Acculturation in Filial Practices Among U.S. Chinese Caregivers[*]

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Abstract:
In this article, we explore the phenomenon of acculturation in filial practices among 21 Chinese immigrants in a suburban city in the Midwestern United States using focus groups and individual interviews. All participants were situational reciprocal-filial caregivers who had acculturated into mainstream filial practices while preserving their heritage to deal with the challenges of parental care. Factors that influenced participants' acceptance of new filial practices included comfort in accepting new practices, financial status, and past relationship with the care receiver. Their motivations to acculturate included being overwhelmed, a multitude of situational constraints from being an immigrant, access to and utilization of resources, and the need for a coordinated approach to filial responsibilities. Their filial motivations included love, honoring traditions, meeting personal values, and meeting social expectations. These findings provide insight for designing culturally competent training and immigrant caregiver education.
Keywords: caregiving; caregiving, community-based (home care); caregiving, immigrants; caregiving, informal; Chinese culture; cultural competence; families

Article:

For immigrants acculturation is a resocialization process that involves adjusting to the host culture while maintaining their own heritage (Berry, 1997, 2003). Since the 1930s acculturation has been widely explored in the social and behavioral sciences (Redfield, Linton, & Herskovits, 1936). Existing research has shown that acculturation is stressful for immigrants, especially for the first generation, because it requires changes in social skills, beliefs, and behavioral values (Rosenthal & Feldman, 1990; Sodowsky, Lai, & Plake, 1991).

Although some studies have examined U.S. immigrants' caregiving experiences, no research has addressed the acculturation experience from sociohistorical and situational-psychological perspectives (Dilworth- Anderson, Williams, & Gibson, 2002; Janevic & Connell, 2001). The ways in which immigrant caregivers' original filial beliefs melt into the mainstream of the host society are unknown, and the ways in which their situational status influences or is influenced by their acculturation practices are unclear.

In this article we report on a qualitative inquiry into the changes in filial practices resulting from acculturation among first-generation Chinese immigrants who provided care or informal support—such as custodial services for their parents or parents-in-law—in a suburban city in the Midwestern United States. We chose the Chinese because they represent nearly one fourth (23.4%) of all Asian immigrants (U.S. Census Bureau, 2007) and they share similar values of collectivism that stress conventional, lifelong, reciprocal obligations for parental care (Berger & Huntington, 2003). We focused only on immigrants who left their home countries voluntarily. We excluded refugees because they left their home countries involuntarily and therefore represent a

special subgroup with different social-political backgrounds (U.S. Department of Justice, 2005).

Parental Care in Collectivistic and Individualistic Cultures
Collectivistic and individualistic cultures vary in their views of who should provide parental care and how it should be provided. People living in a collectivistic culture such as a Confucian society have historically accepted that children have a lifelong responsibility to their parents to reciprocate for their gift of life and upbringing (Sung, 2001; Waley, 1938). Confucianism mandates collectivism-based filial values (CBFV) that reinforce interdependence; unconditional loyalty and devotion to parents and family; the ability to endure existential difficulties; a lifelong commitment to self- sacrifice for family needs; and filial responsibility governed by rules of primogeniture and gender roles (Chen, 1908; Schorr, 1960). By tradition, Chinese adult children are morally and socially bound to care for their parents (Schorr, 1960). Married sons are expected to reside with and take care of their elderly parents, especially oldest sons, who often inherit the largest portion of the family property and are responsible for passing on their heritage to the next generation (Waley, 1938). Unmarried daughters live with and provide affective support and personal care for their parents, but when they marry they become daughters-in-law and are obligated to care for their parents-in-law instead of their own parents (Ikels, 1983). Thus, married sons provide living arrangements and assume financial responsibility for their parents, and daughters-in-law customarily provide personal care and affective support for parents-in-law (Hsu & Shyu, 2003). Parental care is based on a sense of gratitude and moral obligation that goes beyond social pressure or economic force or benefit (Ho, 1996; Ikels, 1983).

