Qi as well as different functions.

Pathology involving Qi can be expressed as Qi vacuity or Qi stagnation. For example, Qi vacuity of the spleen-stomach organs results in poor appetite and indigestion. Qi stagnation can lead to “local pain, distention, feelings of oppression, or distending pain of fluctuating intensity and unfixed location” (Wiseman and Ellis, 1995, p.21). Thus the impairment of the normal flow of Qi can have manifestations of disease and illness as well.

Blood in Chinese medicine is considered a Yin substance that is derived from the transformation of food and nutrients by the Stomach, Spleen and Lungs. It flows through the Blood Vessels as well as the channels called Meridians – lacking precise anatomical correlation to blood in Western medicine.

Blood and Qi are intertwined in the normal functioning of the body. Qi enables the Blood to circulate within the body. Blood, on the other hand, feeds the organs that create and maintain Qi. This relationship exemplifies the principles of Yin (Blood) and Yang (Qi) (Kaptchuk, 1983). The main pathological disturbances of Blood are 1) blood vacuity or deficiency (as in great blood loss or decreased production), 2) blood stasis or stagnation (such as in internal hemorrhage and contusion, or painful swelling), and 3) blood heat (as in a fever resulting from a heat toxin in the bloodstream).

According to the *Elementary Questions*, the first book of the *Inner Canon of the Yellow Emperor*, “Essence is the basis of the body.” Essence, or Jing, is the underlying substance that maintains life, and can be divided into acquired essence, congenital essence and reproductive essence stored in the kidneys. Acquired essence is like the nutritional Qi that sustains life while congenital essence is that which is derived from one’s parents during conception (Kaptchuk, 1983). The quality and quantity of the Jing in one’s body govern the growth and development of the body, along with its reproductive functions. For example, lack of Jing can lead to infertility.

Fluids refer to the various liquids produced or secreted in the body such as saliva, sweat, urine, gastric juices, etc. and that are used to moisten, regulate, and nourish the body’s organs. Fluids, a Yin substance, are controlled by the kidneys and can also experience disorders as well that may involve excess urination or other processes that can deplete fluids such as vomiting or diarrhea. Conversely, excess fluids can also lead to disorders (e.g. edema, fluid in the lungs).

Another Element called Shen, which can be translated as Spirit, is considered to be a Substance that denotes human consciousness. “If Jing is the source of life, and Qi the ability to activate and move, then Shen is the vitality behind Jing and Qi in the human body” (Kaptchuk, 1983, p.45). In summary, these three fluids play a major role in maintaining the body’s internal balance. An disruption in any one of these fluids can lead to pathology and illness.

### *Organs*

The Organs of the body are divided into bowels and viscera in accordance with the visceral manifestation theory as presented in TCM. The six bowels are the stomach, small intestine, large intestine, bladder, gallbladder, and the Triple Burner (the various organs that regulate water, such as the lungs, spleen, and kidney). The extraordinary organs and the bowels are subordinate to the viscera (Kaptchuk, 1983). To understand Chinese Medicine one must not try to place the Chinese system into Western beliefs, but follow its own internal logic and conceptualizations. The description of the Organ system in Chinese Medicine is not an anatomical enumeration of physical location in the body as often done in the Western tradition, but rather a description of the functional relationships between organs. The five Yin Organs (Wu-Zang) refer to the Heart, Lungs, Spleen, Liver, Kidneys, and sometimes an additional sixth Yin Organ, the Pericardium is included. The Yin Organs deal mainly with all aspects of the Fundamental Substances (Qi, Blood, Jing, Shen, Fluids) while the six Yang Organs (Gall Bladder, Stomach, Small Intestine, Large Intestine, Bladder, and Triple Burner) deal with breakdown and absorption of nutrients and movement and excretion of waste byproducts.

In the translation of the medical textbook, the visceral manifestation theory emphasizes the relationship of each of the organs to one another. Here, a holistic approach is emphasized, for rather than considering each organ as a literal and anatomical dissection of its existence in the body, TCM attempts to understand the organ as a concept with a function in a network of relationships with each other.

Taking the spleen and stomach as an example, visceral manifestation theory states that the spleen governs movement and transformation, while



the stomach governs intake. Also, spleen Qi governs upbearing while stomach Qi governs downbearing. Here, emphasis is given to the spleen's governing of movement and transformation and to the stomach's governing of intake as two mutually indispensable facets of the digestion process and to upbearing and downbearing as mutually counterbalancing and complementary movements (Wiseman and Ellis, 1996, p.51).

This holistic approach extends to the mind-body connection, according to TCM. An individual's mental or emotional state may cause or influence that person's physical health, which in turn can affect the mental or emotional condition. The search for these connections leads to prescribed action that may seem very distant to the local disease phenomena (e.g. meditation as a prescription for intestinal upset).

The bowels and viscera are interconnecting through a network of meridians or channels. The bowels, considered Yang and exterior organs, have their counterparts in the viscera, which are Yin and interior organs. The following chart shows how the Yin and Yang Organs are coupled (Kapchuk, 1983, p.66):

<i>Yin Organ</i>	<i>Yang Organ</i>
Heart	Small Intestine
Lungs	Large Intestine
Spleen	Stomach
Liver	Gall Bladder
Kidneys	Bladder
(Pericardium)	Triple Burner

The Yin organs are comprised of the heart, the pericardium, the Lungs, Spleen, Liver, and Kidneys. The Yin organs are innermost, and deal with the Fundamental Substances. Yang organs are the stomach, small intestine, large intestine, gall bladder, bladder, and the Triple Burner. According to the Magic Pivot, "The heart is great

governor of the five viscera and the six bowels and is the abode of the spirit” (Wiseman and Ellis, 1996, p.52).

### *The Channels or Meridians*

The meridians are the channels and network vessels in the body that carry the Fundamental substances of Qi, blood and fluids. They serve as paths for the flow of Yin and Yang throughout the body, and although they have some anatomic correlation they do not have a physical manifestation in the body – invisible to dissection, but clearly present in the clinical response of patients, for example through the stimulation of these channels during acupuncture. There are twelve regular channels that are the main carriers for Qi and blood, and correspond to the five Yin and six Yang organs as well as the Pericardium (considered neither Yin nor Yang in the meridian system). Of the eight extraordinary channels-- called upon when there is an overflow or excess of Qi or blood – only two the Governing Vessel and the Conception Vessel are considered major meridians.

The Meridians or channel system is vital to the Chinese physician’s path towards treatment – either acupuncture or herbal formulas that the physician prescribes will act through one or more of these channels to restore balance to the body. Because the channels are intimately related to the various Organs they connect and the Qi or it carries, the understanding of pathology in Chinese Medicine must necessarily include an understanding of channel theory. The resulting pathology comes in the forms of certain patterns of disharmony and thus has distinct symptoms that are related to one another through channels.

Using this knowledge, acupuncture and herbology are two methods in which TCM treats the imbalance of the body. Moxibustion is another type of treatment involving the application of heat through the burning of substances over points along the channels. According to Kaptchuk (1983), “The goal of all treatment methods in Chinese medicine is to rebalance those aspects of the body’s Yin and Yang whose harmonious proportion and movement have become disoriented” (p. 79). Since acupuncture involves an exterior to interior intervention it is considered a Yang treatment. The process of needling involves the introduction of very fine needles into various acupuncture points along corresponding channels. Diagnosis involves looking, listening, questioning and feeling the pulse, including an inspection of the tongue.

#### **b. TCM Treatment Modalities**

##### *Chinese Herbs*

The study and application of herbs for therapeutic use has existed in China for thousands of years. Like foods, herbs have different tastes such as sour, bitter, sweet, spicy, salty, bland, and astringent. Different herbs have distinct attributes based on their nature, and likewise associated with either Yang (spicy, sweet, bland) or Yin (sour, astringent, bitter, and salty) qualities that affect the body and counteract imbalances. For example, spicy herbs like ginger are believed to “disperse, circulate Qi, and vitalize blood” (Gao, 1997, p. 65). The functional site of the herbs is believed to enter the body through certain meridians such as Stomach or Liver.

Herbs, originating from hundreds of plants, can be processed in a variety of ways to purify quality, concentrate therapeutic effects, decrease toxicity, improve taste, prolong storage, and change nature and orientation of herbs for different therapeutic objectives (Gao, 1997). In Traditional Chinese Medicine there are numerous decoctions prepared by expert herbalists will be boiled and distilled for their therapeutic purpose to treat a variety of diseases. Other forms of preparations include teas, powders, tablets, pastes, salves, creams, and injections. These prescriptions are for a variety of complaints and purposes, such as “Clearing Away Heat”, “Tonic Effect”, or “Regulating Qi” (Ou and Li, 1993). Chinese herbalists give careful consideration to the balance of herbs in a formula to achieve the intended objective of correcting an imbalance.

#### *Food as Medicine*

Since many TCM practitioners view herbs and food as coming from the same natural source it is no surprise that food also has healing properties that gives it a special place in Chinese culture. The use of functional foods is an important part of TCM and has been historically documented as early as 1000 B.C. in China and often cited in subsequent texts (Weng and Chen, 1996). The idea that food is medicine is an integral part of TCM and how foods are considered to have certain properties: Cool/Cold, Warm/Hot, and Neutral/Plain. In principle, food can be used to restore the body's balance of Yin and Yang, Qi or Blood and to maintain normal physiological function of the organs. Conversely “too much raw food can strain the Yang aspect of the Spleen and generate Internal Cold Dampness resulting in such signs as abdominal pain, diarrhea, or

weakness [while] fatty and greasy foods, alcohol, or sweets can produce Dampness and Heat” (Kaptchuk, 1983, p. 132).

