

**PERCEPTIONS OF MEDICINAL AND MEDICATED FOOD USE OF TAIWANESE
IMMIGRANT FAMILIES IN THE US: A MULTI-METHOD EXPLORATORY STUDY**

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PERCEPTIONS OF MEDICINAL AND MEDICATED FOOD USE OF TAIWANESE
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This study investigates the perceptions of medicinal and medicated food (MMF) use of Taiwanese immigrant families in the US. The background of use of food as medicine and for health promotion in Chinese history and in Taiwan and the situation of immigrants with transnational ties suggested that the Family Food Decision Making (FFDM) framework could be fruitfully applied along with the life course perspective (LCP) and expanded by the study. Informed by initial informant engagement, a preliminary framework informed design of the survey, including a questionnaire answered by 113 participants. The results were analyzed using descriptive statistics. Together with informant engagement of survey participants, it revealed a need to build trust relationships and social connections in interviewing. A constructivist grounded theory (CGT) approach to in-depth interviews was applied, with modifications for CGT analysis incorporating language translation. Twelve interviews were conducted. The building of trust and a pattern of interviewee behavior resulted in a distinctively egalitarian interview style.

The study's findings show that Taiwanese immigrants perceive the meaning of MMF in terms of taste and medicinal effectiveness and can practice amateur or connoisseur MMF usages. Parents are a major influence on transmission of MMF use; personality, religious food practices,

and degrees of connection with Taiwanese Chinese medicine use also affect FFDM. Childhood training to accept MMF taste can further continuance of MMF use in later life. Recently increased transnational contacts contribute to bi-directional Taiwan/US influences on MMF sourcing and knowledge transmission. This has affected synergistically changing MMF environments in both places.

These and other insights contribute to theorization about interactions of MMF meaning, family FDM dynamics, and human environmental influences, e.g., food traditions and systems and social relations. An MMF-expanded framework is developed from the FFDM Ecological System Framework. Methodological insights on building trust relationships and egalitarian influences on the interviewing mode inspired development of a dyadic dialogue method (DDM) that could aid FFDM Collaborative Engaged Research. The study also suggests three directions for future FFDM and MMF research: incorporating concern with FFDM efficacy, family-community MMF use collaborative engaged research, and exploration of Taiwan and US MMF systems.

BIOGRAPHICAL SKETCH

Guan-Jen Sung was born in Taichung, Taiwan. Her family moved to Taipei when she was 17 years old. She emigrated on her own to New Zealand after graduating from college and later moved to the US for graduate studies at Cornell University, while her parents and siblings gradually emigrated to Vancouver, Canada.

During and after her undergraduate studies in botanical sciences at National Taiwan University, Sung was a research assistant in plant biotechnology at the Development Center for Biotechnology and in research on the origin of plant mitochondria at the Academia Sinica of Taiwan. She continued exploring her research interests at Otago University and Auckland Institute of Technology (now AUT University) in New Zealand.

Sung pursued her advanced degrees in the US based on interest in connecting her plant sciences background across disciplines with human nutrition and Taiwanese Chinese medicine. She studied antioxidants in lotus embryotic germination for her master's degree at Cornell. At that time, she was a teaching assistant in nutrition and an education assistant at Cornell Plantations. Before moving on to her doctoral research, she obtained city certification as an occupational health manager in Taipei, national certification as an English guide, and national certification as a dietitian in Taiwan. In her doctoral work at Cornell, Sung was trained as a counselor at Cornell's EARS (Empathy, Assistance & Referral Service). Her doctoral research has focused on Taiwanese immigrants' perceptions and decision making for medicinal and medicated food use.

After graduation, Sung plans to move to the West Coast to be closer to her parents. Her training and research in community nutrition at Cornell as well as her interests will lead her to continue conducting research related to decision making for medicinal and medicated food use.

To My Global Family

Especially,

My grandfather Sung Teng 宋藤

My father Sung Min-Lieh 宋敏烈

My mother Li Chiou-Jin 李秋金

Sharon L. McCoy

and

The Gillespies

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

This chapter describes the background of this exploratory study of medicinal and medicated food decision making of Taiwanese immigrant families in the US. It reviews the Family¹ Food Decision-making (FFDM) research in community nutrition, concepts of medicinal and medicated food (MMF²) use in Chinese medicine, and the context of MMF use of Taiwanese and Taiwanese immigrants in the US based on historical and cultural perspectives. The research interests and questions are introduced along with a previous research framework for FFDM considered relevant to the study of MMF use among Taiwanese immigrants in the US. A brief summary is offered for each of the following chapters.

1.1. Family Food Decision-making Research in Community Nutrition

The Family and Community Food Decision Making program led by Professor Ardyth H. Gillespie at Cornell University in the College of Human Ecology and the Division of Nutritional

¹ Family here refers to a kinship or residential family, a socially-defined family (Gillespie and Gillespie 2007).

² The acronym MMF is frequently used in this dissertation to refer to medicinal and/or medicated food. Medicated food 藥膳 means dietary food to which Chinese medicinal herbs and prescriptions – prepared, processed, and refined based on Chinese medical theory – have been added, for example, ginseng chicken soup 人蔘雞湯 and *si wu tang* 四物湯 (soup with the four medicinal herbs). Medicinal food 食補 means food used as medicine according to Chinese medical documentation that now includes commonly used staples, meats, seafood, vegetables, fruits, and drinks: rice, beans, chicken, kelp, fish, cucumber, mushroom, apple, ginger, teas, and wines, to name a few. Chicken soup with sesame oil and rice wine and mung bean dessert soup, based on this concept, are considered medicinal dishes. However, in Chinese medical theory, medicine and foods are of the same source, so some dishes are hard to classify (e.g., tonic soup with female duck and ginger 薑母鴨湯) or cannot be clearly classified as medicated or medicinal (e.g., *si shen tang* 四神湯, a mixed medicinal food with TCM processed herbs). The expressions MM foods, MMF, and sometimes just “medicinal foods” represent both concepts here.

Sciences grew out of the field of community nutrition and nutrition education in the 1960s. It was founded to advance nutrition education research and integrate nutrition research with practice and system change initiatives. The program has aimed at building family and community capacity for thoughtful food decisions through research and education. It involves collaboration of nutrition specialists with multi-disciplinary scholars and food system stakeholders who integrate their varied perspectives on decision making, communication, education, human development, organizational behavior, and public health. At the same time, this program connects community leaders to university researchers and to each other with a common vision of healthy family eating supplied by community food systems (Gillespie 1998; Gillespie 1998; Gillespie 2001; Gillespie and Ganter 2001; Gillespie 2002; Gillespie 2003; Gillespie et al. 2007; Gillespie et al. 2009).

Research developed with or under the program has considered a range of general topics. These include: careful grounding of the family and community food decision-making model and theories; engaging of community- and campus-based stakeholders for campus-community collaborative partnerships on food; creating strategies for developing contexts that link mutual supports for improving family food behaviors and enhancing appropriate food systems; and applying methods for integration of community research and education at individual, family, and community levels (Gillespie and Ganter 2001).

On the individual and family levels, Family Food Decision Making (FFDM) research has evolved with cross-cultural studies. Scholars who had begun to understand family food use and food traditions noted that social relationships within a family and among families were shown to be a key to (re)building and maintaining food traditions (Schafer and Keith 1981; Wheeler and Tan 1983; Gillespie 1996; Park 1997; Gillespie and Gillespie 2007). In summarizing their

previous work on those studies, Gillespie and Gillespie (2007) have pointed out that food decision making in the family context should itself be projected as “a social process, a key aspect of positive dietary changes, and cannot be seen as merely the sum of individual members’ food preferences and decisions” (p. 22). Gillespie and Johnson-Askew (2009) have depicted the FFDM system further, portraying it in conceptualizing the decision-making process for changing food and eating practices in and by a family. The FFDM system can also guide consideration of change along the life trajectory and in the physical environment (Gillespie and Johnson-Askew 2009; Wethington and Johnson-Askew 2009³).

Immigration is a major turning point in life for both individuals and families. Immigrant families have to adapt to new food systems and develop new food-related networks. At the same time, these new networks have the potential to influence the larger food systems in which they are embedded so as to promote health education and disease prevention. Immigrants and their families’ food decision making, their related changing communities and food systems, and their interactions with new communities for food use have drawn further attention from the Family and Community Food Decision Making program as a supplement to its evolving cross-cultural studies (Gillespie et al. 2009; Sung and Gillespie 2009). Similar to other immigrant groups, Taiwanese immigrant families in the US maintain or adapt their food use traditions. However, their perceptions of MMF use specifically can represent not only their own characteristics in using this kind of food and their ways of maintaining family relationships and food traditions, but also influences such as eating behavior change after immigration.

³ I was significantly influenced by the consideration of change along the life trajectory by the work of Wethington (2005). Wethington was applying her ideas to food decision making while I was studying under her. This culminated in Wethington and Johnson-Askew (2009).

1.2. Taiwanese MMF Use

To understand the perceptions of MMF use of Taiwanese immigrant families in the US, one should first have a basic understanding of Taiwanese perceptions of MMF use. Systems and practices of Taiwanese MMF use provide the background out of which grew the presuppositions and understanding for initiating this study. In fact, characteristics of Taiwanese MMF use also inform the ways Taiwanese immigrants in the US were contacted and relationships with them were developed and maintained for this study. This basic understanding also provided a rationale for seeking study participants with varied experience who exhibited varied influences.

1.2.1. Food as medicine in Chinese medicine and as a health-promoting source

Evidenced in records as early as the second millennium BC, traditional Chinese medicine (TCM) has developed along with social and dietary activity practices and changes. TCM includes both preventive and therapeutic medical practices. It considers disease occurrence and prevention from a holistic perception of the individual's health, so people's daily life practices, including food use, are considered part of the way they seek to maintain balanced health and recover from ailments. Food as a nutritional resource is also a part of TCM, and people of Chinese and Chinese-related heritage in particular tend to conceive of food as medicine and daily food use as preventive medical practice.⁴

Medicinal formulas prescribed by TCM doctors often include common herbal or food ingredients. Advice on taking certain kinds of food and cautions about other kinds of food are given to patients when TCM doctors diagnose them, reinforcing the concept that food and

⁴ Chen (2008, p. 408) points out that, when Sun Si-Miao 孫思邈 (500s-682 AD), a TCM doctor and a Daoist, China's King of Medicine, cited other people's previous medical works for his major work about food and dietary therapeutic medicine, the medicinal formula examples he used were all medicinal cuisine dishes or the like.

medicine come from the same source. Since TCM doctors served not only emperors and royal families, but also ordinary people, the concept of medicinal food as a health-promoting source has long been widely disseminated. In China, ordinary people and elite social classes have used food as medicine and have used medicine in therapeutic diets. While the accumulation and exchange of MMF experience as well as the diffusion of MMF use does not necessarily require patronage of TCM doctors, public knowledge of MMF use seems to complement TCM practice and vice versa.

In Chinese history, the first prime minister of the Shang Dynasty (1600s-1000s BC), Yi Yin, was a cook⁵ with knowledge of Chinese medicine. His MMF practices cured the emperor, so he gained the emperor's trust and was considered entitled to assist the country.⁶ Sun Si-Miao of the Tang Dynasty (618-907 AD) was born into an ordinary family. He was regarded as a genius, but his constitution was very weak in childhood. His family spent so much money to cure him that it became poor. Because of that experience, he witnessed poor people dying due to poverty and eventually devoted his life to being a doctor for the people. He was so famous that Tang emperors recruited him, but he later resigned his position and devoted his later life to writing about medicine and practicing as a doctor for ordinary people.

In Chinese medicine, root vegetables, for instance, have an important role that may come from symbolic reflection in the ancient Chinese view of nature. The root is the origin of the plant, a prime producer in the food chain, and supports a plant's life and strength. As ancient

⁵ Yi Yin 伊尹 (1630s-1550s BC) was a famous cook in You Xin Guo 有莘國, a neighboring country of Shang. When a You Xin Guo princess married the Shang emperor 商湯, Yi Yin was brought there as part of her "dowry."

⁶ His most famous saying is "*zhi da guo ruo peng xiao xian* 治大國若烹小鮮," literally, "Governing a big country and cooking a simple, delicious dish are alike." Its extended meaning can be: "Taking moderate action is the principle for appropriate governing," because the taste of a simple dish is easily changed by cooking and adding seasonings.

Chinese saw human beings as a part of the natural cycle, based on “something corresponds to something like it,” root vegetables were seen to benefit the essences of human beings. The white and long round turnip with root hairs resembles a strong healthy person. A commonly used medicinal food, it is considered the “ginseng of the poor.”

Ginseng, the most famous Chinese medicinal herb, is especially known for use of its root in Chinese medicine, which has provided notable documentation for various processed roots from different ginseng species. Ginseng contains phytochemical ginsenosides which have proven medicinal effects in western sciences, but how did ancient Chinese know ginseng worked?⁷ Chen (2008, p. 413) considers that ancient Chinese food restrictions may have derived from the logic noted above, a kind of logic suggesting what anthropologist James Frazer described in terms of the “Law of Similarity” in the study of magic and religion.⁸

It is apparent that religions in ancient China contributed to the development of Chinese medicine (Hinrichs and Barnes 2013). For example, Buddhism, which came to China from India, proscribes meat eating but makes an exception for meat as medicine in serious illness. Chinese Buddhism particularly stressed the proscription, developed its own temple food supply system strictly practicing vegetarianism, and developed Chinese Buddhist medicine. Daoism, Chinese Buddhism, and Chinese medicine came to integrate with and modify each other (Liu 2008). Hence, all these traditions as well as ancient Chinese perceptions have connections to MM food use today.

⁷ It is hard to study the origin of such “know-how” for all kinds of food used as medicine in ancient China from currently existing evidence or extant literature because different medical documents usually show different applications and refer to different sources (Chen 2008). Native Americans also used ginseng, and the same question can be asked, how they knew. Johannsen, in *Ginseng Dreams: The Secret World of America’s Most Valuable Plant* (2006), incisively describes her research journey on American ginseng use in modern times and her experiences of learning from diverse perspectives how American ginseng has been used.

⁸ Some homeotherapy as practiced in the west has also involved aspects of religion and magic.

Chinese were highly influenced by Confucius (551-479 BC), who advocated the concept of moderation as a moral principle and claimed that moderatism was a kind of ideal practice for politics at all levels from family to the state. His time saw famine, diseases, and wars due to change of dynasty. Commodities, particularly food that could be used multi-functionally, were considered an economical and useful means for higher socio-economic classes to cope with those below them. Food used as medicine offered a concept for management of apportioning food resources. The poor or subordinated classes might have only diluted rice congee soup as a meal or a small amount of rice as an allocated staple, but they might be told and believe that rice was the essential energy source, so they could continue their labor even under starvation conditions.

Chen (2005) points out that since the Ming Dynasty (1368-1644 AD), Chinese elites have been skeptical of conceptualizations about food used as medicine. They criticized Confucian moderatism as hypocritical regarding food resource allocation, which actually benefited the advantaged. However, while criticizing Confucians, those critical members of the elite themselves used MM food as a symbol of eliteness (Chen 2005).

Lee compiles perspectives on modern Confucian views of the family for medical decision making in *The Family, Medical Decision-Making, and Biotechnology: Critical Reflections on Asian Moral Perspectives* (2007). According to this source, in modern times, medical decision making in Asian countries with Confucian traditions seems to involve much less consideration of immediate food crises even though hunger can still be a significant issue. Chinese family perceptions about medical decision making reflect their conceptualizing what is useful in choosing medicinal tools or methods in the face of challenges. Survival, health promotion, maintenance of their social status (e.g., eliteness, fertility for family and social class, and strength of body and intelligence for keeping job positions or family roles), and fulfillment of their beliefs

are all elements in their family medical decision making. The family medical decision making would directly connect FFDM in MMF in the Chinese family food use context⁹ according to the culturally accepted concept of food as medicine or as a health-promoting source. Since Taiwan has influences from China, such a context is a relevant reference. The current Taiwanese immigrant family's perceptions on MM food uses can reflect those concerns bi-directionally, for people in Taiwan and Taiwanese immigrants residing overseas.

1.2.2. Medicinal and medicated food use in Taiwan

The background of common Taiwanese use of MM food is not simply Chinese. A group of agriculturally productive subtropical Pacific islands facing China, Taiwan has a population with multicultural origins¹⁰ and a history of mixed colonization and separation from larger China and the world. This has contributed to a specific development of food diversity, food use, and beliefs about certain food uses.

Little research has directly investigated Taiwanese perceptions of MM food use in earlier times. When western anthropologists have described Chinese food cultures or Chinese medicine, Taiwanese using Chinese medicine and consuming Taiwanese food have sometimes been

⁹ See Li (2006), including Sun's preface, for further details. Li extends and deepens Sun's previous academic work on criticism and reflection about food culture in China.

¹⁰ The major Taiwanese population group gradually emigrated from southeastern China, starting about 500 years ago. It included ancient elite class refugees from the north who call themselves Hakka 客家人 (literally, guest group) and strongly maintain their own culture, language, and food uses. Another group is modern Chinese refugees to Taiwan during the 1940s. Aboriginal tribes, residing in Taiwan earlier than the Chinese Han, exhibit genetic data closer to those of Pacific Polynesians (Sanchez-Mazas et al., 2008). Since around 1995, Taiwan has been open to laborers and intermarriage immigrants from Southeast Asia. Lan (2009) offers details about these immigrants. Cited by Chen (2010), a 2008 survey of Taiwanese by the Council for Hakka Affairs found almost 70% said their ethnic identity was Hoklo, people from the southern Fujian Province of China, close to 14% regarded themselves as Hakka, 10% as Mainlanders, and 2% as Aborigines, while 4% saw themselves as just Taiwanese.

mentioned briefly from their outsider perspectives. While interest in studying Taiwanese food culture has increased, the views of Taiwanese food use have remained simplistic. Davison and Reed (1998, p. 25) offer examples:

“The Taiwanese react to physical distress of any kind by changing what they eat.”

“Diet and medicine are closely related, one shading into the other with minimal distinction.”

“The two functions of food consumption are in the Taiwanese conception closely related, although certain foods are particularly valued for their medicinal value.”

In some studies from nutrition research perspectives by Taiwanese researchers, for example Cheng (2003) and his cited reference (Wang et al., 1995), Taiwanese MMF use is still simply seen as a use of dietary supplements and remains categorized as part of people’s cultural health beliefs.¹¹ Would the influence of cultural health beliefs be so strong as to keep Taiwanese using MM foods even after they move to another country’s food environment and to drive them to change the food system there? What other influences might affect their MM food use? And where do their cultural health beliefs and other influences regarding MM food use actually come from? Such questions remain unanswered.

While the use of food as medicine is a part of East Asian as well as some other dietary cultures, use of medicinal foods is particularly common in Taiwan (Chang 1974; Chang 2007; Chang 2009; Chen and Volding 1999; Erlich 2004; Fieldhouse 1986), partly because of easy access to rich subtropical fauna and flora resources as well as this historical and cultural background. The use and availability of various medicinal food ingredients there are also

¹¹ Taiwanese anthropologists, historians, and sociologists have recently reported Taiwanese MMF use based on local research perspectives, offered insider viewpoints on food use, and noted the differences from Chinese food cultures. Issues of Taiwanese food use and identities have been considered recently, e.g., studies for “Bodily Memory and Sensibility: Culinary Preferences and National Consciousness in the Case of ‘Taiwanese Cuisine’” (Chen 2010) and “Authentic Tofu, Cosmopolitan Taiwan” (Hsu 2009).

distinctive. Geographical, cultural, and historical characteristics have contributed to Taiwan's development of great diversity in food, food use, and beliefs about foods. Taiwan's rich natural resources¹² for agriculture attracted immigrants and imperialistic countries with considerable sea power in past centuries. Various subcultures were intermittently brought from mainland China, and further influences came from European (Portuguese, Spanish, and Dutch) and Japanese colonization and a later defense partnership with the US. This has enabled Taiwan to develop food use systems integrating Chinese, some European, Japanese, and more recently American influences. Folk medicine in Taiwan has a long rich history, which also integrates with Chinese medicine brought from various sources of contact with China. A mix of dietary practices resulted.

Medicinal food is also a part of the dietary culture in Taiwan because of its prevalent patronage of ancient Chinese medicine. The study of Chinese medicine in Taiwan has been continuous, and MM food use there is largely based on Chinese medical theory (Chang 2004; Tsuei and Lin 2009). This contrasts with the background of the larger People's Republic of China, where the study and development of ancient Chinese medicine has seen interruptions, e.g., struggles in and beyond the Cultural Revolution from 1966 to 1976. Taiwan and mainland China suspended official contacts from the late 1940s to the 1990s. Before modern Chinese refugees fled to Taiwan in the period of the 1940s, Japanese had colonized Taiwan for more than fifty years and practiced Japanese Taiwanese Chinese medicine in Taiwan. After the 1940s, for nearly five decades, the political situation in Taiwan restricted overseas travel and interactions

¹² The land area of Taiwan is about 36,000 square kilometers, while that of the US is about 270 times that, 9,826,000 square kilometers. While there are about 110,000 flora and fauna species in the US, there are about 24,800 in Taiwan, close to one-fourth the numbers of US species (Wikipedia on November 2, 2012). Thus, biodiversity is rich in Taiwan. Owen (2004) links biodiversity to health in "Plant Diversity and Health: Food and Medicinal Plant Use in Transitional Coastal Communities of Papua New Guinea."

with outside countries as well, but this also boosted Taiwan economically. Such historical factors have tended to localize Taiwanese traditional Chinese medicine (TTCM) and differentiate it from so-called traditional Chinese medicine (TCM). Similarly, Taiwanese MM food use itself has progressed with the evolution of Taiwanese traditional Chinese medicine.

The unique medicinal food cuisine in Taiwan includes some dishes that have been used in Chinese dietary and culinary combinations for thousands of years, as seen from evidence of prescriptions of Taiwanese TCM doctors and folk recipes. While some medicinal food dishes are quite acceptable to most, others are an acquired taste. Taiwanese family traditions and neighborhood communities that favor this type of cuisine provide environments in which young people can explore the tastes at home or on the street. Meanwhile, modern developments in food technology have helped to improve the flavor of medicinal foods. Food companies have modified some medicinal food cuisine by changing the preparation or flavor to make the taste more acceptable. They have also created ready-to-cook or ready-to-eat packages to make consumption of this food more convenient.¹³

In recent years, awareness of nutrition and health for aging and chronic diseases across all ages (e.g., childhood and adolescent obesity, adult metabolic syndromes, and cancers) in Taiwan has given rise to the concept of “functional foods” (Xu 2001, p. 229).¹⁴ This seems to involve integration of a Taiwanese traditional Chinese medicinal food therapy and western food of medicinally functional value with the development of food technology and science. This concept has been propagated in the Taiwanese mass media. It has become a trend for TCM

¹³ For example, consumer research in Hong Kong indicates that commercialized food packages for Chinese medicinal soup dishes have seen an increase in their sales. It is also commonly seen that Taiwanese TCM doctors and their herbal dispensaries design convenient packages of herbal medicine for their patients or herbal formulas for people to make medicated dishes.

¹⁴ The concept of functional foods has been widely discussed from western and eastern perspectives (Labuza 1994, pp. xi - xiii; Shi et al., 2005; Winkler 1998, pp.192-193; Woo et al., 2007).

herbal stores to stock both TCM foods and nutritional supplements. Such stores offer online ordering and consultation services over the telephone. The combination of traditional and modern uses of medicinal and/or functional foods has drawn the attention of those previously opposed to TCM food use. They may prefer the expression “functional food” found in western scientific studies, whether or not they understand the debates over the studies on such foods. Others, in contrast, may prefer the expression “Chinese medicinal food,” based on Chinese medical philosophy, with its more holistic viewpoint in comparison to modern western science. Sometimes religious beliefs distinguish the groups having these preferences, with Christian families and Daoist or Buddhist families opposing one another over such food uses. Nevertheless, herbal and dietary practices for medicinal purposes tend today to involve combinations of both traditional and modern food technologies and knowledge of nutrition.

The concept that food and medicine come from the same source is still widely accepted as an integral part of Taiwanese health culture. The Taiwanese government has long sponsored both Chinese and western medical education, and Taiwan’s national medical insurance covers both western medicine and TCM (Chen et al. 2007). This may have facilitated continued acceptance of the use of MMF by Taiwanese. For example, acupuncture is a well-known part of Chinese medical therapy, and when people patronize acupuncture, they may be more open to the health-oriented diet emphasis of Chinese medicine. After treating patients, acupuncturists often recommend the avoidance of certain foods and the incorporation of others in the diet, based on the patient’s condition.

The Department of Health in Taiwan has announced food use medicinal substances: 279 vegetables, fruits, grains, herbs, animal and seafood.¹⁵ The Council of Agriculture in Taiwan has

¹⁵ According to the recently amended document (Taiwan’s Food and Drug Administration, www.fda.gov.tw/upload/133/Content/臺灣可供食品使用中藥材之管理與監測.pdf, accessed on July 03,

promoted the growing of medicinal plants. With government support or subsidy, farmers have grown Taiwanese Chinese medicinal plants on their farmland or upgraded their medicinal plant growing areas; this was reported to be more than seven acres in 2011.¹⁶ Government support and intervention, as well as food industry promotion, evidence the prevalence and demand for MMF in Taiwan. At the same time, the support for and improved convenience of medicinal food consumption have advanced MMF use.

Given these contexts and trends, many Taiwanese appear to believe in diets that can promote health and food uses that draw on Chinese medical theory and Taiwanese traditional Chinese medicine. Food decision making in terms of perception of food with medicinal purposes can therefore be thought to interact with the development of Chinese medical theory and Taiwanese traditional Chinese medicinal and medicated food traditions. Because Taiwanese immigrants in the US have typically maintained their social ties to Taiwan, they are likely to be particularly influenced by the beliefs that underlie food decision making among Taiwanese in Taiwan as regards MM food choices.

1.2.3. Medicinal and medicated food use of Taiwanese immigrants in the US

Taiwanese have a strong family orientation in general. Many Taiwanese immigrants residing in the US tend to retain strong ties to Taiwan. However, to what extent have Taiwanese immigrants in the US changed in their appreciation of Taiwanese MM foods due to differences in food accessibility? How have they affected the availability of these foods in the US? What are their perceptions of MM food use after immigration? Do their perceptions and decision

2012), 215 Taiwanese Chinese medicinal substances are used as medicine and as food, e.g., rice, soybeans, lettuce, and ginger, and 64 Taiwanese Chinese medicinal substances are used as seasonings, e.g., ginseng.

¹⁶ Source from the Council of Agriculture, Executive Yuan, Taiwan, accessible at www.coa.gov.tw

making regarding MM food use change? Taiwanese immigration has already brought MM food use practices from Taiwan to the US. However, Taiwanese immigrants have adapted to a new environment and can be expected to have developed their own medicinal food preferences since immigration. These may differ from those of their extended families in Taiwan. Little is actually known about the extent to which Taiwanese immigrants to the US food environment have changed in their appreciation of MM foods because of differences in the availability and accessibility of such foods and cultural contexts.

One aspect of the background of Taiwanese immigration is captured in Maria Chee's *Taiwanese American Transnational Families, Women and Kin Work* (2005). According to Chee, the character of migration from Taiwan to the US has changed since around 1985. She argues that, in an earlier immigration period, professionals immigrated for occupational reasons and were followed by entrepreneurs seeking business opportunities. Later, immigrants started to sponsor their relatives as immigrants, and over time, kin sponsorship became the dominant pattern. Citing Tseng's (1995) data from the Immigration and Naturalization Service Public Use Sample, Chee concludes that contemporary Taiwanese immigrants are largely members of a class not in need of employment and concentrate in southern California (p. 40). In summarizing Chee's earlier study, Smith (2008) points out that current reasons for Taiwanese immigrating to the US include fostering their children's education to enhance their chances for upward mobility. Chee shows that kin sponsorship, climate, and proximity to a Chinatown or "little Taipei," which obviates the language barrier, are among the attractions of southern California for contemporary Taiwanese immigrants.

Neither Chee nor Smith mentions the food practices of earlier or contemporary Taiwanese immigrants in the US in their studies, but their recognition of transnationalism among

Taiwanese immigrants suggests that influences on food decision making can also be transnational. It seems likely that MM foods are widely used by Taiwanese immigrants with sufficient purchasing power and access to traditional foods for health promotion, disease prevention, and other therapeutic purposes, whatever their place in the demographic structure. According to various mass media reports, high-tech professional Taiwanese immigrants (and their families) in Silicon Valley in California frequently order dried or processed foods online, transnationally from Taiwan or locally from Asian supermarkets owned by Taiwanese immigrants. Taiwanese immigrants themselves note that there seem to be more and more stores selling commonly used traditional TCM herbs and food supplements in Chinatowns in the US, presumably to meet an increasing demand and permissible after the late 1980s.

Boundaries between place of origin and place of residence for Taiwanese immigrants in the US are permeable and loosen via inter-state, transnational, and globalizing activities. Transnational activities themselves influence social ties and interactions with the place of origin and local places symbolizing the origin (e.g. Chinatown, Little Taipei). The shifting Taiwanese immigrant demographic structure may have constructed different phases of MMF use by Taiwanese immigrant families. Newly retired Taiwanese professionals who have moved to southern California may have retained stronger ties with Taiwan than those Taiwanese immigrant professionals who moved to the US dozens of years ago and took up residence in New York City. Whether or not temporal- or geographic-related factors affect Taiwanese immigrants' perceptions of MMF use, though, the Internet is prevalent and repeated visits to Taiwan are affordable for many.

Health care demands can be major pulling forces that attract Taiwanese immigrants to visit Taiwan often. In North America, especially in the US, the health care system seems to

Taiwanese immigrants less accessible due to the language barrier, high insurance costs, and high costs for doctor visits. In Taiwan, the government provides national health insurance. When residents of Taiwan pay and prove they stay or visit often, they can keep their national health insurance for dental care, eye care, and other types of care. Taiwan's national health insurance covers both western medicine and Taiwanese Chinese medicine because Taiwan has worked on the integration of western and Taiwanese Chinese medicine in medical education, agricultural promotion, food technology development. Having reinforced the acceptance of food as medicine among Taiwanese, this might also advance the acceptance of MM food and MMF use among Taiwanese residing overseas.