In contrast, people living in an individualistic culture such as the United States generally agree that children are not obligated to take care of their parents, though they may choose to do so (Collingridge & Miller, 1997). In the United States the government provides health care and support for its citizens through a welfare system to ensure that all individuals are free from poverty, disability, and illness (Axinn & Stern, 2005; Triandis, 1995). The emphasis on individuals' rights and control over their own choices is expressed as individualism-based filial values (Collingridge & Miller, 1997). As a result, adult children may or may not provide care or support for parents (Lee, Peek, & Coward, 1998). Parental care is usually focused on financial support or assistance with daily tasks and/or affective support by visits or phone calls (Collingridge & Miller, 1997).

U.S. Immigration Legislation and Potential U.S. Chinese Caregivers
Because of legal barriers to immigration from 1882 to 1942, the majority of Chinese immigrants did not arrive in the United States until the 1965 Immigration Reform Act was passed (Lai & Arguelles, 2003). Currently more than two thirds of Chinese immigrants are foreign-born (Lai & Arguelles, 2003). In addition, U.S. immigration laws have "chosen" Chinese who are well educated, financially self-sufficient, and willing to live with their parents. Employment-based immigration laws favor professionals with exceptional skills or educational or economic achievements. Family-based immigration laws require immigrant children to petition on behalf of their parents who wish to immigrate to the United States, and they must demonstrate that they are capable of sponsoring their parents (U.S. Department of Justice, 2005). These requirements in part explain findings on family caregiving by Asian caregivers, including the Chinese (Hsueh, Phillips, Cheng, & Picot, 2005; Jones, 1995; Jones, Zhang, Jaceldo-Siegl, & Meleis, 2002). Hsueh and colleagues found a positive association between filial values and perceived reward in a survey of 137 Chinese caregivers. Jones (1995) and Jones et al. (2002) found that Asian caregivers who accepted their traditional filial obligations expressed satisfaction with their caregiving role.

In this study we explored the phenomenon of acculturation in parental care among U.S. Chinese caregivers. Using Berry's dimensional acculturation model we defined acculturation as interactions of two dimensional cultures: (a) the original culture, which includes beliefs, attitudes, and behaviors specific to the culture of origin, and (b) the host culture, which includes mainstream beliefs, attitudes, and behaviors specific to the host society (Berry, 2003; Kwak & Berry, 2001). The interactions are bidirectional; also, accepting the host culture does not necessarily mean discarding the original culture, and preserving the original culture does not necessary mean rejecting the host culture (Berry, 2003). Some people may easily adjust to new filial practices and also keep

their filial heritage, so that they benefit from the best of both worlds. Some may prefer the new over the old world and gradually replace their filial heritage with new filial practices. Some may be confused by the two worlds and refuse both the new filial practices and their filial heritage. Others may prefer the old over the new world and hesitate to accept new filial practices.

Methods Design and Sampling

We conducted two focus groups and 14 individual interviews to draw on the strengths and overcome the limitations of each of these methods. Focus groups allowed us to identify common filial beliefs and attitudes toward parental care in relation to the acculturation experience within a group context. In the group interactions, participants were able to express their own views fully, using cues from others' ideas (Krueger & Casey, 2000; Morgan, 2000; Stewart, 1990). Individual interviews were then conducted to gain further insights into personal views and emotional responses to the acculturation experience. The individual interviews enabled us to obtain details in a private setting in which participants were not influenced by others' answers and did not have the problem of self-disclosure in public or of expressing embarrassing opinions. The private setting was also helpful for observing nonverbal clues while gathering information about participants' complicated situations (Patton, 2001). Through referrals by "gatekeepers" in the Chinese community we recruited 21 U.S. Chinese immigrant caregivers. The gatekeepers included pastors, pastors' wives, elders of the Chinese church, and leaders of nonprofit agencies or community services. They were chosen because they either held high positions in the community or were well connected in the community. We assigned three participants to one focus group and four to another. For individual interviews, we purposively selected another 14 participants who varied in gender, birth order, and whether or not they were residing with parents. The Ethical Review Committee at a Midwest University granted approval for the study. All participants consented in writing to our recording the interviews.

Data Collection and Analysis

We used unstructured, open-ended questions derived from a mixture of literature review and personal observations of the authors to conduct the interviews. We began with common beliefs about parental care and acculturation with regard to filial practices by inviting a response to, "Tell me about your concerns/thoughts that led you to become a caregiver," and asking, "What inspired you to do what you do (looking after your parents)?" We then extended questions on how they felt about providing culturally prescribed care for their parents, and on their perceptions of using health care services. For example: What challenges do you face when providing care for your aging parents in the United States? What are new ways of care you would like to adopt from the United States? Why? What specific aspects of Chinese filial practices do you try to keep?