Certain foods have Cool or Cold properties, like barley, winter melon, apple, crab, seaweed, chrysanthemum flower, cucumber, pear, green tea, tomato, and lettuce (Weng and Chen, 1996). Examples of foods with Warm/Hot properties include onion, garlic, chestnut, pepper, mutton, wine, coffee, deer meat, ginger and chicken. Rice, wheat, carrot, potato, soybean, pork, lemon and honey are examples of plain or neutral foods. Foods also have attributes of the five flavors: sour, bitter, spicy, salty, and sweet, which have various actions or functions on organs in the body. For example, ginger and onion are used to for colds because their pungent or spicy quality helps dispel heat from the body. The concept of Channel Tropism (Gui-Jin), in which certain foods aid the function of their corresponding organs also depends upon the taste of certain foods (Weng and Chen, 1996). There are many forms in which the functional foods are served, including distillations in liquid or powder form, fresh juice, beverages like tea, soups, dew, fermented wines, vinegar, honey extracts, congee, preserved or candied foods, salted, grain products, and dishes (Weng and Chen, 1996). As mentioned, the function of healing or functional foods have a variety of purposes including anti-aging properties, enhance skin appearance, control of body weight, treat hypertension and diabetes.

For example, from the Chinese perspective essential hypertension may be caused by either 1) Flaring-up of the Liver-Fire, 2) Hyperactivity of Yang due to Yin Deficiency, or 3) Deficiency of both Liver Yin and Kidney Yin (Gao, 1997). Celery is a cool food that calms the liver and clears away heat, and can be served in the form of soup, juice or gruel to treat this disease. Another food treatment that would help hypertension due to

flaring up of Liver-Fire or Liver Yin Deficiency include a chrysanthemum flower tea, which is cold in nature and acts upon the liver and lung channels.

#### *Acupuncture/Acupressure and Moxibustion*

Acupuncture uses the knowledge of the channel system to locate certain points, called acupoints, in which fine needles are inserted to stimulate the channels. These channels then connect with collaterals and various organs and tissues of the body that are stimulated with acupuncture to treat symptoms. In acupuncture (and TCM) diagnoses of a patient's illness requires several steps: 1) observation (of skin color, tongue and general appearance, for example), 2) olfaction (a body's smell can change in certain disease states), 3) history taking and listening, and 4) palpation, including the body's pulses, skin, and abdomen (Gao 1997). The understanding of the many different types of pulses is an important facet of understanding pathology in the body.

The theory behind how acupuncture works from a Western perspective includes the possibility that acupuncture can trigger the release of endorphins and neurotransmitters that can block pain pathways. Other chemicals possibly released are ACTH (adrenocorticotrophic hormone) which reduces inflammation and prostaglandin, which helps wound healing.

Related to acupuncture is the use of acupressure and moxibustion. Acupressure is a similar use of meridian points but is noninvasive, involving external pressure applied by practitioner's hands on the surface of the skin over these areas. Moxibustion is based on these concepts as well, but the application of heat to these special points, through the burning of the moxa (mugwort) herb is supposed to additional health benefits. Heat can

be applied in warm compresses, moxa sticks held above certain points, or direct application to an acupuncture needle.

### *Qi Gong and Meditation*

Qi Gong involves a physical practice that enhances the internal Qi within the body, and thus is a complement to the concepts that are fundamental to TCM. Qi refers to the vital energy or life force and gong refers to effort. There are schools of Qi Gong, with many overlapping characteristics (Gao, 1997, p. 128): 1) The Taoist method aims to bring harmony between the individual and the environment, thus providing physical and mental strength; 2) the Buddhist method places highest importance on mental discipline through meditation; 3) Confucian Method attempts to regulate the mind “to achieve a state of tranquility” that enhances one’s moral character 4) the Medical Method uses techniques for disease prevention; and, 5) the Martial Arts Method focuses on building inner strength to reduce vulnerability to moral and physical attack. There are many variations to these broad categories. In all, the practice of Qi Gong involves “focusing the mind on the Dantian” point located below the navel to lower “Genuine Qi to the Dantian to accumulate Qi” (Gao, 1997, p. 130). The Dantian point is believed to be a point in the body in which once reached by the Qi can provide strength and energy through key meridians. The intense mental concentration required to do so can be achieved through the practice of meditation and proper breathing exercises.

The application of medical Qi Gong has two facets: the development of internal Qi through individual practice and, with expertise, the use of “external Qi (Wai Qi in Chinese) to ‘emit’ qi for the purpose of healing another person” (Sancier, 1996, p. 43). A

number of medical studies in China have examined the effects of Qi Gong on hypertension, stroke and mortality, heart function, sex hormone levels, cancer, among others, and though not scientifically conclusive they point to areas in which further research into the benefits of Qi Gong would be fruitful (Sancier, 1996).

Although Traditional Chinese Medicine does not usually discuss meditation alone as a treatment modality, it is important to note that it is a type of a holistic approach to mind-body medicine. As mentioned above the Buddhist type of Qigong uses meditation as a focus for mental discipline. Gao (1997) gives examples of Qi Gong exercises and emphasizes the benefits of quiet sitting meditation (on a chair or with legs crossed on floor) and standing meditation. By using breathing exercises to help prepare the mind, he claims that “in the advanced state of Standing meditation the Genuine Qi is active and meridians are open” (Gao, 1997, p. 140). Again, in TCM meditation is considered part of the mind-body connection in which proper mental and breathing exercises can lead to physical effects from increased Qi activity.

### **c. Relationship between TCM and Western Medicine**

In 1983 Ted Kaptchuk made a breakthrough contribution to understanding Traditional Chinese Medicine from a Western perspective when he wrote The Web That Has No Weaver. A doctor of osteopathic medicine schooled in TCM in China, Kaptchuk attempted to explain TCM within the context of Chinese culture and philosophy for the Western reader, and as a result was able to describe more accurately than literal translations what TCM is all about.



TCM and Western medicine have two very different approaches to understanding illness in a patient. TCM attempts to understand signs and symptoms in the context of the specific individual while Western medicine seeks to identify an underlying disease process as the cause for the illness in the individual. Kaptchuk (1983) cautions that “the actual logical structure underlying the methodology, the habitual mental operations that guide the physician’s clinical insight and critical judgment, differs radically in the two traditions” (p. 3). Western medicine and thought seek the cause behind the symptom that is a specific disease. Chinese medicine approaches the patient as a physiological and psychological being whose symptoms express an imbalance (Kaptchuk, 1983). He further explains that “the logic of Chinese medicine is organismic or synthetic, attempting to organize symptoms and signs into understandable configurations” (Kaptchuk, 1983, p. 4). These patterns then point to a treatment that would presumably restore the imbalance. As he points out, the Chinese physician is less interested in implicating a disease and providing concomitant standard of therapy. While the Chinese physician is interested in the relationship between the signs and symptoms in the individual, the Western physician focuses on a treatment for the identified disease process and makes secondary the patient’s more general physiological and psychological condition (Kaptchuk, 1983). This approach is incorporated in Chinese-Americans’ attitudes and practices. For users of TCM, this results in the understanding of health in terms of maintaining balance, the use of TCM primarily in health maintenance, the belief that Western medicine is “unnatural” and potentially dangerous, but the belief that the two systems can work “hand in hand” synergistically.

## **Chapter III. Methods**

### **a. Data Collection**

In this study, individual interviews of Chinese-Americans were conducted over a two-month period between 1/30/99 and 3/19/99. Participants were recruiting using a snowball sampling technique of Chinese Americans aged 21 and over who were either graduated or in their last year of university study and living in the San Francisco Bay Area. An interview guide (see Appendix A) was used during the semi-structured interviews with additional topics added as new categories emerged from ongoing analysis of preceding interviews. All interviews were conducted in English with the exception of Chinese phrases and terms as noted in the text.

Nine Chinese Americans were interviewed individually about their attitudes, knowledge, and beliefs about traditional Chinese medicine and Western medicine. Information about the study was provided to classmates and acquaintances of the author that were asked to refer individuals who fit the criteria. The referred individuals were then recruited through initial five-minute phone interviews in which the study was explained and a follow-up interview appointment was scheduled. The inclusion criteria called for Chinese Americans over 18 years living in the Bay Area. Another referred individual was contacted but did not participate, and the study author knew two of the nine individuals interviewed. No interested individuals were excluded.

Interviews were conducted by the researcher in a location chosen by the participant and ranged from 60-100 minutes in length. Three interviews took place in the

participants' homes, one in a library room, and five in various coffeehouses that the interviewer chose. The researcher then explained the objective of the study, the nature of the confidential responses and requested the interviewees read and sign the consent form. The University of California at Berkeley Committee for Protection of Human Subjects approved the consent form and research protocol before any interviews were conducted (CPHS#98-8-100).

In addition to interviews, data was also collected through literature research, observations, and discussions with key informants. A preliminary interview questionnaire was created and tested on classmates and faculty members before an interview guide was decided upon.

#### **b. Research Design**

The intent of this study was not a complete description of Chinese American attitudes about and use of TCM, but to generate theory about the health-seeking attitudes behind TCM use. Because of limited existing literature on Chinese Americans' use of TCM, qualitative methods were chosen as the best way to gather information around participants' attitudes, beliefs and behaviors. As mentioned an interview guide with initial topic areas of Chinese and Western medicine, health and illness, and cultural identity provided the basis for ongoing review of participant-generated topics. Thus, throughout the interviewing time period data was collected and ongoing analysis performed in order to incorporate emerging categories and create theoretical memos that would be more focused for subsequent interviews.