This exploratory study does not concern itself with comparing new and old Taiwanese immigrants' perceptions of MMF use. Rather, its general concern with Taiwanese immigrants' perceptions of MM foods and their uses has led to a focus on research regarding participants from a broad and varied range of Taiwanese immigrant families in the US. Though the survey covers a diverse set of Taiwanese immigrant families selected from a large participant pool, the choices for in-depth interviews are from the northeast region of the US, mostly people who immigrated one to three decades ago and have long resided in New York City or visited there often.¹⁷ While these choices partly reflect logistical convenience, they also reflect interest in Taiwanese immigrant families interested in and/or practicing MMF use. They are likely to be particularly informative on the MMF use experience in both Taiwan and the US as regards

¹⁷ Taiwanese immigrants in New York City largely gather in Queens or Flushing, whereas Chinese immigrants mainly gather in the old Chinatown of lower Manhattan and its surrounding areas. Taiwanese immigrants in northeastern areas often visit New York City, not only for all kinds of education and job opportunities and commodity choices, but also for air travel. The international airports accommodate airlines that offer comparatively cheap airfares to Taipei, Taiwan.

themselves, their relatives and friends, and their views of the related food systems in their communities.

1.3. Research Interests and Questions

My interest in people's ideas about using MM food was triggered when I finished my master's research on antioxidants in embryotic lotus sprouts and completed a dietitian internship in Taiwan. I found that there were many people in Taiwan who used medicinal foods in their daily diets. When they got sick or injured, had surgery, wanted to increase fertility, gave birth, faced their children's change to adulthood, or were concerned about family members stressed from work or study, they emphasized use of medicinal food more than usual or chose medicated foods made with a specifically prescribed herbal formula for cooking with certain foods. There was a big demand for "traditional Chinese medicine" and many people went to see TCM doctors,¹⁸ so hospitals had started to integrate the medical services of both western medicine and traditional Chinese medicine in Taiwan.

In the *World Health Organization 2002-2005 Traditional Medicine Strategy* (WHO 2002), the overview and objectives for the development of traditional medicine included countries all over the world but did not treat Taiwan as distinct from greater China. The development of traditional medicine in Taiwan was considered to be based only on traditional Chinese medicine. However, as noted earlier, historical differences, political conflicts, and

¹⁸ People also go to Daoist or Buddhist-Daoist temples dedicated to local deities to consult shamans there. Modern shamans may be highly educated individuals who have graduated from college or received graduate degrees. They wear special dress, carry religious instruments, and play roles similar to those of medical doctors or psychiatrists. They answer questions and may suggest what one should do or avoid, based on ancient Chinese sentences written on a paper slip that people obtain from a divination service when they visit the temple. The food advice given is not limited only to health concerns. Even upper class and educated people see shamans, but they tend to talk about it only with family members or friends privately. Politicians stage election activities in front of famous temples and publicize shamans' predictions for elections.

separation from China for over fifty years gave Taiwan its own development of traditional medicine that went beyond perpetuation of the core values of traditional Chinese medicine.

For example, Taiwanese snake toxin research can be traced back to the 1930s, but knowledge in folk medicine and food use related to this research topic in tropical medicine and hygiene has drawn little attention. At the time of the SARS threat in 2002, Taiwan was isolated, yet it overcame its own crisis, and this suggests several questions. What resources of the Taiwanese allowed them to overcome hardships and keep developing in many fields? Did grassroots nutritional knowledge and surviving folk wisdom in Taiwan help its development? Would these be useful referents for people in other countries? Given the historical emigration of people from Taiwan, has the Taiwanese diaspora carried the knowledge and wisdom back and forth? If so, have Taiwanese further developed that knowledge and wisdom and influenced people and food systems in the contexts into which they have immigrated?

Given my academic, familial, and practical background,¹⁹ such questions inspired my research. The study of “Health Preservation of Traditional Chinese Medicine”²⁰ and functional foods or food supplements²¹ might be linked and connections might be possible between western nutrition and traditional Chinese medicine in the perspectives of TCM doctors and dietitians. The questions and potential links between these related fields led me to think about the underlying layers that build daily food practices and unique food experiences into a complex food-life context. In the division of nutritional sciences at Cornell University, where I had

¹⁹ My family gradually emigrated to Canada in the 2000s. After majoring in plant sciences at college in Taiwan, I studied plant antioxidants or phytochemicals in my master’s program in human nutrition at Cornell University, qualified as a nationally certified and registered dietitian of Taiwan, trained in a Taipei City government program as a workplace health promotion manager, and completed one year of a three-year Chinese medicine training program in Canada.

²⁰ Now a subject of study in Chinese medicine in China

²¹ A theme in phytochemical studies

received my master's training, I began looking for perspectives or concepts in community nutrition to help me focus my thoughts more sharply. The Family and Community Food Decision making program in community nutrition seemed especially useful for my focus, given its broad FFDM research and conceptualization of problems and issues in nutrition education, nutrition communication, and cross-cultural studies.²²

1.3.1. Theoretical background of Family Food Decision making (FFDM)

The theoretical concept of Family Food Decision Making (FFDM) was coined by Ardyth H. Gillespie and Gilbert W. Gillespie Jr. Summarizing their work on FFDM, Gillespie and Gillespie (2007) offer a Framework of FFDM in Ecological Systems (Figure 1.1 and 1.2). Based on this precursor, Gillespie and Johnson-Askew (2009) posit a further development for a specific focus on changing eating behavior, the FFDM System Framework (Figure 1.3).²³ The topic of this study, Taiwanese immigrant families' perceptions of MM food and its use, fits the FFDM System Framework. Though individuals as well as families are the focus, the FFDM system framework is particularly relevant for a MM food use exploratory study. MM foods are especially likely to involve family food decision making, because they concern both health and tradition. They can be used daily, offered in ceremonially-marked situations at times of culturally perceived need of health promotion, and used on other occasions outside of usual routines. That is, they are foods especially calling for decisions regarding alternatives. Below are the conceptual and developing frameworks for the FFDM and descriptions of key features that constitute a point of departure for this study.

²² Giacomini (2010) reviews theories used in health research and addresses their importance for health intervention research and practice in the field. Another approach he discusses, generating grounded theory from changing environments, is also important as it provides perspectives facilitating research and practice improvement.

²³ I was aware of the contents of the framework while it was still a work in progress.

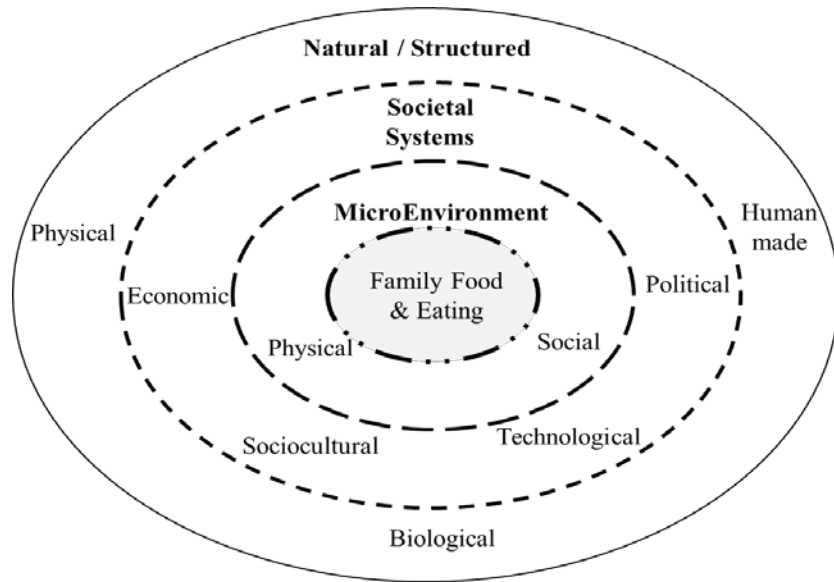


Figure 1.1 Ecological Systems Approach to Family Food and Eating
(Gillespie and Gillespie 2007, p. 24)

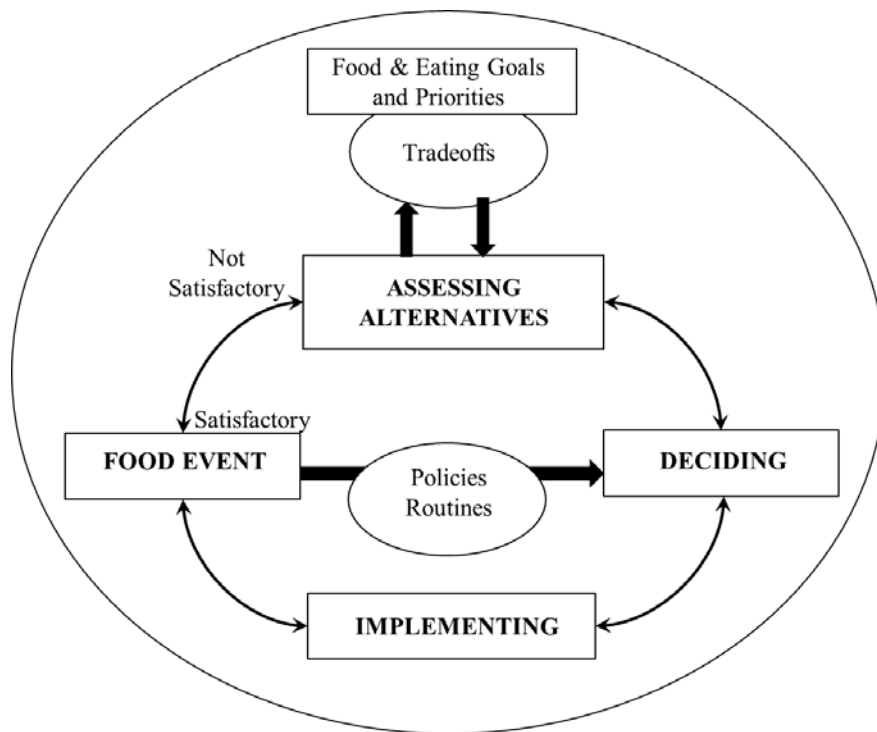


Figure 1.2 Framework of Family Food Decision Making in Ecological Systems
(Gillespie and Gillespie 2007, p. 25)

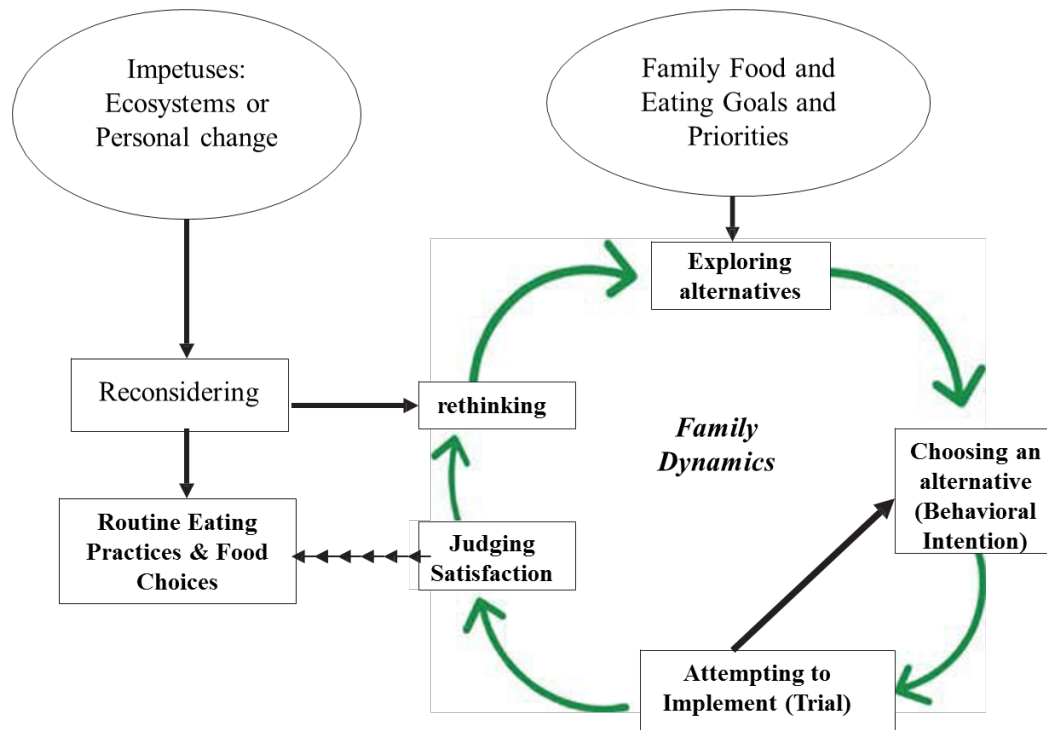


Figure 1.3 Family Food Decision Making System Framework
(Gillespie and Johnson-Askew 2009, p. S34)

Gillespie and Gillespie (2007) identify the key stages in FFDM processes as follows:

- (a) *identifying a food event that requires considering alternatives outside the usual routines and established food rules;*
- (b) *identifying and assessing alternatives perceived to be practically available for meeting family goals;*
- (c) *deciding by evaluation and choice among the alternatives; and*
- (d) *implementing the chosen alternative. Decisions may involve choices of foods, eating environments, food roles, strategies for mobilizing family food resources, or expected child food behaviors (i.e., family food policies) (p. 24).*

According to Gillespie and Gillespie (2007), families as well as individuals have food-related aims or goals, both “normative-affective” and “rational” (p. 25). Some may only be implied, some unshared, and some mutually exclusive. To make conscious food decisions,

families may negotiate these goals, accommodate particular family members, or have one decision-maker who determines them without accommodation. Decision-makers consider the goals and “the ‘practically available’ alternatives” for attaining them, and then weigh both, considering trade-offs among goals and practical factors such as cost and utility.

The considerations involved vary depending upon the resources available, the decision-makers’ knowledge of these resources, their abilities to access them, and whether they are able to expand their alternatives by overcoming constraints. These are the bases for choosing an alternative (2007, p. 25).

FFDM is heavily influenced by past experiences. In the source cited above, Gillespie and Gillespie explain that food decision making is a cyclic process with experiences and outcomes from each decision becoming part of the context of the next decision-making event. The MM food use decision making of Taiwanese immigrants in the US is conceptualized simply here: Taiwanese tradition and transnational activities of Taiwanese immigrants are reflected in their food choices. Hence, this study potentially extends or modifies the FFDM conceptual frameworks because MM foods are an alternative food choice of Taiwanese immigrants, whose food resources can be transnational.

The study’s initial approach to understanding the process and consequence of MM food decision making of Taiwanese immigrants in the US joins the life course perspective (Wethington 2005) with the Family Food Decision Making framework (Gillespie and Gillespie 2007; Gillespie and Johnson-Askew 2009) and prototype and methodology of community food systems (Gillespie 1998; Gillespie and Gillespie 2006) in a complex perspective. My initial and developing understandings about MM food uses and preliminary projections about cultural and health influences on Taiwanese immigrant families’ food decision-making behavior proceeded

from the historical and cultural context approaches reviewed above, and from my own experience as a Taiwanese.

1.3.2. Family MMF decision making

From my personal experience and observation, many Taiwanese immigrants have maintained strong ties with Taiwan, and the FFDM research approach raised interesting questions about them. What do Taiwanese families residing in the US think about the use of MM foods? Who among them consumes such foods? How do they make decisions about their use of these foods in the overlapping and complex interactions among food and eating systems and subsystems?

In addition, being a Taiwanese with a family that had immigrated to North America and had remained transnationally-oriented informed how I conceived the study. In the circles of people that I myself already knew, transnationally-oriented Taiwanese had diverse food use and combined interest in western nutrition with interest in Taiwanese Chinese MM foods. This eclecticism, representing a part of Taiwanese food culture, seemed magnified in transnational circles. Either consumers or food providers, many Taiwanese immigrants seemed likely to exhibit interesting adaptations to their new environment and even affect the food systems in which they participated. What underlay the drives that seemingly led to a favoring of traditional MMF use? My plan to explore Taiwanese American's perceptions of MMF and their uses and the effects of their decision making regarding MMF was initially informed by this impression. These viewpoints and questions led me to key research questions.

- What influences Taiwanese immigrants' FFDM regarding MM foods and their uses?
- What decision-making processes are used by this group for procuring MM foods?

- What sorts of food-related networks do they form? In what ways have these networks influenced larger food systems?

Findings about perceptions of MMF use among Taiwanese families residing in the US can help to answer the key research questions. Family members' perceptions are considered as the basis of family food decision making here. According to Gillespie and Gillespie's (2003) conceptualization of FFDM, the nature of Taiwanese family MMF decisions may be seen as *thoughtful, habitual, or spontaneous*. The *significance* placed on their MMF decision would lead to their *family goals, which would be trade-off factors (e.g., low cost, healthful, convenient, and meeting shared familial preferences)* for making the "best" food decision. *Feasibility*, which includes *processes and tasks (e.g., locating, acquiring, transforming, serving, and consuming)* would lead to their MMF *implementation as well as feedback* for their next MMF decision. Understanding those perceptions can help us understand the influences on MMF use, the food use decision process, and the MMF systems.

To understand the perceptions and decisions about MMF use of Taiwanese immigrant families in the US, I first explored the historical and cultural background related to MMF use and FFDM as described earlier. For conducting this study, I sought to engage as broad a range of Taiwanese in the US as I could in relationships for informal interviewing and conducting a survey. I then conducted in-depth interviews to uncover people's beliefs about MMF uses and their life experiences with MMF decision making. This enabled me to learn about interviewees' processes, acts, and interactions regarding their family's MM food decision making through their lenses. The fact that the interviewees had differing backgrounds enhanced the value of the interviews for understanding the diversity of MMF use among this population. Twelve interviewees' life experiences regarding MM food use became the basis of a grounded theory

interview analysis for extracting themes. Reiteration from descriptive statistical analysis and this textual analysis produced insightful findings. This process allowed me to develop and conceptualize a sharper framework on Taiwanese immigrant family use of MMF to expand or modify the preliminary conceptual foundations described above and to highlight themes and applications.

Chapter Two considers the methodological development and methods for the study. An overview is presented in a flowchart of the research design. The three methods for data collection were informant engagement, the survey, and the in-depth interviews. Informant engagement, evolving with the methodology, enabled me to continue engaging in and building relationships of trust throughout the study to facilitate my learning about how the study participants thought, changed, and interacted regarding family MMF use. The evolution of the survey and in-depth interviews is reviewed, including an adaption of statistical analytic methods in item analysis for the survey data to be applied in constructing a grounded theory approach. This study adopted the principles of constructivist grounded theory (Charmaz 2006; Gillespie and Gillespie 2006) for theorizing. The interviewing technique and textual analysis were modified according to the Taiwanese American family MMF use contexts.

Chapter Three focuses on findings from the survey in terms of descriptive statistics for a basic demographic understanding of the Taiwanese American group and the responses of its members to family MMF use questions in the survey questionnaire. Statistical reports and interpretations are compared with the survey context (the cruise) to advance significant connections for findings from informant engagement and the questionnaire. Conceptual mapping emerged through adapted analytical methods. Reiterating item analysis during the analysis from later in-depth interviews accelerated theme emergence.

Chapter Four treats methodological insights from informant engagement as certain lines of inquiry emerge from both initial and continued informant engagement toward development of the survey and interviewing. It also describes findings from the initial informant engagement to the survey.

Chapter Five elaborates the findings from in-depth interviews. Characteristics of the interviewees are reviewed along with reasons for their recruitment. Themes emerging from the in-depth interviews are discussed. These are discussed in terms of transmission of MMF cuisine practices and the family, the spectra of meanings of MMF and MMF use and belief, and amateur versus connoisseur MMF usage. The underlying themes for transmission of MMF and MMF use and belief and the family include parental influence and strength of interactions in the family and among families, transnational contacts offering value comparisons, and the synergistically changing MMF use environment. The spectra have sub-themes of medicinal effectiveness and taste and serving effects.

The final chapter, Chapter Six, integrates the findings and insights emerging throughout the study and revisits the research questions in light of these. Theorizing that emerged from the iterative analysis of the interviews and learning from the survey and informant engagement is described. The integrated findings and insights lead to re-emphasis and extension of the previous FFDM conceptual framework and an emerging conceptual framework for FFDM for MMF. Using an insider perspective to produce resonance in mutual experiences is considered for its significance and value. The developing dyadic interactive mode of interviewing is discussed along with a dyadic dialogue method inspired by it and developed for possible application in future FFDM collaborative projects. Ideas for future FFDM research aimed at health and well-being also emerge. This study could stimulate further work on the development

of food decision research methodology and research on immigrant FFDM, food for health promotion, and related agriculture-nutrition-food systems. Suggestions for future FFDM for MMF studies are discussed with the perspectives of FFDM efficacy, collaborative engaged research, and MMF systems.

CHAPTER TWO

METHODOLOGICAL DEVELOPMENT AND METHODS

This chapter describes the development of the methodology as the research proceeded. It begins with the research design using a project flowchart and then unfolds the process of informant engagement. Selected Taiwanese residing in the US were contacted and engaged as informants. Then, as the study progressed, other informants were added. Informant engagement led to relationship networks that allowed the research subject pool to expand, providing variety in participants for the survey and helping to guide informant selection for in-depth interviews. Informant engagement also aided further development of the conceptual framework, something briefly introduced here and elaborated in Chapter Four, “Findings from Informant Engagement.”

Three methods were used for data collection: informant engagement, survey, and in-depth interviews. The initial and continuing informant engagement is described here with an emphasis on insights related to participant recruitment for the survey and in-depth interviews. The methods for data collection particularly interacted with participant recruitment as a part of informant engagement. The questionnaire design for the survey is discussed. It was aimed at generating findings and information to guide the next level of investigation.

Analytical methods for the survey questionnaire and the textual data from in-depth interviews are described, as is the data analysis for extraction and modification of themes and theorizing about them. Statistical analytical methods for the questionnaire, which are partly modified from conventional applications of descriptive statistics and item analysis, are illustrated in this chapter, as a prelude and transition to Chapter Three, “Findings from Survey.”

Earlier informant engagement and the survey contributed to the choices of informants for in-depth interviews, the third method employed. A constructivist grounded theory approach (Charmaz 2006; Gillespie and Gillespie 2006) is used in modified form for the in-depth interviews. As all interviewees chose to be interviewed in a mix of Mandarin Chinese and Taiwanese, transcription and translation of the interviews formed part of the methodology. Textual analysis for the interviews for theme generation, adapted from the technique of generating constructivist grounded theory, is introduced here, while the theoretical sampling and determination of saturation fixing the number of in-depth interviewees is described in Chapter Five, “Findings from In-depth Interviews.” Together, the three methods allow some triangulation of interpretation.

2.1. Research Design (Process)

After research interests and questions were revisited and a qualitative, exploratory research approach was selected, this study was initially situation-dependent. Uncertainty about informant engagement and revolving door contexts for methodological development increased the complexity of the research design. Informant engagement and the survey yielded results clarifying that the constructivist grounded theory approach would be ideal for the in-depth interviews. The overall research process is retrospectively outlined in the project flowchart shown in Figure 2.1. Each progressive step adds to the developing methodology. The following sections and chapters elaborate details of the process. In the figure, the double-headed dash line indicates utilization of integrated findings to allow themes to emerge and research questions to be revisited while continuing to generate newly relevant questions. The single-headed dash line indicates interpretation of combined findings from descriptive statistical data and informant

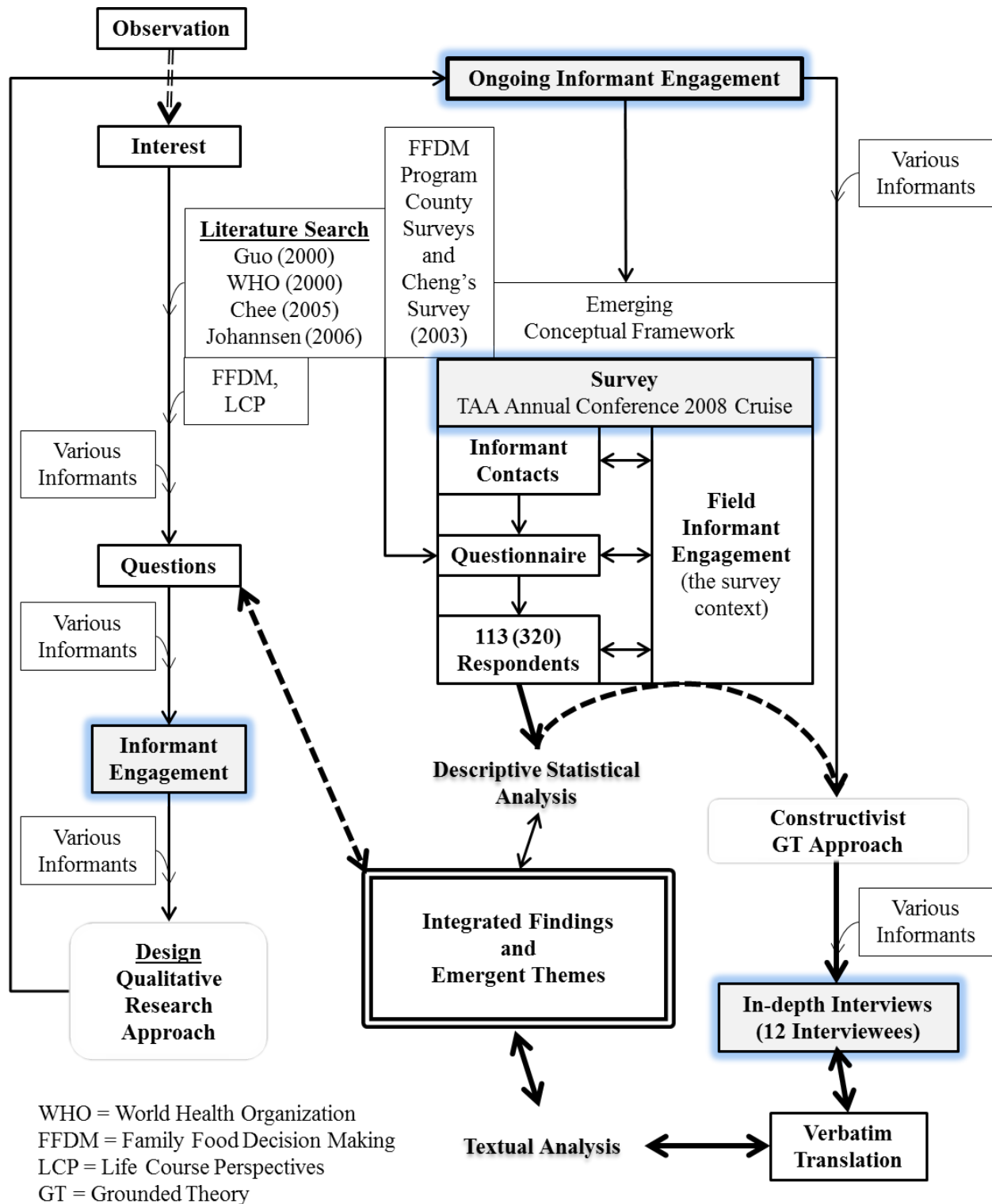


Figure 2.1. Research design process

engagement in the survey field (the cruise). This leads toward the methodological approach of a type of constructivist grounded theory.

2.2. Informant Engagement

Informant engagement was a core principle throughout the study. When the study was initiated, informants were approached in informal conversation about MMF use. Relationships were built, maintained, and continued, and these relationships facilitated engagement of newer informants. As a Taiwanese studying in the US and a member of a family of Taiwanese immigrants to Canada, I was able to relate easily with Taiwanese immigrants in North America. My graduate student identity also facilitated some introductions, relationship building, and informal information gathering related to the research topic such as is common in ethnographic participant observation research.

I first contacted the Taiwanese Association of America (TAA) in Flushing, New York City, where Zibin Guo (2000) had conducted an earlier health-related study among Chinese and Taiwanese immigrants, and the Buddhist Tzu Chi Foundation (Tzu Chi) (also with a center in Flushing), a worldwide organization, headquartered in Taiwan, known for its social networking in resource exchange and social entrepreneurship in health care. Many Taiwanese immigrants have contacted the TAA and Tzu Chi on arriving in New York City. Some have often visited there for community activities and classes in its youth camp, adult education, and language learning programs. Those who have attended the Tzu Chi Buddhist center are more or less tied to Buddhism/Daoism in their religion and social relationships; most are of course Buddhist-oriented.

With the initial contact experience at the TAA and Tzu Chi in Flushing and informal collection of some information, I set about developing a research methodology while continuing to engage informants. I engaged people I knew who lived near my location of residence as well as in other areas and people at the TAA annual conference in 2008 held on a cruise. On that cruise, I joined as many of the conference activities as I could to become familiar with the group and open conversations with individuals and families. Conference participants were assigned to tables of eight for three meals a day: this was a way for me to become familiar with some people and, through these contacts, meet others for informal information gathering. After the survey, my informant pool was expanded. Findings from informant engagement are discussed in Chapter Four.

2.3. Conceptual Framework Development

I had first explored some literature about traditional Chinese medicine (TCM²⁴), medicinal and medicated food (MMF) and its use, and Taiwanese immigrants in the US. Information from the Internet related to my research topic was considered as a broad, general source of “informant comments,” though these were not made directly to the researcher for the study. However, after the first contact with the TAA and Tzu Chi in Flushing, I had direct informants whose number continually expanded.

From the initial informant engagement, various thematic concerns about MMF use began to emerge. These added to the preliminary conceptual foundation drawn from the Family Food Decision making (FFDM) context, along with my personal experience and understanding about the MMF topic, and contributed to the emergence of a conceptual framework. This framework

²⁴ The acronym TCM, depending on context, may also stand for Taiwanese Chinese medicine, which emphasizes the developing of traditional Chinese medicine in the Taiwanese contexts.

was sketched to facilitate design of the survey questionnaire,²⁵ aid conversation with informants, and help clarify emerging concepts during data analysis. Description of the emergence of thematic concerns and the conceptual framework appears in Chapter Four. Ongoing findings led me to develop the study in terms of a grounded theory approach toward MMF decision making for the in-depth interviews. I anticipated that these interviews would draw comments from interviewees based on their actual lived experiences and would reveal more clearly than a survey could how they perceived and acted in relation to MM foods.

2.4. Participant Recruitment

After reviewing the context of Taiwanese MM food use and some informants' comments from the initial informant engagement, I began to plan a survey of Taiwanese Americans to inquire about their perceptions of MMF and MMF uses. I anticipated that this survey could also provide a pool of potential interviewees for further research at an in-depth level. My approach to participant recruitment began with informal informant engagement aimed toward the survey, but with an eye to later in-depth interviews. This approach was influenced by and adapted from the community-engaged grounded theory methodology (Gillespie and Gillespie 2006).