To explore situational determinants relevant to acculturation with regard to filial practices we were especially concerned with socialization processes, cultural interpretations, relationship to care receivers, views of utilization of health care services, available resources, and situational barriers and needs relevant to filial practices. For example: How would you describe your relationship with your care receiver? What barriers do you face when trying to use social welfare programs? What strategies do you usually take to manage stressful situations? To what extent do you believe it is important to keep old ways of caring for aging parents while living in the United States? Under what circumstances would you put your elderly parents in a nursing home? Why?

Focus groups. Focus groups were organized based on participants' dominant dialects, time schedules, and geographical locations. Most U.S. Chinese speak one of three major dialects (Mandarin, Cantonese, or Taiwanese) depending on their place of origin: China (Mandarin or Cantonese) or other places (Cantonese, Mandarin, or Taiwanese). The first author, who speaks Mandarin and Taiwanese, led the first focus group of four Mandarin speakers, and a trained research assistant (RA) who speaks Cantonese and Mandarin observed and documented nonverbal behaviors among and interactions between participants. The RA led the second focus group of three Cantonese speakers; the first author observed and documented nonverbal behaviors and interactions among participants. We began each session with a warm-up greeting, a brief explanation of the study's purpose, and a statement of confidentiality procedures. We used pseudonyms during the group discussion to ensure anonymity. We used a seminar format to keep the group focused while maintaining

dynamic discussion. Each session lasted 90 minutes. At the end of the session each participant was given $30 in cash to honor her or his time and effort.

The RA developed English transcripts. After verifying these transcripts with the original tapes, the first author carefully analyzed words and texts to identify consistent patterns reflecting overall acculturation with respect to filial values using thematic content analysis. Through a process of open coding and categorizing, the authors then elucidated key phrases to create codes and major categories. Major categories were grouped and further analyzed for subcategories to reflect situational perspectives on acculturation in relation to filial values. The initial analysis provided insight for expanding the focus on acculturation with regard to filial practices in successive individual interviews.

The 14 individual interviews were conducted in either a private room at a church or at the participant's home. They were conducted by the first author and a graduate research assistant (GRA) who also speaks Mandarin and Taiwanese. The incentive was $20 in cash since the interview required only 45 minutes. Either the first author or the GRA (whoever conducted interviews) developed the English transcripts. The data were collected and analyzed in an ongoing, iterative manner, and sampling continued until theme saturation occurred. Open and focused coding was used to identify minor categories and elucidate all codes and categories to determine similarities and variations within interviews until no new themes were observed in the data (Patton, 2001).

Credibility of the data. Credibility of the data (Lincoln & Guba, 1985; Patton, 2001) was ensured by using multilingual interviewers from the Chinese community to engage participants in a culturally sensitive way and foster friendly relations. During all of the interviews we used some time to establish a trusting relationship with the participants. In the process of data analysis we used member-checking to ensure the accuracy of interpretation and theme extraction. Finally, we engaged in peer debriefing with an experienced qualitative researcher to ensure impartiality.

Findings Participant Profiles

The study included 18 female and 3 male middle- aged caregivers whose average age was 47.5 years. They provided care or managed informal support for their parents or parents-in-law. All participants were foreign-born Chinese immigrants who were originally from China (9), Hong Kong (5), or Taiwan (7), and had lived in the United States for 10 to 33 years. They were professionals with an average of 19 years of education. Those from China (5 out of 9) tended to be in technology and academia, while those from Hong Kong (3 out of 5) and Taiwan (4 out of 7) tended to be in fields such as business, medicine, and technology. Their median annual household income was in the range of $70,000 to $80,000; four participants did not respond to this question.

More daughters (16) than sons (3) or daughters-in-law (2) participated in the study. The majority of the daughters (12 out of 16) were either middle (5) or youngest (7) children. The three sons were either the oldest (2) or the only (1) child. Two daughters-in-law were wives of oldest sons. When these participants immigrated they brought with them not only shared values and behaviors but also local variations in their values and behaviors; during recruitment, we learned that the married women who assumed the filial obligations of daughters-in-law were from places other than China. Also, the married women who were from China were not registered in their husbands' last names. Furthermore, a higher proportion of participants from China (6 out of 9) than from other places (3 out of 12) had chosen income-limited housing for their parents.