### **c. Sample**

Nine Chinese Americans between the ages of 21 and 31 were interviewed for the study. The respondents were primarily professional and pre-professionals, and ranged in age from 21 to 31, with an average age of 25.3 years. Two were men and seven were women. The study participants resided in the Bay Area with distributions in Berkeley (four), Oakland (two), San Francisco (two), and San Jose (one). Three were in the last year of study at a large university and had pre-professional degree goals. One was a first year student in a graduate degree program and the five others had full-time professional employment. The individual profiles of the participants given in the Findings chapter have been edited to remove personal identifying information; each individual was given a fictitious name to preserve confidentiality.

### **d. Data Management**

The interviews were recorded and later transcribed by a professional transcriptionist. The transcripts were then compared to the audiotapes by the researcher for accuracy and validity. The transcripts and audiotapes were stored in the home of the researcher in a locked file cabinet during data collection and were analyzed at home to protect confidentiality of participants. Individual transcripts were coded using categories that emerged from the data using grounded analysis. Theoretical memos were constructed around categories and informed subsequent interviews. As categories emerged and were incorporated into subsequent interviews, theoretical memos were created to link conceptual frameworks that will be presented in the findings, as elaborated by Glaser and Strauss (1967).

## Chapter IV. Results and Discussion

This section reviews the key findings from the study. The most significant finding was that 33% of the nine participants are current users of Traditional Chinese Medicine (TCM) while 67% are not currently using any form of TCM. A TCM user is someone who currently incorporates TCM into his or her life and has had used TCM within the last year.

Of the three users, two majored in biomedical sciences and one in nutrition. Among the nonusers, two are lawyers who had majored in social sciences, two have professional aspirations in medical fields, one works in human resources, and another works in a nonprofit organization in public health. Two-thirds of both TCM users and nonusers were competent to fluent in Chinese, with three Mandarin and three Cantonese speakers proportionately distributed between users and nonusers. Parents' place of origin included Taiwan, China and Hong Kong, and employment levels varied from stay-at-home mothers, restaurant owner, scientists/engineers, musician and professor. Nonusers were more likely to describe their family upbringing as Americanized or westernized, but all described some connection to traditional Asian values such as respect for elderly, family, privacy, emphasis on working hard on academics/education combined with pressure to succeed for some individuals.

An introduction to each of the respondents is given in Section A. The ways in which these individuals use TCM will be explored in Section B of this chapter, entitled User Characteristics. In the Part C, we reveal the characteristics of nonusers who comprise 67% of the respondents. We leave a comparison of the two groups to the

discussion section in the subsequent chapter. To begin, personal profiles for each of the respondents are given to highlight findings and to summarize the information gathered from the interviews.

#### **a. Personal Profiles**

The following descriptions are brief summaries of the interviews to provide general demographic and personal data on the sample. Respondents were given fictitious names and identifying information was removed to protect confidentiality. More information on each of these individuals will emerge later on as we go into detail about their attitudes, beliefs and behaviors. They are listed roughly in order of greatest TCM use to least, bearing in mind that the nonusers are fairly similar in this regard and were differentiated by slight variations in their attitudes towards TCM.

**1. Thomas** is 22 year old college senior in the biomedical sciences. He was born abroad and attended high school in Taiwan before he came to study in college in Bay Area. He is an ardent believer of TCM and uses it actively through food supplements. He has had positive experiences with TCM and attributes his values to his traditional parents and grandparents who use TCM successfully, particularly herbal medicines to promote health and longevity. Thomas is very articulate about his beliefs about TCM as well as his traditional Chinese values in his relationships with his parents and with his Chinese girlfriend.

**2. Jennifer** is a 21 year old college senior who will be attending graduate study in public health. She was born and raised in Oakland. She has an older sister (23) and a younger brother (17) and is currently living at home with her parents. Jennifer is very

enthusiastic about her cultural and social identity and describes herself as a Chinese American who is “more Chinese” than most American born Chinese. She speaks Cantonese fluently and has a passion for Taiwanese/Chinese music and movies. She recalls being treated with TCM by her parents for various childhood illnesses, and currently uses TCM for minor ailments such as menstrual cramps. She is also very close with her parents, who are ‘very Buddhist’ and has learned how to meditate with them. Her Buddhist beliefs help her keep a perspective on her studies and during illness as well. She describes her social circle as comprised mostly of Asian Americans and currently has a Chinese boyfriend who speaks Mandarin.

**3. Andrew** is a 27 year old biopharmaceutical researcher born and raised in Southern California. He has very vivid recollections of childhood visits to traditional Chinese herbalist physicians and to an acupuncturist. He recalls taking many herbal ‘concoctions’ for his various illnesses including serious pulmonary problems for which his parents wanted to treat with both Eastern and Western medicines. He believes in the validity of TCM and uses herbs and food as medicine. He also takes a lot of vitamin supplements for health maintenance. Andrew is undergoing a lot of career dissatisfaction, and culturally speaking feels like he neither belongs nor is fully accepted by either more Chinese or White American groups.

**4. Theresa** is a 26-year-old lawyer who was born and raised in Maryland. She came to California to attend undergraduate school and recalls experiencing a ‘culture shock’ of sorts at the diversity in the Bay Area. Although not currently using TCM, she reports that she is more open to using TCM now than she ever was in the East. Theresa attributes it to the more open community here towards alternative medicines. Her

brother, 14 years her senior, is more Americanized and she often feels she has to mediate between him and her more traditionally Chinese parents. She had a positive personal experience with TCM using herbs for her sports-induced asthma when she was growing up, and is learning more about herbal medicine from seeing her roommate use it and from her dentist who provides her with information on TCM.

**5. Laurie** is a 27-year-old nonprofit worker who was born and raised in California. She is an only child and feels she has a special role in attending to her parents' needs when they become older. Her mother's struggle with Lupus has affected her attitudes towards health as well as her relationship as the 'obedient daughter' with her parents. She is open to TCM but feels she does not know enough about it. Her family celebrates many Chinese holidays and has traditional values. She experienced a major conflict with her parents over her Filipino boyfriend in college whom she eventually separated from due to her parents' wishes.

**6. Bethany** is a 23-year-old first year graduate student in the health sciences. She was born and raised in Southern California. She has two younger siblings and describes her background as a 'normal childhood.' She has had predominantly Asian friends throughout her life and has been active in an Asian sorority and a Chinese student organization in college. Her family is very active in celebrating Chinese cultural holidays but has not used TCM very much in the past. Although she recalls a few instances of TCM use, she blends her recollection with beliefs that she considers superstitions or folk remedies such as going to bed with a wet head resulting in a headache. Another example she recalls is her mother's search for a Chinese cure for warts when Western medical approaches failed.



7. **Alice** is a 31 year old professional in human resources. She was born and raised in southern California and has an older brother and younger sister. Her mother passed away ten years ago from stomach cancer. She recalls childhood experiences with TCM, but does not currently understand or use it. She visits a Western physician regularly for her healthcare needs. Alice's mother was very concerned about Alice's skin when she was growing up, and brought her to non-Western treatment for acne problems. She also told Alice a folktale about the cause of her acne being rooted in her eating her older brother's bread crusts when she was pregnant with Alice. In typical Chinese like begets like fashion, thus Alice was born with uneven skin, like the crust of bread. Although Alice believes her mother was not completely serious, she continues to have concerns about her skin even though she does not use TCM.

8. **Melinda** is a 30-year-old lawyer who has two children, age's 7 months and 3 years. She was born in the U.S. and raised in California with her older sister. She does not recall using much TCM regularly during childhood, though there were several instances of using balms or syrups for coughs and colds. She is not very close to her father-describing him as distant- and has had a continuous struggle with her mom over her depression. She did not like being pregnant and had difficulty with postpartum depression, exacerbated by lack of understanding from her more stoic and disciplinarian mother. She also recalls receiving much folkloric advice from her female relatives during her pregnancy. This advice was centered around prevention of miscarriage, such as avoiding reaching for or carrying things nor drinking cold things. Melinda is married to a South American born man with whom she has had her two children. She expresses some regret over not learning Chinese well when she was younger, as well as concern over the

amount of pressure to achieve that her mother placed upon her, particularly around musicianship.

**9. Shirley** is a 21 year old senior in college with a premedical major. She was born in Pennsylvania but raised in California. Her father died a sudden death when she was 19, a very traumatic event for her and her brother. Since then she has become closer to her mother and is currently living at home while attending school. Although Shirley's parents did not actively use TCM her grandfather did, but the impression it left was somewhat negative. Her father's death has influenced her interest in studying medicine. She speaks Chinese fluently and her family celebrates many Chinese holidays.

#### **b. User Characteristics**

Three of the nine participants interviewed fit the user description: Andrew, Jennifer, and Thomas. Two of the users, Jennifer and Thomas, are fluent in Chinese. Thomas' parents are Taiwanese while Jennifer and Andrew's parents came from China/Hong Kong. All three majored in either natural sciences or nutrition fields. All three had significant childhood experience with TCM use, with Andrew in particular recalling herbal concoctions or 'potions' that smelled bad. All three had parents who were active users or proponents of TCM. Thomas had parents and grandparents who used TCM and seemed to be role models of health and successful aging. Jennifer's parents have attended classes on meditation and use it regularly. They have encouraged her attempt to incorporate meditation into her life.

As this study examines the current attitudes and behavior of TCM users, we first identify the importance of the long tradition of TCM usage for users' faith in TCM

practices. Second, we explore users' beliefs about natural medicine and unnatural drugs. Third, their belief that TCM treats underlying causes in contrast to providing symptomatic relief is examined. Fourth, we return to the importance of maintaining balance among those who practice TCM. Finally, we discuss the "hand-in-hand" integration of TCM and Western medicine in the minds of those who practice TCM.

