

Family Beliefs About Diet and Traditional Chinese Medicine for Hong Kong Women With Breast Cancer

Peggy Burrows Simpson, RN, MN, PhD(c)

Purpose/Objectives: To explore beliefs about diet and traditional Chinese medicine related to the breast cancer experience of Hong Kong Chinese women and their families.

Design: Interpretive phenomenology.

Setting: Hong Kong, China.

Sample: A purposive sample of 20 Hong Kong Chinese women diagnosed with breast cancer at various stages of the illness trajectory and at least one other family member.

Methods: A semistructured, three-hour interview was translated, transcribed, and back-translated.

Findings: Many women and their family members believed that diet was responsible for their cancer and recurrence. They integrated their cultural beliefs about diet and traditional Chinese medicine to manage illness symptoms and prevent recurrence. Families were anxious and confused about conflicting messages from various sources about dietary practices to promote their health and prevent recurrence.

Conclusions: Food and diet alternatives should be discussed with the understanding that beliefs about diet and traditional Chinese medicine are embedded in culture and that many Chinese women and their families seek a combination of Eastern Chinese medicine and Western medicine strategies to manage the illness trajectory.

Implications for Nursing: Many Chinese families have different beliefs about food and diet and the role that food plays in managing the cancer experience. Often, Chinese people will not seek clarification if they do not understand information. If information does not fit with their predominant belief systems, families may not implement it, nor will they discuss a situation if they think the conversation will result in a relationship of conflict with healthcare providers.

Breast cancer accounts for 4% of deaths and is the third leading cause of death in Hong Kong women. The incidence rose from 40 per 100,000 in 1993 to 49 per 100,000 in 1997. The mortality rate currently is 11.5 per 100,000 (Tsang & Cheung, 2002). The overall worldwide trend shows the incidence rate of breast cancer increasing with age. This is also true in Hong Kong; however, breast cancer in Hong Kong women also seems to occur at a younger age than for women in the West (Foo, 1999).

Hong Kong seems to be at the crossroads of Eastern and Western societies. Most current treatment and symptom-management modalities for breast cancer are derived from Western medical models. Research assessment tools related to the needs of women with breast cancer, when and how women access health services, how women and their families manage the illness trajectory, and quality-of-life issues also have been developed primarily from Western perspectives using Caucasian populations. Asian Americans are one of the fastest-growing minority groups in North America, and

Key Points . . .

- ▶ Beliefs about breast cancer and efficacy of treatment are embedded in Chinese culture.
- ▶ Families sought both Eastern and Western medicine to manage the illness trajectory.
- ▶ Family beliefs about diet and traditional Chinese medicine were integral to self-care strategies adopted.
- ▶ Nursing care for Chinese individuals should integrate family beliefs about the illness.

ethnic Chinese are the largest Asian subgroup in the United States (Truman, Wing, & Keenan, 1994).

Recently, some models of care have been developed specifically for Chinese populations with cancer (Chan, Law, & Leung, 2000; Chang & Tsang, 2000; Cheng, 2000; Ma, Choy, & Sham, 2000). Research findings derived from Asian populations can facilitate the development of indigenous treatment models, as well as promote a greater understanding for the development of culturally competent nursing practice and multiculturalism. Although Martinson and Kuan (2000) reported on psychosocial support for parents of children with cancer in Hong Kong, few reported studies have examined Chinese families and the breast cancer experience.

Culture and belief systems affect the perceptions women have about themselves, their health and illness, their attitudes about accessing health services, and their participation in treatments, surgery, chemotherapy, radiation therapy, and traditional medicine (Dodd, Chen, Lindsey, & Piper, 1985; Facione & Katapodi, 2000; Kleinman, 1988; Sadler, Wang, Wang, & Ko, 2000). In Chinese culture (unlike in the West, where the individual is the focus), the family unit is the most important social unit. However, in both societies, the role of the woman in the family and the role of the family in supporting the woman experiencing cancer can influence the illness trajectory (Cooley & Moriarty, 1997). This information can

Peggy Burrows Simpson, RN, MN, PhD(c), is an assistant professor in the Department of Nursing Studies at the University of Hong Kong in China. This research was funded by a University of Hong Kong Research Grant. (Submitted May 2002. Accepted for publication December 17, 2002.)

Digital Object Identifier: 10.1188/03.ONF.834-840

support the development of appropriate assessment tools and intervention strategies for future research and clinical practice specific to Hong Kong women and their families, as well as the development of health-promotion activities and appropriate choices for alternative therapies (Champion, Foster, & Menon, 1997).