Situational-Reciprocal-Filial Caregivers

Our participants were active situational-reciprocalfilial caregivers who preserved their own heritage and went beyond conventional approaches to deal with the challenges of parental care. Conventional filial practices governed by primogeniture rules and gender roles had diffused into the mainstream of the host society. For example, more daughters than sons or daughters-in- law assumed parental care. Also, unlike traditional men, all the sons took part in providing personal, affective, and financial support for their mothers:

I usually give her some massage whenever I see her at the end of the day.

My mom has been a homemaker for her whole life. She doesn't like to go out. I usually invite some friends from church to my house over the weekend so she can enjoy some social activities at home.

I provide health insurance coverage for my parents. ... I usually help them arrange doctor appointments and take them to see the doctors.

Participants felt comfortable in adopting some mainstream filial practices such as respite services or reimbursement for equipment purchases if they were eligible. Some had benefited from using them:

When my father was discharged from the hospital the social worker helped us arrange respite care service. That [the respite service] has been very helpful to release our tension in learning how to take care of a stroke patient.

On the day my mother was to be discharged from the hospital we were referred to the direct-reimbursement program for respite care services and transportation. It is a very good program.

Table 1
Comparison of Variables and Factors Related to Traditional and
Acculturated Filial Care Situations

	Traditional Filial Care Situations	Acculturated Filial Care Situations
Who should provide parental care?		
Whose responsibility	Parental care is a family responsibility. Adult children should provide care and support to elderly parents.	Parental care is a shared responsibility of the government and adult children.
Chosen caregivers	The oldest son and oldest daughters-in-law should be the primary caregivers.	The caregiver depends on individual circumstances; more daughters than sons and daughters-in-law become the primary caregivers.
How should parental care be provided?		
Personal and custodial care	Care should be provided by the family caregiver.	Care can be provided by the family caregiver or a paid caregiver.
Rules of primogeniture and gender roles	The rules of primogeniture and gender roles require that men, especially the oldest sons, provide living arrangements and financial support. Women, especially the oldest daughter-in-law, provide personal care and affective support.	The rules of primogeniture and gender roles are broken. Men and women share responsibilities for living arrangements, financial support, personal care, and affective support.
Living arrangements	Family caregivers should reside with their elderly parents.	Depending on individual circumstances, caregivers can reside with their elderly parents or live close by or at a distance.
Personal circumstances	Personal circumstances such as financial status and job expectations should not be used as excuses in determining how the parental care should be provided.	Personal circumstances should be taken into consideration for how parental care should be provided.
Attitude toward a coordinated approach	Caregivers should seek help within family	Caregivers can seek help from the family and public resources.

Nursing home placement was considered only when parents needed 24-hour nursing care that was beyond their children's capacity:

I will keep him at home until one day he needs 24- hour medical attention that I am unable to provide. If his condition [Alzheimer's dementia] needs 24-hour supervision. It will be a challenge for me to keep him at home while I still have three kids to take care of.

I will consider nursing home placement for my mother when she gets to a point where I could not handle it. . . . If she [her mom] needs to be hospitalized . . .

Three subthemes emerged that reflected contextual determinants relevant to acculturation with regard to filial practices: (a) comfort in accepting new filial practices, (b) financial status, and (c) past relationship with the

care receiver. Table 1 summarizes variables and factors related to traditional and acculturated filial care situations.

Comfort in accepting new filial practices. Comfort in accepting new filial practices was vital in determining the type of situational-reciprocal-filial caregivers the participants wanted to be. Those who were less comfortable with accepting new filial practices were more likely to keep their parents under the same roof:

I am the oldest son. It has been my desire to provide my mother a comfortable living place for her to spend the later years of her life.

I would never send my mom to the income-limited senior apartments. Elders will feel a loss of respect from their children if they have to come here [the United States] to live there in a foreign land.

My mother turned 82 this year. She has lived with me since I had my first child. I would never put her in senior apartments. . . . She would never want to live there.