Then the usage of TCM in several specific areas is described. First, we identify the focus on *food as medicine*, illustrating the integration of TCM into everyday eating and living. Second, we discuss the concept of *hot and cold foods*, and the importance of diet in maintaining balance. Third, we discuss the use of *acupuncture*, as an example of a more episodic intervention used by TCM users. Finally, we identify *meditation* as an example of how TCM extends beyond medicine as commonly conceived of in a Western context, to show the connection between TCM practices and spiritual beliefs.

Each of the above themes will be discussed before we turn to the non-users' attitudes and behaviors regarding TCM and their health-seeking behaviors. After briefly reviewing non-users attitudes, we will discuss potential explanatory models for the usage and non-usage of TCM, including various potential parental paths to usage.

#### *TCM Users Attitudes towards TCM and Western Medicine*

There are several common themes among the users' attitudes towards TCM. First, the fact that TCM has existed for thousands of years inspires a sense of the likelihood that the *tradition* is based on something that does work, that it is efficacious if

people have used it for so long.<sup>1</sup> Second, they view it as a *natural form of medicine* and believe that as such it is inherently more compatible to and better for the body. Herbs that are found in organic state in the environment are believed to be less harmful, for example, than Western drugs that may be too potent or have toxic side effects. Third, they believe TCM addresses the *underlying cause* of illness rather than just treating symptoms. As a corollary, TCM is *a long-term rather than a short-term solution*. Fourth, TCM is useful for *preventative care and/or health maintenance* in addition to treatment of illnesses, often in the form of maintaining internal balance or correcting imbalances.

Finally, there is a sense that Eastern and Western medicine can be *integrated*, and can go hand in hand in treating illnesses when one incorporates the best of both worlds. Jennifer, for example, speaks of TCM as providing her with more choices, “more alternatives for me for how to treat a certain illness ... [using] the Chinese alternative that you can go to Chinatown and pick up herbal shop stuff.” Users are not strictly promoting one type of healing over the other; rather, they feel that keeping open-minded to different approaches can be beneficial, and ultimately better than using Western medicine alone.

### ***Faith in Tradition***

Although not one of the respondents referred to the Inner Classic of the Yellow Emperor, several of them underscored the long tradition that TCM has had in China as

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<sup>1</sup> It was during the Han Dynasty c. 200 B.C., under the first Han emperor, the Yellow Emperor, that numerous unknown authors contributed to the first compilation of medical knowledge at the time. The Huang Di Nei Jing, the Inner Classic of the Yellow Emperor, is considered the foundation of Traditional Chinese Medicine.

evidence of its validity. One of the users stated: "I believe in [food supplements], because I think the Chinese view on health is a knowledge that's been accumulated over thousands of years. Through trial and error I think they - I mean they must have come up with something that's right." This view was echoed by another respondent, Andrew, a biopharmaceutical researcher who addresses all the points above in his views about medicine. He was heavily influenced by the experience during one summer in high school of working with his mom in a cardiologist's office. This physician incorporated an Eastern approach to treating heart disease into his practice and often recommended vitamin supplements for his patients. He also suggested a multi-vitamin plan for Andrew, who to this day continues to take nine vitamins -- which is only half of what was recommended. He believes it broadened his views of what he considered traditional Western medicine to include holistic approaches.

***Andrew***

You can't deny the efficacy of [Chinese medicine]. *It's been used for thousands of years.* These are approaches that have been [used] ages ago. Now, more research is being done and finding...what is actually in Chinese medicine and natural medicines...are actually elements that we're finding today in traditional Western approaches. *There are links.* Why is this particular herb effective against certain indications? Because of this compound in it, which we now know has a certain effect. So now that there's more research and knowledge being generated...showing the validity and the efficacy of what has been traditionally viewed and thought of just as being old wives' tales. [italics added for emphasis]

Here Andrew frames the long tradition of TCM, while acknowledging the importance of current research in Western medicine that bridges the gap between the two schools of thought. He is not alone in his perception that Western medicine has a lot to

learn from TCM. Indeed, there are some aspects of Western medicine, which are considered potentially harmful.

### *Natural Medicines vs. Unnatural Drugs*

Drugs, particularly antibiotics are viewed with some reluctant acceptance – not without complications, whether it is toxicity or indiscriminate overuse leading to drug resistant strains. Andrew had previously indicated that “for the most part I think that any form of – any form of natural medicine should be explored. You know, you can’t be too dependent on just drugs.” Andrew also alludes to the possibility that one can actually get sicker going to hospitals:

**I: On a more personal level, how has it - how have these experiences shaped your own personal health care?**

R: I definitely don't believe in just taking drugs. There are certain things that obviously you have to have antibiotics for. *I always try to take the approach of taking any type of drug as being the last resort.* You're not going to cure the flu by taking penicillin...[overuse of drugs is] pretty much rendering a lot of drugs useless in a sense. [italics added for emphasis]

Since Andrew has a biomedical background, he is quite aware of the dangers of bacterial mutations that may be caused by the overuse of antibiotics. Thus, his scientific training has made him more cautious of using Western medicine rather than being a dogmatic proponent of its use. Others also share his concern and respect for Western medicine.

Thomas describes the advantages and disadvantages of Western medicine and emphasizes how unnatural and unsustainable it can be despite the body of scientific research. TCM is considered more natural and therefore less likely to do great harm:

In terms of Western medicine, you have a guarantee. You have protection. You know what you're taking. You know what it does to other people. So you feel safe, you know, when you're taking it. But in terms of the chemical part of most Western medicine, you feel that you're taking something that's unnatural, which a lot of people feel *you can't do this for long*. For now it's OK. But if you take too much of it, it might be bad for you. Because the antibiotics, as we know, it's a bad thing to take too much or take it for a long period of time.

Several other respondents spoke of how comforting it is to be using natural medicine and that despite the sometimes-unproven efficacy that it won't necessarily be as harmful as typical Western medicine. When discussing the incorporation of Chinese supplements and the use of food as therapy Thomas is very comfortable with the natural aspect of TCM:

I think that these food medicines works more or less in a way [like] vitamins...I took American vitamins...for a while, but then in a way I feel that I was taking medicine still. But when I incorporate the Chinese supplements into my food, I can just make it and put it into my everyday cooking. I feel that it's a lot more natural, and I think it's helping my health. And I definitely believe in it.

Although he justifies this with a Western understanding of the presence of vitamins in the foods he is acknowledging through his use of TCM how food and medicine are integrally related and more 'natural' in source. Since these food supplements are considered more natural, they are better over the long-run as well in treating imbalances of the body.

#### ***Long-Term vs. Short-Term Results***

The belief that taking Western drugs over the long-term can be too 'bad for you' also underscores a related topic that Western medicine often only provides a short-term cure. Users believe, on the other hand, that TCM focuses on the underlying disease

process and thus can provide long-term effects that result in a cure. The restoration of balance through Chinese medicine involves long-term treatments.

*Thomas*

And in terms of diseases, I think that for a short term curing, I would go to an American doctor, get some antibiotics or whatever they give me, and I'd get better very quick. But then the long run, *to cure I still believe in the Chinese way*. . . To get rid of the problem at its root, I think that the Chinese medicine is a better way of doing so because I believe that antibiotics hurt your body a little. It is, in the Chinese doctors' view, toxin.

Later under Thomas' experience with acupuncture we will revisit this notion of short-term vs. long-term cure. In the case of his damaged knee, he understands the use of acupuncture to be a short-term remedy for knee pain and that the Western medical treatment of surgery might be the long-term cure. In this case, however, he underscores the idea that because antibiotics are toxic over long term use and that TCM, particular herbs, are more natural and less damaging.

***Maintaining Balance***

The idea that the body should be well-balanced is rooted in the theory of Yin and Yang (Kaptchuk, 1983; Weisman and Ellis, 1996). Although the users do not explicitly talk about the presence of Yin and Yang in the body they do have a very strong belief about the idea of maintaining balance. This belief shapes how they view TCM and its efforts to restore balance when one is ill as well as how one maintains balance to stay healthy.

*Thomas*

I believe in the Chinese theory of being balanced. The Chinese basically think that if you're doing something a little bit too much, you need to do



something to counteract it. I believe in supplements. *They're not pills.* It's more of like a *food medicine* in a way. [For example,] during the winter you would take different supplements because it's cold, and Chinese believe that certain things will help keep you warm, keep your system going right. And during the summer you take different supplements because it's too hot, and then people might have problems with their bodies, and you take something else to balance it out. *It's an idea of being balanced, and I try to keep that in my head.*

The users also refer to balance when describing their behavior towards food. This will be discussed in further detail under the concept of hot and cold foods when we address actual TCM use.

### *Integration of TCM and Western Medicine*

The rise in interest in nontraditional, unconventional, alternative, or complementary medicines has opened up paths towards integration with Western medicine, which is based on a biomedical model. The TCM users in this study talk specifically about how the two approaches can be integrated by giving examples in their own lives.

#### *Thomas*

But a lot of [TCM doctors] work with Western doctors, too, to go into using the Western medicine at first, but then to recover fully from this disease they'll incorporate Chinese medicine and acupuncture into it.

Thomas also points out how time affects his prioritization of using Western or Chinese medicine since the latter is usually slower and takes longer to recover but is more natural. Thomas describes what happens when he has a cold:

The first thing, I will go to the doctor, go to the university hospital, and get antibiotics if I need to feel better immediately. But that is if I have something to do, something that I need to be up and about for. But if I have some time, say like I don't need to recover, I'm not in that much of a rush, I wouldn't need to go to the doctor. I would just rely on my Chinese

medicine, my Chinese herbs, and drink a lot of water, which is encouraged by both sides, Chinese and Western, and I would feel better. I do feel better when I get better on my own while using Chinese medicine. It's a lot more natural than the Western way. But then if I need to take antibiotics, I will take it.