Beliefs about illness contribute dramatically to how individuals and their families experience an illness. The beliefs that family members hold often are reconstructed after the illness experience, and, conversely, family members' beliefs significantly determine the impact of the illness and the choice of coping patterns used; ultimately, physical and behavioral reactions influence and shape the processes and outcomes of illness (Rolland, 1994; Wright & Leahey, 2000; Wright, Watson, & Bell, 1996). The purpose of this research was to explore the beliefs of Chinese Hong Kong women with breast cancer and their families about the breast cancer experience.

Traditional Chinese Medicine

Many nurses are confused about the differences among alternative therapy, complementary therapy, and traditional Chinese medicine. Complementary and alternative medicine (CAM) has become increasingly popular in Western countries, particularly among people with cancer (Burstein, 2000; Jacobson & Verret, 2001). CAM encompasses a range of modalities, including dietary and vitamin supplements, mind-body approaches, acupuncture, and herbal medicines. The objectives of CAM treatments are many: reduction of toxicities of therapy, improvement in cancer-related symptoms, enhancement of the immune system, and even a direct anticancer effect (Tagliaferri, Cohen, & Tripathy, 2001). Using a sample of 45 American women with breast cancer, Chou, Horng, Tolmos, and Vargas (2000) concluded that alternative therapy, most often in the form of vitamins, dietary changes, and herbs, was used by the majority of patients with breast cancer in conjunction with conventional treatment.

For people of Chinese heritage, the alternative or complementary treatments they choose usually are based in traditional Chinese medicine. Diet is linked inextricably with traditional Chinese medicine. The following descriptions provide a brief overview of a very complex Eastern medical system that has existed for centuries and is deeply embedded in Chinese culture (Kapchuck, 2000; Maciocia, 1989).

The traditional Chinese medical view of breast cancer is that it is caused by an accumulation of melancholic anger, depression, obstruction of spleen vitality, reversal of liver vitality, deficiency of blood and vitality, stagnation of blood in the muscles, accumulation of sputum over several years, and internal bursting. Breast cancer is linked to the seven passions and exhaustion of blood in the liver meridian, the melancholic accumulation of liver vitality, and obstruction of Qi (Aung, 1994).

Four major traditional Chinese medicine treatment approaches have an application to cancer: acupuncture, acupressure, Qi Gong, and herbal medicine (Maciocia, 1989). Acupuncture is a method of restoring balance by putting energy into the body through needles or taking energy out of the body. Acupressure is a system of massage during which finger pressure on acupressure points is used instead of needles.

Qi Gong

Qi Gong is energy medicine consisting of slow circular movements and centering or meditation. Many different sets of Qi Gong techniques exist; most of them include special breathing, concentration, and posture exercises and can be tailored to the type of cancer. Qi Gong is a nonstrenuous, healthy physical exercise. It is an extremely conservative therapy that includes self-help, personal empowerment, and awareness of the natural environment. Qi Gong is seen as a complement rather than an alternative to biomedicine. Its aims are to prevent disease and illness and promote good health (Aung, 1994).

Herbal Medicine

Herbal medicine is the principal mode of Chinese intervention. Herbal remedies are prescribed primarily to control serious syndromes affecting the major internal organs. Ling zhi (*Ganoderma lucidum*) is a fungus reported to have shown a tangible immunoenhancing effect (Aung, 1992). In Japan, *Ganoderma lucidum* officially has been designated a chemotherapeutic agent against cancer.

Diet and Traditional Chinese Medicine

A relationship exists between Chinese dietary therapy and traditional Chinese medicine. Dietary therapy is considered an organic part of Chinese medicine rather than a separate science (Gigante & Zhang, 1996). In Asian populations, diet is associated with health and often is linked philosophically with other aspects of society, as well as to an individual's state of health. Food provides nourishment to the body to promote and sustain a long and healthy life. Chinese dietary therapy emphasizes foods that assist the body's ability to dispel disease factors and thereby provide nourishment to regulate the balance of yin and yang. Nutritionally, the yin-yang system has been beneficial because it creates a balance of animal protein, grains, and vegetables. Individuals and families with these beliefs may not follow recommended diets if they are not balanced in terms of yin and yang foods (Ludman & Newman, 1984).

Dietary therapy is an organic part of Chinese medicine. Therefore, foods and medicines are classified according to the same principles. Medicine is used for diseases, and food is used for longevity. Food can be used as medicine, but medicine cannot be used as food.