Those who felt comfortable with accepting new filial practices were more likely to accept senior housing for their parents. They did so because their parents wanted to be independent and to have their own space and social life. Senior housing near the caregivers' homes made frequent visits easier:

My mom likes to have her own space and to be independent. She applied for the income-limited apartments for herself although we have a room for her here. . . . I usually bring her to stay with me during the weekdays when my husband is not at home.

My father likes to be independent and to have a quiet place. . . . He seemed to enjoy friends and activities there. . . . I usually bring him to stay with us on Friday night. We go shopping on Saturday and have lunch together on Sunday.

Being comfortable with accepting new filial practices led to a relatively nonhierarchical relationship between these adult children and their parents:

She [my mother] decided to move to the income- limited apartments, where a friend she made in the Chinese church also lives. . . . I told her if that is what she wants, I will help her.

Financial status. Financial status was key to why some were able to keep their parents under the same roof or in a separate house on the same street, whereas others had to choose income-limited housing for their parents. Those who continued residing with their parents tended to have sufficient financial means. They also had a positive financial attitude toward providing for or managing care for their parents, or offering living arrangements or custodial support:

Before my mother had a stroke I placed her in a separate house with her own back yard inside of my property. . . . I brought her in our main home after she had a stroke and deteriorated. . . . We are fortunate to be financially self-sufficient. . . . I hired three Chinese-speaking nursing aides to watch her 24 hours [a day] at home.

I built a five-bedroom house including a specially- designed suite with arrangements in the Chinese style for her [his mother] to have a comfortable living place here.

I bought a condo next to our main house for her. I also hired a Chinese-speaking housekeeper to help her during the day when I was at work.

Participants, especially daughters who assumed primary responsibility for parental care, were often inspired by the feeling that they had the most resources among their siblings:

Their financial situations [all siblings in China] were not as good as mine. I brought her [her mother] here so she can have a better life.

My financial resources are the best among my siblings.

Those who had limited financial resources were more likely to choose income-limited senior housing for their parents because they had limited space:

When my mom stayed with us all my kids were in one room so she could have her own room. . . . She has wanted to have her own space independently. . . . We applied to the income-limited apartments for her.

My apartment is kind of crowded for my whole family and my father to live in. He has wanted to have a quiet place. . . . We applied to the income-limited apartment for him.

Past relationship with the care receiver. The participant's past relationship with the care receiver was pivotal in explaining who the situational-reciprocal-filial caregivers would be. Past relationships between adult children and their parents set the tone for future giving and receiving. Good, close relationships between them had a strong influence on adult children's willingness to bring their parents into their homes. The feeling of being their parents' caregiver of choice contributed to joy in caregiving:

I am the only daughter. I have a very close relationship with my mom. I brought her from China to live with us when my father died from a heart attack last year.

My father died when I was 14. . . . I am the youngest daughter. . . . She [her mother] has always tried to help me. . . . She came to live with me when I had my first child.

I am the youngest daughter. My mother likes to stay with me during the weekdays when my husband works in another state.

Conversely, a sour relationship between adult children and their parents prevented the possibility of giving and receiving between them:

My parents did not get along with my sister-in-law. They were not happy there. I brought them to live with me a few years ago.

My father could not tolerate my sister-in-law speaking to him disrespectfully in front of others. . . . He has stayed with us since my mom passed away two years ago.

Acculturation Motivations

In attempting to acculturate these participants experienced a range of situational determinants of filial practices and behavioral values: a sense of being overwhelmed, a multitude of situational constraints from being an immigrant, access to and utilization of resources, and a need for a shared/coordinated approach to filial responsibilities. These situational determinants played an incidental role in changing participants from conventional-reciprocalfilial caregivers to situational-reciprocal-filial caregivers.

Being overwhelmed. Being overwhelmed because of having to care for a parent was apparent among those who had limited resources and were trying to maintain their filial heritage. These individuals often felt trapped by care demands and personal life challenges. They felt drained of time and energy or were physically fatigued. Sometimes they felt alone, enduring a huge responsibility. They also felt anxious about handling challenges and had a sense of guilt that they were not doing enough, and were frustrated that they did not have enough time. However, gradually they took actions to smooth things out to cope with their situations in fulfilling their filial caregiver roles:

My wife and I work in our companies. When my mom needs to see a doctor, I usually rearrange my schedule to accommodate her. . . . I spent most of my time and energy keeping my attention on her. . . . Later I hired three Chinese-speaking nursing aides to watch her 24 hours at home.