TCM users do not blindly use TCM alone, but rather make a choice to use it given as part of the available treatments. As indicated above, although one may believe that TCM provides a long-term cure and is more natural, in reality one may feel time constraints which lead to the use of quickly acting Western medications.

As an example of how the users combine Chinese and Western attitudes towards his health, Thomas describes how they shape his approach towards physical fitness. With the goal of attaining peak physical performance, he has learned to combine TCM (the use of food supplements for maintaining a balanced and healthy self) with the Western approach to fitness (weight-training at the gym, cardiovascular exercise, etc.).

***Thomas***

I work out. In terms of being very fit and very healthy, I have the American view actually. Like in terms of physical training, training-wise. That's kind of based on the Chinese health. *First you maintain a well being, but then if you want performance, you go for the Western training.*

Thus, an integrated approach is supported by using both TCM and Western medicine to suit the needs of the individual person. Meditation is also another aspect of mind-body integration that will be discussed in further detail in the next section on TCM use. Here we consider how attitudes of users towards TCM shape their behaviors in using TCM.

### *Traditional Chinese Medicine Use*

The users describe various ways in which they would use TCM including herbal medicines, food as medicine, acupuncture, and meditation. These treatments are used for specific illnesses like colds, menstrual cramps, indigestion, knee pain as well as for improving general health and prevention. We will explore the various ways in which the users in our sample describe their activities involving TCM.

Some specific examples of TCM in users' current health-seeking behaviors will be discussed. Their TCM use may range from a common cold, stomach ailments, menstrual cramps, to health prevention in general. For example, Jennifer incorporates meditation into her self-treatment of a physically manifested illness, as in a cold, as well as for times of psychological stress, such as during final exams. Meditation itself is not considered a form of TCM, in classical medical texts, but rather exemplifies Jennifer's ability to go beyond the confines of typical paths of Western treatments for illness. This reflects the richness of her holistic attitude towards medicine, one that can accept nonstandard ideas in dealing with health and illness. In the following section we review the behaviors of TCM users with respect to the various treatment modalities referred to in the literature on TCM.

### *Chinese Herbs*

Sometimes it is the parent who offers a particular Chinese herbal medicine for a particular problem. Jennifer describes how when she has a complaint, for example,

menstrual cramps, her mother will give her TCM called *baq fung yuen*<sup>2</sup> and *dong kwai* which she describes as follows:

[There is] this herb is called *dong kwai*, and it's supposed to increase your estrogen or something. So my parents would make that for me, because me and my sister we get cramps really bad.

The first medicine she referred to is translated as “White Phoenix Pills”, and has the function of strengthening Qi as well as Blood and serves to regulate menstruation (Naeser, 1993). It is commonly used to treat a variety of gynecological disorders due to Deficient Qi and Deficient Blood, including irregular (early or late) menstruation, pre-menstrual syndrome, dysmenorrhea, leukorrhea, postpartum bleeding, fatigue, and low-back pain. The form of the medicine is a Honey Pill in which the active ingredients combined in a medium of cooked honey are molded into a ball and preserved in a wax ball shell that is removed before ingesting the pill.

A sample of the major active ingredients and their actions include: 33.87% Wu Ji (Gaius Nigrosceus) that strengthens liver and kidney Yin, tonify blood; 6.45% Ren Shen (Radix Ginseng) to tonify Qi and strengthen spleen, and 6.45% Dang Gui (Radix Angelicae Sinensis) which nourishes blood, promotes its circulation and stops bleeding (Naeser, 1993, p. 249). Additional ingredients also have various functions of nourishing and strengthening Yin, stopping abdominal pain and menstrual cramping, and clearing Empty Heat. The individual ingredients may be used separately as well. The *dong kwai*

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<sup>2</sup> Jennifer's pronunciation is in Cantonese and translated as such. She is referring to the Chinese herbal medicine with the full name known in Mandarin as Wu Ji Bai Feng Wan, whose characters are

that Jennifer refers to in Cantonese above is the same as the pinyin name 'Dang Gui' listed in the ingredients, and can come in many forms (Naeser, 1993, pp. 278, 283) -- tablets, pills, syrups as well as the dried root itself which is often added to soups.

Another TCM user, Thomas speaks of how he successfully introduced several female friends to the herb *dong kwai*:

And I've actually introduced a couple of my American friends to [dong kwai], and they found that it works, in terms of Chinese medicine, to help regulate the menstrual cycle. And they've learned to go into Oakland Chinatown and point it out and buy it for themselves.

He is comfortable enough with his knowledge of Chinese herbs that he taught others about TCM. Nor does he does not hesitate to treat himself with herbs too, by adding them to his normal diet:

And - for example, if you drink too much [alcohol], the Chinese have this herb that - it's called *Fu Ling*, OK? That you would take to counteract the poison, you know? And if I do go out for a night of drinking with my friends, the next day I'll find myself putting a little *Fu Ling* into my food, you know? To counter act it, to get rid of the toxins that might come with the alcohol.

Jennifer, Thomas, and Andrew learned about Chinese herbs from their parents. Jennifer and Thomas were both able to name several Chinese herbal ingredients that they had learned about. Andrew, who uses the herbs that his mother brings him, does not know the names of the specific herbs off the top of his head, but still uses them in his cooking. That all three have parents who actively use TCM and share that knowledge with their

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individually translated as "black chicken white phoenix pills".

children is a critical distinction from the nonusers. More on this difference will be explored in the discussion.

### *Food as Medicine*

Food plays an important role in TCM, as in the concept of 'yeet-hai', a hot syndrome, as well as other imbalances due to food consumption. Food as medicine is natural, and importantly, it is not like a drug or, as one respondent emphasizes, 'they're not pills'. As noted previously, the Chinese categorize foods into Yin foods that are cool or cold in nature, Yang foods that are hot or warm in nature, and neutral foods that do not cause either the hot or cold syndrome (Gao, 1997, p. 90). LoSan and Levert (1998) provide the explanations and recipes for several Chinese medicinal soups that are commonly used for health maintenance in TCM. The users drink Chinese medicinal soups on a regular basis, and have been primarily influenced by their parents in this way. Thomas describes his use of Chinese supplements to balance out what is missing in his diet. He refers to it as 'food medicine' that is more natural to incorporate into his diet than Western vitamins are, though the basis for the efficacy of the Chinese supplements may very well be based on the same idea of vitamins. The idea of maintaining a balance is critical to a body's health, and food and supplements are the key.

Jennifer often drinks Chinese herbal soups for general health maintenance as well as for specific minor ailments, such as uncomfortable menstrual cramps. Since she lives at home, she is able to enjoy her parents' cooking and food preparation with incorporates much of TCM principles. When asked about what kinds of Chinese herbs and treatments she had experience with, she rattled off the names of four Chinese herbs in Cantonese, saying that she did not know what the English equivalents were, but that her dad taught

her about those herbs in soups. She describes her family's diet as essentially Chinese with soup almost every night. Again the emphasis is on how her parents are active users, and by virtue of her living at home and having a good relationship with them, she has come to share in their beliefs.

### ***Hot and Cold Foods***

When asked what kinds of things that participants did to maintain their health, almost all included eating well along with exercise and vitamins. What is more revealing is that eating well involved a specific concept of hot and cold foods. As mentioned, certain foods have a Yin or cold nature, such as cucumber, watermelon, and chrysanthemum flowers while peppers, onions, ginger, and french fries are examples of foods with a hot or Yang nature. Greasy, fatty, and excessively sweet foods are also Yang in nature. An example of neutral foods would be lemons or strawberries.

Particularly, one tries to avoid the overindulgence in foods that leads to an imbalance - either too 'hot' or too 'cold' conditions of the body. The excess consumption of hot foods leads to a condition known in Cantonese as 'Yeet-Hai', a hot syndrome of excess Yang that corresponds to physical symptoms of canker sores or red dry cracked lips. The users were aware of this relationship between food and health, and adapted their eating habits accordingly. When asked about the kinds of things she does to stay healthy Jennifer included among other things the idea of restraint and avoidance of certain foods that are unhealthy.

### **Jennifer:**

I refrain from eating stuff that's not that good for me...stuff like junk foods. I think that's kind of related to Chinese medicine, because chips

and a lot of [junk food] is supposed to be hot. So then I mean I would stay away from hot foods, like chips and stuff like that, because it's true though. Every time I eat chips, like if I overindulge in it, I will start to get sick or whatever. So I stay away from that and just eat a little bit...

Jennifer's understanding of 'hot' and 'cold' foods is like Andrew's, who also brought up the subject of "Yeet-Hai" when asked about what things he did that were Chinese in culture. Andrew pointed to the central importance of food in his Chinese identity and behaviors that he considered more Chinese. He describes how he often cooks for himself and that his mother often brings him these 'gifts' on her visits that include herbal medicines and Chinese ingredients that are supposed to be useful for correcting the imbalances. This is consistent with the perspective based upon TCM that foods can be medicinal and contain different properties that denote hot or cold characteristics (Weng and Chen, 1996). TCM does use food as medicine as well as specific herbal formulas to combat cold and hot syndromes.

**I: What other kinds of things would you say that you did that were Chinese in culture?**

**R:** It does revolve around food. I...grew up always drinking soup. I don't know if you know that term "Yeet-Hai". I don't know what it is exactly in Western terms, but also when that happens, soup is actually one of the things that's always used for balancing it out. And other types of food as well, you know, Chinese porridge and certain herbs or different types of ingredients in your cooking which are supposed to have added health benefits.