Participant recruitment for the survey involved building rapport with the TAA leaders and workshop leaders on the cruise. The criteria for survey questionnaire participant selection were as open as possible: (1) a resident of the US or Canada, (2) at age 19 years old or above, and (3) having parents or grandparents from Taiwan. The survey was originally aimed at

²⁵ In the current academic research climate, to conduct any research on human subjects requires approval from the Institutional Review Board (IRB). A proposal stating a rationale for conducting research is requested, including but not limited to description of a flowchart or framework. A rough conceptual foundation titled "conceptual framework" was given in the proposal submitted to the IRB for this study. In the end it would not frame the research work in the inductive sense of a constructivist grounded theory approach.

including Taiwanese immigrants in both the US and Canada because the TAA cruise participants came from all over North America. People under age 19 years old are considered “children” according to the guideline of the Institutional Review Board for Human Participants (IRB), a program operated by Cornell University to “protect the rights and welfare of individuals who volunteer to participate in the research mission of the University” (see the website at www.irb.cornell.edu), and for practical reasons, this study investigated adults’ perceptions only. The third criterion was that participants had strong ties to Taiwan, if to varying degrees. Fourth-generation offspring of Taiwanese immigrants were considered fully acculturated to North American cultures.

The in-depth interviewees were recruited in four basic ways. (1) I screened Taiwanese-American acquaintance circles at my university and in the community where I lived. (2) I made initial visits to a branch of the Taiwanese Association of America (TAA) in Flushing, New York, and the Tzu Chi Buddhist community center near the association. (3) I met several informants at those places who either provided me with general information about MMF or about other potential informants. (4) I also participated in the cruise sponsored by the TAA to facilitate administering the survey to members of the cruise group. On the cruise, I engaged informants in conversation individually or in small groups at the dining table. Participant recruitment for the in-depth interviews required building relationships directly with a potential interviewee or with intermediary persons who could channel a relationship of trust. While some interviewees were from the cruise group, others were from among various informants, including Taiwanese immigrants affiliated with the Cornell University community. My relations with the latter especially helped me gain trust and connection. I first tried to build a relationship with a potential interviewee through the preliminary study, personal connection, or other means, such as

participating in a cooking class, sharing of food-use experiences, cultural ties, same language use, etc.

The criteria for interviewee selection were as follows: (1) the food decision maker in the family was Taiwanese; (2) family members had strong ties with Taiwan; and (3) at least one family member used MM foods. The interviewee might own property in Taiwan, have parents or grandparents there, have extended families with whom connections were maintained, have a spouse working there, visit Taiwan frequently, and/or have children studying there. Reasons for the criteria included the fact that in-depth interviewees were selected to provide more detailed information about family MMF use and to facilitate triangulation with the findings from other informant engagement and the survey.

The strategy for selecting interviewees of Taiwanese transnational families was initially to use some participants (families) in the cruise group survey who had indicated that their families often used medicinal food or ingredients. Limitations arose because their residences were scattered in the US, making some inaccessible, and others were not interested in being formally interviewed. After contact with some potential participants for the in-depth interview via telephone, only a few from the cruise survey who lived in or near the New York area were available and two were finally interviewed.

On later visits to New York City after the survey, I met a Taiwanese American couple (homestay hosts²⁶) who managed a homestay business there. Visiting the Taiwanese Chan Buddhist Center, I met a Taiwanese immigrant who was a semi-retired chef there. Through such informal engagements, I expanded the participant recruitment pool as well as my knowledge. I

²⁶ Hotels and accommodations in New York City are expensive. Some Taiwanese immigrants residing in New York City offer rooms or space in their houses for travelers and new-coming immigrants from Taiwan at a cheaper rate for a short or long term of stay. These homestay hosts are regarded as “informants at the gate” for Taiwanese travelers and new immigrants to the US.

later recruited the homestay hostess and the chef because of their roles in their Taiwanese immigrant communities as “leaders” or “key informants” about food sources and food use.

Stern (2007) references Glaser (1998) as pointing out that one cannot know beforehand what sample size to use for an interview study based on grounded theory. Stern based his proposed samples on those found sufficient in past work: “I usually guess at 20 to 30 interviews and/or hours of observation” (p. 117). Based on accumulated information via informant engagement and advice from my doctoral committee, I planned to interview about 15 people, representing that number of families, to obtain “raw data” to generate concepts and conceptual labels for coding. However, I reached saturation for the approach with 12 interviewees. Further description of theoretical sampling and saturation appears in Chapter Five, “Findings from In-depth Interviews.”

2.5. Survey

County surveys developed in the FFDM program, in particular, the survey, *Feeding Our Families: The Food We Buy, Make, and Serve* (Maestro-Scherer and Gillespie 2007), and a survey study of *Psychosocial and Cultural Correlates of Use of Dietary Supplements among Taiwanese*, administered by Cheng (2003) in Taiwan, were important to the survey questionnaire design. Cheng’s study was deductive research undertaken from a perspective assuming psychosocial and cultural determinants and the health belief model to develop a questionnaire on Taiwanese perceptions of dietary supplement uses, in which use of MMF (or “*bu*²⁷ food/item” in Cheng’s study) was included. For my study, I modified some items/questions from Cheng’s questionnaire for use with Taiwanese Americans. The content and format of the survey

²⁷ Cheng (2003) used *bu* food or a *bu* item to indicate a similar MMF concept. *Bu*, in Mandarin, or *bo*, in Taiwanese can be seen in the interviewee narratives in Appendix H.

questionnaire were approved by the Institutional Review Board for Human Participants (IRB) at Cornell University. On the IRB's request, the Chinese version was back-translated and checked via credentialed third parties. The questionnaire (see Appendix A) was anticipated to provide findings for inductively interpreting Taiwanese Americans' perceptions of MM foods and their uses. It was aimed at obtaining some nuanced cultural information from them and served as a tool for initiating conversation with potential informants to elicit more information.

As a result of the initial contacts with the TAA, I had learned that the association's annual conference in 2008 was to be held on a cruise, which seemed an ideal situation for distributing a questionnaire and making the initial acquaintance of potential interviewees. The leaders aided in necessary arrangements for my administering the survey and consulting with a group of participants in the annual event. They announced the study and survey to the group on the cruise. The fixed location provided limited activities and several days to decide whether to participate in the survey and complete the questionnaire.

The participants in this *39th Taiwanese American Conference – East Coast*, organized by the Greater Washington, D.C. Chapter of the Taiwanese Association of America, thus became the focal group for the survey. The site was the Canada Cruise Fun Ship *Carnival Victory*. The period of the cruise, June 19-23, 2008, became the survey period. TAA participants included those who attended the annual conference and family members, relatives, or friends accompanying them. According to the program leaders, over eight hundred people on the cruise engaged in conference-related activities. The eligible participants for taking this survey were residents of the U.S. or Canada, nineteen years old or above, who were from Taiwan or had parents or grandparents from Taiwan.

The program coordinators at the conference made an announcement for me at each session of their activities on the cruise to interest people in participating in my survey and interviews. A total of 320 copies of the survey questionnaire were given out to those who showed interest. The participants were also informed of my interest in conducting interviews with them. The program leaders allowed me to use their space for distributing and collecting the questionnaires and for talking with interested people.

2.6. Descriptive Statistics and Item Analysis for the Survey

The survey questionnaire data were analyzed, reported, and interpreted in terms of descriptive statistics. In this study, descriptive statistics included means, standard deviations (SD), ranges, frequency distributions, and percentages. Cross-tabulation analysis was used for group comparison. Comparison of differences was facilitated using some t-tests or chi-square (χ^2) tests. A non-parametric Fisher's exact test, a member of the set of chi-square tests, was employed for the items/questions where answers were below five counts, in abnormal distribution, or in an unordered row-by-column contingency table. All statistics were manipulated using the IBM® SPSS® (Statistical Package for the Social Sciences Statistics) version 20 and its add-on module, the IBM SPSS Custom Tables version 20.

Item analysis is usually used to identify problematic items/questions in order to ensure the meaningfulness of items/questions tested, improve pre-test items/questions, or evaluate student learning performances. Reliability (check for item/question accuracy) and validity (check for item/question quality) are computed based on a presupposition, an internal meaning for statistical operation: if an item/question is reliable or valid, then the responsive index/score/value obtained from an analysis displays reliability or validity. In this study, item

analysis was applied for the set of multi-item perception questions in the questionnaire (Section A, questions 5 to 55). This application expanded its use beyond conventional purposes.

Interpretation for statistical outputs resonated with understanding the survey context (the cruise) and Taiwanese MMF use culture. Thus, an “unreliable” or “invalid” item/question might not be clearly indicative of the respondent’s understanding of the item/question or his or her perceptions of that item/question statement. There might be some other factors influencing the respondent to answer in that way.

Methods for item analysis used in this study included item difficulty, item discrimination/effectiveness, cluster analysis, and principal component analysis (PCA). They were manipulated to facilitate an understanding of whether or not the way an item/question was worded seemed to have distracted respondents and whether or not responses to an item/question reflected the survey context (the cruise). Rationales for analytical reports and plausible interpretations are included with the description of each method below.

Item difficulty is conventionally used for testing the reliability of an item/question when the item/question is used in a test/examination administered either at different times for similar populations or at the same time with different populations. The item difficulty of an item/question is represented by probability of success, P_{success} , which indicates how

easy/difficult the item is to answer correctly. It is calculated by the formula: $P_i = \frac{A_i}{N_i}$ where P_i

= difficulty index of item/question i ; A_i = number of correct answers to item i ; and N_i = number of both correct and incorrect answers to item i . The higher a P_{success} , the easier it is for an item/question to be answered correctly. P_{success} ranges from 0 to 1. When multiplied by 100, it converts to a percentage. When used for student tests, this is the percentage of students who answer the item/question correctly.

In this study, item difficulty analysis was adopted to account for the proportion of respondents that expressed perceptions that fell on the two sides of a six-point Likert-type scale: (firm to not firm) agreement versus (firm to not firm) disagreement. Data from the item difficulty analysis can be drawn up with two dimensions for interpreting an item/question: (1) the “measure behavior” (difficulty in answering) of the items/questions, i.e., how difficult the item/question is to respond to, and (2) the “intrinsic characteristic” (tendency for agreeing) of each item/question, a much more subjectively interpreted dimension, and usually replaced by a percentage, as seen in reports of people’s attitudes, such as election polls. In other words, answers about perception items/questions are considered not only answers checked, but also respondents’ decisions in giving those answers.

According to this notion, P_{success} is adapted to $P_{\text{consensus}}$, and, as an extension, to the probability of ease of agreement and the probability of consensus, $P_{\text{easiness \& consensus}}$, or $P_{\text{E\&Con}}$. Table 2.1 shows the relationship between the ease in answering and the tendency for agreeing. When a $P_{\text{E\&Con}}$ is very high, answers to that item/question represent a great proportion of respondents who consider that item/question easy/difficult to answer *and* agree with its statement (negatively worded items are reversely computed). Likewise, when a $P_{\text{E\&Con}}$ is very low, a great proportion of respondents consider that item/question difficult/easy for them to answer *and* disagree with its statement. A $P_{\text{E\&Con}}$ around 0.5 represents the “measure behavior” and the “intrinsic characteristic” of that item/question for people hesitating to take a strong stand on the statement of that item/question. Thus, when a $P_{\text{E\&Con}}$ is not extremely high or low, ambiguity increases between the “measure behavior” (difficulty in answering) and the “intrinsic characteristic” (tendency for agreeing) of an item/question. Increasing ambiguity implies that more investigation is needed to understand responses for that item/question.

Table 2.1 Item difficulty analysis by easiness in answering and tendency for agreeing

Easiness	Consensus		
	Agreement	Neutral or unknown	Disagreement
High	high $P_{E\&Con}$		(high or low $P_{E\&Con}$)
Hesitated		$P_{E\&Con} \sim 0.5$	
Low	(high or low $P_{E\&Con}$)		low $P_{E\&Con}$

Item discrimination/effectiveness analysis is based on the assumption that, if an item/question measures the same ability or competence, those who perform better overall on items/questions on a test/examination have a higher probability of being able to answer that item/question correctly. It is used to judge the quality or validity of an item/question. Item discrimination/effectiveness can be illustrated in several computational methods. Independent-samples t-tests, D-index, and point-biserial correlation coefficient are applied.

The independent-samples t-tests compare responses to items/questions by testing the equality/inequality of their variances and reporting significant differences. In this study, the independent-samples t-test was adopted to compute and check whether there was a significant difference on each item/question between the top one-third group (those who agree to the statement of an item/question) and the bottom one-third group (those who disagree with the statement of that item/question). More respondents who answered with agreement on the statement of an item/question would make that item/question “more discriminating or effective.” Items/questions that did not show a significant difference between the top one-third of those who agreed and the bottom one-third of those who disagreed required special attention, including attention to the survey cruise context.

The D-index determines the quality of an item/question in terms of discriminative power based on approximately two-thirds of the total number of the answering respondents, whereas the

point-biserial correlation coefficient (r_{pbis}) considers each and every answering respondent evaluated. Here, they are computed by the following formulas (adapted from Backhoff et al. 2000):

$$D_i = \frac{GA_{\text{answer agree}} - GB_{\text{answer agree}}}{N_{\text{largest group}}}$$

$$r_{pbis} = \frac{\bar{x}_1 - \bar{x}_0}{s_x} * \sqrt{\frac{n_1 n_0}{n(n-1)}}$$

In the first formula, D_i = Discrimination index of item/question i ; $GA_{\text{answer agree}}$ = number of respondents who answered “agree” among the top 30% sorted respondents who answered that item/question (sorted by score, 1 for answering with “agreement” and 0 for answering with “disagreement”). $GB_{\text{answer agree}}$ = number of respondents who also answered “agree” but were among the bottom 30% of the same group. $N_{\text{largest group}}$ = number of persons in the largest GA (the top 30%) or GB (the bottom 30%). In the second formula, x_1 = median of the total scores of those who answered with agreement to an item/question; x_0 = median of the total scores of those who answered with disagreement to an item/question. S_x = standard deviation of the total scores; n_1 = number of those who answered with agreement to an item/question; n_0 = number of those who answered with disagreement to an item/question; and $n = n_1 + n_2$. The use of 30% of respondents at the top of given scores and 30% of respondents at the bottom of given scores was based on a range of percentage use (suggested from 25% to 33% by various reference sources) that theoretically maximizes two characteristics to make the discrimination clearer.²⁸

Conventional reports and interpretations for the D-value and the r_{pbis} are as follows. (1)

The higher a D-value, the better an item/question can determine the difference for a particular

²⁸ See Matlock-Hetzel (1997) “Basic concepts in item and test analysis” www.ericae.net/ft/tamu/Espy.htm, accessed on December 3, 2012.

test between the upper group and the lower group. (2) When a D-value or an r_{pbis} of an item/question equals zero, it means that everyone answers that item the same way (correctly or incorrectly). (3) A negative D-value or r_{pbis} indicates that test takers who did poorly on the test overall (the lower group) did better on that item/question than test takers who did well overall (the upper group). In other words, that item/question confuses the evaluation for better-scoring test takers in some way and should be revised or removed from the test. Backhoff and colleagues (2000) suggest using the D-Index category to determine the discrimination power of an answer or to determinate an item's quality. In their work, they cite a D-index table from Ebel and Frisbie (1986), as seen in Table 2.1, including D-values and their corresponding interpretations and recommendations.

Table 2.2. Ebel and Frisbie D-Index table

D=	Quality	Recommendations
> 0.39	Excellent	Retain
0.30 - 0.39	Good	Possibilities for improvement
0.20 - 0.29	Mediocre	Need to check/review
0.00 - 0.20	Poor	Discard or review in depth
< -0.01	Worst	Definitely discard

Note: as cited and suggested in Backhoff et al. (2000, p. 5)

Here, computed D values are screened by the D-Index and then items/questions of concern are revisited. An item/question with a D-value or r_{pbis} near zero (with positive or negative value) can be seen to be of lower efficacy. For an item/question with negative D-index or r_{pbis} , it can be considered that those who tend to disagree overall on the questionnaire tend to agree on the statement of that item and vice versa. When an item/question shows a low D-value

or r_{pbis} , this can result from its multidimensionality, which means other content is also measured,²⁹ and thus, agreement and disagreement in responding to that item/question would need further investigation. In this study, multidimensionality is considered by using principal component analysis (PCA) and cluster analysis, which are discussed below.

Cronbach's Alpha reliability coefficient ranges from 0 to 1, from no test reliability to the highest reliability. The closer Cronbach's Alpha coefficient is to 1, the greater the internal consistency of the items in the scale. An Alpha of 0.8 is commonly considered a reasonable goal. A caution is taken that Cronbach's Alpha is not seen as unidimensional or of one group or concept/theme when applied to a large set of items/questions. As applied in this study, Cronbach's Alpha reliability coefficient is, first, an indicator of overall test reliability of the set of Likert-scale items/questions in the questionnaire, and second, a supplement to compare with statistical outputs from the principal component analysis (PCA).

In this study, the Chronbach's Alpha reliability coefficient is only reported for "Cronbach's Alpha if Item Deleted." The SPSS computes this reliability coefficient when the item/question is to be deleted from the overall set. Conventionally, the higher an item's "Cronbach's Alpha if Item Deleted" value, the more problematic the item and the lower its test reliability; hence, that item needs to be excluded from analysis and removed from or revised for the next test/examination. This study applies the value of "Cronbach's Alpha if Item Deleted" to re-arrange items/questions for emerging concepts/themes by removing them from, adding them to, or switching them among the four operational conceptualization sets/anchors in principal component analysis (PCA).

²⁹ See Seema Varma, "Preliminary Item Statistics Using Point-Biserial Correlation and P-Values," Educational Data Systems, Inc. Accessed on December 3, 2012 at http://www.eddata.com/resources/publications/EDS_Point_Biserial.pdf

Cluster analysis is a statistical technique that sorts data into groups/clusters. Similar to the PCA that reduces the number of variables/items/questions by assigning comparatively homogenous responses into at least two principal component sets, cluster analysis reduces the number of observations/cases/items/questions by sorting comparatively homogenous attributes into smaller sets of clusters.

In this study, cluster analysis was applied mainly to supplement PCA to build up a clearer picture from the pieces of the PCA findings. It was also used to cluster survey respondents in terms of demographic attributes and perceptions of MMF use. Ward's procedure for hierarchical agglomerative clustering was used, as it could generate dendrograms to assist visualization and determine a threshold for clustering.

Principal component analysis (PCA) is a statistical method for multi-dimensional scaling that assigns similar responses within a large set of items/questions to form at least two components/groups/dimensions/concepts. PCA in the SPSS software program is placed under exploratory factor analysis (EFA). However, the assumption and design of EFA is still used for generating a model similar to a regression model, whereas PCA seems not to produce an explicit model (Jolliffe 2002, p. 151).³⁰ Since PCA just reduces data for extracting principal components/concepts, it seems to be more appropriately applied in this study, which is to explore and generate themes rather than test hypotheses and inferential models.

For operational convenience, the set of multi-item perception questions (Questionnaire Section A, questions 5 to 55) is divided into four conceptualization sets/anchors: (1) Taiwanese MMF identification, (2) MMF as medicine and/or a health-promoting source, (3) motivation for consuming MMF, including questions related to taste, emotion, tradition, health effectiveness,

³⁰ See further discussion of principal component analysis by I.T. Jolliffe (2002) and G.H. Duntzman (1989).

and accessibility, and (4) MMF consumption behavior, including questions related to reasons/times for MMF use before and after immigration. The SPSS output of PCA for each set/anchor is compared with the value of “Cronbach’s Alpha if Item Deleted” for each item/question in the set/anchor.

Items/questions are manipulated through the SPSS program by removing, adding, or switching them among the operational sets/anchors. Components/groups that are generated through reiteratively removing, adding, or switching items/questions form some other meaningful conceptualization sets to report. This process can facilitate conceptualizing, cognitive mapping.

2.7. In-depth Interviews

The survey and informant engagement provided insights for conducting in-depth interviews. Most survey participants preferred open conversations with me over writing answers to open-ended written survey questions. This supported my ultimate focus on in-depth interviewing, for which I adopted a constructivist grounded theory approach in interview analysis (Charmaz 2006) and category identification. I drew on a collaborative grounded theory methodology (Gillespie and Gillespie 2006) assuming an FFDM context.³¹ The in-depth interviews were designed to capture spontaneously emerging information from interviewees, gain multiple perspectives from them, and understand how they constructed their social realities. This approach facilitated further understanding, allowing me to generate theoretical insights from perceptions of MMF use among Taiwanese immigrant families in the US. I was able to compare them with the Taiwanese immigrant families’ MMF decision-making conceptual framework and

³¹ In the work of Gillespie and Gillespie, that context has involved a family-community-university partnership. In this study, the context has of course been modified.

the life course perspective (Wellington 2005), develop the framework, and further refine the FFDM framework.

The constructivist's grounded theory (CGT) practice used here was based on that of Charmaz's *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis* (Charmaz 2006). I modified some of her guidance to accord with situational factors in this research. My review of the CGT here is mainly related to the interview design and analysis to suggest the coherence of the interview phase of the study as a whole. For instance, MMF use in a family might not be a sensitive issue to discuss in general, but its specific uses for health considerations might involve a respondent's privacy regarding individual health concerns. Conversation style questions that Charmaz suggests (Charmaz 2006, Chapter 2) with the in-depth interview guide (see Appendix C) cautioned me about topics sensitive for interviewees.

In conversation-style inquiry, Charmaz considers that five major questions are necessary. Among them, *initial*, *intermediate*, and *ending* questions guide the conversation in a smooth order, while *intentionally overlapping* and *balanced* questions support and qualify the frame of questions during the interview. Following these principles, the interviewer can increase confidence, break the ice to initiate conversation, reveal underlying topics, facilitate focused progress in conversation, concentrate on what the interviewee is saying, and gather rich data. The series of questions was sufficiently flexible "to correct tendencies to follow preconceived notions about what is happening in the field" (p. 29) during the interviews.

Such well-planned open questions and ready probes ideally contribute to rich data collection. However, in this study, the quality of data is also influenced by the level of the interviewer's catching verbal and non-verbal nuances and understanding an East Asian cultural perspective in which learning is often by doing. Charmaz suggests that recording and coding

what is seen and heard in the field help reveal data in field observation (p70). An ethnographic outsider type of approach to data collection in fact did not satisfy the research goal here for understanding Taiwanese immigrant family's MM food decision making, in which collective interactions of culture, time, and setting are involved and have influence. The interviewer's underlying language fluency, established personal channels, and transnational immigrant background were profoundly helpful in obtaining reliable data. It allowed the interviewer to interact more smoothly with respondents and capture nuances in respondents' discourse related to their ties in Taiwan. It also minimized bias that might pose problems for researchers working from only a western or only a Taiwanese perspective. Interviewees were more willing to share and even teach the interviewer what MMF use was about in their life or in their beliefs, rather than just telling the interviewer what they construed the interviewer to expect to gather.

In Charmaz's CGT practice, multiple recorded interviews of the same individuals are encouraged, so the beginning and progress of one case and its analytical effect for study can be better examined. In this study, since most interviewees had agreed to only a single interview, I used different approaches to the five types of questions, asking the research questions in one interview rather than re-interviewing. Initially, I included these open-ended questions:

Could you describe MMF events in your family before and after immigration?

Tell me about your family's routine MMF use.

Intermediate questions were:

What happened so that your family changed some MMF use routines?

When did that happen? Tell me about how you learned to prepare MMF.

Intentionally overlapping questions were asked. For example,

Who helps you make MMF? What kinds of help are provided? Tell me the ways you modify MMF recipes of your family tradition.

Balanced questions were formed such as these,

What is your strategy for handling taste preferences among family members for MMF? Who has it been more challenging to satisfy with the food? What positive or negative MMF effects have you experienced in your life?

Ending questions included,

What do you most value about MMF in general and in your family tradition? Is there anything related to MMF use that you might not have thought about before or during this interview? Is there anything else you think I should know to understand Taiwanese transnational immigrant families' use of MMF better? What are your suggestions for this interview and this project?

Besides asking intentionally overlapping questions, I reiterated some questions to check content with the interviewee, stimulate the interviewee's memory, and inquire after the interviewee felt more comfortable in answering them. In conducting the interviews, my own MMF use experience and background and consultation training³² informed a flexible ordering of the questions or checking of answers.

Previous experience with each interviewee and my understanding of social connections related to them came to influence the way I asked questions of the next interviewee. During the interview conversations, I was prompted to ask further questions related to what influenced family members to decide to use MMF, how they used such food, and how family members perceived their routine and their changes in practice in MMF use in relation to their family food environment and community food system. I encouraged interviewees to think of MMF-related questions that I might not have considered.

³² Consultation skill training that I received from Cornell's Empathy, Assistance, and Referral Service (EARS) included listening skills, effective attentive behaviors, and nonjudgmental confrontation.

Data were collected from immediate family members of Taiwanese transnational immigrant families. Based on understandings from informant engagement and the cruise survey, selection for in-depth interviewees included three presuppositions: (1) Taiwanese uses of diet and medicine are generally closely related; (2) Taiwanese immigrants in the US on average have a high level of education and/or social and economic status; and (3) knowledge of MMF use is usually transmitted via family upbringing as well as media and social interaction with extended families, friends, neighbors, or TCM doctors. Thus, Taiwanese immigrants whose occupations, roles, or social worlds engaged in MMF use were initially considered candidates. Sampling here was based on the accessibility of the interviewees, my competence for inquiring into the research question and cross-analyzing data, including those from “negative cases,” and my recognition that no more new findings were contributing to categorical or conceptual development. “Negative cases” here means those who or whose family members evidently changed their MMF beliefs or uses in their life or those who used MMF ingredients but were not clearly MMF believers or users. Sampling at this stage is considered *theoretical sampling* because it directly points to categorical construction through textual analysis and CGT comparison methods. The sampling of the informant engagement and survey stages in this study may be considered the *initial sampling*.

Comparing and contrasting the conceptual frameworks, the contexts of ongoing informant engagement, and the first four interviews facilitated converging descriptive characteristics. These suggested strategies for further sampling (Gillespie 1982). For example, the second interviewee, a former cook at several vegetarian restaurants in New York City, and the third interviewee, a farmer growing MMF vegetables and selling MMF plant seedlings near New York City, both commented that restaurants offering MMF dishes contributed to MMF

consumption and promotion in their communities. This insight led me to interview a Taiwanese immigrant and vegetarian restaurant owner in New York City who had introduced and developed MMF dishes there and whose families used MMF. Theoretical sampling reached categorical or conceptual saturation after conducting the 12th in-depth interview.

2.8. Textual analysis of the interviews

A developing grounded understanding of family MMF decision making helped in building and deciding on analytical coding, categories, and working definitions. In-depth interview data were analyzed based on the principles described in Gillespie and Gillespie (2006) and the practices described in Charmaz (2006) to advance “informal analytic notes, commonly called memos” (Charmaz 2006, p72) toward theory development. The CGT practice Charmaz strategizes for interpreting themes in interviews proceeds as follows (refer to Charmaz 2006, Chapter 4).

Generally, an interview transcript is examined and coded on a line-by-line basis. The coding is used to generate potential categories. The interviewer writes memos to record the codes, phrases, and ideas conceived from the interview transcript. Early memos are used to explore and fill out the qualitative codes. Accumulated memos are used to direct and focus further interviews and interpretation of transcripts, clarify and direct later coding, and analyze emergent categories into components. Charmaz suggests word-by-word, line-by-line, segment-by-segment, or incident-by-incident coding for transcripts but notes that grounded theorists often conduct incident-by-incident coding through a comparative study of incidents. She develops a theoretical sampling through re-interviewing for deeper and wider life experience exposure in

order to reach information saturation on a topic. Information saturation is reached as the theoretical sampling ceases to provide fresh insights.

The particular research situation in this study led to modifying Charmaz's interview analysis model. An interview transcript was coded on a line-on-line basis, but examined incident-by-incident. Most coding was conceptually concurrent with translation, while referencing categories or concepts in the conceptual frameworks indicated earlier. Translation was considered the core process for initial analysis during which ideas (hunches) and early categories emerged. It involved three coherent approaches.

First, because all interviewees preferred to be interviewed in Taiwanese or Mandarin Chinese, and because the FFDM research had not been translated or studied in Chinese yet, translation for textual analysis was necessary in this study. Transcripts were initially generated from simultaneous translation of interview recordings. During the process of transcription-translation, some preliminary "coding" emerged in my mind as a transcriber processing the interviews word-by-word and line-by-line for transcription and translation. Taking the dual role of simultaneous transcriber and translator, I generated, took hold of, and compared ideas throughout the verbatim translation-generating process. I compared incident with incident according to my conceptualization of earlier incidents. That way, I could also identify properties of emerging concepts. I then went to interview the next participant before performing or finishing a coding analysis in written form. However, the more interviews I conducted, the more clearly I was able to understand how and when to ask relevant questions and how to tell if a new view was appearing in the new participant's responses. I also gained insights about what kinds of information to collect next.

Second, with the “conceptualized transcribing-translating coding” and the wide variation in the backgrounds of interviewees, I gained a sense of saturation from my “conceptualized theoretical sampling” – there seemed to be no new basic concepts emerging. Conceptualization leaps were explored and filled out by “early memos,” guided by the conceptual frameworks noted earlier. The processes of interviewing, “conceptualized transcribing-translating coding and theoretical sampling,” and transcribing and translating in written form took place by turns as new interviewees and new field notes were added in. These processes spiraled and informed the evaluation of 12 interviewees as a sufficient sample size. Completed scripts and field notes (translated verbatim) and memos were edited and proofread in English and used for detailed descriptions of the 12 interviewees.

Third, for the first two interview transcripts, I experimented with word-for-word translation, including responsive sounds, but it was not necessary to do such translation on the topic of MMF uses partly because related nuances were captured in the field notes and experiences and insights accumulated across the study itself. The interviewees had invited me to experience their MMF uses, and this participation experience helped me in deciding what was and what was not important in our conversation, as in ethnographic immersion. Moreover, I transcribed the recording and translated the scripts myself, so that all the experiences of interacting with my interviewees were deeply imprinted in my mind. That helped me connect and compare the contexts of the interviews.

The verbatim translation was not back translated and coding was not checked by other coders as in conventional grounded theory practices. However, a native English-speaking editor with specialization in the fields of Asian studies and anthropology edited and proofread the translation. A member of the Ithaca College faculty in the business administration field, also a

native English speaker, assisted me with a set-up for written English coding by referencing the preliminary developing conceptual framework. I worked closely with them for the translation and coding. Nuances from transcription and translation were intensively discussed.