Methods

Design

This article represents one dimension of the results of a study examining the family beliefs of women with breast cancer in Hong Kong. A qualitative methodology based on the principles of interpretive hermeneutics (Gadamer, 1989; Heidegger, 1996) was selected. Hermeneutic enquiry focuses on meaning and interpretation and how socially and historically conditioned individuals interpret the world within their given context. The method is meant to facilitate understanding and capture the family beliefs about the breast cancer experience through the use of language, interpretation, and reflection. A text or historical record is generated for analysis from conversations with the participants (Chesla, 1995; Gadamer; Gortner, 1999). The resulting interpretation

of the text is a fusion of the stories families told while reflecting on their cancer experiences and their related beliefs together with the background understandings of the Western nurse researcher living in Hong Kong who is a specialist in family systems and oncology. According to Gadamer, the prejudices that the researcher brings to the process become very much a part of the analysis rather than being bracketed out. This methodology has been useful in contributing to a deeper understanding of cross-cultural experiences from a nursing perspective (Annells, 1996; Spence, 2001).

A list of interview questions was developed to focus discussions. It included questions about where families thought the illness originated, how it started, what their experiences were over the illness trajectory, and how the illness changed things in the families (Rolland, 1994; Wright & Leahey, 2000; Wright et al., 1996). The questions were open-ended to allow flexibility for families to tell their stories. Probing, the use of questions to explore topics in more depth, was used to gain more detailed information about the topics being discussed (Janesick, 2000; Mauksch & Roesler, 1990). All family members were invited to share their opinions.

In the larger study, 86 different themes were coded. This article is focused only on the results extracted from the analysis related to the emergent themes around etiology, recurrence, diet, CAM, traditional Chinese medicine, and health-promotion strategies. The author believed this information was significant enough to be reported separately.

Both interviewers had experience with family systems nursing concepts and were able to explore sensitive issues in a nonthreatening way with the family members. The interviews were conducted in English or Cantonese, depending on what families were most comfortable using. For families who chose to speak English, the interviewer who spoke English performed the interviews. For families who chose Cantonese, the bilingual interviewer conducted the interviews.

Although no rules have been established, sampling is a function of the purpose of the inquiry, quality of the informants, and type of sampling strategy used. The guiding principle is data saturation. This means that no new data or relevant data seem to emerge regarding the categories. Usually, a sample size is determined when theoretical saturation occurs. The interviews proceed until the categories are well developed and relationships among the categories are established (Strauss & Corbin, 1998).

Participants

A method of criteria-based selection was used to select the participants (N = 20). Inclusion criteria were (a) diagnosis of breast cancer, (b) 18–80 years of age, (c) currently living with self-defined family, (d) at least one cohabiting family member agreed to participate in the study, (e) ability to give informed consent, and (f) ability to speak Cantonese or English. After ethical approval was obtained from the faculty of medicine at the University of Hong Kong and Queen Mary Hospital, the sample was recruited from three sources: women who attended a local, publicly funded, outpatient chemotherapy clinic; women who were participating in another research project about breast cancer; and women who heard about the project from friends and were interested in joining.

Data Collection

The interviews were conducted primarily in the homes of the women. If this was inconvenient or a family preferred to be interviewed at the university, a private interview room was arranged in the Department of Nursing Studies. Family data were collected through a family structural assessment tool called a genogram (Wright & Leahey, 2000). A genogram is a diagram of the family constellation and shows the structure of the intergenerational relationships (see Figure 1). Not only does a genogram allow for the collection of demographic data and information about family structure, it also is a way for investigators to initially engage families in the interview process. Demographic information was collected on age and economic, educational, and health status of all family members in this manner.

The interviewer then asked questions to solicit individual family members' beliefs about the cancer experience. Hearing families' stories was important, as was observing interaction patterns during interviews.

All interviews were audio- or videotaped. For the families who agreed to videotaped interviews, a portable video camera was taken to their homes. Four families did not wish to have their sessions videotaped but agreed to audiotaped interviews. The rationale of the value of the videotaped interviews to the research was explained to the participants, and the choice was theirs. Interviews lasted two to three hours.