Although Andrew is unable to recall the exact herb names, he says he does try to incorporate them into his diet when he is feeling imbalanced, which he describes as a type of indigestion, "Yeet-Hai" in Cantonese:



**I: Can you describe this concept of “Yeet-Hai”?**

**R:** It's sort of like an imbalance. Especially if you eat a lot of fried foods. You feel very hot and dry. Usually with me it always comes out as having very chapped and very red lips.

Experts on food medicine would concur with Andrew's description of excessive Damp Heat leading to dry red lips, and canker sores and recommend curbing Yang or hot foods and increasing intake of Yin or cold foods to counterbalance his condition (LoSan and LeVert, 1998; Weng and Chen 1996).

### *Acupuncture*

Another example of TCM use is acupuncture, which has been experienced by two of the users, Thomas and Andrew. Andrew had a childhood experience with acupuncture, and does not currently use acupuncture while Thomas' experience was within the last year for a recurrent problem with his knees. Both have vivid recollections of their acupuncture experiences and discuss how it affected their attitudes towards TCM.

Thomas has used acupuncture in the last year. He describes a personal experience of a 'problematic knees' developed from the hard pounding of basketball. He was dissatisfied with the Western medicine approach since the cortisone shot he received only helped for a week before it started to hurt again. Within the last year he decided to go to a Chinese acupuncture institute where he received a fifteen-minute treatment of acupuncture, which seemed to alleviate the pain that he previously had in his knee. Thomas recalls his first experience with acupuncture which was very positive, though he is quick to point out that it could be in that instance that the Chinese way is the 'short-term' solution for the pain, but does not address the underlying issue of tissue damage.

***Thomas***

I think acupuncture is just a game you play with the nerves maybe to kill the pain. Maybe there's something that's grinding on my knee that's causing the pain that somehow stimulated my nerve that I don't feel the pain. But maybe, you know, that's not a very good idea over time, but I do intend to still get Western surgery to see what was causing the pain to start with. In this case, that the Chinese method is actually the short-term way. And to really get rid of the problem I would probably go for Western surgery. But after the Western surgery, I would go to Chinese herbs to help my tendons and my bones to grow healthy again basically. So it goes hand in hand.

Experts describe the effect of acupuncture upon the meridians or channel system in two ways. First, the insertion of fine needles into various points along the channel system serves to block the electrical impulses that would confer pain, for example, resulting in anesthesia effects. An another explanation states that the overstimulation of the nerve releases endorphins which act on the neural pathways of the brain. Thomas has similar understandings of pain reduction primarily due to acupuncture's effect on pain sensation, and recognizes that it may be a short term solution rather than a cure for his pain. As mentioned under the attitudes section previously, Thomas is not dogmatic about TCM and Western medicine, but is able to blend his understanding of both approaches in a way that helps his healthcare needs. This ability to use both approaches creatively is a sign of his holistic attitudes towards his health.

***Meditation***

Jennifer is the only one of the three users who mentioned meditation, but her thoughts provide some insight into how other alternative approaches to healthcare, more holistic approaches, can improve the quality of one's life. Meditation is not considered a TCM, but it is a core of Buddhist philosophy that has implications for health. Indeed

Jennifer and her family demonstrate how much the two are intertwined. Moreover, as mentioned earlier, certain TCM practices like Qi Gong incorporate meditation into their principles. Gao (1997) specifically talks about the When Jennifer first gets sick with a cough or cold her parents would suggest Vitamin C, fluids, over the counter meds like Tylenol Flu or Cold, garlic pills, sleep, and most unusually, meditation. When asked to explain what meditation involves for her this is what she described:

R: When we meditate, you sit there and you try your best to make your mind blank, or try to concentrate on breathing... When you get sick, it's supposed to help you speed up the process of recovering. [Chinese] really do it a lot. I don't really do it that much. When I'm sick, then like I will try it. If the condition gets like a lot worse, then they'll probably go into the Chinese medicines thing.

I: **Tell me more about this idea of meditation.**

R: I guess it's more of a visualization thing. What you are supposed to do is visualize breathing in white light, and then you breath out black light, so you envision like cleaning your body of the disease or whatever virus. I mean when I've done it, it just makes my body really hot. I don't really know if it speeds up anything.

For Jennifer, meditation is something that she learned from her parents that has an impact not just on her mental health but also on her physical health. As she mentions she is willing to try it when she is sick – another example of a holistic approach to taking care of her body. As noted earlier, this is remarkable similar to the classical principles of Qi Gong and meditation as explained by Gao (1997). Her parents have instilled in her this appreciation for and recognition of Buddhist beliefs that include meditation as a means of dealing with the physical and psychic stresses that may arise in one's environment. Jennifer states that her Buddhist beliefs and ability to meditate has provided her with some stress relief during exams, but moreover has given her a healthy attitude towards

life in general. This can be seen as a sign of the integration between mind and body in one TCM user.

To summarize, TCM embraces a distinct set of principles that guide the actual treatments and medicines used. The TCM users have incorporated these principles into their lives that use TCM as part of a routine to address their health concerns, albeit in individualized ways. Also, the users had similar attitudes towards Western Medicine. They emphasized the importance of Western advances in medicine, but are also wary of the potential hazards. The possible toxic effect of antibiotic use and the consequences of its overuse are cited. On the whole there is a sense that it is a more unnatural way of dealing with illness than TCM, which uses many herbs and ingredients culled directly from nature with minimal processing. Thus, the users of TCM felt that this was better for the body in the long run. Moderation and balance were key concepts that shaped their approach to Western and Chinese medicine – both can be used together ‘hand in hand’. It is this desire to embrace both ways of healing that makes the users of TCM unique.

A concept that was prominent among the TCM users is the importance of Chinese herbal medicine, as ‘supplements’ or ‘food medicine’, especially in the form of soup. Frequently the users have some Chinese soup with their dinner meals that has integrated TCM, as often as on a daily basis as part of their routine. The users in this study are not experts on TCM, in fact, they may not even know the names of many of the herbs. Rather it is the fact that they are able to incorporate, through their parents’ guidance and by their example, a good portion of the habits of TCM usage.

Another contribution that this study makes is that the role of food in maintaining health care is a major part of the users’ lives. That food is central to the healing process is

another aspect of the influence of TCM. A recurrent theme when discussing the food and the body is the idea of maintaining balance. The concepts of 'hot' and 'cold' foods and their physical manifestation ("yeet-hai") came up repeatedly, both among users and nonusers. However, the users are more likely to 1) have a more ingrained concept, 2) ability to self-diagnose as well as 3) seek treatment by modification of diet more often than the nonusers, who have a more vague notion of the condition.

As mentioned by Kaptchuk (1983) the Chinese approach to medicine is concerned about maintaining Yin and Yang – which is ultimately about balance. The three users had an understanding of TCM that they incorporate. Also, their attitudes towards food as medicine remarkable echo the literature (Went and Chen, 1996). Although they do not specifically use the terms 'Cold Dampness' nor 'Dampness and Heat' used in classical TCM terminology (Kaptchuk 1983, Wiseman and Ellis 1996) they do understand the concepts of hot and cold foods that are described by Weng and Chen (1996). Furthermore, although they don't use the classical terminology of Deficiencies in different organs (Gao, 1997; Kaptchuk 1983; Wiseman and Ellis 1996) the users believe in the use of Chinese Herbs to treat illness even without specifying the specific organ systems. Instead, the herbs, such as dong gui, are explained in Western scientific terms that they understand, such as increasing estrogen levels, rather than speaking about deficiencies of the female organs.

Many of the user attitudes and behaviors echo the principles and treatment modalities outlined in the introductory chapter. This may be attributed to the fact that the users' parents were much more likely to be current users of TCM as well as the providers or source of the Chinese medicines for their children. For example, Thomas parents and

grandparents used herbs regularly (with a secret longevity formula) and Jennifer's parents meditate regularly and teach her the names of the herbs they use in their cooking.

Andrew's mother also brings him herbs to use in his cooking. The knowledge base of the user group is based on expertise of a trusted family member or a respected physician as an outside source.

In summary, what is common to all three users is that they have a holistic approach towards the use of TCM and Western medicine, incorporating both into their lives. In other words, it is not so much that the TCM users rely solely on TCM to treat their medical needs, but that at various points in their health-seeking behavior, they may incorporate TCM into their healthcare practices. This includes both treatments of arising problems as well as prevention and health maintenance. Furthermore, the users had in common active TCM using parents who passed on their beliefs about TCM to their children. *In each case the user's parents played a major role in introducing and maintaining beliefs and behavior surrounding TCM.*

### **c. Non-TCM Users Attitudes toward TCM**

In this section we discuss the attitudes of the 67% (6 out of 9) respondents who do not currently use any form of TCM. The general findings were that these nonusers do not currently use TCM for various reasons, of which the most prominent reason was their lack of previous experience of TCM. Although several respondents describe the occasional use of syrups, balms, medicated patches, and other boiled concoctions for minor coughs, colds, and aches, they were recalled vaguely and with some comment on their unpleasant taste or smell. One exception is Theresa, who had used TCM for her

sports-induced asthma during childhood. Although she had a positive experience that has left her with a more open outlook towards TCM use, she is not currently using TCM. Furthermore, TCM was deemed inaccessible and inconvenient, and that they were familiar with Western Medicine. Lack of access to TCM can be described in terms of informational, linguistic and cultural barriers and will be examined in more detail subsequently. Attitudes towards TCM were based on formative past experiences, both personal and familial.

#### *Negative Experience or Mistrust of TCM*

Indeed, several of the nonusers' parents or grandparents were explicitly against using TCM themselves, or had negative experiences. For example, Shirley, whose parents had not used TCM very often during her childhood, had an "outsider's involvement with Chinese medicine" through her grandfather's illness. She recalls her grandmother brewing "lots of nasty smelling herbal medicines" to treat her grandfather. Unfortunately, her grandfather passed away leaving her family with a negative experience of TCM. Shirley states somewhat mistrustfully: "The herbalist that my grandfather was seeing turned out to be kind of a fraud, but kind of not honest, not completely honest. And that really turned me off..."