Because translation was conducted, I was able to go back to reference the original 12 translated transcripts and smoothly check conceptual connections. I could draw from the translated transcripts, analyze excerpts, and work on further data analysis, including re-coding, re-categorizing, writing a grounded theorist's memos, and recording data for future analytical use. The following exemplifies a developing or advanced memo for integrating concepts.

1. MM food includes ordinary food ingredients.

Some interviewees do not link ordinary food to MMF, but they acknowledge ordinary food to be related to nutrition and health.

Some interviewees perceive that some food can be used as such and also as medicine.

2. The MMF maker is usually the MMF user or one of the MMF users.

Some restaurants advertise MMF dishes and their functions because they have chefs who know how to make MMF.

The one who has MMF cooking knowledge makes MMF for the family members.

After I gained experience from initial textual analysis, including translation and conceptual coding, I used the software ATLAS.ti version 7.0 to advance the analysis. The software guide and a book, *Qualitative Data Analysis with ATLAS.ti* (Friesen 2012), were followed and referenced. They assisted organizing and analyzing data in efficient ways.

Theme theorization is based on the methodology suggested by Gillespie (1982), Charmaz (2006), and Jaccard and Jacoby (2010). Themes emerging from the in-depth interviews are discussed in Chapter Five. Further theme emergence revealed by findings from the informant engagement, the survey, and the in-depth interviews are brought together in Chapter Six, in

which theorizing about the perceptions of medicinal and medicated food (MMF) use of Taiwanese immigrant families in the US is used to advance the FFDM framework.

Though the survey succeeded *initial* informant engagement, Chapter Three describes findings from the exploratory survey, and Chapter Four retrospectively describes findings of the initial and later informant engagement. These descriptions reverse the temporal order of the research process prior to the in-depth interviews.

CHAPTER THREE

THE SURVEY

This chapter presents findings based on the descriptive statistical analysis and item analysis of the survey questionnaire administered on the cruise. Participant recruitment has been described in Chapter Two. Here, the demographic background of respondents from the Taiwanese Americans attending the TAA annual conference activities is reviewed first. Interpretation of the demographic distribution takes the influence of the cruise context into account. Then, findings from perception items/questions with considerations of respondents' demography and the cruise context are interpreted and discussed. Differences for classified subgroups are examined comparatively. Responses to items/questions regarding individual and/or family MMF use perceptions are interpreted in terms of ten scopes. A typology of MMF users or potential MMF users summarizes the responses and interpretations and provides a reflection on what types of MMF users are represented and a way of predicting a person's potential and probability of using MMF. An overview of the findings of the survey and analysis is presented.

As findings emerged, so did some key concepts. Reiterative item analysis stimulated conceptualization of various dimensions of such concepts. Examples of data processed by modified analytical methods, indicating a developing process of conceptual mapping, are attached in Appendices C through G.

3.1. Demographic Background of Respondents

A total of 320 copies of the survey questionnaire were distributed to willing individuals on the cruise. Of the 320 distributed copies, 298 were in Chinese and 22 in English. Almost all chose the Chinese questionnaires, though English questionnaires were distributed to a youth leadership group because these young people, who were second- or third-generation Taiwanese Americans, did not want the Chinese questionnaires. A total of 113 participants answered and returned the questionnaires, 98 copies in Chinese and 15 copies in English. Of participants who completed the Chinese version, 40 offered further contact information. Two who completed the English version offered further contact information.³³ No one who answered the English version wanted to be interviewed.

Table 3.1 shows ten demographic characteristics of the 113 survey questionnaire participants. Participation by age, education, language preference at home, income, age at arrival in the US, length of years residing in the US, gender, marital status, religion, and the body-mass index³⁴ (BMI) is reported in terms of frequency statistics. Calculation of the BMI was based on participants' self-reported weight and height. The BMI cut-off points for underweight (less than 18.5), normal weight (18.5-23.99), overweight (24-26.99), and obesity (equal and greater than 27) are according to the BMI index for Taiwanese.³⁵ Interpretations of the participant responses in

³³ One participant who was not on the cruise but had heard of the survey from informants there contacted me later, expressed interest in participation, and requested that I mail her a copy of the English version. Her responses were considered in discussion but not included in the statistical analysis.

³⁴ The body-mass index (BMI) was calculated in terms of weight (kilogram) divided by square height (meter). Waist circumference and hip circumference were asked in the questionnaire. However, since response was very low, waist circumference (WC) and waist-to-hip ratio (WHR) were not discussed here.

³⁵ Source was from the Bureau of Health Promotion, Health Department of Taiwan, at its website http://health99.doh.gov.tw/onlinkhealth/onlink_bmi.aspx, accessed on July 17, 2013.

terms of these characteristics, together with field observations and some general assumptions, as well as related findings by comparison of differences, are discussed below.

More than 83% (n=77) who answered the age question were above 40 years old, with close to 60% (n=55) above 60 years old. Respondents with higher education constituted 86.2% (n=87): there were 43 college graduates, 20 master's degree holders, and 24 doctoral degree holders. Answers on family incomes indicated that 70.2% (n=66) made over \$80,000 annually, with 85.1% (n=80) making over \$50,000. Older Taiwanese immigrants in the US are more likely to have achieved higher social and economic status (SES) and to involve themselves enthusiastically in affairs at the political association that symbolizes their Taiwanese-related identification, including language use.³⁶ Therefore, it is unsurprising to find the preference for using Taiwanese at home at an overwhelming rate (87.6%, n=92). English use at home was close to 22% (n=23), an indication of acculturation and perhaps mixed use of Taiwanese and English at home.

One possible explanation for the high proportion of older participants is that, on the cruise, older people might have had more time to complete a survey compared to younger people, who might have needed to look after children and other family members or who might have used their time for social connection with other families in the association activities. In addition, younger people in a family might have requested that senior family members answer the questionnaire because MMF use is commonly regarded as traditional. In fact, quite a few people indicated that their MMF experience or knowledge was learned from their parents and/or parents-in-law.

³⁶ This may have been reflected in the ready help of the TAA leader and his team. They were impressed by my fluent Taiwanese; I received compliments from many people who approached me on the cruise.

Table 3.1. Composition of survey questionnaire participants (N=113)

Characteristics	n	% ³⁷
<u>Age</u> (mean=58.2, SD=16.6, range=20-99)	<u>92</u>	<u>81.4</u>
Missing or Not answered	(21)	(18.6)
20-40	15	16.3
41-60	22	23.9
Above 60	55	59.8
<u>Education</u>	<u>101</u>	<u>89.4</u>
Missing or Not answered	(12)	(10.6)
Below college/Trade school/Others	14	13.9
College degree and some graduate school	43	42.6
Postgraduate degree	44	43.6
<u>Annual family income</u>	<u>94</u>	<u>83.2</u>
Missing or Not answered	(19)	(16.8)
Less than \$20,000	4	4.3
\$20,000 - \$49,999	10	10.6
\$50,000 - \$79,999	14	14.9
More than \$80,000	66	70.2
<u>Language preference at home</u> (multiple choices)	<u>105</u>	<u>92.9</u>
Missing or Not answered	(8)	(7.1)
Taiwanese	92	87.6
Mandarin Chinese	11	10.5
Hakka	1	1.0
English	23	21.9
<u>Age at arrival in US</u> (mean=26.7, SD=12.4, range=0-68)	<u>99</u>	<u>87.6</u>
Missing or Not answered	(14)	(12.4)
Under 20	15	15.2
20 - 30	57	57.6
31 - 40	21	21.2
Over 40	6	6.1

³⁷ Calculation of percentages for age group, gender group, etc., is based on the actual number of answered questions and does not include those who omitted these data.

Table 3.1 Continued

Characteristics	n	%
<u>Years of US residency</u> (mean=31.5, SD=10.3, range=9-55)	<u>91</u>	<u>80.5</u>
Missing or Not answered	(22)	(19.5)
Less than 5 years	0	0.0
5 - 9 years	1	1.1
10 - 19 years	8	8.8
More than 20 years	82	90.1
<u>Gender</u>	<u>101</u>	<u>89.4</u>
Missing or Not answered	(12)	(10.6)
Men	48	47.5
Women	53	52.5
<u>Marital status</u>	<u>100</u>	<u>88.5</u>
Missing or Not answered	(13)	(11.5)
Never married	14	14.0
Married	78	78.0
Separated/Divorced/Widowed	8	8.0
<u>Religion</u>	<u>97</u>	<u>85.8</u>
Missing or Not answered	(16)	(14.2)
Buddhism/Taoism	24	24.7
Christianity	48	49.5
None	25	25.8
<u>BMI</u> (mean=23.5, SD=3.1, range=16.0-33.8)	<u>99</u>	<u>87.6</u>
Missing or Not answered	(14)	(12.4)
Less than 18.5 (underweight)	2	2.0
18.5 - 23.99 (normal)	58	58.6
24 - 26.99 (overweight)	27	27.3
27 and above (obese)	12	12.1

Note: The BMI cut-off points reference those of the BMI for Taiwanese, which is used by the Bureau of Health Promotion, Health Department of Taiwan.

Close to 80% (n=78) of respondents arrived in the US between the ages of 20 and 40. Those who arrived between the ages of 20 and 30 constituted the highest rate (57.6%) for age at arrival. This correlates with the highly educated characteristic, for this age range includes the general age range for graduate study in the US. Only six answered that they arrived in the US after age 40. However, 14 did not answer the arrival age question, which may affect the interpretation, considering that more participants are older than 40 years old and, according to Chee (2006) as noted in an earlier chapter, many recent Taiwanese immigrants came to retire. The fact that 22 people did not answer the question about years of US residency could negate the claim that none had resided in the US less than five years. However, despite the omitted answers on years of residency, the vast majority (n=82, 90.1%) had resided in the US more than 20 years, a period of time considered sufficient for acculturation.

The fact of so many omitted answers on years of US residency (n=22) and age (n=21) may suggest frequent transnational activities and cultural influences on age perception, and situational considerations could have complicated choosing an age answer. Some participants said that they did not know how to answer the question on the number of years lived in the US because they had lived periodically between Taiwan and the US, particularly for the most recent 10 years. Some older people counted their age as one year older based on the traditional Chinese lunar calendar, something related to Taiwanese culture, and this study survey could have suggested to them an image related to Chinese medicine, spurring a traditional response. They may not have been sure which age count to use and may have left the question blank on that account. Since almost 60% (n=55) of participants were over 60, it is likely that some other older participants contributed to the omission of age data, though some younger participants with a similar perception of age calculation may also have left the question blank.

Gender issues in Taiwanese culture may be another influence. Culturally, people tend to be more comfortable disclosing age information within the same gender and with those of similar age. The majority of leaders in the political association were male. However, some male program leaders who announced this survey at their workshops encouraged male members to participate by emphasizing my age, gender, and education, stating that I was *a young female graduate student*. That might have led to more men participating, something discussed below with findings related to gender. Meanwhile, the kind of announcement made might have led both male and female workshop participants to avoid joining the survey or might have made them feel uncomfortable about revealing their age. Nevertheless, among the 40 survey questionnaire participants who agreed to further contact and left contact information, only one omitted data on age. The remaining 73 participants who did not agree to be interviewed and left almost no contact information accounted for 20 cases of omission of age. This could mean that people more open to sharing information were less sensitive about age disclosure. It could also mean that they paid more attention in answering the questionnaire.

The number of male respondents (n=48, 47.5%) is close to that of female respondents (n=53, 52.5%), which is unusual for a study related to perceptions of food use because women are more likely to take part in food-related research. Male Taiwanese immigrants might have more interest in the topic of MMF itself than, say, a survey related to other food. This notion could be weakened or strengthened in three ways.

First, there is a significant difference in age by gender (χ^2 test statistic p -value 0.039). Figure 3.1 shows that women steadily increase across age groups from younger to older, whereas men suddenly increase at the age group above 60. While male participants over 60 years old may thus seem more interested in the MMF survey topic, this surveyed group includes a high

proportion of people age above 60 in general. Besides the possible influences discussed above, family and religion, to be discussed below, might also affect the high male participation.

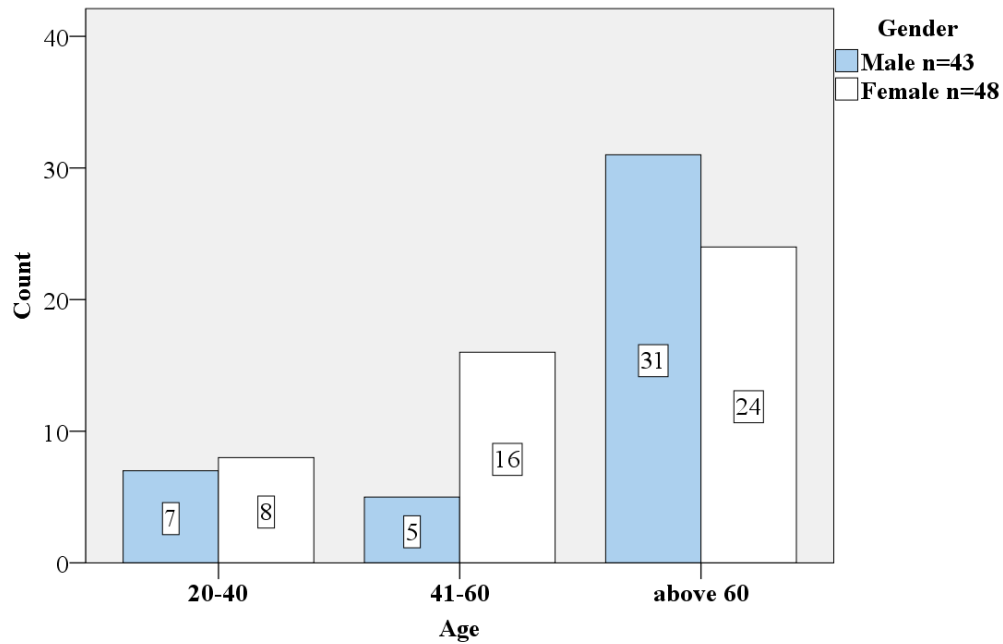


Figure 3.1. Gender versus age (Effective sample size n= 91)

Second, male participants' answers to the question about whether or not their family's use of MMF varies for individuals by different stages of the life course, e.g., for pregnancy or in seniority, could seem to contradict interest in the MMF topic. There is a significant difference (χ^2 test statistic p -value 0.047) by gender for answers to that question: 26 men answered no (13 yes), whereas 25 women answered yes (19 no). At the same time, this difference could be influenced by the question itself, which gives an example of "pregnancy" that might lead men to answer "no" without thinking further. Some questions, then, make such differences as those between male and female responses difficult to interpret.

Third, culture-gender influence might be one of the causes of the high male participation and this makes it difficult to differentiate between male Taiwanese immigrants, older Taiwanese immigrants, and older male Taiwanese immigrants, who may all be more interested in MMF use. Later, experience from in-depth interviewee recruitment would reveal that, though more women from varied backgrounds agreed to participate in the interviews, men who had jobs related to MMF were quite willing to be interviewed. Though the MMF topic may well interest men more than other food topics, the reasons behind men's perceptions of MMF use may be more complex.

The ratio between participants who were currently married to those who were not married was about 4 to 1. It is likely that the survey title related to family food decision making led more married people to participate. Moreover, a few people who were interested in taking the survey asked me whether one family should answer one questionnaire via one representative or whether different members from one family could participate.³⁸ Some of them sought out other families to answer the questionnaire as they considered that one representative of their family had already responded. Some male participants answered the questionnaire because they received "social pressure" from other families. The high participation from people with marriage experience (n=86, 86.0%) might partly account for the high rate of male participation. At the same time, men in the age group of 41 to 60 are considered to have a more powerful role in the family and their wives might therefore not have imposed on them to participate. In fact, less than half as many men (n=5) as women (n=16) participated from that age group.

³⁸ I encouraged information from more families, and quite a few extended family members joined the cruise. In the end, three couples from three families answered the questionnaire individually. Analysis does not separate the three couples from the family count at this stage of analysis, nor were they recruited for the in-depth interviews. Information collected from the survey questionnaire is considered to come from a varied participant composition pool.

Though nearly 15% chose not to identify themselves regarding religious identity (even avoiding “None”), of those who answered, Christians (n=48, 49.5%) participated at a rate double that of Buddhists/Daoists (n=24, 24.7%) and double that of people without a religion (n=25, 25.8%). No significant difference was found for religion relative to gender, age, and marital status, respectively. However, in Table 3.2, cross-tabulated tendencies among religion, age, and gender suggest that more males tended to be Christians as older age groups were considered (again, nearly 60% of respondents were males over 60 years old and this presents a possible confounding of characteristics). It is also uncertain whether or not those men converted to Christianity after immigration to the US and as they became older.

Table 3.2. Religion, 20-year age interval, and gender (Effective sample size n=87)

		20-year age					
		20 – 40		41 - 60		Above 60	
		Gender		Gender		Gender	
		Male	Female	Male	Female	Male	Female
Religion	Buddhism	2	1	0	5	6	7
	Christianity	1	5	4	5	15	14
	None	3	2	2	1	8	6

The similar frequencies for male and female in terms of the religious choice of Christianity for ages above 40 and married status indicate that religion and family influence should not be neglected in considering possible reasons for the high male participation (see Figure 3.2.1 and Figure 3.2.2). It is still uncertain if those male respondents participated in the survey due to their interest in the MMF topic, social pressure on the cruise, the Christian value of offering help, or some other reasons. Nevertheless, the findings suggest that Christians, Buddhists/Daoists, and those who had no religious beliefs perceived this MMF use issue

differently. Later, in-depth interview recruitment indicated that more Christians were willing to participate in the interview. However, the Christians tended to use MMF less frequently than the Buddhists/Daoists.

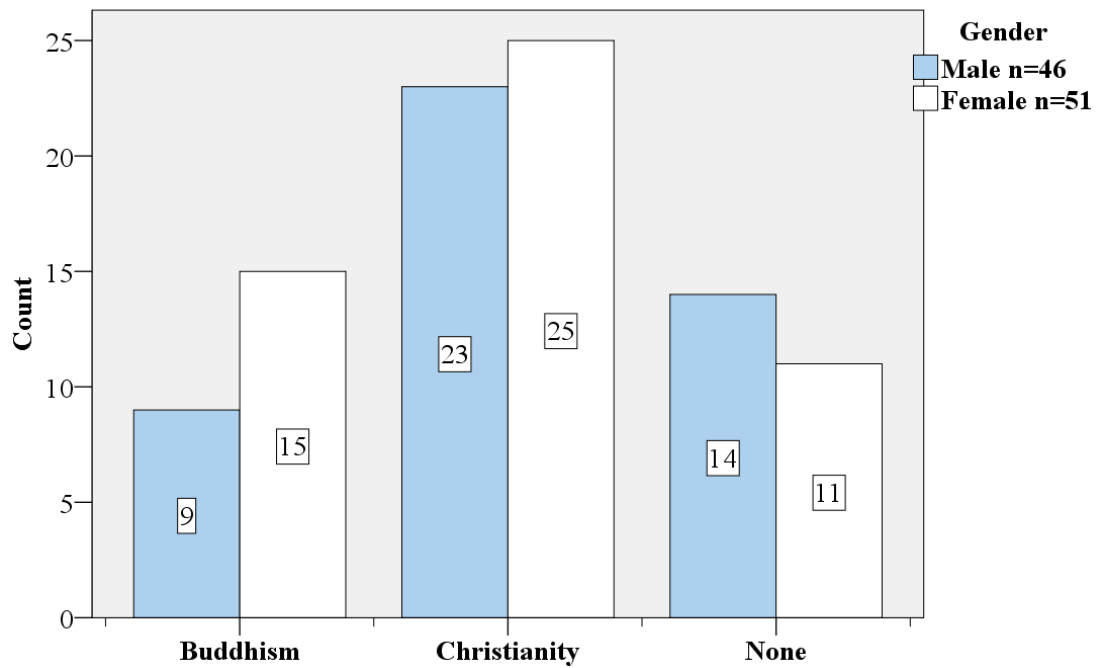


Figure 3.2.1. Religion versus gender (Effective sample size n=97)

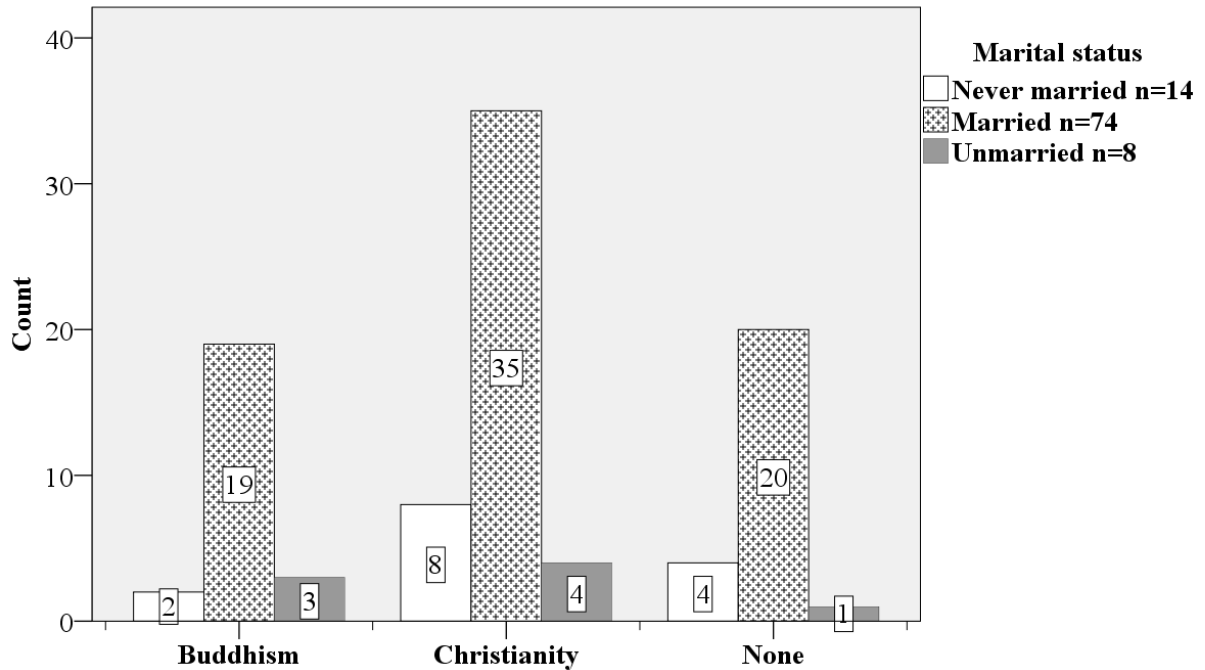


Figure 3.2.2. Religion versus marital status (Effective sample size n=96)

Self-reported BMI showed that almost 40% of the people who self-reported weight and height were overweight or obese, a phenomenon similar to many reports from epidemiological obesity studies in the US and in Taiwan. In this surveyed population, higher BMI seems to come with being an older, married Christian man who prefers to speak Taiwanese at home, has a higher income and education, arrived in the US between ages 20 and 40, and has resided in the US for more than twenty years. No one answered the question about perceiving MMF use for weight loss, which might imply that MMF is a type of food contributing to weight or BMI, or that MMF use does not conceptually connect with body weight. However, statistical relationships among those characteristics in this group remain unknown and the fact that these BMI data are from participants' self-report also complicates interpretation.

3.2. Responses and Interpretations: The Family MMF Use Content

Responses in terms of answers to the content items/questions in the survey questionnaire include these scopes:

1. TCM and MMF beliefs
2. Change of MMF belief or use (due to immigration or accessibility)
3. Perception of Taiwanese TCM and MMF use
4. Perception of MMF versus ordinary food
5. Perception of the safety of MMF sources
6. Perception of MMF taste
7. Perception of tradition and MMF effectiveness for health
8. People who use or are given MMF or roles related to MMF use, such as MMF adviser and decision maker
9. Behavior regarding MMF consumption, including knowledge sources for MMF use
10. Reasons or periods of time in life that MMF is consumed

Table 3.3 lists the response results in terms of response count, percentage, and valid respondent count for each item/question. The table covers scopes 1 through 7 in nine aspects for discussion and interpretation in the text. Interpretations of the results covering scopes 8 through 10 follow.

Table 3.3. Statement of questions and responses

Statement of Question	Answer	n	%	Valid n
Aspect 1.				
Belief in the health benefits of TCM [A1]	yes	91	88.3	103
	no	12	11.7	
Belief in MMF [A2]	yes	91	86.7	105
	no	14	13.3	
Changed beliefs in TCM use after immigration to the US [A3]	yes	14	14.0	100
	no	86	86.0	
Changed beliefs in MMF use after immigration to the US [A4]	yes	16	16.4	98
	no	82	83.7	
Aspect 2.				
Used MMF before immigration to the US [B7]	yes	32	39.5	81 ³⁹
	no	49	60.5	
Used MMF after immigration to the US [B10]	yes	48	50.0	96
	no	48	50.0	
I think TCM herbs give dishes a better flavor [A8]	agree	90	84.1	107
	disagree	17	15.9	
I think TCM herbs give dishes a better color [A9]	agree	87	80.6	108
	disagree	21	19.4	
Aspect 3.				
I think that using MMF is prevalent in Taiwan [A25]	agree	88	86.3	102
	disagree	14	13.7	
I think Cantonese use MMF more than Taiwanese [A11]	agree	88	89.8	98
	disagree	10	10.2	
I believe MMF more popular in Hong Kong than in Taiwan [A12]	agree	81	86.2	94
	disagree	13	13.8	
I believe Taiwanese MMF is different from MMF in mainland China and Hong Kong [A14]	agree	80	83.3	96
	disagree	16	16.7	
When I want MMF, I go to a Cantonese restaurant [A13]	agree	23	24.5	94
	disagree	71	75.5	
Aspect 4.				
It is easy for me to buy MMF in North America [A10]	agree	83	79.0	105
	disagree	22	21.0	
When I am homesick, I want to eat MMF [A34]	agree	15	15.0	100
	disagree	85	85.0	
When I am in a bad mood, I want to eat MMF [A33]	agree	11	11.0	100
	disagree	89	89.0	

³⁹ Total answers to the question were 97, including 10 answers of “not sure” and 6 of “no knowledge about MMF.”

Table 3.3 Continued

Statement of Question	Answer	n	%	Valid n
I think MMF is tasty [A7]	agree	64	61.0	105
	disagree	41	39.0	
I believe the old Chinese saying that "Better medicine requires bitter taste" [A6]	agree	73	69.5	105
	disagree	32	30.5	
Is MMF a family food tradition? [D5]	yes	14	16.7	84
	no	70	83.3	
Is it important to you to respect MMF decisions made by your family? [D4]	yes	44	61.1	72
	no	28	38.9	
My family is fond of using MMF [A29]	agree	49	49.0	100
	disagree	51	51.0	
Aspect 5.				
I think MMF has side effects even if used as dietary food [A17]	agree	70	68.0	103
	disagree	33	32.0	
With MMF, I need to be concerned about other dishes in the same meal [A18]	agree	80	80.0	100
	disagree	20	20.0	
I need to consult a TCM doctor before using medicated food [A19]	agree	65	65.0	100
	disagree	35	35.0	
I need to consult a TCM doctor before using medicinal food [A20]	agree	49	49.5	99
	disagree	50	50.5	
I believe that an MMF diet and health are strongly correlated [A24]	agree	63	63.0	100
	disagree	37	37.0	
Aspect 6.				
I think Chinese herbs sold in Taiwan are less contaminated by heavy metal [A15]	agree	81	81.0	100
	disagree	19	19.0	
I think Chinese herbal ingredients are unsafe [A16]	agree	78	76.5	102
	disagree	24	23.5	
I think the quality of TCM herbs is not controlled well [A21]	agree	91	90.1	101
	disagree	10	9.9	
I think that MMF produced by modern food technology has improved in medicinal function [A22]	agree	73	73.7	99
	disagree	26	26.3	
I think that MMF produced by modern food technology has improved quality control [A23]	agree	81	81.0	100
	disagree	19	19.0	
Aspect 7.				
I believe that many Taiwanese immigrants in countries such as the United States and Canada still use MMF to maintain their health [A26]	agree	73	73.0	100
	disagree	27	27.0	
A lot of my friends in Taiwan are using MMF currently [A27]	agree	75	78.1	96
	disagree	21	21.9	

Table 3.3 Continued

Statement of Question	Answer	n	%	Valid n
Aspect 8.				
Many of my relatives have tried some kind of MMF [A30]	agree	72	73.5	98
	disagree	26	26.5	
When I attend people's parties, I usually try to bring MMF and introduce it to people [A32]	agree	10	10.4	96
	disagree	86	89.6	
If someone asks me what a nutritious diet is, I think of MMF [A40]	agree	29	29.3	99
	disagree	70	70.7	
If someone asks me what a healthy diet is, I think of MMF [A41]	agree	29	29.6	98
	disagree	69	70.4	
If someone asks me about what food can promote health, I think of MMF [A42]	agree	38	38.0	100
	disagree	62	62.0	
If someone asks me about food that can help particular functions of the body, such as enhancing the digestive system or increasing sexual ability, I think of MMF [A43]	agree	41	41.0	100
	disagree	59	59.0	
I like to seek information related to MMF [A38]	agree	49	49.0	100
	disagree	51	51.0	
If any MMF is reported to be beneficial to the body, I include it in my diet more often [A39]	agree	44	43.6	101
	disagree	57	56.4	
Aspect 9.				
I believe the imbalance of yin and yang system in my body can cause illness [A47]	agree	62	61.4	101
	disagree	39	38.6	
I believe that MMF can boost the immune system [A48]	agree	63	63.0	100
	disagree	37	37.0	
I believe that eating MMF in the wintertime is very beneficial to the body [A54]	agree	67	66.3	101
	disagree	34	33.7	
I believe it is necessary to eat MMF during certain periods in life, such as in the first month after childbirth and in adolescence [A55]	agree	65	65.7	99
	disagree	34	34.3	
When I eat, I regularly use the principle of yin-yang to choose my diet [A49]	agree	27	27.0	100
	disagree	73	73.0	
When I have a cold, I want to eat MMF [A35]	agree	28	27.7	101
	disagree	73	72.3	
I use certain TCM supplements to strengthen the functions of some organs [A50]	agree	34	34.3	99
	disagree	65	65.7	
I am so careful of the 'cold'/'hot' nature of different foods that I would not eat something that makes my body turn too 'cold'/'too 'hot' [A51]	agree	48	48.5	99
	disagree	51	51.5	
Is your family concerned about the ‘hot’ or ‘cold’ property of foods? [D8]	yes	37	40.7	91
	no	54	59.3	
Does your family use MMF if severe diseases or injuries occur? [D7]	yes	32	36.4	88
	no	56	63.6	

Aspect 1 The number and percentage of respondents who believed in the health benefits of traditional Chinese medicine (TCM) (n=91, 88.3%) [A1] were similar to those who believed in MMF (n=91, 86.7%) [A2]. A few participants told me and even wrote a note on the questionnaire to the effect that their beliefs in TCM and MMF were really conditional and situational. Sometimes they believed in them, but sometimes they did not. The tendency toward change of belief in TCM use after immigration to the US [A3] was similar to that for MMF use [A4], but slightly more participants believed in MMF use, maintained their beliefs, or were converted to believe in MMF use than those with beliefs in TCM.