After my father had several strokes he became completely paralyzed. . . . He needs to use suction frequently during the night. I could not sleep well during the night. I was stressed-out by worrying that something might happen to him during the middle of the night. . . . Finally I had help from respite care and learned how to use the equipment myself. I felt comfortable keeping him at home.

I am a working woman with three young kids. . . . I have felt exhausted all of the time. . . . I had to leave a full-time job to care for him [her father]. . . . Now I work only three days a week so I can have some time to breathe.

A multitude of situational constraints from being an immigrant. Situational constraints related to being an immigrant appeared to be a curse as well as a blessing that led participants to draw on shared experiences to create solidarity in their community while exploring new adventures. When trying to find ways to overcome obstacles, participants gradually learned new skills and applied them. Their stress in caregiving was amplified by barriers to welfare eligibility such as immigrant status, language barriers, limited support networks as a result of separation from family and friends in the home country, and conflicting cultural values:

She doesn't qualify for any welfare programs. She insisted on not having health insurance because she doesn't want to burden us.

Although I speak some English I don't know medical terms. When my mom needs to see a doctor we have to ask someone from our church to go with us. I have to make myself available according to their schedule.

The caregivers were often overwhelmed by competing demands on their time and energy, including caring for children and elderly parents, dealing with the stress elderly parents felt in transitioning to the new country, and handling conflicting values within themselves and between their elderly parents, who were immigrants, and their children, who were thoroughly American:

My mom speaks no English. My kids' Chinese is not good enough to communicate with her. . . . At times disagreements occurred as the result of miscommunication.

My mom has always complained that my little boy shows no respect for her. She felt that I have spoiled my little boy. My little boy thinks that his grandma is too bossy. I have to spend lots of time and energy to help them understand each other and smooth their conflicts. That has been a major source of frustration for me.

When my father first came to live with us he stayed in his room most of the time reading and writing in Chinese. He rarely talks to my kids and was very quick to get mad or upset by the way my youngest boy talks to him. . . . I was very careful to make up some nice stories for him and my children to help them like each other.

Access to and utilization of resources. Access to and utilization of resources were indicators of acculturation toward mainstream filial practices and a predictor of acculturative stress. The availability and utilization of resources seemed to shape and be shaped by patterns of responses to the challenges of the caregiving role. Those who preferred to rely on friends or relatives who were health care providers or who had had similar experiences were either not aware of health resources or hesitated to use them:

A friend at our church told me that I can apply for Medicaid for my mother.

There are doctors and nurses at our church. I usually ask them first. . . . They were very helpful in telling us where to get free check-ups.

When I need help with medical questions I usually call a friend of mine who is a nurse. She is very helpful in answering my questions.

Hesitation to use health resources was associated with not qualifying for formal health services, language barriers, and lack of culturally sensitive care. These obstacles, taken together, often prevented participants from seeking formal health services:

My mom doesn't qualify for Medicaid. She refused to see a doctor. She was afraid of the expensive medical bills. . . . She just used medicine that she brought from China.

I speak little English. . . . I hate having to bother someone to get help.

The doctor wanted my mom to drink more orange juice. . . . He seemed not to know that orange juice is cold food and is not good for a coughing problem.

On the contrary, those parents who sought help and used resources were those who liked to stay active and independent and/or were well educated and felt comfortable using English:

After she [my mom] met a few Chinese elders from a local Chinese church who live in income-limited senior housing she decided to move there.

She likes it there [the income-limited apartment] because she can take free shuttles for grocery shopping and attending activities provided by the local Chinese churches and the Chinese community service center.

My mom likes to have a quiet space and time for herself. . . . She feels comfortable in communicating in English as needed.

Need for a coordinated approach to filial responsibilities. A coordinated approach was the most substantive indicator of acculturation toward mainstream filial practices. Men tended to seek help from formal resources to fulfill filial obligations that were traditionally reserved for oldest sons:

The government provides many programs to help us. . . . Last year when my mom had a massive stroke we used respite services through Medicaid-funded programs after she got out of the hospital.