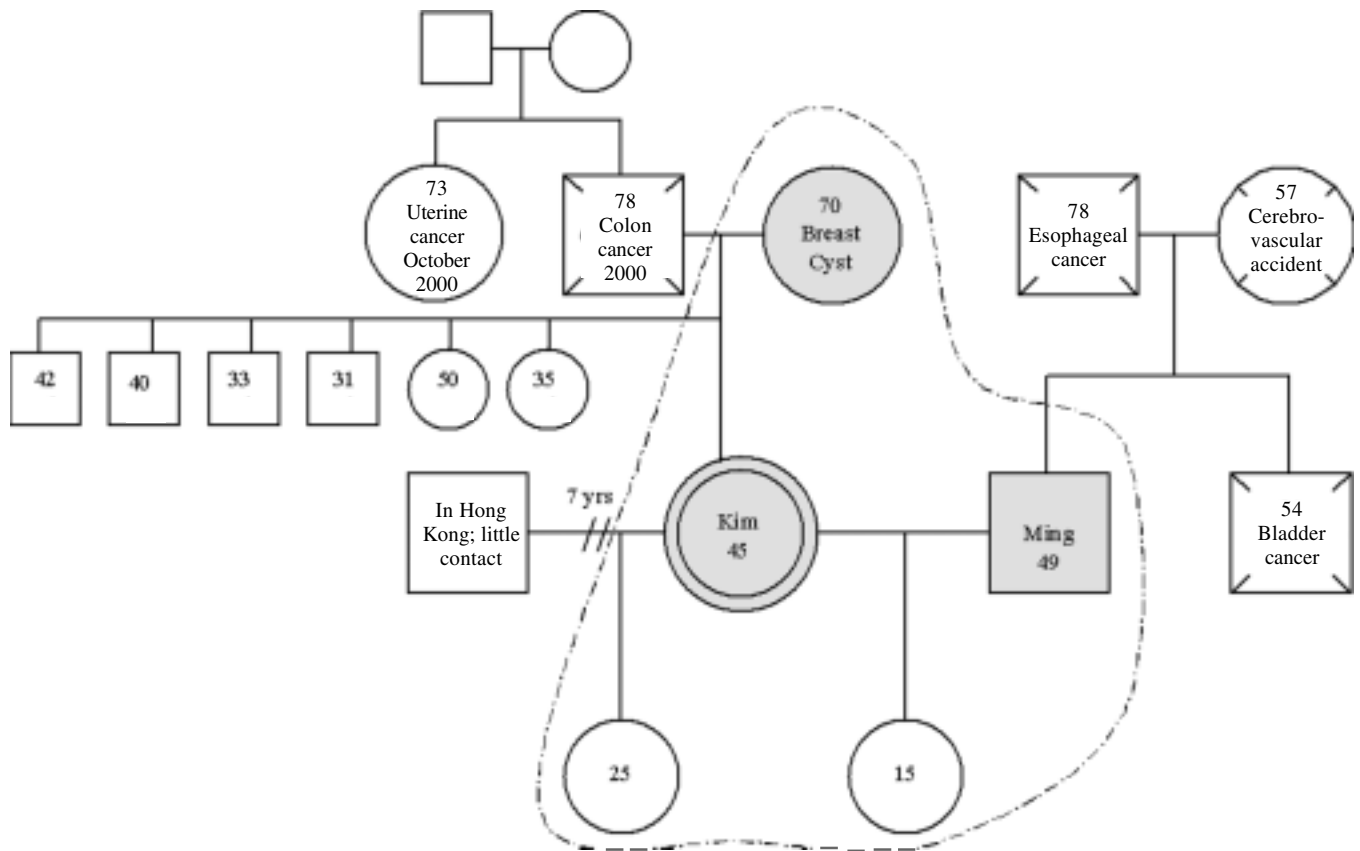
Data Analysis

Cantonese interviews were translated into English, then both Cantonese interviews and English interviews were transcribed to text. Cantonese interviews were back-translated to ensure that translated text was as close as possible to the original discussions (Twinn, 1997). The text was entered into a QSR NUD*IST (Non-Numerical Unstructured Data Indexing Searching and Theorizing) Vivo Software (Scolari, Sage Publications, Ltd., London, United Kingdom) qualitative analysis program. Two investigators, one English-speaking and the other bilingual in Cantonese and English, each used open coding to identify phrases and categories. This was accomplished using line-by-line analysis and was performed for the first seven interviews and until consensus was established on a coding scheme. The principal investigator then used the coding scheme to code the remaining 13 interviews.

Findings

The investigators interviewed 20 women with breast cancer with one or more of their family members. The age of the women ranged from 30–58 years. Of the 20 women, 4 were single, 14 were married, 1 was divorced, and 1 was widowed; 13 lived with their children. All of the women worked prior to their diagnosis. Five women had completed primary school, 10 had completed secondary school, and 5 had taken courses or completed postsecondary education. One woman had received her diagnosis and treatment in 1994 when she was 28 years old. Regarding treatment, 7 women currently were receiving chemotherapy, 1 was receiving radiation therapy, and 12 had completed treatment. Only 3 women had experienced recurrences.

Family was self-defined. Each woman decided which family members she wanted to have at the interview. The participants included the woman with the breast cancer diagnosis



Key: Male gender is designated by a square, female by a circle. A double circle indicates a woman with breast cancer. Shaded areas indicate that family was present at the interview. Family members are placed on horizontal rows that signify generational lines. For example, siblings or people in a marriage are denoted by horizontal lines. Children of the union are shown by vertical lines. Children are rank ordered from left to right beginning with the eldest child. A dotted line indicates members of the current household. Double slash marks between partners indicate divorce. Name, age, and significant data are placed inside or just outside the symbol (Wright & Leahey, 2000).