This mistrust and lack of knowledge of about TCM also stems from a belief that there is less scientific research behind TCM as well. For example, Shirley would feel more comfortable with more research, despite the fact that TCM is "a very old tradition, and based on observations of what plants heal animals...Our Western medicine, all those little drugs, are basically taken from herbs and stuff, but just in a synthesized form.

They're made in laboratories versus [nature]." For Shirley, she feels her perspective on TCM may change if she could acquire more knowledge and "could do more research on herbal medicines." Interestingly, the nonusers give limited validity to the TCM by acknowledging that Western drugs are originally from plants too, but still find scientific study to be more credible.

Another nonuser, Bethany, describes how her grandparents and parents did not use TCM. In fact, her paternal grandparents who were very Americanized had very strong sentiments against its use: they were very "anti-Chinese medicine" and not only "hated it" but "didn't want other people to try it either." She attributes her father's family's dislike and mistrust of TCM to their belief system grounded in science and antibiotics.

As already mentioned, Theresa is an exception to the lack of personal experience with TCM. Her mother took her to both Chinese and Western physicians for her asthma. As a result of a visit to a Chinese herbalist, Theresa took a brewed decoction of Chinese herbal medicine every day for several winters – by far a longer and more regular regimen of TCM use during childhood than any other nonuser. This has left her with a generally more positive attitude towards TCM use, although like other nonusers she also expresses her misgivings and lack of access, which will be referred to again in the next section.

#### *Lack of Access and Lack of Knowledge*

Nonusers attributed the fact that they had grown up with minimal or no exposure to TCM mainly to their parents' beliefs. Thus, they had neither a close relative to share the knowledge of TCM use with them nor the personal connection with TCM that would



naturally follow from exposure by parents or grandparents to TCM use. Limited access can be described in terms of linguistic and cultural barriers that can be the basis of discomfort in using TCM. Two of the nonusers who could not speak Chinese fluently described how the linguistic barriers can be significant in not knowing how to communicate in Chinese with an herbalist or Chinese doctor. For the rest of the nonusers who could speak Chinese it was a lack of vocabulary and access to a Chinese physician that was the barrier.

For example, Shirley does not use TCM, largely because of a negative experience with her grandfather's herbalist, but also because of an access problem.

*Shirley*

Well, nowadays I don't even think about herbal or Chinese medicine at all. I don't know why exactly. I guess because Western medicine is still closely accessible. My doctor's in Albany, versus having to find an herbalist in San Francisco somewhere. Or I don't -- I don't really know any herbalists now... so I guess until it becomes more accessible to me, I will probably to Western medicine first.

Note that Shirley does not talk about linguistic barriers – she is fluent in Mandarin – but rather convenience in access as well as a lack of an interpersonal connection with a TCM expert, i.e. an herbalist. Another way of framing the lack of access issue is the pervasive image that TCM is inaccessible culturally or in a family context. For example, Theresa feels that there is some barrier to acquiring the knowledge surrounding TCM. Not only is TCM very complicated for an herbalist to explain to her, but perhaps it is even shrouded in mystery:

I don't really know anything about it. And it's kinda like this secret that is handed down from generation to generation on how to go to the forest and take the medicine or something like that.

Her attitude is evolving, however, since she has two other exposures to TCM that the other nonusers don't have. First, her roommate who is Korean uses Chinese herbs regularly, and second, her dentist in Oakland's Chinatown is a proponent of TCM and has constantly offered her information and articles on her dental visits. This interpersonal connection to TCM use through trustworthy sources is opening her up to the possibility of using TCM in the future. She describes how she is more interested in using TCM and that in particular, the community and environment here in the Bay area is much more supportive of TCM use than her hometown back East.

Indeed, no other respondent provides a more illustrative snapshot into the evolution of a nonuser towards a user than Theresa. The following passage describes in detail how these various elements of past experience, current community environment, and new personal connections to TCM are presently changing her perspective on TCM:

I would say that I'm far more open-minded now than I was - even maybe a year ago. And I'd say that my - my experience taking Chinese herbal medicine when I was young for asthma was a positive one. It did help me. But it was also a *displeasurable* one because it tasted bad, and it looks funny and whatever. But I would say that my attitude most changed coming to San Francisco. So, in other words, if I had stayed on the East Coast, I probably would still have a skeptical perception of Chinese medicine. But coming out here, this place is just *so Chinese...Chinese-centric*. I mean you've got like all these communities, and people are always telling you certain things, like "Oh, your body's - your inner body's too hot," or something and they always give you this Chinese mentality of what is wrong with your health. And so I've seen people use it - for instance, my roommate.... And I think that it does work for different people and I see a lot of people believe in it. And I think my dentist actually has been [laughs] a big influence on me, ... he will give me articles about Chinese medicine, and he explains to me the different mentality, Chinese medicine and Western medicine. *I think it's really fascinating*. Different philosophies and approaches they have to how to solve an illness...to a simple question of what's wrong. It's a vastly

different approach, and I think it's interesting, and so I think I have a very positive perspective on Chinese medicine, and I think San Francisco's really changed it, but I couldn't say the same thing would happen if I was still on the East Coast.

What is clearly projected from Theresa's attitude is the influence of community in the creation of new connections to TCM. While others may have had little past exposure and no current use, Theresa is able to find new access points to TCM unlike the other nonusers. We will return to this discussion of access and interpersonal connections with TCM in the Discussion section. However, despite her changing attitude, there are still some reasons why Theresa is not a TCM user, which we address in the context of convenience and efficiency.

#### *Convenience and 'Quick Fix' of Western Meds*

Like the other nonusers, Theresa is accustomed to the convenience of Western medicine and although she understands the philosophical importance of the long-term time frame of TCM she does not seem to have the patience for it at the moment. She recalls how tedious and "what a pain" her childhood herbal medicines were to prepare and can also see that her roommate who uses TCM spends a lot of time brewing, cooling and re-heating the herbs as well:

It's not convenient. You can't go to your local Walgreen's and pick up [for example] this brew of sticks and funguses. Western medicine's just so easy...you can just pop two pills in your mouth...*And the real point of Chinese medicine isn't a quick remedy.* They want you to take something for a long period of time of sustaining, to rebalance your body...I think Chinese medicine has more of a right mentality. If I were to be on some kind of Chinese medicine regimen - or if he actually checked out my entire body and gave this prescription of what I need to do - then I think that overall the amount of sickness I would have would be less than if I was to

not take anything and then to just cure myself with Western medicines. *That's not preventing anything. That's just curing your ailments, whereas Chinese is more preventative and maintaining balance.* So I probably wouldn't ever get sick.

Although Theresa may be idealizing some aspects of TCM as a foolproof method of preventing illness, she points to how the use of TCM requires a longer-term commitment than she is willing to accommodate. Like others who find Western medicine more accessible and easier to use, Theresa is has grown up with Western medicine as the modality most often used since during childhood.

Non-Western treatments were only used on minor ailments such as coughs or colds, or when all other alternatives were exhausted. For example, Bethany had a recalcitrant wart that warranted alternative methods “in the absence of effective Western methods”. Her mother had unsuccessfully tried Western medications and treatments (such as cryotherapy) to remove a wart on her neck when Bethany was 11-12 years old. Her mother investigated what she describes as Chinese medicine and found a method involving the use of a certain type of seed to scrape the wart with its hull and to place the inner seed onto the wound to heal. Apparently this was a successful treatment in which the wart did not return.

Although Bethany refers to this as Chinese medicine, caution should be taken however, to interpret this as TCM use, as this may fall under the genre of folk medicine as opposed to the standard principles that are enumerated in numerous classical TCM texts. However, she views it as a positive example of TCM use that has influenced her opinion. She states that although she doesn't completely understand TCM she would be willing to take TCM under “certain circumstances” but that ultimately she would “trust

antibiotics more than going for Chinese medicines.” Note that this is a very different attitude from the TCM users who expressed concern about the unnaturalness of antibiotic use.

Melinda also has not had significant exposure nor access to Chinese medicine when she was younger, and is accustomed to Western medicine. Although she acknowledges that other relatives may have found it useful, she personally does not find it accessible:

I haven't thought about it that much because I have always subscribed to Western medicine, since I was very little. I guess my tendency is not really to believe too much in it. And maybe just because I don't have it readily accessible to me. You know there's not someone that I can just go to for advice when I [need it]— like a Chinese doctor that I've gone to before. I know that my aunt — my aunt had cancer and she did Western and Eastern treatments simultaneously. She certainly believes in it strongly. And I don't discount it. I just have never been exposed to it. So for me Western medicine has been enough in my life.

Again, accessibility is in terms of identifying a trustworthy individual to whom one can turn to for advice. In summary, for nonusers the major barriers were prior negative experience, lack of knowledge or access, and the inconvenience of TCM compared to Western medicine. In some cases the, current modern beliefs surrounding TCM may not correspond to the traditional classical understanding of the system. These factors help us understand why some of the Chinese Americans in the study sample have incorporated TCM beliefs into their model of health care while others face barriers that limit their TCM use.

## V. Conclusion

How do we explain the use of Traditional Chinese Medicine among the users?

The limited sample size of this study precludes any ability to predict Traditional Chinese Medicine use amongst Chinese American adults in general. However, without implying any causal relationships, this study generates several theories about how TCM use occurs in a specific subgroup of Chinese Americans. What was necessary for use among these individuals is the *knowledge of TCM*. Their parents, through their own use and support of their children's use, pass on this knowledge. That is, Chinese American individuals are not likely to use TCM if they don't know anything about it, without have been exposed to it to a significant and persistent degree.