We thought that it [the income-limited senior housing] is a good place for them [my parents] to have some social activities during weekdays.

Women were more likely to expect to collaborate with siblings to share caring for an aging parent, but they did not have a clear plan as to how to collaborate:

My wife thought that I should get my sisters to take part in the care of my mother.

All my sisters and brothers think that I am doing a good job. No one asks if I need help. . . . I don't mind taking care of her, but I think taking care of parents is all children's responsibility.

I think my brother and sisters-in-law should help with some care. It is a bit heavy for only one caregiver.

Filial Motivations

In trying to fit into the new society, our participants felt proud of preserving their filial heritage by keeping their parents under the same roof or as close to them as possible. They were motivated by love, a sense of payback, meeting personal values, and mutual help.

Love appeared to be a major driving force for participants who brought elders into their family's lives; it sustained them through good and bad times. When participants talked about parental care and life in a family they spoke of love in its moments of joy and disappointment, its searing pain, and its struggle and daily routine. A community of love was created in our participants' families through serving their parents' needs and helping each other grow:

Of course, parents love to live with their children. We will be happy when our parents are happy.

After my mother died we asked my father to stay with us. He had a loving relationship with my mother and he took care of her until she died. We worry that he may not be able to live by himself.

My mom will turn 80 this year. One day when I saw her wandering around by herself around a street corner in our neighborhood, I suddenly realized that she is really old and needs my attention and care.

A sense of payback. Payback was a major factor in the collectivism-based filial values that regulated conventional-reciprocal-filial obligations. This stood out as a great motivator for all our participants, who showed their willingness to be active-reciprocal-filial caregivers, continuing to live with and provide parental care for their parents in the United States:

We as children should be responsible for looking after our parents in return for the debts of our upbringing.

My mom has been a widow since I was in high school. She raised me and my two younger sisters by herself. She supported me to go to medical school and come to the U.S. . . . I should provide her with a good life in her later years.

My mom has done so much for me, my sister and my brother. Without her, we would not be here. We want her to be financially independent, so each of us gives her a few hundred dollars each month. I just don't understand why some Chinese would send their parents to income-limited senior housing even through they could afford to support them.

Meeting personal values. Meeting personal values by honoring traditions or expectations distinguished those who moved swiftly to adopt appropriate filial practices from the host society—while keeping their own heritage—from those who were puzzled or were conflicted by both new and old filial practices. Those who maintained a strong sense of unconditional loyalty to their parents successfully integrated the best of two worlds through their deep commitment to family and parents as a way of fulfilling personal values. They also provided role models for their children to maintain their heritage in the new land:

No matter how busy I was, I usually saw her at the end of the day. . . . I felt that I had the responsibility to provide the best care for my own mother.

I would not send my mom to a senior apartment or a nursing home. We should keep our traditions and look after our parents. . . . My husband supports my decision. . . . I did the same thing for his mother.

I don't know if you agree or not, but I believe that taking care of aging parents is our responsibility.

I feel that I have a responsibility to show my kids my commitment to our traditions because I learned that from my parents.

Mutual help. Mutual help appeared to be a common trend among participants. Like others in the literature (Hsu & Shyu, 2003), we found that modern family care- giving among the Chinese is based on mutual help and promotes resilience. Our findings also suggest that the relationship between U.S. Chinese caregivers and their parents transformed them from an attitude of submission to one of authority, to giving and receiving care and support under conditions of mutual respect:

Although our three-bedroom apartment packed with five people is kind of crowded, my mom helps me a lot. Without her I would have to hire a babysitter. . . . The school bus driver would not drop my kids off if no one waits at the stop point.

Before I sold my company I had to work long hours. My mom helps me do laundry and fix pre-dinner snacks for the kids.

I brought her to live with us when she had a kidney problem last summer. After she got better she continued to stay with me. . . . She helps me fix dinner every night.