Aspect 2 Questions about MMF practices drew answers that can reflect actual MMF use. Analysis of the answers about use of MMF before [B7] and after [B10] moving to the US showed a general increase of use of MMF after the move to about 1.5 times that before the move for all respondents who answered yes (n from 32 to 48). Table 3.4 shows a tendency to change to use of MMF among those over 60, both genders, Christians, those of married status, those with college and postgraduate education, those with an income of more than \$80,000, those who arrived in the US between 20 and 40, those with more than 20 years of US residency, and those who were normal BMI. Nonetheless, Buddhists had high percentages for use of MMF both before (63% from 10 answers yes, 6 answers no) and after (59%) moving to the US, whereas Christians and those indicating no religion had a lower percentage for use of MMF before (36%, Christians; 30%, those indicating no religion) and after (50%, Christians; 40%, none religious believers) despite the increase for Christians. It was still unclear whether Buddhist believers tended to maintain an MMF tradition, and if so, why?

Table 3.4. Use of MMF before and after immigration to the US by demographic characteristics

		Use of MMF before immigration to the US		Use of MMF after immigration to the US	
		Yes (n=32) (33%)	No (n=49) (51%)	Yes (n=48) (50%)	No (n=48) (50%)
Age	20-40	4	6	5	8
	41-60	11	8	13	8
	above 60	14 (34%)	27	27 (66%)	23
Gender	Male	15 (41%)	24	22 (59%)	24
	Female	16 (40%)	22	24 (60%)	23
Religion	Buddhism	10	6	13	9
	Christianity	14 (39%)	25	22 (61%)	22
	None	6	14	10	15
Marital status	Never married	3	7	3	9
	Married	26 (40%)	35	39 (60%)	35
	Unmarried	2	3	3	3
Education	Below college	3	5	2	9
	College degree	12 (36%)	22	21 (64%)	18
	Postgraduate degree	16 (41%)	21	23 (59%)	18
Income	less than \$20,000	3	1	3	1
	\$20,000 - \$49,999	3	4	3	5
	\$50,000 - \$79,999	2	7	6	8
	More than \$80,000	22 (40%)	31	33 (60%)	30
Age at arrival	Before 20	3	7	6	7
	20-40	25 (40%)	35	37 (60%)	36
	After 40	2	2	2	2
Years in US	Less than 5 years	0	0	0	0
	5 - 9 years	1	0	1	0
	10 - 19 years	4	2	3	4
	more than 20 years	27 (41%)	36	39 (59%)	37
BMI	Less than 18.5	0	2	0	2
	18.5 - 23.99	15 (37%)	32	26 (63%)	28
	24 - 26.99	11	9	15	11
	27 and above	4	2	4	5

Table 3.4 Continued

Note: (a) Question for use of MMF before immigration to the US has four answer options: yes, no, not sure, and had no knowledge; question for use of MMF after immigration has two answer options: yes or no. The percentage for yes and no shown in the former does not add up to 100. (b) BMI cut-off points used here reference those for Taiwanese.

In addition, one possible motive for using MMF is liking its flavor or taste. Although TCM herbs are commonly considered an acquired taste, over four-fifths agreed that TCM herbs (or MMF ingredients) give dishes a better flavor (84.1%, n=90) [A8] or a better color (80.6%, n=87) [A9]. The high rate of older respondents might reflect that respondents have become accustomed to the herbal taste; meanwhile, those more interested in using TCM and MMF might have tended to participate in the survey at a higher rate. However, it is also possible that those who were pressured to participate in the survey tended to flatter MMF in the answers.

Aspect 3 While 88 (86.3%) agreed that using MMF is prevalent in Taiwan [A25], 88 (89.8%) also agreed that Cantonese use more MMF than Taiwanese [A11], and 81 (86.2%) considered MMF use to be more popular in Hong Kong than in Taiwan [A12]. At the same time, more agreed that they distinguished Taiwanese MMF from Chinese or Cantonese MMF (83.3%) [A14], while fewer said that they went to a Cantonese restaurant when they wanted to eat MMF (24.5%) [A13]. Identity and nostalgia might account for the increasing use phenomenon among these Taiwanese American immigrants because, generally, the older residents with higher income and education and a married life, residing overseas for a long time, may tend to recollect their own cultural identity and reminisce on tastes they had before. However, would MMF use be simply part of recalling their identity and favoring a taste of the past?

Aspect 4 Nearly 80% agreed that procuring MMF in North America was easy [A10], which indicates that MMF accessibility in US was not a big issue for this group. This made

sense of the low agreement response to the following two questions. Only 15% agreed that, when they were homesick, they wanted to eat MMF [A34], and only 11% agreed that when they were in a bad mood, they wanted to eat MMF [A33].

MMF did not seem to be perceived as a particular kind of food appealing to their nostalgia, for the findings showed that around 60% considered MMF to be tasty [A7] and just short of 70% said that they believed the old Chinese saying, “Better medicine requires bitter taste” [A6]. MMF was still an acquired taste for quite a few respondents. Answers to other specific questions also revealed considerations beyond nostalgia. For example, regarding MMF as a family food tradition, over 80% answered *no* to the question [D5]. To the question, “Is it important to you to respect MMF decisions made by your family?” just about 60% answered *yes* [D4]. To “My family is fond of using MMF,” just short of half (49%) agreed [A29].

These results indicate that, after immigration, this group’s individual MMF acceptance and family MMF use might have seen unusual changes in food consumption behavior and family food decision making, even though increases of MMF acceptance and MMF use after immigration were found. However, interpreting the results in terms of whether and how the respondents perceive the use of MMF as special and how such perception is connected to their family food decision-making process requires further investigation.

Aspect 5 Close to 70% considered MMF to have side effects even if used as dietary food [A17]; 80% agreed that they needed to be concerned about other dishes in the same meal with MMF [A18]; and 65% thought they needed to consult a TCM doctor before using *medicated* food [A19]. Meanwhile, less than half answered that they needed to consult a TCM doctor before using *medicinal* food (49.5%) [A20], and 63% believed that an MMF diet and health were strongly correlated [A24]. These results indicate that their perception varies for food used as

medicine and food as a health-promoting source, though the concept of MMF often mixes these kinds of food.

Aspect 6 In addition to the concern about MMF as a medicine, MMF source safety drew attention: 81 considered Chinese herbs sold in Taiwan to be less contaminated by heavy metal [A15]; 78 agreed that Chinese herbal ingredients were unsafe [A16]; and 91 thought the quality of TCM herbs to be poorly controlled [A21]. Even with safety concerns, over 70% thought MMF produced by modern food technology had improved medicinal function [A22], and over 80% thought MMF produced by modern food technology to have controlled food quality [A23]. This might relate to the increasing MMF acceptance and MMF use after immigration. However, as discussed for aspect 4, further inquiry is necessary to understand the respondents' MMF belief, motivations for MMF use, and connections of the food use in FFDM.

Aspect 7 In addition to the above aspects, as many as 73% believed that many Taiwanese immigrants in the US still used MMF to maintain their health [A26], and 47% said a lot of their friends in North America were using MMF currently [A27]. Immigration issues such as nostalgia, separation from the place of origin, and concern about loss of family food traditions might not be major factors influencing their MMF use. Their perceptions of MMF as a health-promoting source, their perceptions of improved MMF source reliability, and their frequent transnational activities that give them access to Taiwanese MMF ingredients might contribute more to MMF acceptance and MMF use after immigration.

Aspect 8 Although close to half considered many of their friends in North America to be using MMF currently, and over 70% agreed that many of their relatives had tried some kind of MMF [A30], when they attended people's parties, only about 10% usually tried to bring MMF and introduce it to people [A32]. Similarly, if someone asked them what a nutritious diet was

[A40] or what a healthy diet was [A41], only about 30% thought of MMF. Two-thirds of respondents did not think of a nutritious or healthy diet in connection with MMF. Still, 38% agreed that they thought of MMF when someone asked them about what food could promote health [A42]. When someone asked them about what food could help particular functions of the body, such as enhancing the digestive system or increasing sexual ability, 41% thought of MMF [A43]. It seems that the MMF diet is a rather individualized food practice with health-promoting characteristics, but MMF is not a kind of food for sharing. About half liked to seek information related to MMF (n=49, 49%) [A38] and more than two-fifths included it in their diet more often if a particular MMF had been reported to be beneficial for the body (n=44, 43.6%) [A39]. This might imply the importance of information disseminated within the family circle.

Aspect 9 More than 60% believed that the imbalance of the yin-yang system in the body could cause illness [A47]; that MMF could boost the immune system (63%) [A48]; that eating MMF in the wintertime was very beneficial to the body (66.3%) [A54]; and that it was necessary to eat MMF during certain periods in life such as the first month after childbirth and adolescence (65.7%) [A55]. However, MMF use does not seem to be a major dietary behavior for health promotion nor to be seen as a family tradition. Only 27 agreed that when they ate, they regularly used the principle of yin-yang to choose their diet [A49]. Only 28 agreed that, when they had a cold, they wanted to eat MMF [A35]. However, still approximately one-third (34.3%) used certain TCM supplements to strengthen the functions of some organs [A50], and almost half of respondents considered themselves to be so careful of the ‘cold’ or ‘hot’ nature of different foods that they would not eat something that made their body turn too ‘cold’ or too ‘hot’ (n=48, 48.5%) [A51].

At the family level, fewer than half (n=37, 40.7%) perceived their family to be concerned about the “hot” or “cold” property of foods [D8], and just about one-third (n=32, 36.4%) had family members who used MMF if severe diseases or injuries occurred [D7]. Family influence on MMF belief for health and individual health maintenance behavior through MMF use remains unclear. More respondents said that they had belief in the TCM theory/culture/tradition that relates to the MMF concept than said that they practiced MMF. Hence, there is a gap between baseline belief and actual practice. MMF practice seems to be autonomous and so, such individual MMF practice seems not to influence or be influenced by other family members.

Findings and interpretations covering the scopes 8 through 10 are presented below. Answers to questions probing why and when MMF is used are shown in Table 3.5. Ranking from one to four are childbirth, increasing immunity, seniority, adolescence, and pregnancy. Based on cultural understanding, it is not surprising to see those reasons bundled as the high rankings. Traditionally, right after women deliver their babies, they “do the month” for the entire month, following strict health care rules, of which MMF practice is an important and major part. However, answers related to increasing immunity draw attention because this holds the second highest ranking. Increasing immunity is a commonly used expression that mixes modern/scientific meanings and traditional Chinese medicinal theory. In that sense, answers related to increasing immunity can be understood as a mediator or substitute for other options. When one’s immunity increases, his or her body becomes stronger. Fertility increases and infant delivery becomes easier and safer. A better body can be built during adolescence, aging can be delayed, and physical sufferings in old age can be prevented. Because pregnancy, childbirth, adolescence, and seniority are common expressions related to stages in the life cycle and can be seen to connect directly to reproduction and aging, men and those over 60 might favor the

answer “increasing immunity,” compared with other options. However, respondents might just leave the answer blank – that might explain why only 35 answered.

Table 3.5. Reasons for MMF use and certain periods in life that MMF is used

Ranking	Reason/Time that MMF is used	Response count (%)
1	Childbirth	21 (60%)
2	Increasing immunity	17 (49%)
3	Aging	9 (26%)
4	Adolescence	7 (20%)
4	Pregnancy	7 (20%)

(Respondent n=35, multiple-choice question)

Interestingly, although only 48 answered that they used MMF after immigration to the US, 66 answered the open-ended question about who decides what kind of MMF that family members consume. Table 3.6 shows rankings from one to five regarding the MMF decision maker for the family. Within the 66 answers, 13 indicated that there was no MMF decision maker for the family or answered none or not available. Similarly, as shown in Table 3.7, which shows rankings for family MMF advice giver, almost half answered none or not available, and this answer was the highest ranking answer. “Self” was the highest ranking answer for who the decision maker was and for the family advice giver where one was specified.

On one hand, this could be a function of self-selection for taking the survey. On the other, respondents might not want to reveal the identity of the family MMF decision maker or advice giver – because they could choose not to answer. The answers are unclear because people were less likely to answer none or not available for questions about the decision maker or advice giver for general food for the family, as opposed to MMF.

Nevertheless, it is significant that “wife” ranked third for family MMF decision maker and “mother” ranked third for family MMF advice giver. This suggests that perceptions for roles of wife and mother on family MMF practice and knowledge transmission were still traditional and typical.

Table 3.6. MMF decision maker for the family

Ranking	MMF decision maker for the family	Response count (%)
1	Self	27 (41%)
2	None or not available	13 (20%)
3	Wife	11 (17%)
4	Mother	9 (14%)
5	Parents	2 (3%)

(Respondent n=66, open-ended question)

Table 3.7. Ranking of family MMF advice giver

Ranking	MMF advice giver for the family	Response count (%)
1	None or not available	29 (49%)
2	Self	10 (17%)
3	Mother	8 (14%)
4	Friend	4 (7%)
5	Wife	3 (5%)

(Respondent n=59, open-ended question)

It was also surprising to find that no one indicated that an “acupuncturist,” “TCM herbalist,” or “TCM doctor” decided MMF for the family, and only one indicated an “acupuncturist” usually suggested using MMF for his/her family members. No one answered that he or she or his or her spouse’s occupation was that of TCM doctor, TCM herbalist, or acupuncturist in Taiwan or in the US. To Taiwanese families in Taiwan, TCM herbalists or TCM doctors (or whoever claims to know MMF) are ordinarily considered family MMF

decision makers, advice givers, or at least counselors because they suggest medicinal food, prescribe medicated ingredients/formulas, and give directions for how to prepare/cook MM dishes.

It is possible that a selection factor for completing the survey affects the result. However, while most perceived themselves to be the MMF decision maker or advice giver for the family, many answered that the wife and/or mother were MMF decision makers for the family, and many also considered the wife and/or mother to be family MMF advice givers, but with an add-in source, a friend. Thus, for individual use, MMF practice is quite autonomous, as discussed above, and even for family MMF use, information for MMF practice still seems to be shared among core family members or friends. Similar evidence is seen in that over 60% agreed to questions about many friends using MMF in Taiwan [A27] and many relatives having tried some kind of MMF [A30]. In comparison, just 21.2% (n=24) agreed about their colleagues using MMF [A31]. This might explain why “all (whole) family” ranked first among answers to the multiple-choice question about family MMF users in the past 12 months, as shown in Table 3.8.

Table 3.8. Family MMF user in the past 12 months

Ranking	Family MMF user in the past 12 months	Response count (%)
1	All (whole family)	14 (16%)
2	Self	9 (10%)
3	Mother	9 (10%)
4	Spouse	8 (9%)
5	Sister	5 (6%)
6	Daughter	4 (4%)
7	Son	2 (2%)
8	Father	2 (2%)
9	Brother	1 (1%)
10	Grandmother	1 (1%)

(Respondent n=41, multiple-choice question)

Table 3.8 also indicates that female family members seem to use MMF more than males, but answers to grandmother as MMF user ranked tenth and there was no answer regarding grandfather. This seems odd because senior members in the family are commonly considered frequent MMF users. However, since a high proportion of respondents were older, it is possible that they themselves were the “grandmother” or “grandfather” in the family. Meanwhile, the answer choice of “all (whole) family” allowed respondents not to reveal the exact family members who used MMF.

Figure 3.3 provides another fact regarding family MMF advice givers who were mentioned above and shown in Table 3.7. In that finding, almost half answered none or not available to the question about family MMF advice giver; meanwhile, self or mother was perceived to be the major family MMF advice giver. Findings shown in Figure 3.3 correspond to a more general understanding of family MMF knowledge sources. Senior family members are at the highest proportion among providers of family MMF knowledge, followed by friends, TCM doctors, and acupuncturists. Books and magazines are more major channels for family MMF information than TV shows.

It is understandable that MMF knowledge can be obtained by the self via media and that leads to more answering of *self* as the family MMF decision maker or advice giver, as seen in Table 3.6 and Table 3.7. However, since this surveyed group has more aged respondents, it is not clear whether they mean themselves as senior family members. Also, the link between family MMF knowledge sources and perceived family MMF advice giver seems vague. For example, TCM doctors and acupuncturists are considered credentialed and certified counselors for TCM herbs or MMF ingredients. However, few or none were considered by this surveyed group to be the family MMF advice giver.

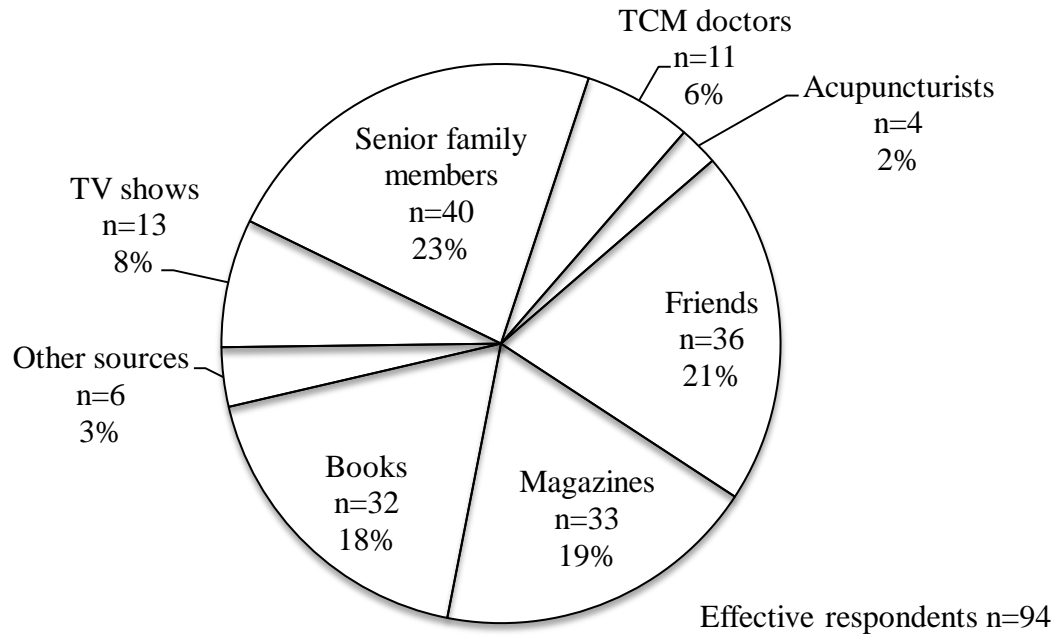


Figure 3.3. Family MMF knowledge sources (providers and channels)

Figure 3.4 and Table 3.9 show use of MMF for certain family members in Taiwan and in the US. The survey asked questions about whom the respondent used MMF for in Taiwan and in the US. As seen in Figure 3.4, most respondents used MMF for themselves. MMF use for spouse, children, and other family members is in descending order, both in Taiwan and in the US. MMF use for family members in the US tended to be slightly higher than in Taiwan. Table 3.9 shows significant differences (by Fisher's Exact test) between use of MMF for themselves, their spouse, and their children in Taiwan and the same people in the US. The figure and table reveal that use of MMF for the family is higher in the US and, especially for the spouse, is much higher than in Taiwan and much higher than the use for children in the US.

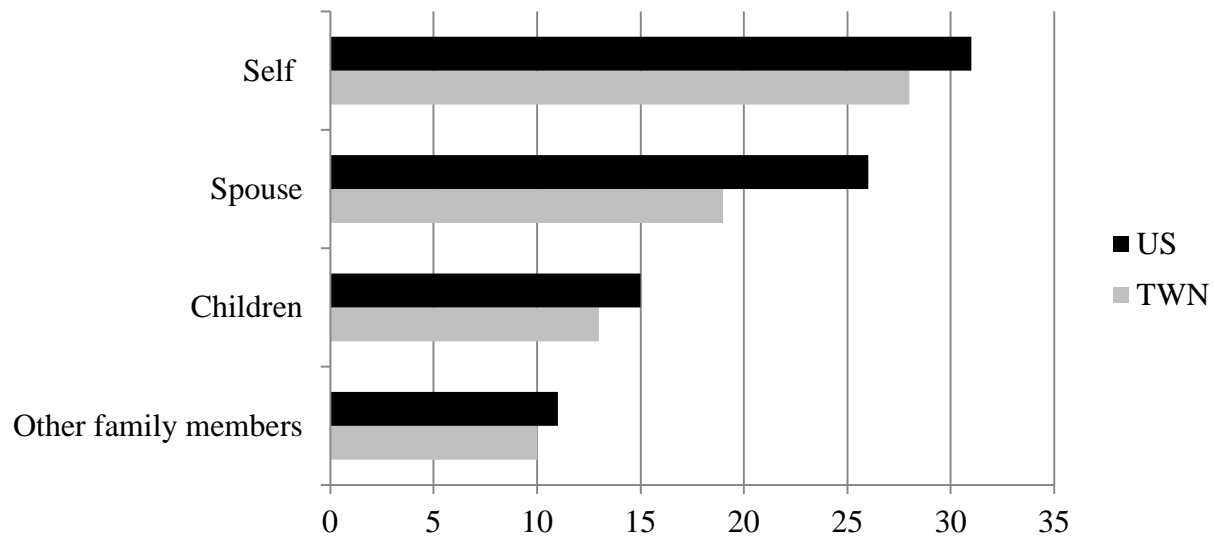


Figure 3.4. Use of MMF for certain family members in Taiwan and in the US

Table 3.9. Comparison of MMF use for self, spouse, and children in Taiwan and in the US

Fisher's Exact Test χ^2 value		In the US		
		self	spouse	children
In Taiwan	self	0.000*	0.286	0.485
	spouse	0.010*	0.002*	0.040*
	children	0.120	0.605	0.000*

* indicates significant difference with χ^2 value < 0.05

These findings were surprising but understandable. It is possible that a couple constituting an immigrant family has stronger ties of mutual concern, being so far away from their place of origin and each taking more care of the other, including MMF sharing.

Respondents might hesitate to feed their children MMF for reasons such as food safety and convenience for parenting. After their children grow up and become acculturated, they have

fewer chances to share MMF. One might wonder whether MMF was really easily accessible in the US, but this seemed not to be an issue for these respondents. At the same time, MMF source and social support for obtaining MMF source are definitely different than those they would have in Taiwan.

Since *self* was perceived to be the main family member who used MMF, what kind MMF user did the respondents perceive themselves to be? How do their roles and MMF use influence their family food decision making? Table 3.10 shows a typology of MMF users or potential MMF users. Potentiality is a qualitative subjective indication.

In the table, a person's possibility of using MMF is "predicted" and categorized by very likely (V), likely (Δ), or less likely (-). For example, if a person says that he or she is always an MMF believer, that person is considered very likely (or likely) to use MMF. The probability of a positive answer from the MMF user item/question indicates the response intensity for that item/question, reflecting the answering person's perception of what type of MMF user he or she was.

A person who never believed in MMF and a person who believed in MMF before immigration to the US but changed to non-belief after immigration are both assumed to be less likely to use MMF. However, the probabilities for the two corresponding items/questions, 0.28 and 0.03, respectively, indicate that many more respondents considered themselves never to believe in MMF than to have changed into MMF non-believers. Therefore, the assumed level of likeliness for a person who never believed in MMF might be re-considered and downgraded to "unlikely" because the response intensity is almost eight times stronger. Can such a relation reflect MMF consumption behavior for this surveyed group?

Table 3.10. Typology of MMF user or potential MMF user

MMF user or potential MMF user	potentiality	probability
By believing influence		
always an MMF believer	✓	0.56
a converted MMF non-believer (believed only before immigration)	-	0.03
a converted MMF believer (believed after immigration)	✓	0.13
never an MMF believer	-	0.28
By immigration influence		
an MMF user before immigration	Δ	0.33
a non-MMF user before immigration	-	0.51
an MMF user after immigration	✓	0.50
a non-MMF user after immigration	-	0.50
By family influence		
an MMF decision maker for the family	✓	0.41
an MMF advice giver for the family	✓	0.17
a member of family fond of using MMF	✓	0.49
a member of family concerned with food hot/cold property	✓	0.41
a member of family having MMF as family food tradition	✓	0.16
a member of family practicing MMF at certain times in life	✓	0.46
a member of family applying MMF as remedy for diseases or injuries	✓	0.36
a family MMF decision-making respecter	✓	0.61
By above-core family social influence		
a friend of MMF users	✓	0.49
a relative of MMF users	✓	0.74
a colleague of MMF users	Δ	0.24
a person who brings MMF dish for a party	✓	0.10
By action in practice		
a food yin-yang principle applier	✓	0.27
a food cold/hot property applier	✓	0.49
an MMF dietary practicer	✓	0.44
a person who makes time to eat MMF	✓	0.22
an MMF TCM-supplements taker	✓	0.34
a lover of MMF with TCM body-strengthening herbs added	✓	0.62
an MMF information seeker	Δ	0.49
an MMF restaurant visitor	✓	0.25

A member of a family having MMF as a family food tradition is assumed to be very likely to use MMF. The corresponding item/question probability is only 0.16. Similarly, probability for the item/question about bringing an MMF dish to a party is only 0.10. This type of MMF user is assumed to be a very likely MMF user/consumer. However, in this surveyed group, very few respondents perceived themselves to be a member of a family having MMF as a family food tradition or to bring an MMF dish for a party.

From this table, incongruence between potentiality and probability generates more questions. At the same time, it furthers understanding about perceptions of MMF use for this surveyed group. Findings from subgroup classification facilitate conceptualization of MMF user groups and possible interactions within groups. The classification also suggests new questions for follow-up.

Statistical findings reveal that it is difficult to understand the group in terms of family food decision making from the survey data. In important aspects, the answers suggest that family is not very involved. Fewer than 40% of respondents saw MMF use as a family food tradition, and less than half saw their family as concerned about “hot/cold” food properties or as having members who used MMF for severe diseases or injuries. “Self” was the most common decision maker for the family and wife or mother was ranked much lower as decision maker or MMF advice giver. As a kind of contradiction, senior family members were by percentage a more common source of MMF knowledge than any other source, and there was a fair amount of MMF use for spouse, especially in the US. The mixed sense of individual MMF autonomy with little hints of family involvement on MMF consumption basically suggests that, either family is not that important in MMF use, at least for the surveyed group, or that the survey questionnaire was not a sufficient instrument for investigating it.

3.3. Summary

A total of 320 copies of the survey questionnaire were distributed and 113 participants answered and returned the questionnaires. The surveyed group was mostly above 40 years old (close to 60% above 60 years old) with high SES and educational level, Christian, preferring to use Taiwanese at home, arrived in the US at an age between 20 and 30, had been residing in the US over 20 years, and had normal to overweight BMI. Respondents tended to have a positive perception of or attitude toward MMF use, with an emphasis on use of Taiwanese MMF and an increase of MMF use after immigration to the US.

The age range of arrival in the US was the general age range for graduate study in the US; this correlates with the high SES characteristics for the participants. Considering the very low response for arrival in the US after age 40, none had resided in the US less than five years. With high omission in answering related questions, contexts regarding newly retired immigrants and young immigrants from this group seem absent. The vast majority had resided in the US over twenty years, a period of time considered sufficient for acculturation.

That male participation is sharply increased for the age group of over 60 years old and the number of male respondents is close to that of female respondents suggests that the MMF topic particularly interests older male participants. Their expression of interest could be affected by social relations, including the context on the cruise. Social relations regarding family (marriage experience) and religion were found important, as seen in the high religious choice of Christianity for ages above 40 and married status. The finding that less than half as many men as women participated from the age group of 41 to 60 also suggests that their power role in the family might affect the family relations, with men in that age range considered to be more powerful.

Christians participated in double the numbers of Buddhists/Daoists and people without religious belief, respectively. More males tended to be Christians at older ages, but it is not clear whether or not those men converted to Christianity after immigration to the US and as they became older. It is still uncertain if those male respondents participated in the survey due to their interest in the MMF topic, social pressure on the cruise, the Christian value of offering help, or other underlying reasons. While there is an obvious increase of use of MMF after immigration for Christians, there is a tendency toward greater use of MMF in general by Buddhists than Christians. Christians, Buddhists/Daoists, and those who had no religious beliefs in the group perceived the family MMF use topic differently as seen in the way they responded to this study.

Self-reported BMI showed similar epidemiological BMI obesity prevalence in Taiwan and the US. Participants' higher BMI could be seen as describing an older, married Christian man who prefers to speak Taiwanese at home, has a higher income and education, arrived in the US between ages 20 and 40, and has resided in the US for more than twenty years. Weight loss was not connected with MMF use perception for the surveyed group, which could imply that MMF is a type of food contributing to weight or BMI, or that MMF use does not conceptually connect with body weight.

The percentage of respondents who believed in MMF was similar to those who had believed in the health benefits of TCM. The tendency toward change of belief in TCM use after immigration to the US was also similar to that for MMF use. Slightly more participants believed in MMF use maintained their beliefs, or were converted to believe in MMF use than those with beliefs in TCM. There was an increasing tendency toward MMF use after moving to the US for those over 60, both genders, Christians more than Buddhists,⁴⁰ those of married status, those

⁴⁰ This difference partly stems from the greater use of MMF before immigration by Buddhists.

with college and postgraduate education, those with an income of more than \$80,000, those who arrived in the US between 20 and 40, those with more than 20 years of US residency, and those who were normal BMI.

About 60% considered MMF tasty; in addition, high agreement to items regarding TCM herbs as flavor or color enhancers suggests that respondents might have become accustomed to the herbal taste. The high tendency of taste acceptance or maintenance after immigration might come from cultural identity and nostalgia for MMF. Most respondents considered Taiwanese MMF identical with Chinese or Cantonese MMF and thought MMF use prevalent in Taiwan and Hong Kong and easily accessed in North America. A quarter of participants went to a Cantonese restaurant in the US when they wanted to eat MMF. Less than 15% would think of eating MMF as a way to comfort their homesickness or mood. MMF was still an acquired taste for quite a few respondents.