Figure 1. Family Genogram

and at least one other family member. Family member participants included grandchildren, children, siblings, spouses, parents, and cousins. The participants were Chinese and spoke Cantonese or English.

After the first few interviews, multiple themes began to emerge. Two concerned the role of diet in the cause of the cancer and the role that diet played in regaining health. Similarly, when asked what helped the women to recover, family members also talked about changes in food and dietary patterns and exercises that were related to traditional Chinese medicine.

Role of Diet

Fourteen of the 20 families made some reference to their beliefs about diet being a cause of breast cancer. Oily foods, oil used repeatedly for cooking, fat, fatty foods from restaurants, and peanuts all were thought to cause the cancer by many of the participants. Some foods such as beef, fish without scales, and some other seafood were considered poisonous. Chicken and chicken skin also were thought to cause cancer. Shrimp, crab, chicken, and goose were believed to cause recurrent cancer. The families expressed a lot of confusion about what they could and could not eat. One woman said that after she deleted all of the things from her diet that people told her not to eat, nothing was left.

Food also had a deeper meaning for these families. One woman said, "Not eating beef and seafood is fine with me because they are not my favorite, but to not allow me to have chicken is like losing the pleasure of life." One husband said, "My worst fear is seeing her lose her appetite. . . . Little can be done if she keeps feeling depressed. It is like she is destroying herself." Food and eating were considered important parts of a pattern that was inseparable from emotional aspects of living.

Sixteen of the 20 families made some reference to changes in family functioning regarding meal preparation or having meals together. Participating together as a family for meals gained greater significance after diagnosis and seemed to enhance family functioning. Family members who were not able to openly express their emotions seemed to say it with food. One respondent stated,

I think the biggest change is the relationship with the family; we are much closer than before. The brother who lives in a distant village was not close to me before but now . . . [mother interjects] He always cooks soup for her. Of course, the whole family has to stand together for the patient, cook soup.

One woman who had felt neglected by her mother in the past discussed the meaning of her mother's cooking. "Being

loved, I like the way my mother cooks. It makes me have more energy because she cooked the best things for me. They're very delicious."

One elderly father was unable to visit his daughter in the hospital. "When I returned home, he cooked a lot of dishes for me. He prepared soup with 79 different kinds of herbs. I know he loves us a lot!"

However, one woman was marginalized from her family. Her sister-in-law told her not to eat with the rest of the family or with friends in the village. "The villagers think if they know someone has cancer, they think it will happen to them." In this case, the family beliefs and those of the village community forced her to eat meals by herself. Rather than feeling loved and cared for, she felt alienated from her husband and his family. The stigma of cancer was associated with fear that can influence the important social aspect of dietary patterns in Chinese families experiencing cancer.

The 14 families who referred to diet as a cause of cancer also believed that a link existed between cancer recurrence and diet. They believed that a healthy, nutritious diet assisted in recovery. These beliefs are similar to those reported by Brown and Carney (1996), who interviewed 20 patients with breast cancer regarding their perceptions of health, illness, and medical care. They found that both an unconventional treatment group and a conventional treatment group attributed illness to environmental factors and equated recovery with a healthy diet and lifestyle. However, the families in the current study also were confused about appropriate diet. They received advice from multiple sources but not from healthcare providers.

One woman said, "The doctor didn't say I can't have chicken, but I haven't eaten any because [my husband] said so. I am already banned from beef and chicken. I am glad that [my husband] let me eat seafood."

When asked about allowing his wife to eat seafood, the husband responded, "Because she likes seafood. Some people say seafood is poisonous, but maybe it works out balancing the bad cells. Beef is very poisonous."

This finding is similar to that reported in a recent study of diet, acculturation, and health in Chinese American women (Satie et al., 2000). In that research, respondents said a strong connection exists between diet and disease. They were not familiar with U.S. dietary guidelines, food labels, or other sources of dietary information but reported that their friends and Chinese newspapers were their primary sources of nutritional information.

Traditional Chinese Medicine as Complementary or Alternative Therapy

Seventeen of the 20 families made some reference to their beliefs about the role of Chinese medicine or other alternative therapy during their experiences with breast cancer. Many respondents believed that Chinese medicine helped them gain weight, prevented nausea and vomiting, boosted cell counts, and modified mood and pain. Families used both treatments together and believed that traditional Chinese medicine provided a more holistic approach to overcoming the illness. Comments included, "Western doctors are best in surgery, but Western medicine is more 'poison against poison' approach, so Western medicine can't clear up the whole thing, but Chinese medicine can."

Another participant said, "With cancer, chemotherapy and radiotherapy is a must. After that, we use Chinese medicine to

adjust the body." Another said, "At the moment, my body has lost its balance, like I am eating all the time, I would eat less in future and use Chinese medicine to recuperate my body."