Furthermore, children do not use TCM simply because their parents use it. They are not merely mimicking their parents' behavior without the concordant principles being proven in importance in their own lives. The users have a holistic approach based on integration of both TCM and Western medicine that is defined as the healing the mind and body (Murray and Pizzorno, 1998).

For example, Thomas has a very elaborate understanding of how to maintain balance in his body through the use of food supplements. He is not merely eating what his mother has fed him before, but instead has incorporated the principles of balance into other aspects of his life, including physical fitness. Andrew has blended both his knowledge of TCM provided through his mother with his own work and educational experiences in the sciences in his understanding of the pros and cons of using antibiotics.

Jennifer has used meditation not only when she is 'stressed out' with academic work, but also when she is physically sick.

For the nonusers, because they had to rely on the limited knowledge base of their nonuser parents, they did not have the confidence and comfort level to pursue TCM. In some instances they did not even have the desire to pursue TCM as a complementary medicine since they did not find it a credible source of healthcare knowledge without scientific proof. Indeed, the repeated references to accessibility are not limited to physical location, but represent the lack of access to an individual with expertise in TCM whom they trust. The expert knowledge offered by the users' parents to their children can be contrasted with the more 'folkloric' knowledge provided by several of the nonusers' parents, i.e. do not raise hands to reach for things nor drink cold things during pregnancy to avoid miscarriage (Melinda), sleeping with wet hair gives you headaches (Bethany), prenatal bread crust consumption led to acne (Alice), and probably scraping off recalcitrant warts with a seed (Bethany). Furthermore, the nonusers stressed the quick fix and more efficient nature of Western medicine, rather than the long-term efficacy. Theresa's reference to a 'secret' and the repeated confessions by many of the nonusers that they 'didn't know' anything about TCM create the impression that TCM is an exotic and complex concept that take time and some skill to implement.

#### **Limitations and directions for future research**

Several aspects of this study limit the usefulness of the findings. Due to the small nature of the sample size, it is impossible to provide generalizations about causal relationships in the determinants of TCM use. Although several of them had experienced

some major parental illness or loss and personal changes, none of them had any personal major adult illnesses that could perhaps influence the use of TCM and other nonwestern modes of healthcare. Also, the nine respondents found through the snowballing technique had comparable career levels. All had professional employment or were in their last year of study in college with pre-professional aspirations. Furthermore, the sample draws from Bay Area respondents, and as one respondent points out, the different social and cultural diversity present here in the Bay Area may be an exceptional environment in the United States.

This raises many questions; such as how important is the community context in which these young adults live in influencing their healthcare attitudes? How do the parents of the respondents view TCM and how does one explore their cross-generational relationships? How does the development of self-identity and the acculturation process affect the formation of health beliefs? Several respondents also discussed their religious and spiritual beliefs as well. How do these affect the integration of the mind and body? These and other questions surrounding ethnic identification are not addressed in this study and merit further study. This study revealed how the cultural knowledge passed on to children includes health care attitudes and behaviors. Another intriguing avenue for research would be how the children of this generation of Chinese Americans will establish their health attitudes and behaviors. For example, what will TCM mean for them?

This knowledge of how one passes on traditions, such as healing practices, is important for all families who having multicultural backgrounds. *For Chinese Americans in particular, TCM use must be considered in its cultural and familial context.* The



broader implications for health care practitioners in treating Chinese Americans are clear. To gain cross-cultural competency in medicine involves understanding the nuances of a patient's rationales for his or her healthcare beliefs. As shown in this study, for some Chinese Americans, TCM is associated with a variety of experiences and meanings.

The main conclusion that this study draws is that one can holistically incorporate both Eastern and Western philosophies into one's healthcare, and that is what characterizes the TCM users in this study.

## References

- Baer, H., Jen, C., Tanassi, L. et al. (1998). The drive for professionalization in acupuncture: A preliminary view from the San Francisco Bay Area. Social science medicine, 46 (4-5), 533-37.
- Chow, E.P.Y. (1984). Traditional Chinese Medicine: A holistic system. In W. Salmon (Ed), Alternative medicines—Popular and policy perspectives (pp. 121-132). New York: Tavistock Publications.
- Eisenberg, D. M. et al. (1993). Unconventional medicine in the United States: Prevalence, costs, and patterns of use. The New England journal of medicine, 328, 246-52.
- Gao, D. (Ed). (1997). Chinese medicine. New York: Thunder's Mouth Press.
- Glaser and Strauss, A. (1967) The discovery of grounded theory: strategies for qualitative research. Chicago: Aldine.
- Kleinman, A. (1980) Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry. Berkeley: University of California Press.
- Kaptchuk, T. J. (1983). The web that has no weaver: Understanding chinese medicine. Chicago: Congdon & Weed.
- Lofland, J. & Lofland, L. (1995). Analyzing social settings. 3<sup>rd</sup> ed. San Francisco: Wadsworth Publishing Company.
- LoSan, R. & LeVert, S. (1998). Chinese healing foods. New York: Simon & Schuster.

- Murray, M. and Pizzorno, J. (1998). Encyclopedia of natural medicine, Revised 2<sup>nd</sup> ed.  
Rocklin, California: Prima Publishing.
- Naeser, M. (1993). Outline guide to chinese herbal patent medicines in pill form: An  
introduction to Chinese herbal medicines. Boston: Boston Chinese Medicine.
- Ou, M. & Li, Y. (1993). Commonly-used prescriptions of Traditional Chinese Medicine.  
Hong Kong: Hai Feng Publishing Co.
- Oubre, A. (1995). Social context of complementary medicine in Western society, Part I.  
Journal of alternative and complementary medicine 1 (1), 41-56.
- Podolsky, D. (1996). Nod to an ancient art, US news & world report, (May 13) 78-80.
- Sancier, K. M. (1996). Medical applications of Qigong. Alternative therapies in health  
and medicine, 2 (1), 40-46.
- Weng, W. & Chen, J. (1996). The Eastern perspective on functional foods based on  
Traditional Chinese Medicine. Nutrition reviews, 54 (11), S11-16.
- Wiseman, N., & Ellis, A., translators (1996). Fundamentals of Chinese medicine.  
Brookline, MA: Paradigm Publications.
- Zhang D., & Wu, X. (1991). The basic knowledge of Traditional Chinese Medicine.  
Hong Kong: Hai Feng Publishing Co.

## **Appendix A: Interview Guide for Chinese Medicine Use**

**Introduction:** I am interested in why Chinese Americans use Traditional Chinese Medicine (TCM). I would like to ask you a few questions about how you approach Chinese and Western medicine. To begin, tell me about yourself. What do you do? Tell me about your family.

### **Beliefs surrounding Chinese Medicine**

Tell me about your childhood experiences surrounding TCM.

Do you recall anyone in your family using TCM when you were growing up?

In what way? For what purpose/illness?

Tell me about any experiences you have with using TCM recently.

What kinds of Traditional Chinese Medicine do you use and for what purpose?

How do you think being Chinese has influenced your views on health and illness?

What do you think are the advantages of using TCM?

What are the disadvantages?

### **Beliefs surrounding Western Medicine**

Tell me about the person you go to for your regular healthcare and maintenance.

How would you describe your relationship with this person?

How do you think being Chinese affects your relationship with this person?

Do you discuss your use of Chinese medicine with this person? Why or why not?

What do you think are the benefits of using Western medicine?

What kinds of illnesses are best treated with Western Medicine?

What do you think are the drawbacks, if any, to using Western medicine?

**Beliefs surrounding health and illness**

Tell me about the person who was responsible for taking care of you when you were sick while growing up.

What kinds of things did this person do to make you feel better when you were sick?

Tell me about the last time you were really sick.

What did you do to make yourself better?

What do you think contributed to your recovery?

Tell me about the things you do to maintain your health and prevent illness.

What are the different experiences you may have had with an acute vs. chronic health problem.

**Acculturation**

How would you describe yourself?

What kinds of things did you and your family do to celebrate Chinese culture?

How would you describe the foods that you ate as a child? How has that changed or stayed the same now that you are an adult?

Tell me about your proficiency in the Chinese and English languages.

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November 19, 1998

Karen J. Ng  
5128 Miles Avenue  
Oakland, CA 94618

RE: "A Study of Chinese Medicine Use Among Chinese Americans" - Graduate Research - Health  
and Medical Sciences

Dear Ms. Ng:

Thank you for sending your revised materials relating to the protocol referred to above. They satisfy the conditions in our letter to you of September 4, 1998, and we are pleased to grant full approval.

The number of this approval is 98-8-100. Please refer to this number in all future correspondence.

The expiration date is November 5, 1999. Approximately six weeks before the expiration date, we will send you a continuation/renewal request form. Please fill out the form and return it to the Committee according to the instructions.

Please note that even though the Committee has approved your project, you must bring promptly to our attention any changes in the design or conduct of your research that affect human subjects.

Please use the consent materials reviewed by the Committee (that you picked up from the CPHS office); the expiration date of the Committee's review of this form is noted in the bottom right hand corner. Please copy and use this stamped consent form for the coming year, and destroy any unsigned, out of date consent forms in your file.

If you have any questions about this matter, please contact the CPHS staff at 642-7461; FAX 643-6272; e-mail: [subjects@uclink.berkeley.edu](mailto:subjects@uclink.berkeley.edu).

Sincerely,

Henry E. Brady  
Professor of Political Science & Public Policy  
Chair, CPHS

EB:nan

Professor Jeffrey Burack  
Graduate Assistant  
Graduate Division (SID #12305574)