Underlying reasons for MMF taste responses require further investigation. Changes in taste and food consumption behavior relating to family food decision making in immigration contexts are not revealed. Close to half agreed that their family was fond of using MMF, but over 80% did not consider MMF use as a family food tradition. In addition, just 60% would respect the MMF decisions made by their family.

Food customs could affect individual family members' thoughts for MMF use, but their MMF practice would not fully follow those. About two-thirds agreed to food cultural influence on them in the concept of the yin-yang effect and the traditional MMF practices at certain times of a year and during certain periods in life. Less than one-third of participants considered themselves to use the principle of yin-yang regularly in choosing their diet, while near a half of

participants considered themselves to be very careful of the ‘cold’ or ‘hot’ nature of different foods.

MMF safety concerns brought in another perspective regarding impetuses behind food consumption. They drew much attention as seen in the higher response to related questions, particularly regarding source contamination and TCM side effects. Quite a few respondents thought that, though TCM herbs were unsafe, the herbs sold in Taiwan had less heavy metal contamination. Quite a few also thought that modern food technology had been able to improve the medicinal function of MMF and control the food quality.

About half of respondents indicated their use of MMF in the US, so it is interesting that over 70% believed that many Taiwanese Americans used MMF to maintain their health, and nearly half of respondents indicated that many of their friends in North America were using MMF. Their perceptions of a wide use of MMF in their circles suggest that immigration might not have much of an influence on this group’s access to MMF. Their transnational characteristics could matter.

Even though many respondents thought MMF use was widespread in their social circles, only about 10% said they would bring MMF to parties and introduce it to people. While an MMF diet was thought to correlate strongly with health, MMF was not thought of in connection to a healthy diet. When asked more specifically about what food could promote health or help particular functions of the body, less than half of respondents would think of MMF. Though more respondents thought consulting a TCM doctor was needed before using medicated food, fewer would do so before using medicinal food. Their concept of MMF often mixes these diet terms, their perceptions vary for food used as medicine and food as a health-promoting source,

and their attitude toward MMF use suggests a rather individualized food practice, not a kind of food for sharing.

More than 60% of respondents believed there was a positive relationship between MMF and TCM, the yin-yang system, the immune system, and seasonal practices, but less than one-third agreed to those questions inquiring into their MMF practice in relation to these factors. Similar responses appeared for their families' concerns about food customs and their family members' MMF practice. A gap existed between an individual's baseline food belief and actual food practice as well as possible family influence on the belief and practice.

Family MMF information sources were found channeled via senior family members, friends, and books and magazines; interestingly, less than 10% of respondents obtained information from TCM doctors or acupuncturists. Obtaining MMF information from mass media could be one reason leading to respondents answering of "self" as the family MMF decision maker or advice giver.

Childbirth, increasing immunity, aging, adolescence, and pregnancy in that order were found to be the major reasons or stages in the life course for MMF use in this group. This is similar to the understanding of the food use culture. Increasing immunity is an expression mixing modern/scientific meanings and TCM theory. It had a high rank, indicating that it was accepted as covering various concepts of health-promotion regarding the food use. Around one-third of respondents gave this as an answer on reasons for MMF use.

"Self" and "none or not available" ranked as the top two answers for the questions regarding family MMF decision maker or advice giver. Still, as culturally considered family roles, the "wife" was indicated as an important family MMF decision maker and the "mother" as an important family MMF advice giver. Surprisingly, though MMF was thought linked with

TCM, “TCM doctor” was not found to be a common family MMF decision maker or advice giver. This finding can be considered atypical, as in Taiwan people would usually consult TCM doctors. Besides, “all or whole family” was ranked first, followed by “self,” “mother,” and “spouse” in identifying a family MMF user or users in the past 12 months. It was not clear if these respondents meant “all or whole family” to mean extended family members or friends. It is likely that grandparents were not often indicated as family users because many respondents were older than sixty years old.

Answers as to whom the respondent used MMF for in Taiwan and in the US indicated that most respondents used MMF for themselves. MMF was used for spouse, children, and other family members in that descending order, both in Taiwan and in the US. Their MMF use for family members in the US tended to be higher than in Taiwan, and use of MMF for spouse in the US was significantly higher than the use for children in the US and for spouse and children in Taiwan. That might relate to the nature of relationships between spouses and parent-child in the immigrant family context.

The typology of MMF users or potential MMF users offers a qualitative sense of predicting type of MMF users for the surveyed respondents. Incongruence between prediction and the surveyed outcome revealed that more questions needed inquiry regarding MMF user types and individual and familial MMF consumption behavior.

Considering statistical data outcomes from the survey, they reveal a difficulty in understanding the group in terms of family MMF decision making. From the responses, family is found not very involved. This was unexpected. MMF use as a family food tradition, family concerning about “hot/cold” food properties, family having members who used MMF for severe diseases or injuries are among the questions where this result was found. Similarly, wife or

mother was ranked lower than “self” as decision maker or advice giver. However, at the same time, senior family members were thought to be common source of MMF knowledge, and MMF use for spouse in the US was significantly higher than that in Taiwan. The seeming contradiction of the survey respondents’ perceptions for family MMF use indicates that the surveyed group might not think family influence important for their MMF consumption or it might require a better investigating instrument to understand the topic.

CHAPTER FOUR

INFORMANT ENGAGEMENT

This chapter narrates the journey of engaging informants throughout the study up to the in-depth interviews, which are described in Chapter Five. It presents findings from informal conversations with various informants and insights into building trust relationships in engagement. It also describes emergence of a working conceptual framework prior to developing the in-depth interviews. In the first section, initial informant contacts and their links to survey development are described. In the second section, an emergent working conceptual framework for MMF use among Taiwanese immigrant families in the US is presented. It represents a tentative summation of my field experience at the stage prior to the survey and considers the interaction of my background experience and the theoretical backbone in the FFDM program, described in Chapter One. In the third section, expansion of the informant pool on the cruise survey is described along with key information obtained through conversation there. Key findings and insights are summarized at the end of the chapter.

4.1. Taiwanese Association of America and New York Informants

After several telephone contacts with the Taiwanese Association of America (TAA) in Flushing, someone gave me Mr. A's⁴¹ contact information for my temporary stay in Flushing to conduct research. Mr. and Mrs. A had lived in Flushing with their three children for over twenty years. Mr. A came to the US in the 1980s after he was laid off from a purchasing manager position at a state company in Taiwan. He soon found a way of making a living in Flushing and

⁴¹ These pseudonyms protect the anonymity of my informants.

brought his family to the new country. Mrs. A was a housewife. Their oldest daughter had received a graduate degree from a university in upstate New York, married her European Caucasian academic advisor, and just recently had a baby. When I first visited the As, Mrs. A was preparing to mail her daughter boxes of preserved and fresh food, including MMF ingredients. Their second daughter had worked as a bank cashier and married a second-generation Cantonese immigrant and now lived nearby. Their son was a businessman in New York City. Mr. and Mrs. A used MMF frequently and were concerned about their health because of aging. Both provided me with information that helped expand my informant recruitment but declined to participate in the survey or interview or have their names included in any research.

Mr. A grew Taiwanese vegetables in the backyard of his house. When he showed me the garden, he pointed out that quite a few Chinese there grew something in their backyards, and some would be concerned if they grew illegal herbs, so he warned that I should be careful about this issue. Mrs. A had a relationship with someone in the Tzu Chi Buddhist center in Flushing and said that its chef was good at making MM cuisine. She really liked the box lunches made and sold from the center. She informed me that, at some events, the center also offered delicious vegetarian dishes and MM cuisine that people could get free or buy at a very cheap price. Since the person she knew was not in town, gatekeepers at the center did not allow me to visit the kitchen or the chef. The Buddhist sisters and director of the center also declined my invitation for the study.

The experience of visiting the Buddhist center in Flushing stimulated a search to contact another Taiwanese religious center near Flushing, a Taiwanese Chan Buddhist center. To stay closer to that area, I contacted a homestay-style apartment managed by a young Taiwanese couple. This couple later became informants and participated in an in-depth interview. By

coincidence, I met the previous chef in the Chan Buddhist center, currently the leading chef in the center's retreats, at this center, and she agreed to be interviewed.

On visiting the TAA in Flushing, I met a hairdresser from Taiwan who seemed to be in her fifties. She had lived in Flushing for over twenty years and visited the association often as a volunteer who offered haircuts at a nominal charge. According to her experience of talking with people there, she did not think Taiwanese immigrant families used much MMF but Cantonese immigrants did. She said that Cantonese restaurants offered MM soup. If people wanted the taste, they could just go to the restaurants, a view with which Mr. and Mrs. A concurred. However, neither she nor the other people at the TAA wanted to participate in the research or be interviewed.

I visited the TAA in Flushing several times, trying to meet different people and approach further informant engagement. However, conversations on the MMF use topic could not go deeper. The secretary of the association mentioned that a survey questionnaire might help stimulate people's interests in sharing their experiences on that topic and the director of the association could help encourage people to participate in the study, but he would be away for several months due to the election season in Taiwan.

The TAA has branches across the US. Those in the northeastern region were going to hold their annual conference that year, 2008, under the charge of the branch in Washington, D.C. It was the first time the association would hold its annual conference activities on a cruise. They invited all Taiwanese immigrant families and their friends to participate, not just those in the northeastern area. Thus, I contacted the chief conference coordinator, Dr. Paul Shieh. He agreed to help facilitate my study, including making public announcements at workshops and encouraging people to answer the survey questionnaire or talk about their MMF use experience

with me. He declined to allow the presentation of voucher cash or gifts for survey participants, thinking it culturally insulting and unnecessary. According to Dr. Shieh, Taiwanese had a tradition of helping people simply to help and did not expect reciprocal compensation as most westerners do. Once a graduate student here and now a long-term resident, Dr. Shieh empathized and so offered to help a Taiwanese graduate student who was conducting a Taiwanese culture-related study in the US. Dr. Shih and his wife were also willing to participate in the in-depth interview and help recruit interview participants in the Washington, D.C., area, though I eventually did not travel there to interview more participants.

4.2. The Emerging Conceptual Framework

In initial engagement, comments from informants had already started to merge with my personal understanding or reflection on the MMF topic and the foundation of the developing FFDM conceptual framework (Figure 1.3, p. 21). A conceptual framework, for understanding Taiwanese immigrant families' medicinal and medicated food decision making, shown in Figure 4.1, had emerged as a tentative guideline for describing Taiwanese Americans' possible FFDM for MMF. This working conceptual framework facilitated design and analysis of the survey questionnaire and would help to formulate inquiries for in-depth interviews.

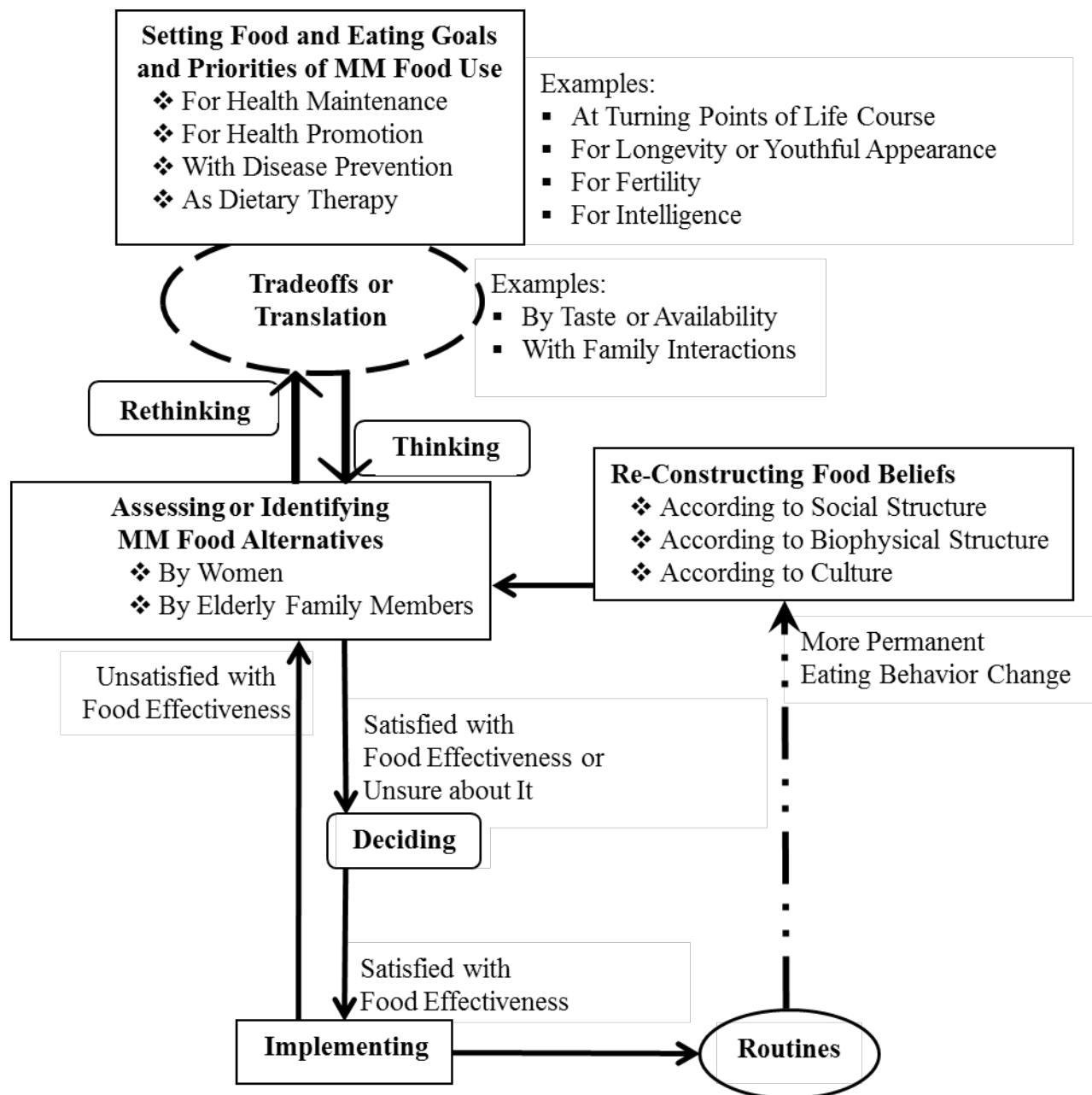


Figure 4.1. Taiwanese immigrant families' medicinal and medicated food decision-making conceptual framework

The listed examples in Figure 4.1 were largely gathered from speaking with informants before the survey. Some came from understanding based on my own or acquaintances' experiences and from information in Taiwanese newspapers and mass media. A few informants

mentioned their MMF use for “doing the month,” the one-month period right after women give birth, a time considered to be a turning point in the life course. No informants had spoken to me about MMF use for fertility, intelligence, youthful appearance, boosting energy, or growing tall. However, its uses for fertility or male potency and youthful appearance can be found in abundant advertisements in Taiwanese television, radio, newspapers and magazines, and the Internet. Thus, these elements were listed in the example for the figure.

Varied factors potentially influenced Taiwanese immigrant families’ MMF practices, such as religion, locality, immigration, and generation. In the sketched framework, MMF decision making is conceived as an axis. Elements such as taste or availability, roles of family members or family interactions, health concerns or MMF effectiveness, and (re)constructed food beliefs and cultural and social food practices surround the central issues of the decision-making process.

4.3. The Cruise Survey and Further Engagement

With the assistance from Dr. Shieh and his team, I made a wide range of informant contacts on the cruise. The program coordinators at the conference made an announcement at each session of their cruise activities to interest people in participating in the survey and interviews. People who received the survey questionnaire were also informed of my interest in conducting interviews with them. The program leaders allowed me to use their open space for distributing and collecting the questionnaires and for talking with interested people. I also joined as many of the conference activities as I could to become familiar with the group and hold open conversations with individuals and families. Conference participants were assigned to tables of eight for three meals a day. This was a way for me to become familiar with members at the table where I was assigned and to meet other people through these contacts.

The group took up a reserved dining area on the main deck and an open space on the second deck. My table group on the second deck included a couple in their fifties and several ladies also in that older age range. They were from the New York City branch and had known each other for several years due to their connection with that branch. While the others also knew I had come for my academic project, one lady (who later became an in-depth interviewee) had an initial attitude toward me that was different. She initiated a conversation with me and tried to keep it going. Others then joined our conversation by asking me some personal questions, such as where my family was from and where they resided, how I had realized that I would be able to collect information on the cruise, and if I was married. My being single, speaking Taiwanese, and studying at a good university contributed to further ice-breaking. These ladies soon became very kind and keen to match me with someone suitable. Soon, almost every table formed a subgroup with warmer relationships. My table group members greeted me wherever we met on the ship and asked me how my work was going. However, most of them seemed to avoid further conversation about the research topic of MMF use and some of them considered that their answering the questions on the survey was doing me a favor, as this was completion of my school “assignment.” Some TAA members and those associated with them answered the survey questionnaire, but others preferred merely to talk about their experiences or perceptions of MMF use. Experiential learning from informants there is discussed in terms of four aspects below.

First, more than 20 people on the cruise reached out to me to talk about the topic, some in short conversations, others in longer ones. Some agreed to be interviewed but lived far away from my university, in California or Georgia; they invited me to make trips and stay at their houses. A few people were interested in the MMF definition I used and said that they had not thought some commonly used Taiwanese foods were considered as MMF. Some asked my

advice on MMF use and wanted to consult me about their illnesses or health issues. Some questioned the possible applications of this study and wondered about the importance of exploring Taiwanese immigrants' perceptions of MMF use. Some had a strong political stand and wanted me to change the expression that indicated "Chinese" medicinal food because of Taiwan's separation from China for several decades. Those who directly talked about the MMF topic with me tended to speak about their experiences of MMF effectiveness or MMF use mainly in terms of their personal access or preparation particularly in Taiwan, not in the US.

It was also difficult to reach a conversational level to explore MMF decision making and reasons that their families chose to use MM food. This might be because people on the cruise wanted to enjoy themselves and use their time to be with family or make social connections with other families. It is more likely that, because they had not built relationships with me, they did not want to share information about individual or family medicinal food use because of concern for privacy. Some people said in a joking way that they could not escape from the cruise, so they participated in the survey, while one lady said defensively that she felt the cruise activities boring, while the survey pleased her. However, none of them wanted to be further interviewed. A few participants said that they declined to be further contacted or participate in in-depth interviews because their frequent travels between Taiwan and the US would make involvement in such kind of research inconvenient for the research itself.

Second, two informants, a scientist retired from US government employment and an anesthesiology specialist from Taiwan, wanted to engage in formal one-on-one conversation and agreed to be audio recorded. Concerned about exposing their identities, they declined to be listed as formal interviewees. Nonetheless, they had a long conversation with me lasting over an hour. They both doubted the use of TCM and even claimed it was a mistake. However, the

scientist told me how he practiced vigorous food therapy to save his life when he had nasal cancer. The anesthesiologist questioned my rationale for the study on MMF use and criticized it, saying my professional background in nutrition at Cornell University could mislead people to think positively about the nutritional or medicinal values of Chinese MM foods. They sounded extreme but were not alone. Some people of recognizably elite class had short conversations with me and similarly criticized the study on MMF use. When I asked them about their perceptions and family food decision making on MMF use, whether or not their family members used MMF, and what influence they thought MMF users to have in the family and community, they did not answer these questions or just simply said that they did not use MMF.

Third, those who were not fluent in Taiwanese or Mandarin Chinese hesitated to talk with me even though I could communicate with them in English. This was apparent even when I visited the workshop for the youth group, where leadership was the main discussion topic, though it could have been because those young people were uninterested in the MMF use research topic. However, one young man aware that I was doing research on MMF use approached me in the hallway, using a mix of Mandarin Chinese and English to ask me questions. He was keen to be a participant so that he could learn about the topic while being interviewed, but he did not belong to the TAA group: he was a tourist whose parents were immigrants from mainland China. Most people who preferred to speak Taiwanese tended to be grouped at tables or informal activities and they were shy about talking of their personal and familial food use. Most of those who preferred to speak Mandarin Chinese tended to ask questions about the questions being asked or things unrelated to the study.

Fourth, the participant observation and conversational interviewing provided additional insight into people's attitudes toward the questionnaire and the study topic. Comments by

people in this situation came out of their lived experience. I began to see the variation in responses at which the questionnaire could only hint. For example, some people approached me when they returned the questionnaire and said that they did not want to answer it but they felt obligated to do so as members of the association who encouraged help with my research. Some of them apologized that some questions might not be answered properly because they just checked answers freely and did not want to think or go back to read them again. They were not interested in writing answers to open-ended questions. They preferred to tell stories and share experiences in actual interaction, so they either agreed to further contact or had a short conversation with me then and there. Their responses clarified that additional attention would be needed when analyzing the questionnaire. Their attitudes strongly indicated the importance of conversation with informants as an irreplaceable source of information.

Key points in the conversations with informants on the cruise regarding MMF use are grouped in terms of perceptions about MMF or MMF use and sources where MMF can be accessed. Here is a sample of informants' comments on perceptions about MMF or MMF use:

Although medicinal foods are not tasty, they are good for the health. [Several informants]

I know most people think medicinal foods are an acquired taste, but I just like the food taste and herbal smell. I eat it because of the taste, not because of its health benefits. [Informant A]

That is food, not medicine. My mother and grandmother have given me that kind of food since I was a kid. Now my wife cooks it for me. She knows what [medicinal foods] are suitable for me. [Informant B]

I am a medical professional. I don't particularly use the term medicinal and/or medicated foods. However, my parents and my wife believe in the effects of medicinal food and they often buy herbal formulas from traditional Chinese herbal stores, cooking medicinal food at home... . For common medicinal food that can be purchased in the market, I do not see bad effects, if you don't eat it at every meal. Your face can turn yellow if you eat a lot of papaya every day, too. But I am concerned about heavy metal

contamination of herbs or pesticide residuals in the herbs. Anyway, as my parents and wife are happy, I am fine with the medicinal food they give to me [Informant C]

I do not believe in medicinal and medicated food based on Chinese medical theory. I accept and use nutrition supplements or food supplements. It is okay to test that kind of food, but I don't think I would buy it. My mother and grandmother use that kind of food once in a while. They seem not to object to it [Informant D]

Here is a sample of perceptions about sources of MMF that can be accessed:

I grow gou qi⁴² in my backyard and pan fry the young leaves. They are very tasty. My family likes eating them. [Informant E]

I cannot find/ I don't like these kinds of herbal ingredients in the U.S. . . . I bring them back from Taiwan whenever I visit my old home [Taiwan] My mother or relatives mail packages to me. [Several informants]

I live in New York City. Chinatown there is convenient for finding dao di⁴³ Chinese herbs that I need. [Several informants]

Tzu Chi's New York Chapter [an overseas branch of Tzu Chi Buddhist Foundation in Taiwan] offers a medicinal food cooking class and provides the foods. Our family sometimes visits there. [Several informants]

Informants often addressed taste, but they only rarely mentioned perceived food medicinal effectiveness. When they did, some informants said it was “good for health” in general, and some said that they did not think of MMF as medicine or gave ambiguous statements. Some considered the food good because their family members prepared it for them. Interestingly, from their perceptions about MMF sources, it could be gleaned that a number of informants acquired MMF by making efforts, such as growing it, bringing it back from Taiwan, making trips to Chinatown, or attending an MMF cooking class for the food. Another point to note is that a few informants briefly mentioned MMF use during the SARS threat. They pointed out some herbs that were used but declined to elaborate further. The use of MMF seems to be more socially

⁴² *Gou qi* 枸杞 in Mandarin or *go gi* in Taiwanese is wolfberry, *Lycium chinensis*.

⁴³ *Dao di* 道地 refers to Chinese herbs that are grown in particular local areas of mainland China or places where the growth produces the most beneficial product, according to Chinese medical documents.

influenced than influenced by the food *per se*. Conversations on the MMF use topic could not go deeper without a deeper relationship with the informant or family. Even as a relationship deepened, i.e., when conversations on that topic seemed to be able to go deeper, most informants declined to be formally interviewed and recorded.

After the survey, quite a few people who had agreed to be interviewed changed their mind. As a result, only two from the survey participated in the in-depth interviews. One could observe and interact with me more because she was assigned to the same table for meals with me on the cruise trip. The other actually indicated in the questionnaire that she did not want to be interviewed but changed her mind after she completed the questionnaire. According to her, this was due to her evaluation of my interactions with people there. She then became a key person for me, through whom I was able to connect successfully with three other interviewees.

Even with that woman's channeling, a potential interviewee refused to be interviewed and gave me a hard time in public after she was asked to sign a consent form. She was unwilling to be formally interviewed or have what she said audio taped. The reason she refused to sign the consent form and had this attitude toward it was revealed later by her husband, who wanted to replace her for the interview and did so. Unlike ordinary food use topics, MMF use involves issues of individual privacy or some other sensitive issues that hinder information sharing.

Another example of this resistance was found at the Tzu Chi Buddhist center in Flushing. Although quite a few informants had indicated the center offered an MMF cooking class, catering, and lunch boxes, access to key persons there and talk about the MMF food use topic was not as open as I had hoped. I attended one term of the class for MMF cooking offered there, and it was only because of such participation that I was accepted and able to interact with gatekeepers in the center and the teacher. This indicates that, in addition to some unclear sensitive issues, use of

MMF seems not only to be a topic related to food, but also has some implicit ritual aspect. The MMF ingredients used in the class were ordinary, and use of MMF is a part of food culture quite common in Taiwan. The religious organization has also published abundant religious related cooking and food use books in Taiwan, founded hospitals there, in which vegetarian diets were promoted, and had an exclusive television channel showing their own food and cooking programs, which could be watched in the US via satellite television.⁴⁴ Nonetheless, it seems that only after one is recognized as a real MMF user can MMF use information be shared with him or her.

What makes some people perceive MMF use be a sensitive issue and perhaps some kind of ritual one or a special cultural one, or a mixed one? Further informant engagement in in-depth interviews would facilitate obtaining insight into this and is discussed in Chapter Five, “The In-depth Interviews.”

For issues regarding the building of trust relationships in informant engagement, certain insights and self-reflection on them emerged more clearly. My shared societal and political identity and roles allowed me to have informants see me as a member of their group, “a stranger but a friend,” a combination often associated with ethnography, in a way that not all ethnographers could in such short encounters as brief conversations or even interviews. Being a Taiwanese with bi-national identity and a member of a Taiwanese-speaking immigrant family made me Taiwanese politically, culturally and linguistically. The linguistic identity helped me to explore the root of the informants’ perceptions and understand their expression in subtle ways, which could enrich ethnographic data collection through meaningful communication, something that would aid me in later interviews. My background in nutrition and Taiwanese Chinese medicine seemed supplemental to this cultural and language identification.

⁴⁴ See their website at <http://www.us.tzuchi.org/us/en/>.

Certain kinds of social and ritual approval and identification for access to learning people's MMF practices seemed useful and sometimes necessary. It was helpful to the research to approach informants and survey subjects through a group concerned with mixed Taiwanese and non-Taiwanese identity. For seeking informants from various backgrounds, I had engaged the TAA and its activities for the survey. I also undertook a home stay for new Taiwanese immigrants at a home and later joined in a cooking class at a Buddhist center taught by one potential interviewee. Such approaches built trust relationships that served the study and would facilitate obtaining in-depth interviews.

4.4. Summary

Engaging informants involved a process of building trust relationships, which required social approval. Informants engaged through the TAA social organization expanded the informant pool. Certain social or ritual approval would be needed at a religious organization, and attending a cooking class held by the religious organization allowed me to engage informants there. Key persons in a group and gatekeepers in an organization helped facilitate informant contacts. On the cruise, leaders of the group helped announce my survey and this allowed me to begin building trust relationships as it directed informants to my study. The arrangement of regular meals at the same table on the cruise somewhat deepened relationships with informants. While lacking interest in answering open-ended questions for the survey questionnaire, some respondents did become informants willing to speak about their MMF use experience. It was difficult for conversation with informants on the cruise to go deeper, and they did not want their identities exposed. Some survey takers declined further contact because their frequent transnational activities would make this inconvenient for my research.

The working conceptual framework for Taiwanese immigrant families' MMF decision making that emerged based on initial informant engagement as well as a conceptual foundation in the developing FFDM conceptual framework had helped me design the survey. Elements there included MMF taste, availability, effectiveness concerns, roles of family members and interactions of the family, construction or reconstruction of food beliefs, and cultural and social food practice influences.

The topics of MMF *per se* and MMF practices were perceived to be sensitive by most informants. Information collected from informants in conversation on the cruise would be useful for interpreting the questionnaire, and conversation with informants beyond the cruise survey was similar. Points made by survey informants on MMF and MMF use showed that they might not consider MMF a food used as medicine, but just to be a food good for health, which family members, particularly mother or wife, prepared for them. Some liked the MMF taste, some not at all. Nonetheless, in retrospect, informant engagement had revealed that the topic of MMF had sparked unanticipated sensitivities. Informant comments on sources of MMF showed that they made efforts to acquire it, but MMF sourcing could be a matter of attention if related to legal permission for growing plants. One informant had criticized my study on "MMF use" as potentially misleading people into positively valuing the food. People could treat MMF use as socially private for other reasons. This sensitivity issue remained for further study. It seemed that this could be overcome partly by my sympathetic identity as perceived by informants. However, in-depth interview inquiries would also need to be carefully formulated to deal with this issue, which related to building trust relationships.

CHAPTER FIVE

IN-DEPTH INTERVIEWS

This chapter describes findings and insights from the in-depth interviews which themselves build on the findings of the other two data collection methods, informant engagement and survey, described earlier. The first two sections present a general interviewee introduction. The twelve interviewees' backgrounds in terms of reasons for recruitment and demographic characteristics are reviewed. Each interviewee's family is diagrammed to clarify its transnational family MMF use dynamics and proceeds each interviewee's narrative, portraying the interviewee's MMF experience and perception from a life course perspective. Products of translation and preliminary coding and categorizing based on the interviews, these narratives appear in Appendix H.

The later three sections focus on the findings and insights that emerged from textual analysis in terms of extracted themes. These extracted integrating themes order the presentation of the findings and insights in terms of three aspects. Section three describes transmission of MMF cuisine practices and the family. Interviewees' perceptions of generational FFDM for MMF in the immigration context are considered there in terms of parental influence and the strength of inter-family interactions, transnational contacts offering value comparison, and the synergistically changing MMF use environments. Section four depicts the spectra of meaning of interviewees' perceived MMF and MMF use and belief. Deconstruction and reconstruction of the meanings are considered in terms of MMF medicinal effectiveness and taste and serving effects. Section five examines two types of MMF usage: amateur and connoisseur. It identifies influences of family MMF use tradition and immigration on interviewees in terms of the style of using MMF and intensity of belief in it.