Energy healing, or Qi Gong, also was discussed as a way for women to recover and prevent recurrence. Family members usually were consulted, and they decided what approach the women should take. One young woman said, "My father's friend was an energy healer (Qi Gong). He took my brother as a student. My brother helped me during chemotherapy and again after radiation to release my arm." One young husband said, "Qi Gong improves blood circulation, enhances metabolism. Her arms and legs are swollen because of the Chi traveling around her body."

Another young woman delayed treatment for three months because her family and boyfriend insisted that she try to recover from the breast lump with Chinese therapy and Qi Gong to avoid surgery and body disfigurement. Chinese culture places importance on young, unmarried women being perfect so that they will be more desirable marriage partners. This kind of decision making has serious implications.

Acupuncture and acupressure were not mentioned by any of the research participants. They focused primarily on Qi Gong and herbal medicine in relation to their use of alternative therapies, perhaps because research in Hong Kong recently has focused on scientifically testing Qi Gong and herbal medicine. The women may have been exposed to this information during their increased exposure to the healthcare system while attempting to find ways to deal with their illness.

Some family members recommended Qi Gong as a form of exercise to boost the immune system. One husband believed that cancer was caused "because of the lack of exercise we do, so the immune system is not as strong."

Although many families mentioned using fungi and mushrooms, three specifically mentioned using Ganoderma to prevent recurrence. However, families found the cost of these Chinese medicines to be expensive, and many could not afford to buy them. The fact that the practice of Chinese medicine is not regulated in Hong Kong caused concern for one woman. Even though her husband sold Chinese herbs, she refused to take them, stating, "A lot of Chinese doctors started producing their own prescriptions, but people got poisoned." She was referring to incidents when people suffered side effects from combinations of herbal drugs that were, perhaps, not mixed in the correct proportions or the ingredients were of poor quality. Currently, no quality-control mechanism is in place for distribution of herbal medicines in Hong Kong.

The participants in this study, for the most part, believed in and encouraged the use of traditional Chinese medicine practices as complementary therapies, primarily for managing symptoms and maintaining health. They believed that both Eastern and Western medicine played roles in treating and managing breast cancer. The participants did not always discuss their use of traditional Chinese medicine with their healthcare providers. This is similar to a finding by Eisenberg et al. (1993), who noted that, although almost one-third of the U.S. population used alternative therapies, most did not discuss these treatments with their medical doctors.

Implications for Nursing Practice

For these Chinese women and their families, diet was a major concern across the illness trajectory. Some believed

that diet caused the cancer and contributed to recurrence. The women also were concerned about the health of other women in their families, particularly their daughters, in terms of dietary prevention of breast cancer. However, a lot of confusion existed about what they could and could not eat. Nurses very often are in positions to provide appropriate dietary information to women and their families. Determining how family members relate their beliefs about diet to the cancer experience and understanding how diet influences this process are important. Families also may be using Chinese medicine in an attempt to balance the yin and yang food components. From a physiologic perspective, women must get the nutrients they need to facilitate recovery from surgery, chemotherapy, and radiation treatments.

All participants talked about changes in family functioning after diagnosis. In relation to diet, the families became much more involved, with family members having differing opinions about meal preparation and consumption. Families also had strong influences on whether the women would seek complementary or alternative therapy in the form of traditional Chinese medicine. In the West, alternative therapy is something different or against the norm. Even though Hong Kong is a very Westernized society, these families indicated that Chinese medicine was a way of life. Some women were afraid to tell their "Western" doctors that they were taking Chinese medicine, whereas other "Western" doctors worked with Chinese medicine practitioners, sending information such as laboratory results so that Chinese medicines could be prescribed accordingly. Nurses should assess this behavior and work together with women, their families, and interdisciplinary teams to develop safe and appropriate plans of care.

Nurses working with Chinese women with breast cancer and their families should assess their beliefs about diet and structure information according to patients' perspectives. Chinese people often will not seek clarification if they do not understand information. If information does not fit with their belief systems, families may be reluctant to implement it and may be unwilling to discuss the matter if they think a conflicting situation would result. A food guide that provides the essential nutrients and, at the same time, is designed to include Chinese foods with options that include suggestions

from Chinese medicine could provide an appropriate intervention for Chinese women not only in Hong Kong and mainland China but also the entire Pacific Rim.

In this study, family members had strong influences on the decisions of Chinese women to seek complementary or alternative therapies. Oncology nurses should assess the beliefs of not only women with breast cancer but their family members as well. The participants in this study indicated that traditional Chinese medicine played a large role in managing symptoms and promoting recovery.