Discussions and Implications
Our findings support Berry's (2003) assumptions that accepting new cultural values does not necessarily mean discarding old cultural values, and preserving old cultural values does not necessarily mean rejecting new cultural values. The theme of situational-reciprocal-filial caregivers ran through the interviews. All our participants had acculturated to mainstream filial practices to some extent, while they preserved and fulfilled their filial responsibilities by bringing their parents into their homes, providing living arrangements, or arranging nearby housing. Participants' acculturation in filial practices, depicted by the two integrative themes of acculturation motivations and filial motivations, appeared to be a complex process that required explicit reasoning to reach a balance between the traditional heritage and the host culture. Cultural values, as manifested in family values and family role and gender role expectations, are thus critical for understanding caregiving among Chinese immigrants.

Although all our participants were situational reciprocal-filial caregivers, income-limited senior housing placement seemed more acceptable among participants from China (7 out of 9) than among those from other countries, who continued to reside with their parents (9 out of 12). The reasons for this were unclear and warrant further exploration. Contextual determinants that moved participants to change from conventional-reciprocal-filial caregivers to situational-reciprocal-filial caregivers included being overwhelmed, being an immigrant with a multitude of situational constraints, access to and utilization of resources, and the need for a shared/coordinated approach to filial responsibilities. These findings suggest that the immigration experience is associated with acculturation in parental care. Our findings are consistent with those of recent studies which

found that filial autonomy is growing among Chinese immigrants (Pang, Jordan-Marsh, Silverstein, & Cody, 2003) and has moved them away from practicing their traditional filial obligations (Pang et al., 2003; Tsai & Lopez, 1997). Our findings also explain in part that those who were frustrated by their caregiving role were those who were unwilling to abide by their traditional filial obligations (Jones, Zhang, & Meleis, 2003) or were caught between keeping or ending traditions and agreeing or denying the new filial practices (Youn, Knight, Jeong, & Benton, 1999).

Contextual determinants that motivated our participants to preserve their traditional heritage were love, a sense of payback, meeting personal values, and mutual help to fulfill their filial responsibilities. These findings supported the findings of Hsu and Shyu (2003), who also found that public pressure and traditional folk beliefs about good deeds blessing this life and the afterlife were major factors in the willingness of Chinese to provide family caregiving in Taiwan. One possibility for the discrepancy was the difference in representative samples: our participants were well-educated immigrant caregivers living in the United States, where Christianity was a major religion and the social environment placed less public pressure on them for parental care. The less-educated Chinese caregivers in Hsu and Shyu's study (2003) lived in Taiwan, where local folk religious beliefs are dominant and the social environment holds high expectations for parental care.

Several limitations of our findings must be noted. Most participants were well-educated professionals, had sufficient financial means, and had a positive attitude toward accepting new filial practices while maintaining their heritage. Despite our attempt to include a wide variety of immigrant caregivers, no participants represented caregivers who held on to their traditions and refused all mainstream beliefs. It may be that the Chinese immigrants who volunteered were prepared to take on the challenges and opportunities offered by the new society, so they were more likely to adopt new skills, behavioral values, and knowledge while letting go of out-of-date traditions that did not fit their situation. No participants were totally against their traditions or got lost between the two worlds. Perhaps those individuals would not sponsor their parents to come to the United States or were self-excluded from our recruitment.

Nevertheless, this qualitative inquiry found a trend toward accepting mainstream values in parental care among U.S. Chinese immigrant caregivers. Given this trend we suggest that more attention should be given to caregivers who have limited financial means and inadequate language skills. They often rely on informal resources such as friends, relatives, and the Chinese church. Outreach programs that have bilingual staff are needed to connect them to community resources. Other implications for practices are to consider how participants creatively integrated their traditions into the mainstream by mixing strategies to provide alternative models for other groups of immigrant caregivers who have similar immigration experiences and face similar challenges. Clearly immigrant caregivers' social, educational, and economic backgrounds enabled them to integrate the best of both worlds to succeed in their caregiving roles as situational-reciprocal-filial caregivers in the new land. Furthermore, examining the acculturation experiences of immigrant caregivers from social- historical and situational-psychological perspectives is crucial for providing culturally competent services. Knowledge of contextual determinations that lead to changes in parental care and values can provide insight for designing cultural competency training and immigrant caregiver education. Clinicians need to elicit narratives on the way filial practices change as a result of acculturation, and identify disruptions and incoherencies in immigrants' acculturation experiences. Finally, health care providers need to recognize the driving forces of caregiving and understand the variety of ways in which caregivers and their care receivers find meaning in the caregiving experience.

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