The overall findings are integrated from the analyses of interviewees' perceptions so as to clarify their relevance for emerging theory. Further theorization is presented in Chapter Six. Insights from my interactions with interviewees which contribute to methodological development are discussed there.

5.1. Overview of the Twelve Interviewees

The interviewees all resided in the northeastern part of the US, mainly New York and New Jersey. Most were located in or close to New York City, where MMF resources seem more accessible than in other parts of the region, though some were living in Ithaca, New York, where Cornell University is located. Ultimately, only three interviewees (Debbie, Ivy, and John) were from the cruise; two of these (Debbie and Ivy) had participated in the survey. Five had known of the trip but could not go. Two of the five were very similar in time of immigration, residence, occupation, age, and religious background. Both had met their husbands in Taiwan but settled in the US; one (Anne) had married a Taiwanese and the other (Fiona) a Caucasian American.

I made direct contact with one interviewee (Helen), who was a new immigrant of the younger generation, as soon as I knew her family had returned to the US. Her family had recently moved back and forth between Taiwan and the US and its US residency was less than five years. This case had the potential to provide insights that could contrast with the survey population, as no survey participant had resided in the US for that short a range of time. Another interviewee (Grace) was selected to compare with this new immigrant of the younger generation, though her US residency was slightly longer than five years off and on. They were similar in age, family role, and transnational activities regarding MMF use, but Helen was a temporary US resident and Grace had status as a permanent resident. Helen was a recently converted Christian

with a family background of intensive folk therapeutic food use, whereas Grace was from a Buddhist family with religious dietary practices.

I learned of interviewees Betty, Cameron, and Lisa from informants and Emma, Fiona, and John through other interviewees. The interviewee Kathy was selected because she and Emma were highly educated in specialized fields: Kathy, a PhD in biological sciences, and Emma, a nationally accredited and registered TCM doctor of Taiwan. Both of them made delicious MMF dishes that were appreciated by their local Taiwanese groups.

Table 5.1 presents a summary chart of the demographic characteristics of the 12 interviewees, which can help quickly identify each interviewee and compare them all in terms of general characteristics. The shaded boxes represent the characteristics the interviewee possesses. Some interviewees travel between the US and Taiwan often and may stay in Taiwan for a year at a time, but data regarding years of residency are not listed. Instead, these are listed by the length of time after immigration. A twenty-year period after immigration is here considered sufficient time to acculturate to the US food environment. Pseudonyms are used in alphabetical order, the sequence of interviewing the particular interviewees. After interviewing Lisa, the 12th interviewee, and analyzing her case, theoretical sampling and saturation was reached, i.e., no new information seemed to emerge that was clearly related to the research interests and questions in previous interviews.

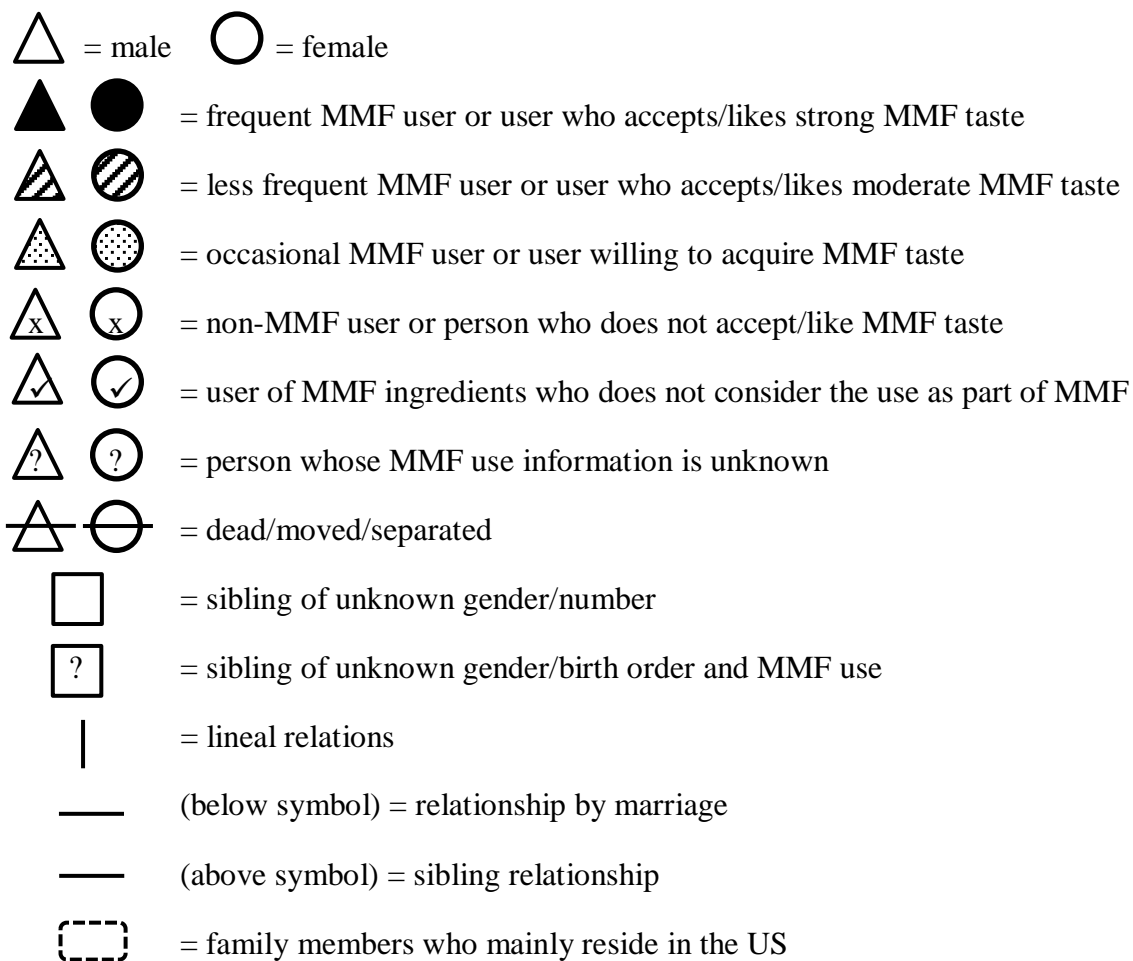
Table 5.1. Demographic characteristics of the 12 Interviewees

	Anne	Betty	Cameron	Debbie	Emma	Fiona	Grace	Helen	Ivy	John	Kathy	Lisa
Gender	A	B	C	D	E	F	G	H	I	J	K	L
Male												
Female												
Age	A	B	C	D	E	F	G	H	I	J	K	L
Below 40												
Between 40 and 65												
Above 65												
Marital Status	A	B	C	D	E	F	G	H	I	J	K	L
Married												
Widowed												
Separated												
Family Total Income	A	B	C	D	E	F	G	H	I	J	K	L
Below \$40,000												
Between \$40,000 and \$80,000												
Above \$80,000												
Declined to state												
Location	A	B	C	D	E	F	G	H	I	J	K	L
Not in NYC												
Close to NYC												
In NYC												
Immigration	A	B	C	D	E	F	G	H	I	J	K	L
Less than 20 years												
More than 20 years												
Taiwan Visit Frequency	A	B	C	D	E	F	G	H	I	J	K	L
Regularly												
Often												
Once in a while												
Religion	A	B	C	D	E	F	G	H	I	J	K	L
Christianity												
Buddhism/Daoism												
None												
Occupation	A	B	C	D	E	F	G	H	I	J	K	L
MMF directly related												
MMF indirectly related												
Not MMF-related												
Education	A	B	C	D	E	F	G	H	I	J	K	L
Master's/PhD degree												
Professional degree												
Professional training												
On the cruise	D				I J							
In the survey												
Not in the survey												

(Shaded box indicates the characteristic possessed. ○ represents marriage to a Caucasian American)

5.2. Interviewees and Their Transnational Family MMF Use Dynamics

The MMF use of the family of each interviewee is one focus of the narrative for him or her in Appendix H. The interviewees' interactions in multi-generational families are brought into the interviews. The diagrams sketching the family structure or background of the interviewees, which precede the narratives for each one, are similar to the family kinship diagrams of ethnography but include information on the MMF use of family members in Taiwan and in the US. Figure 5.1 presents an example diagram. Symbols used in the diagrams are shown below.



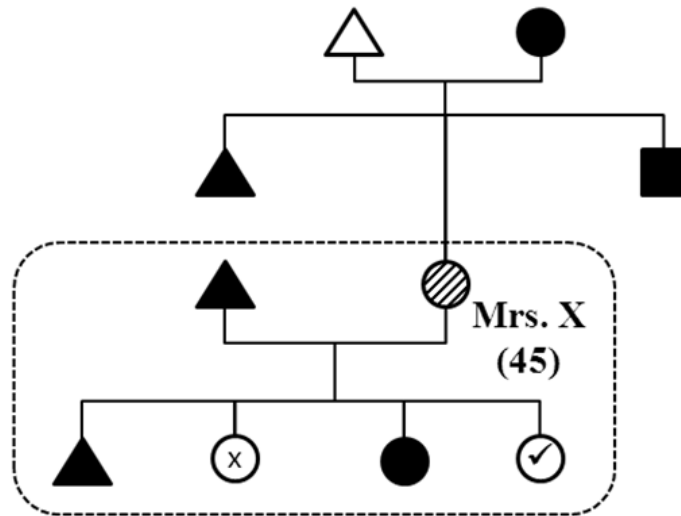


Figure 5.1. A Taiwanese immigrant family in the US and its MMF use background

The example diagram in Figure 5.1 represents Mrs. X's families in Taiwan and the US. It portrays in summary the MMF use in her married family and original family. Mrs. X was 45 years old at the time of the interview. The block circled by the dashed line indicates her married family in the US. She lives in the US with her husband and four children, three daughters and one son. Her original family is in Taiwan. She is a second child. Her father is an occasional MMF user, but her mother and her siblings eat MMF frequently. Mrs. X accepts a moderate MMF taste, but her second child, a daughter, does not like the taste. Her husband, her first child, a son, and third child, a daughter, like a strong MMF taste. Her youngest daughter uses MMF ingredients but does not consider that as a part of MMF use.

As findings accumulated from iterative concept mapping and textual analysis, more general concepts emerged. These concepts were able to integrate the interviewees' perceptions of MMF usage and decision making, information from them on their families and communities, and my experience of the interview contexts. A sample of output from textual analysis using ATLAS.ti 7.0 software is in Appendix I. In the following sections, the family MMF decision

making and family MMF use dynamics are characterized, categorized, or themed for understanding their significance.

5.3. Transmission of MMF Use and the Family

All of the in-depth interviewees emphasized the importance of family MMF use tradition, like almost all of the informants, in spite of the fact that it was not found to be an especially important influence in the survey results (about 60% answered *no* for that item). Perceptions of family MMF use tradition can be reconstructed whether or not an immigrant ever physically revisits his/her place of origin. Interviewees' perceptions of MMF use in Taiwan and that in the US suggest the challenges of immigration's influence on MMF use because of the difference in food culture and environment. However, it is impossible to separate the conception of MMF as cuisine from the influence where immigrant interviewees first learned about it, and this is primarily the family.

Interviewees recalled their family MMF use in their childhood. Some families practiced MMF often, and some did not. For some interviewees, this MMF use was so extensive or experientially remarkable that they came later to influence other people. Sometimes MMF was conveyed as a TCM tradition, but sometimes it was simply a dietary practice without any clear TCM application. In tackling the complexities of interviewees' perceptions about family MMF decision making crossing generations and families and involving immigration, parental influence and the strength of family interactions in their life courses emerged as major characteristics. That influence and the strength of those interactions were reflected in interviewee reminiscences on how their parents cared for/trained them regarding food. These characteristics were also

reflected in their discussions of their own perceptions of how they cared for/trained their children as well as their children's food use in the immigrant families.

Some uses of MMF related to family interaction involved its function as medicine because interviewees connected family MMF decision making to the cultural anchoring of MMF use in TCM development. Their concerns about using MMF together with TCM and/or western medicine overlap. Those concerns and perceptions are considered in terms of the theme of medicinal effectiveness and appear prominently in the later section on spectra of MMF meanings.

Emerging insights on interviewees' transnational contacts are also presented. These seem to influence their value comparison between general food and MMF, their perceptions of the changing MMF use environments of Taiwan and the US, and the ways those environments differ. Transnational contacts were frequent, could involve frequent cooperative exchange of family MMF decision making information, and influenced interviewees to evaluate MMF use in different food cultures and environments. Transnational contacts offering value comparison on MMF use are seen here as a part of the influence of immigration. The concept of synergistically changing MMF use environments, which also emerged from the interviews, is discussed after that immigration influence.

5.3.1. Parental influence and strength of inter-family interaction

Parental influence and the strength of inter-family interaction as perceived by interviewees add complexity to their MMF decision making and belief because: (1) family MMF use tradition affects food use from childhood, (2) accommodation and sociality of MMF use are part of the transmission of MMF use and belief, and (3) the personality and

characteristics of parents impact MMF parenting. Because it is impossible to exclude influences from the family, the original source of individual formation of MMF concepts, aspects of family influence overlapping with emergent themes are seen in later sections.

“Family MMF use tradition affecting food use from childhood” emerges as a common fact from interviewees’ retrospective considerations of their family MMF use and belief across the life course. To better understand the interviewees’ MMF experience and changes in MMF use, specifically at the trajectory of immigration, time and location related to family MMF use tradition are noted. Figure 5.2 shows connections of interviewees’ perceptions of MMF use and belief across generations and families as immigration intervenes. Figure 5.3 presents featured influences of their family MMF use traditions.

Interviewees’ perceptions of parental influences on family MMF decision making include their impressions of the perceptions of their parents, children, or other (extended and/or ‘surrogate’) family members. Once children themselves, interviewees are considered as both children and parents. They perceived influence on their family MMF use from their parents, their children, siblings, and other families’ children.

In Figure 5.2, arrows (A) through (D) indicate the direction of the interviewee perception. For (A), the interviewee is in the role of a child and perceiving his/her parents’ MMF use. For (C), the interviewee is in the child role and perceiving what his/her parents perceive about family MMF use. For (B), the interviewee is in the role of parent and perceiving his/her children’s MMF use during family immigration. For (D), the interviewee is in the parental role and perceiving what his/her children perceive about family MMF use in the US. The asterisk indicates exceptions for those with children still living in Taiwan, having no biological children

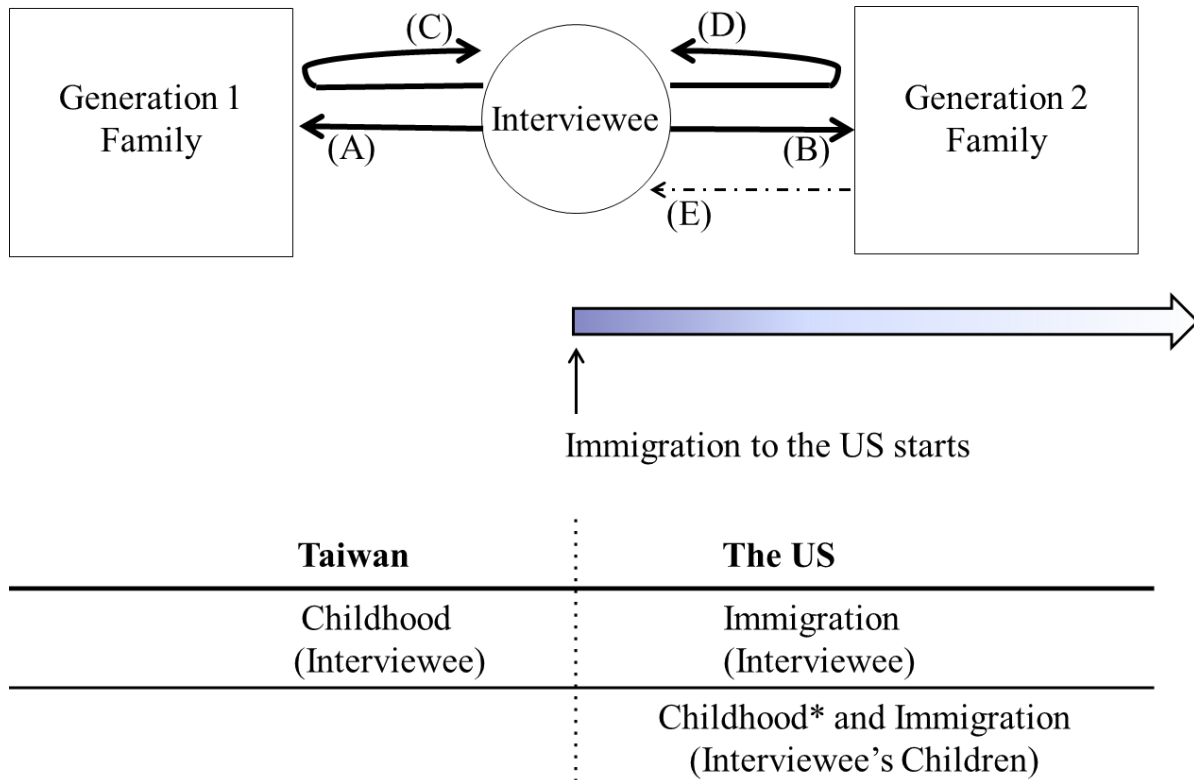


Figure 5.2. Connections of interviewee's perceptions of MMF use and belief across generations and families with the intervention of immigration

yet, or having children who immigrated after childhood. For example, interviewee Lisa's children moved to the US in adolescence, not childhood. She pointed out that this fact might be an influence underlying her children's switches to a US diet in their early adulthood and then back to a diet with an MMF preference in their fifties.

Three children of interviewees were briefly engaged at interviews and showed in their remarks correspondence to their parents' perceptions of them. This is indicated by the dotted arrow (E). Interviewee Debbie's daughter, at age eighteen, during an informal conversation with me, indicated her intense liking of and affirmative attitude toward MMF use and compared these with the tastes and attitudes of other children and their parents. Interviewee Anne's older son, in his thirties, who had a concrete American food preference, mentioned his lack of interest in

tasting MMF as a kind of Asian food and considered his food selection autonomous, i.e., not influenced by the family. Anne's younger son, though sharing his brother's manner of food autonomy and feeling it a challenge to eat strong smelling MMF, was more open to the taste of Asian food and had even filmed a video introducing Asian food for a film contest.

Interviewees provided extensive information on their childhood use of MMF as it affected their use of MMF in later life even after immigration. By and large, the perceived influence from their parents on family MMF decision making can be characterized as influence of a family MMF use tradition. Figure 5.3 summarizes the dynamics of family MMF use tradition. As seen there, the cycle for MMF decision making is similar to ordinary food decision making. This is partly because Taiwanese perceive MMF as food in their food culture. However, interviewees' perceptions of themselves as parents with influence on their US-born or raised children's use of MMF are not the same as this tradition or food decision-making pattern. Family interaction in the immigration context plays an important part here. It reshapes the way the MMF use and belief is transmitted. It rebuilds parental beliefs in MMF use. Furthermore, when traditional MMF uses for children are taken into account, i.e., healing illness, benefiting growth, or promoting appearance and health, parents can assert their influence and control, changing away from the child-dominant family interaction.

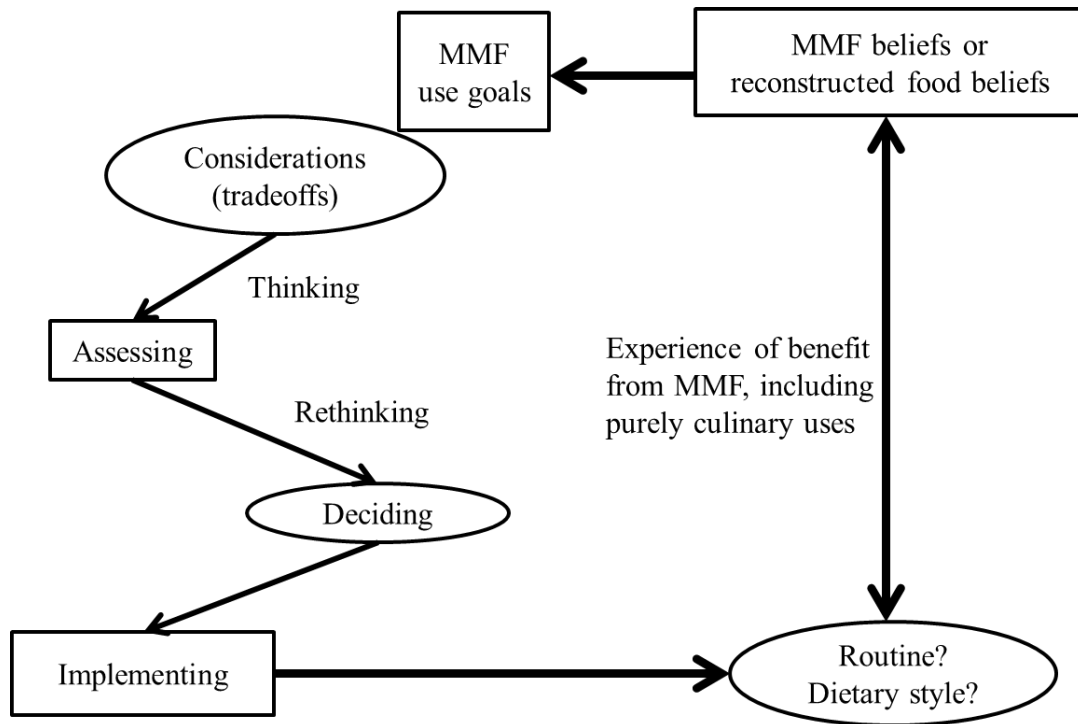


Figure 5.3. Featured influences from family MMF use tradition

“Accommodation and sociality being part of transmission of MMF use and belief” could be seen as the interviewees recalled and compared their family MMF use across generations and locations. MMF cooks in the family, usually mothers, decide what to cook. This involves a consideration of the body constitution and condition of each individual eater and whether he/she can eat the same MMF as others. When an MMF dish is disliked in the family, eaters’ submissive behavior or very well-catered MMF is expected – in other words, whether or not eaters like it, they eat it or the cooks find a way to induce them to eat it. For interviewees in their childhood, that seems to have occurred because the food was considered precious, given that obtaining and preparing the food was difficult.

After immigration, most of the interviewees made efforts to accommodate family members’ MMF acceptance. However, unlike their Taiwanese parents, they tried modifying

common MMF cuisine to a milder taste to entice children to taste it or separated out MMF ingredients before cooking or serving to avoid stimulating their dislike. Both accommodation of individuality in the family and enculturation in the family emerged as topics in all interviews and even came out for ‘surrogate families.’ Interviewee Anne selected mild tasting TCM herbs from MMF formula packs to make MM drinks and substituted TCM herbal liquor tonics (for her and her Taiwanese husband) for MMF cuisine after her sons complained about the formula soup smell and the strong TCM smell in the kitchen mixed with other foods. Common MMF soups made with TCM herbal formulas would not show up on interviewee Ivy’s menu when she made food for her children or Caucasian daughter-in-law and son-in-law. Interviewee Kathy made strong MMF soups and ate them with her Taiwanese immigrant friends because her Caucasian husband, though he accepted most Taiwanese food she cooked, had not acquired a taste for the soups. Interviewee Betty, a Buddhist believer, prepared both omnivore dishes and religious MMF vegetarian dishes for her son’s family in Taiwan when she visited there. A volunteer cook at a religious center, Betty did not feel that she needed MMF in the same way as did the monks in her ‘surrogate family’ of center members. Still, she brought some delicious MMF ingredients from Taiwan and invented pleasing tastes for MMF dishes to serve those monks in response to their requests that she make MMF dishes when they felt they needed MMF supplementation (according to their belief system).

These actions of interviewees seem to involve an underlying concern, particularly as immigrants, for other people and respect for individuality. However, this seems culturally different from western accommodation of individuality and may be a reflection of sociality (the quality of being sociable). That food has to be aimed at an individual’s needs and preferences appears to be part of Taiwanese food practice tradition. These Taiwanese immigrant

interviewees perceived MMF usage in various dimensions related to health, belief, sensation, etc., and applied MMF to themselves for reasons they connected to the dimensions. In most cases, interviewees as parents did not force their children to eat MMF when their children said they did not want it. They accommodated their children's individuality according to their conception of the western way, not a specific traditional way for MMF. Accommodation of their children's not taking MMF (a tradeoff) seemed to be the family's way of expressing sociality in terms of "westernization" or "Americanization" as the interviewees understood it.

Such accommodation is not equalizing for the interviewees, who could accept both MMF and western or American food, and their children, who (after growing up) often could not accept MMF. However, these parents held their own MMF autonomy as their older children held their food autonomy as regards western or American style food. In addition, they had their own groups for MMF sharing. In that sense, their inter-family interaction related to MMF use is stronger than their intra-family interaction regarding this "unequally exclusive" food decision making in the family. It is still unclear whether accommodating others regarding MMF use is just a way to reconcile intra-family tension or also intentionally increases inter-family interaction.

Meanwhile, some interviewees had a priori faith in Taiwanese MMF as a food tradition and advocated its use. They had strong personalities and did not allow their children's diets to be fully Americanized. Accommodating their MMF use and belief to their children's food preferences at home was not allowed in the family – parents could punish children for not accepting this kind of food and reward them for accepting it. Interviewee Cameron said to his children when they were about five to six years old, "If you eat and finish it, I'll give you a

dollar; if you don't, I'll give you a slap.” Interviewee Debbie’s daughter was compliant, obeyed her single working mother, and ate everything her mother prepared for her.

It is not clear if there is an issue of parent-children tension from the children’s perspectives. However, according to these interviewees, the children perceived their parents’ training to have been good. When they were young, their parents had trained them that way and they had benefited from it and appreciated the way their parents cared for them. When these interviewees discovered the lack of MMF experience and acceptance of children in other immigrant families, they noted that their own children seemed to be proud of benefiting from their family MMF use of a different food culture, and they believed they had done the right thing. Thus, their belief in this MMF parenting seemed to be reinforced when they learned about their children’s interactions outside the family. For example, when at college, Cameron’s son asked Cameron to make the family’s special MMF soup and bring it to school so that he could treat his friends to it. Debbie’s daughter had shared her food with friends and classmates since elementary school. Those children who did not at first like the unusual food she shared later came to like it. The type of parent-dominant “accommodation” in the childhood of these immigrant children seems to help them expand their sociality in and out of the family later.

Those interviewees who made moderate accommodation to children in their MMF use at home (i.e., not forcing their children to eat strong MMF but various kinds of food, particularly Asian food) suggest that this increased the possibility of their “Americanized” children tasting and accepting MMF (though depending on the taste, an issue discussed later) and interacting with the parents and their MM food world. Interviewee Kathy’s family is an example. Although her Asian-Caucasian American children found some Taiwanese local food difficult to taste, they liked most of Kathy’s Taiwanese food and looked for Asian restaurants when they dined out.

When Kathy's daughter traveled in Taiwan with her friend at college, she tasted, then searched for, and became fascinated with a kind of food that Kathy did not even know how to make.

Personality and other characteristics of parents impacting MMF parenting emerged almost concurrently with the influence of familial MMF use accommodation and sociality. It is a common sense presupposition that if children accept, approve, and learn their parent's food practice and regard it as a family tradition, they are likely to follow the food use and pass it on to their offspring. Among the interviewees, this likely use of MMF by children seems to depend on the personalities and other characteristics of the parents.

Parents such as Debbie, with strong motivations and assertiveness, intentionally created an MMF use environment for her daughter. Debbie used MMF ingredients in the ordinary family diet, prepared her daughter a school lunch box every day, and hosted regular local Taiwanese immigrant family get-together parties at her house with MMF dishes which her daughter attended. She took her daughter to visit Taiwan every summer and brought MMF ingredients and TCM formula packs back to the US. She taught her daughter to grow MMF herbs in a home garden and how to cook MMF. Her daughter had extraordinary exposure to MMF use compared to other children from Taiwanese immigrant families. Meanwhile, since her daughter received benefits from the food, she has accepted it and compares the food values she acquired to those underlying other food use. She compares her family favorably with other food users, i.e., parents and their parenting. Her daughter learned and benefited from the family food values and their accompanying social value. Her daughter shared the food and introduced what she learned with her American classmates and friends as Debbie did with her friends, neighbors, and community. Although Debbie's daughter's personality was quite different from Debbie's, she imitated Debbie's MMF parenting in relation to peer groups. Similarly, Debbie herself

imitated her father's care for the family and other people through using MMF, though her father's personality might have been quite different from hers.

While the personality of the parent could be assertive and so exert influence via persistent training of children in MMF use, characteristics of the parent regarding MMF use might reflect her or his degree of MMF knowledge. That is, there is a difference between willingness to use (or assert of the use of) MMF and the capability of using it. In most cases, it is hard to distinguish the difference, which could depend on anything from individual situation to environmental influences as a whole.

In recalling their original families' food practices in their childhood, interviewees often mentioned mothers, older sisters, or family or neighborhood seniors who had TCM or folk food therapy knowledge and introduced MMF and/or made it for them. The environment in their childhoods could frame the kind of ordinary lifestyle in which families included food sources growing in the wild. In order to collect edible wild food sources, MMF knowledge was required. Though the knowledge had faded in some interviewees' families as the environment changed, this attitude toward food use supported a particular food lifestyle, including a style of MMF parenting. Examples below draw attention to this theme in the family history context.

Interviewee Cameron ate whatever his family could find in the fields when he was young. That contributed later to his craving novel kinds of food out of curiosity, including regional MMF when he travelled in China. He recalled that not only did his mother breastfeed him, but also other mothers in the neighborhood did so, as they had excess breast milk. He considered his having greater strength than other people to be owed to this and to his mother's forcing him to have some MMF dishes regularly right before adolescence. Hence, he fed his US-born children kinds of MMF using food sources on his farm or locally accessible from the time they were

young. He perceived his son to receive benefits from this. As a farmer in the US, he grew and sold some Taiwanese vegetables. He wanted to introduce and share them with his community because he liked their taste and conceived them as benefiting the body. His successful introduction of Taiwanese vegetables with MMF value inspired him and strengthened his beliefs in using and promoting MMF.