Kagawa-Singer (1997) emphasized the need for nurses to understand cultural meanings of the cancer experience and to use this information to inform the development of prevention and early-detection programs. Understanding meanings and beliefs of Chinese women with breast cancer and their families is important for developing not only primary healthcare programs but also educational and clinical interventions after diagnosis and treatment.

Nurse educators could use the information from this study to provide specific examples of the roles that beliefs play in shaping the family behaviors of Chinese women with breast cancer and, in many ways, shaping the illness trajectory. The fascinating thing about a "worldview" is that it is just that. Nurses can learn a great deal by understanding the viewpoints of other people in other cultures and how they negotiate the illness experience.

Future hermeneutic studies of Chinese families experiencing cancer may be valuable in providing detailed understanding of how families work out their meanings and practices in regard to interventions. Nurses must continue to build a knowledge base like this to design meaningful interventions.

Further research investigations also could be designed using qualitative and quantitative methods to study family education, diet, exercise, and the efficacy of traditional Chinese medicine. Such studies would lead to theory building, theory testing, and, ultimately, a better global understanding of the experience of cancer.

Author Contact: Peggy Burrows Simpson, RN, MN, PhD(c), can be reached at psimpson@hkucc.hku.hk, with copy to editor at rose_mary@earthlink.net.

References

- Anells, M. (1996). Hermeneutic phenomenology: Philosophical perspectives and current use in nursing research. *Journal of Advanced Nursing*, 23, 705–713.
- Aung, S.K.H. (1992). Medicinal applications of fungi and fungal secondary metabolites with emphasis on the use of Ling Zhi in traditional Chinese medicine. *Mushroom World*, 3, 17–23.
- Aung, S.K.H. (1994, April). *Chinese traditions of healing in cancer care*. Paper prepared for the Rauch Memorial Symposium on Oncology Nursing, University of Calgary, Alberta, Canada.
- Brown, P.J., & Carney, P.A. (1996). Health beliefs and alternative medicine: A qualitative study of breast cancer patients. *Journal of Cancer Education*, 11, 226–229.
- Burstein, H.J. (2000). Discussing complementary therapies with cancer patients: What should we be talking about? *Journal of Clinical Oncology*, 18, 2501–2504.
- Champion, V., Foster, J., & Menon, U. (1997). Tailoring interventions for health behavior change in breast cancer screening. *Cancer Practice*, 5, 283–288.
- Chan, C.L.W., Law, M., & Leung, P. (2000). An empowerment group for Chinese cancer patients in Hong Kong. In R. Fielding & C.L. Chan (Eds.), *Psychosocial oncology and palliative care in Hong Kong: The first decade* (pp. 167–188). Hong Kong: Hong Kong University Press.
- Chang, F., & Tsang, S. (2000). From expression to empowerment: Using creative arts as self-healing media for cancer patients. In R. Fielding & C.L. Chan (Eds.), *Psychosocial oncology and palliative care in Hong Kong: The first decade* (pp. 189–212). Hong Kong: Hong Kong University Press.
- Cheng, J. (2000). The illness experience of patients with nasopharyngeal carcinoma (NPC): Psychosocial support services. In R. Fielding & C.L. Chan (Eds.), *Psychosocial oncology and palliative care in Hong Kong: The first decade* (pp. 125–142). Hong Kong: Hong Kong University Press.
- Chesla, C. (1995). Hermeneutic phenomenology: An approach to understanding families. *Journal of Family Nursing*, 1, 68–78.
- Chou, J., Hornig, P., Tolmos, J., & Vargas, H. (2000). Alternative therapy use by breast cancer patients. *Medicine of the Americas*, 1(1), 26–29.
- Cooley, M., & Moriarty, H. (1997). An analysis of empirical studies examining the impact of the cancer diagnosis and treatment of an adult on family functioning. *Journal of Family Nursing*, 3, 318–347.

- Dodd, M.J., Chen, S.G., Lindsey, A.M., & Piper, B.F. (1985). Attitudes of patients living in Taiwan about cancer and its treatment. *Cancer Nursing*, 8, 214–220.
- Eisenberg, D.M., Kessler, R.C., Foster, C., Norlock, F.E., Calkins, D.R., & Delbanco, T.L. (1993). Unconventional medicine in the United States: Prevalence, costs, and patterns of use. *New England Journal of Medicine*, 328, 246–252.
- Facione, N.C., & Katapodi, M. (2000). Culture as an influence on breast cancer screening and early detection. *Seminars in Oncology Nursing*, 16, 238–247.
- Foo, W. (1999, November). *Cancer registry in Hong Kong: The big picture in the past decade*. Paper presented at the Sixth Hong Kong International Cancer Congress, Hong Kong.
- Gadamer, H.G. (1989). *Truth and method* (2nd ed. revision) (J. Weinsheimer & D.G. Marshall, Trans.). New York: Continuum International.
- Gigante, P., & Zhang, J. (1996). Food and dietary practices and their relationship in Chinese medicine. *Pacific Journal of Oriental Medicine*, 6, 6–13.
- Gortner, S. (1999). Nursing's syntax revisited: A critique of philosophies said to influence nursing theories. In C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing* (pp. 154–165). New York: Lipincott Williams and Wilkins.
- Heidegger, M. (1996). *Being and time* (J. Stambaugh, Trans.). Albany, NY: State University of New York.
- Jacobson, J.S., & Verret, W.J. (2001). Complementary and alternative therapy for breast cancer. *Cancer Practice*, 9, 307–310.
- Janesick, V. (2000). The choreography of qualitative research design. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 379–399). Thousand Oaks, CA: Sage.
- Kagawa-Singer, M. (1997). Addressing issues for early detection and screening in ethnic populations. *Oncology Nursing Forum*, 24, 1705–1711.
- Kapchuck, T. (2000). *The web that has no weaver*. Chicago: Contemporary Books.
- Kleinman, A.M. (1988). *The illness narratives: Suffering, healing, and the human condition*. New York: Basic Books.
- Ludman, E.K., & Newman, J.M. (1984). Yin and yang in the health-related food practices of three Chinese groups. *Journal of Nutrition Education*, 16, 4.
- Ma, J., Choy, D., & Sham, J. (2000). Coping strategies of NPC patients in Hong Kong and their effects on short-term adjustment. In R. Fielding & C.L. Chan (Eds.), *Psychosocial oncology and palliative care in Hong Kong: The first decade* (pp. 105–124). Hong Kong: Hong Kong University Press.
- Maciocia, G. (1989). *The foundations of Chinese medicine: A comprehensive text for acupuncturists and herbalists*. New York: Churchill Livingstone.
- Martinson, I.M., & Kuan, H. (2000). Psychosocial support for parents of children with cancer. In R. Fielding & C.L. Chan (Eds.), *Psychosocial oncology and palliative care in Hong Kong: The first decade* (pp. 75–104). Hong Kong: Hong Kong University Press.
- Mauksch, L., & Roesler, T. (1990). Expanding the context of the patient's explanatory model using circular questioning. *Family Systems Medicine*, 8(1), 3–13.
- Rolland, J. (1994). *Families, illness, and disability: An integrative treatment model*. New York: Basic Books.
- Sadler, G.R., Wang, K., Wang, M., & Ko, C.M. (2000). Chinese women: Behaviors and attitudes toward breast cancer education and screening. *Women's Health Issues*, 11(1), 20–26.
- Satia, J.A., Patterson, R.E., Taylor, V.M., Cheney, C.L., Shiu-Thornton, S., Chitnarong, K., et al. (2000). Use of qualitative methods to study diet, acculturation, and health in Chinese-American women. *Journal of the American Dietetic Association*, 100, 934–940.
- Spence, D.G. (2001). Hermeneutic notions illuminate cross-cultural nursing experiences. *Journal of Advanced Nursing*, 35, 624–630.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. London, UK: Sage.
- Tagliaferri, M., Cohen, I., & Tripathy, D. (2001). Complementary and alternative medicine in early-stage breast cancer. *Seminars in Oncology*, 28, 121–134.
- Truman, B., Wing, J., & Keenan, N. (1994). Asians and Pacific Islanders. In D. Satcher, B. Bales, J. Harris, & B. Truman (Eds.), *Chronic disease in minority populations*. Atlanta, GA: Centers for Disease Control and Prevention.
- Tsang, T., & Cheung, K.L. (2002). Incidence and mortality trends of female breast cancer 1983–1999. *Public health and epidemiology bulletin: Department of Health, Hong Kong, China*, 11(5), 57–62.
- Twinn, S. (1997). An exploratory study examining the influence of translation on the validity and reliability of qualitative data in nursing research. *Journal of Advanced Nursing*, 26, 418–423.
- Wright, L.M., & Leahey, M. (2000). *Nurses and families: A guide to family assessment and intervention* (3rd ed.). Philadelphia: F.A. Davis.
- Wright, L.M., Watson, W., & Bell, J. (1996). *Beliefs: The heart of healing in families and illness*. New York: Basic Books.

For more information . . .

- ▶ Acupuncture.Com
www.acupuncture.com
- ▶ HealthWorld Online Traditional Chinese Medicine
www.healthy.net/clinic/therapy/chinmed
- ▶ History of Traditional Chinese Medicine
www.mic.ki.se/China.html

Links can be found using ONS Online at www.ons.org.