Interviewee Emma's family was able to serve food without obtaining it from the field in her childhood. However, her mother stocked TCM herbs at home for culinary use. Embarking on a career as a TCM doctor in Taiwan and then moving to the US for her children's education, she had an MMF use lifestyle and nurtured her children with MMF. Her house in the US stocked various kinds of TCM herbs and MMF ingredients for her use to meet each family member's health needs and possibly to help other people in the surroundings. As a mother, she was able to observe by appearance the details of her children's conditions, choose to cook the food her children liked, and correct their eating behavior on a daily basis. As a TCM doctor, she was capable of understanding her children's body constitutions and their changes across changes in environment and individual growth. She knew what kinds of TCM herbs and formulas and MMF ingredients were suitable for their health needs. The dual role of mother and TCM doctor empowered her to use MMF for her family's daily health care and strengthened her family MMF use and her children's use of MMF. According to Emma, her sons often scooped TCM (by MMF definition here) formula powder into their mouths and enjoyed the taste.

With folk food therapy knowledge, interviewee Lisa's mother picked plant roots in the field and processed them to cure the fevers and illnesses of Lisa's sisters and help Lisa go through her "turning into an adult" period. Lisa was close to her mother partly because, culturally, the eldest daughter is supposed to offer help in household tasks. Lisa learned much

knowledge from her mother on this account. Though she did not think herself capable of teaching her younger siblings as her mother had taught her, she passed down her MMF knowledge to her children and students.

Religion seems to connect with the theme of personality and other characteristics of parents that affect MMF parenting. It is not clear how intense religious beliefs influence parenting and whether or not religious venues are really just social places where Taiwanese immigrants gather and share life experiences, or are places offering a ‘surrogate family.’ Some interviews indicated that interviewees’ families practiced religious food restrictions or had strong religious beliefs that could affect MMF parenting. For example, interviewee Debbie converted to temporary vegetarianism with her daughter in relation to religious obligations, and interviewee Grace’s mother converted the whole family to vegetarianism due to her grandmother’s religious food restrictions. It seems that believers in Buddhism/Daoism were seriously influenced by religious MMF use – the stronger their religious beliefs, the more they used MMF. In contrast, strong believers in Christianity either followed (modified) their original family MMF tradition for their own MMF practice in the US or just did not relate their dietary practice to MMF use.

The Christian interviewee Fiona strongly believed that God guided her along a right path in her life. However, she did not consider that her religious belief was connected to her not believing in MMF and her perceiving MMF ingredients simply as foods suitable only for culinary purposes. She asserted the importance of people having knowledge if they were seriously thinking of using MMF for medicinal purposes and she considered her lack of MMF knowledge to make her an MMF non-believer. In contrast, Kathy, an unbaptized Christian with a doctoral degree in biological sciences, revealed in the end of the interview that waiting for scientific proof of MMF’s efficacy before using it seemed unnecessary. For her, MMF use was a

part of general food culture, a common family food practice, and an acquired taste since childhood. Interviewee Helen had recently converted to Christianity from Buddhism/Daoism, but this seemed not to influence her use of MMF: she used it because she was used to it.

Both Kathy and Helen had family MMF use traditions, and they had felt the medicinal benefits of MMF since they were young. Fiona had not. Grace, a strong believer in Buddhism/Daoism from a family with strict religious food practices, held a master's in business, and she took a genetic perspective. She thought people used to using MMF were likely to be influenced by their genes and hence needed MMF and tended to accept the taste. However, Kathy did not perceive that Americans and Taiwanese Americans differed in acceptance of the taste of MMF. The taste had to be and could be promoted over time and with effort for anyone.

Interviewee Anne, a strong believer in Christianity like Fiona, had a family MMF use tradition and network for accessing MMF ingredients, had felt medicinal benefits from MMF like Kathy and Helen, and was once a nurse. She perceived MMF cuisine from another perspective. She did not train her children in MMF tastes when they were young because her Taiwanese immigrant husband wanted the US-residing family westernized or Americanized. However, she and her husband were still attached to the use of MMF. Her children complained of the MMF smell in the kitchen and herbal taste in served food, so she changed her cooking of MMF by separating the TCM herbs out of the MMF dishes. Because of that, she and her husband mostly had MM drinks and MM liquor tonics, and the family seldom had ordinary MMF cuisine or dishes.

The above examples indicate that personality and other characteristics of parents affect MMF parenting. However, in the individual-family historical context regarding MMF use, it appears that some of the characteristics of these parents are formed from their understanding of

the values of MMF and MMF use. These values are built from their food experience and knowledge (in terms of taste and medicinal value) and result in types of MMF use and different degrees of MMF belief. Taste or smell is perceived as the foundation determining MMF acceptance and liking, and it influences MMF preparation and serving. Meanwhile, understanding the value of MMF in terms of medicinal or health efficacy influences MMF belief and motivations to use it.

5.3.2. Transnational contacts offering value comparisons

Adaptation and assimilation are commonly noted when discussing effects of immigration. Adaptation refers to change in behavior of a person or group in response to new or modified surroundings. Assimilation is the process whereby a minority group gradually adopts the customs and attitudes of the prevailing culture, i.e., the merging of cultural traits from distinct cultural groups. These definitions appear to be merely unidirectional descriptions when applied to these Taiwanese immigrant interviewees in the US, for the interviewees exhibit bi-directional adaptation or assimilation. This is seen when immigrants' particular food behavior needs only slight or no change and their behavior gradually influences the distinct food use customs and attitudes of the prevailing culture. Cultural re-entry shock appeared not to occur much among the interviewees, except in the cases of older immigrant interviewees upon their first visit to Taiwan after long absence. For younger immigrants or those who visited Taiwan often, it did not occur.

Before the 1980s, due to political constraints and economic concerns, the older immigrant interviewees were not able to return to Taiwan or contact people there often. Their food sources were from the US environment, where Cantonese immigrant MMF usage made MMF available.

Because of fewer contacts with Taiwan, their US-born or raised children were not familiar with Taiwanese MMF when they were young. After the 1980s, the interviewees had revisited Taiwan and experienced cultural shock on seeing how Taiwan's food environment had radically changed, though not necessarily in the MMF use there. Newer or younger immigrant interviewees reflected differently on Taiwan's food environment as well as on the US food environment. Compared to older immigrant interviewees who had more life and food experience with MMF (health-promoting) ingredients such as wild edible plants, newer or younger immigrant interviewees noted MMF sources from traditional herbal stores and convenient formula packs from the supermarkets. Although these kinds of stores and supermarkets were gradually seen in the US as well, the interviewees did not think the kinds of MMF ingredients offered in the US were the same as those offered in Taiwan in qualities such as their source, preparation, or freshness in terms of shelf life at stores. Those comparative perceptions on MMF came from their transnational contacts.

Interviewees' transnational contacts came partly through their frequent visits to Taiwan and returns to the US. They also came by telephone, virtually via the Internet, or even through watching satellite TV programs or interactions with people or places in the US related to Taiwan or China generally. For example, interviewees Grace and Helen often telephoned or Internet-phoned their mothers in Taiwan for consulting about cooking. When interviewee Ivy had just arrived in the US, she found a kind of MMF soup offered by Cantonese restaurants in New York City and liked it. From this, she began to learn about differences of Cantonese MMF from the Taiwanese MMF cuisine she knew in her childhood. Her brother in Taiwan telephoned her to look for precious wild American ginseng for her nephew in the 1960s, and she then learned the difference in appearance and medicinal functionality of ginseng grown in different places. She

grew MMF vegetables in her garden, which were sourced from her Taiwanese immigrant friend in California and could have originated in either Taiwan or China. She watched satellite TV daily in which Taiwanese MMF advertisements were often seen. That stimulated her to think of making MMF dishes. Interviewee Anne's parents did not give her MMF when she was young and she could not return to Taiwan before the 1980s. When her father saw her after she revisited Taiwan twenty years later and knew her eyesight was sometimes blurred, he suggested that she use MMF and he prepared a TCM formula for her bring back to the US. Interviewees Grace, Helen, and Kathy had strong Taiwanese extended family ties, so they were able to propose MMF lists and ask for and often receive MMF packages from Taiwan.

Transnational activities themselves have influence through social ties or interactions with the place of origin and local places symbolizing the origin (e.g., Chinatown). Most interviewees were able to obtain MMF ingredients by having their extended family members or friends in Taiwan mail them or bringing back MMF ingredients from Taiwan when they visited there or having acquaintances do this. After comparing values (e.g., nostalgia for taste, cost, convenience, food sourcing and quality, and strength of inter-family relationship), they decided whether or not it was necessary to access MMF ingredients via international mail, bring them back in person, or obtain them, if accessible, from Asian food supermarkets or herbal stores in Chinatown instead. This shows that the food environment's changing on one side can influence the food environment's changing on the other side. For MMF, a kind of food perceived as different from ordinary food and with higher food value (as both medicine and food), its changing use environments seem rather synergistic for demand and supply on both sides, given the frequent transnational activities.

5.3.3. Synergistically changing MMF use environment

The transnational contacts offering value comparison for MMF use direct attention to a broader perspective. These immigrant interviewees seemed to perceive that the boundaries between Taiwan (place of origin) and the US (place of residence) were permeable because of the possibility of transnational activities, including non-physical contacts through telecommunications. The more convenient and the faster telecommunications service becomes, the more the transnational contact intensity increases. Time and distance to acquire MMF knowledge and source shorten. Immigrant interviewees were able not only to quickly compare MMF values, but also to take actions for MMF use. Their learning and feedback resonated with MMF information and sources in Taiwan. At the same time, their reflection and practice of MMF influenced their food behavior in the US, including their family MMF decision making.

Interviewees also observed reverse influences between Taiwan and the US. For example, although they wanted most of their MMF ingredients to be produced in Taiwan, they later learned that some MMF ingredients from the US were better, particularly American ginseng. Interviewee Ivy's brother in Taiwan requested that she looked for wild American ginseng in the US in the 1960s for treating her nephew's illness. Wild American ginseng was gradually replaced by cultivated American ginseng. Interviewee John trusted and promoted a famous brand of the cultivated American ginseng because it was grown by a Taiwanese immigrant in Wisconsin whom he knew. While some people view wild American ginseng as better (in contrast, in Chinatown in New York City, herbal stores emphasized 'wild' in their advertisements), interviewee Grace did not think that Taiwanese, including those in her family, cared about the variety for ordinary health care. Since she had come to the US for study in the 1990s, her family in Taiwan had simply asked her to bring home American ginseng from the US.

Meanwhile, they also sent her packages of other MMF ingredients from Taiwan, as those in Taiwan were considered preferable.

The food industry MMF manufacturers in Taiwan developed ordinary MMF cuisine for vacuum packs having a modified taste acceptable to most people there. This type of processed food was later seen on the shelves in Asian food supermarkets in the US. Most of the interviewees knew about it, but some of them still preferred to bring or obtain the convenient packs they liked from Taiwan. As with the TCM herbs they procured, they considered that the tastes differed by food manufacturer and the medicinal or nutritional qualities differed by production line for the domestic market and for export to the US. Moreover, in the US, the packs might sit on the shelf longer and be less fresh. Hence, even though some convenient MMF ready-to-eat packs were accessible in the US and cheaper than packs sent by international mail, they were still not the first choice of interviewees. However, according to the interviewees, if they could find convenient MMF packs in the US with a taste they liked, they would buy them.

Farming or home gardening to produce MMF vegetables in the US using seeds or seedlings of Taiwanese variety is another way of obtaining preferred MMF. With the exception of the interviewee who was a farmer and had grown some Taiwanese vegetables and sold them in markets along with seeds and seedlings, the interviewees obtained seeds or seedlings either by purchasing them from their acquaintances in the US or propagating them from plants obtained from acquaintances. Some plants were moved from California to the northeastern area of the US. Some might have been smuggled in, according to interviewees Betty and Ivy. Gradually, some commonly used and popular varieties of MMF ingredients in Taiwan had come to be grown in the US.

The MMF use environment in the US was clearly changing from the perspective of synergistic or cooperative influence with the environment in Taiwan. Interviewee Grace brought American ginseng back to Taiwan or mailed it there, whereas, in earlier times, Korean or red ginseng was more popular there. Interviewee Ivy was surprised by the increasing number of restaurants in Taiwan and the fact that yam congee, the most common staple for a meal in older times, had come to be offered in restaurants and had become unbelievably expensive after it had lost popularity through the spread of the American dietary style and eating of more wheat products. She was impressed by the concept of the countryside bed-and-breakfast business that had spread as well. Local entrepreneurs managing such businesses with restaurants attached had opportunities to promote MMF herbs or vegetables to visitors or tourists. She had recently learned “new” MMF there.

As perceptions of MMF use have changed, the MMF use environment has changed, and vice versa. These Taiwanese Americans’ immigration contexts of MMF use suggest that there were rapid influences via interaction of the MMF use environments in Taiwan and in the US.

5.4. Spectra of meanings of MMF and MMF use and belief

The meanings of MMF and meanings embedded in its use and belief about it occur in a wide range, as shown in the introduction and background on MMF in Chapter One. The interviews led me to articulate interviewees’ meanings in spectra, to tackle their complexity categorically. The interviewees, like the other informants and survey respondents, all deconstruct and reconstruct MMF themselves in terms of their personal MMF use (or dietary) history. As analysis proceeded, the dynamics and complexity of the construction process and changes in the spectrum emerged. This approach seemed useful for understanding interviewees’

statements elaborating their own perceptions of MMF and those of perceived others.

Conceptualization of this is presented in Figure 5.4.

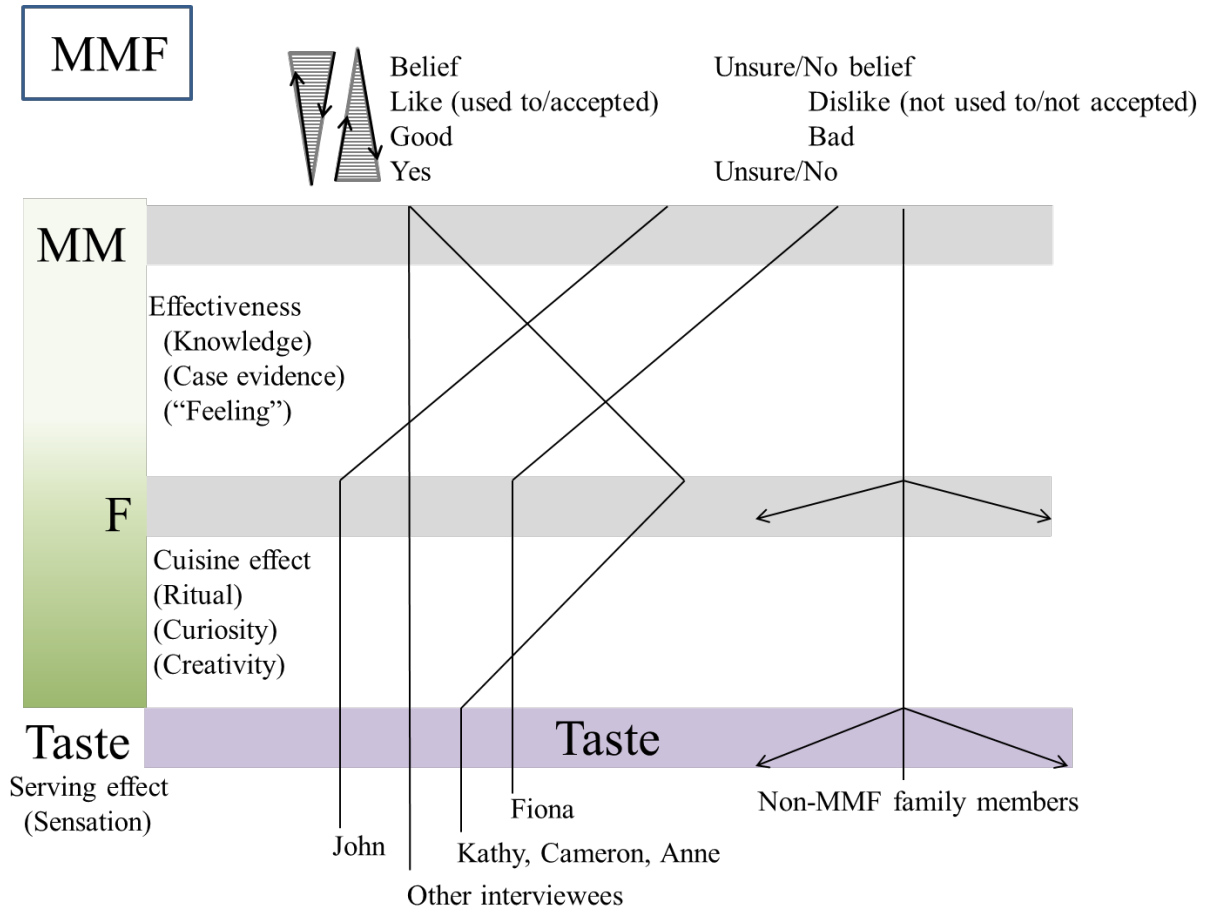


Figure 5.4. Spectra of interviewees' constructed meanings of MMF and MMF use and belief

In the figure, the meanings of MMF and of its use and belief comprise two domains. The domain for MMF itself, shown on the left (vertically), is deconstructed as MM, i.e., medicinal and medicated, and F, i.e., food. In the vertical domain, three effects are considered in terms of MM (medicinal and medicated) effectiveness, F (food) or cuisine effect, and Taste or serving effect. MM effectiveness includes MMF knowledge, evidence from cases of MMF use, and

“feeling.” The food or cuisine effect includes MMF ritual practice, curiosity about using MMF, and creativity in MMF use. The taste or serving effect basically represents sense perceptions of taste and smell. The horizontal domain shown on the top indicates meanings of MMF use and belief and has a range from positive to negative impressions, understandings, acceptances, and beliefs, including uncertain perceptions.

The two gradient triangles with arrows represent the dynamics of meaning formation. The meanings of MMF and its use and belief can be constructed dynamically in a multifaceted way in terms of time, place, people, or any kind of influence as situations or contexts vary. Taste is one of the interviewees’ bases for constructing MMF for both domains. Cuisine effect considers MMF (ingredients) used as food in which culinary skills affect taste. Making MMF dishes requires skills and knowledge and may relate to special preparation customs. Commonly used MMF ingredients may have identical herbal aromas affecting color or smell in a dish. However, the value of MM effectiveness can be an overarching value in relation to both taste preference and culinary effect contingent on the situation. An example of this would be people’s responses to health emergencies, a topic addressed in the section on medicinal effectiveness. Analyses of and findings on interviewees’ perceptions are positioned in the spectra and connect the domains.

This can be concretely exemplified by the interviewee John, a vegetarian restaurant owner. He was not sure about the MM effectiveness of MMF because his personal MMF use experience did not provide sufficient evidence to convince him to believe in it in general, even though, in the earlier years after he moved to the US, he craved for some animal food that, in his food and cultural conceptions, could strengthen the body. He considered that, compared to his wife, he had more knowledge about the physiological and biochemical functions of certain foods

that he chose, experimented with, and found good effects from. He did not try unusual preparations or concentrations with the foods he considered functional. Instead, he used extracted juice or steamed food for his body condition, and he even offered the juice in his restaurant. His focus on MM food and taste for marketing in his restaurant business led him to position his food culinary and taste concerns far from other interviewees in the taste and food or culinary effect spectra under the domain concerned with “belief” or unsureness about belief in MMF. Meanwhile, in the MM spectrum, his MMF use perceptions were positioned in the area of uncertainty, between yes and unsure.

Other findings from the interviews – with some examples from informants – which relate to the spectra of their meanings of MMF and MMF use and belief, serve the discussions below of sub-themes of medicinal effectiveness and taste and serving effect. Cuisine effect, as it relates to culinary skills, is integrated into a further section on amateur versus connoisseur MMF usage.

5.4.1. Medicinal effectiveness

Although one informant particularly emphasized that taste was the one and only reason for her liking and using MMF, all of the interviewees and most informants more or less made connections of food as medicine or medicine as food to MMF use. MMF topic conversations tended to develop from that medicine-related perspective. Directly or indirectly, MMF was perceived a kind of food involving an intricate concept of traditional (versus modern or scientific) Chinese (versus Taiwanese) medicinal functionality. On that basis, MMF believers believe in it and MMF non-believers do not easily convert to this belief for lack of compelling reasons. Likewise, MMF users use MMF and MMF non-users do not use or do not often use it according

to perceived need for MMF or lack of such a need as long as they take various foods providing nutrition and promoting health.

In the interviews, some interviewees initially or intensively mentioned use of MMF for the “turning into an adult” period and “doing the month” after childbirth because the uses for these particular events were cultural and traditional. MMF dishes provided for the events were considered as medicinal food, not medicated food, for the ingredients in them were common, such as those in sesame oil rice wine chicken soup. No “TCM herbs” were included. Basically, medicinal functionality was heavily connected to MMF and its use. After interviewees better understood the MMF definition used in this study, several suggested that it would be better to change to some term other than MMF which could be educational and stimulate new thoughts about it. Some interviewees advised that saying “*bo*” (in Taiwanese), “*bu*” (in Mandarin Chinese), or just “health-promoting food” instead might take care of this issue. However, it was agreed that there seemed to be no better term to substitute currently. During the interviews, effort was made to remind interviewees of the MMF definition used in this study.

Interviewees’ perceptions of MMF use appear to lie in conceptual spectra in which MMF is classified as food, as medicine, and as in between. When MMF is classified as food, it can be a kind of food culture in which people participate in such food usage as regional cuisine. When it is classified as medicine, interviewees’ health concerns come in as a part of health culture, which makes this kind of food use merge with their understanding (with or without accurate knowledge) of ancient Chinese medicine, Taiwanese Chinese medicine, and western nutrition and medicine. Depending on the situation, case, or kind of MMF for use, their perceptions of their own or other families’ MMF use or decision making blend their classifications with their

perceptions regarding the medicinal effectiveness of certain kinds of MMF or regarding varied kinds of MMF.

In spite of the complexity of their conceptual spectra, all interviewees' perceptions of MMF medicinal effectiveness appear to have a core element of individuals' valuation of the kind of food it is. MMF medical effectiveness is taken into consideration in building their own MMF decision making system, and it influences their practicing MMF for other family members. Interviewee Fiona seemed like a deviant example, as she initially asserted that her MMF use was merely for taste and culinary interest and she acknowledged that her lack of knowledge about MMF as medicine made her an MMF non-believer. Nonetheless, in the end of the interview, she brought out that she was actually interested in information on MMF medicinal functionality out of curiosity or because of the information sharing of her social network of friends and relatives who often circled emails related to MMF and its use.

Even when MMF is perceived more as food, it is actually conceived very differently from other kinds of food. The interviews show that, even when MMF is perceived as food cuisine rather than medicine per se, it is perceived in terms of hot-cold properties related to its conception in TCM. Some of the interviewees use MMF ingredients as color or flavor enhancers, but they do so in terms of commonly conceived TCM herbal visual or olfactory features. They also serve MMF according to season, in the social engagement of treating guests, or on religious occasions partly because of its TCM-designated health-promoting value that they perceive, or they follow other people with such perceptions.

These cultural features are reflected in the interviewees' uses of MMF. They involve different requirements of time, location, materials, and rituals for preparation which can include teaching and learning how to make particular MMF. MMF use tradition is thus influenced by

TCM, and an interviewee does not need to be a TCM doctor to patronize a doctor's TCM principles. TCM doctors match the kind of preparation to the kind of medical application for each herb. Depending on patients' or MMF users' body constitutions and conditions, TCM doctors prescribe one or several TCM herbs in a formula for a suitable food therapy recipe for the particular patient. Patients make TCM medicated food following TCM doctors' particularly prescribed formulas. For their MMF, the interviewees may follow MMF recipes based on TCM principles, buy TCM formulas in convenient packages from the supermarket to make MMF dishes, or modify the recipes or packs, using some TCM herbs to make their perceived culturally oriented MMF dishes.

Medicinal food itself can involve just one TCM item – even rice, which is also a staple grain. TCM doctors advise how to prepare and use rice according to TCM theory. Refined rice and brown rice have different TCM medicinal functions, and the same rice variety given different preparation can have different medicinal functions. Rice congee with refined rice is considered situationally bad for those with spleen weakness (TCM term) but suitable for those who need to soothe their digestive systems. Conversely, spleen weakness patients might be advised to eat cooked rice. However, because rice is a major staple food in Taiwan, most Taiwanese take rice eating for granted. The common saying, “When the stomach aches, never add soup to rice in the bowl and swallow the soupy rice,” shows how TCM has infiltrated daily life experience. Some TCM food use concepts have been such a part of ordinary food culture in Taiwanese perception that they are not even considered necessarily inherited from TCM. For example, the common saying, “If men stand for iron, rice refines them to be steel,” implies a meaning of rice used for health supplement, enhancement, and promotion.

Though MMF serves as food or as medicine, either way it is conceptualized as having a health-promoting purpose. In general, concerns with the medicinal effectiveness of MMF take into account concerns about TCM herbal use, but intention, satisfaction, and willingness to use MMF and TCM do not seem equivalent. Among the interviewees who used MMF as food and medicine, none had a problem using MMF with TCM. Problems arose for those who, influenced by TCM and MMF, integrated either with western medicine. The problem was integration, particularly when MMF was perceived more as a medicine than a food. Because of that, substitution arises and the way of substituting in MMF is sometimes confusing.

Interviewee Betty's son and daughter-in-law were both western physicians in Taiwan. According to Betty, her daughter-in-law refused to eat and forbade her grandsons to eat most MMF dishes Betty made except for those with only a few MMF ingredients perceived as not medicinal. In Betty's grandsons' "turning into an adult" periods, her daughter-in-law had growth hormone injections given to the boys, instead of a traditional MMF. Similarly, yet from the opposite pole, interviewee Emma, a TCM doctor, did not even take her sons for some vaccinations. She mentioned that most TCM herbs are not aimed at relieving pain instantly, and younger people think western pain pills convenient and fast-acting, so it is understandable that they do not take TCM or MMF for pain relief. However, to Emma, this was not really a good substitution.

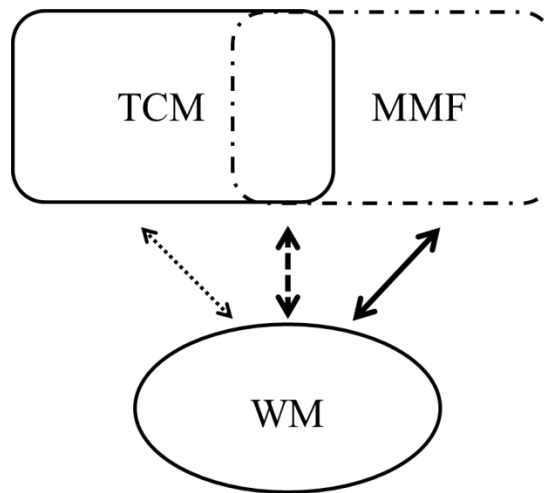


Figure 5.5. Perceived integration among Taiwanese/traditional Chinese medicine (TCM), medicinal and medicated food (MMF) and western medicine (WM) (Dotted and solid lines represent perceived degrees of integration.)

Figure 5.5 conceptualizes integrated relationships among Taiwanese/traditional Chinese medicine and MMF and western medicine as perceived by interviewees.⁴⁵ Dotted and solid lines represent perceived degrees of integration. When MMF is perceived more as food, concerns about medicinal effect when integrating western medicine use are weaker and so the degree of integration can be stronger. The degree of integration decreases as MMF is perceived more as TCM therapeutic food.

Many details of interviewees' whole diets across their life courses were unclear, but it would be unnecessary to obtain them, for they conceptualized MMF as a supplement to ordinary food. In that sense, MMF has some roles similar to western nutritional supplements. This makes perceptions of its medicinal effectiveness merge with perceptions of preventive medicinal or nutritional effect, which basically means expectations of MMF health-promoting functions.

⁴⁵ Lee et al. (2006) compare attitudes and intentions of patients toward integrated Chinese and western medicine in Taiwan. Their study in Taiwan presents some results similar with what is found here.

With health-promotion expectation for the food use, MMF users wonder about knowledge related to it and previous experience (case evidence, “feeling”) of using it. Younger interviewees considered that they should consult their senior family members who had more experience in MMF use, whereas older interviewees had experience themselves. Interestingly, when perceptions of use of MMF move toward health promotion, perceptions that link with TCM may make people draw away and consider MMF as related to health more generally. Interviewee Emma, in her fifties and a TCM doctor in Taiwan, observed that young people accepted MMF dishes sold at night markets having TCM function claims, which were even popular among them. Nonetheless, the few among her patients who were younger might have to be coerced by older family members to use TCM. MMF use was thought different from TCM use even though its medicinal effectiveness is mostly connected with it and MMF is relevantly discussed in terms of food used as medicine (TCM).

Perceptions of MMF medicinal effectiveness made MMF not just simply a food for satiety. In some cases, male family members requested that their wives or daughters-in-law make MMF dishes or they made MMF themselves for the family or a certain family member. This was less common because the wife or mother usually served as the family MMF decision maker and/or cook. However, gender did not emerge as an important factor regarding interviewees’ perceptions of family MMF decision making. When male family members had knowledge of MMF medicinal effects or had MMF use experience, they could become the MMF decision maker or cook. Interviewee Grace indicated that her grandfather requested food care for her and he himself made specific MMF for treating her asthma. Interviewee Debbie’s father practiced food therapy at home and gave food advice to extended family members.

In disease severity or emergency, people often opt for western medicine, e.g., if surgery is warranted, instead of TCM and its food therapy, given the respective orientations of the medical systems to emergency intervention and preventive and gradual methods. However, in interviewee Helen's family, for example, after surgery or serious diseases, the sick family members received concentrated MMF soups for recovery. Moreover, according to interviewee Grace's recall, when SARS attacked Taiwan (in 2003), people tried any possible remedy – people took MMF as medicine even if they thought the taste awful.

Several earlier informants had initiated conversations with mention of the SARS event. According to them, prioritizing disease prevention and effective treatment made individuals willing to try anything and integrate types of medicine. TCM herbs and various kinds of MMF cuisine were considered, but MM drinks and easily-made MMF soups were particularly popular, being perceived as cheaper, more convenient, having a faster effect, and/or having fewer potential side effects than either TCM or western medicine. While some informants' families considered the drinks to protect them from SARS, more people were unsure of them as protection. Still, the SARS event made informants' perceptions on MMF decision making converge even if their perceptions on ordinary MMF use diverged.

Interviewee Emma represents an interesting MMF and TCM integration case. She had TCM doctors on her mother side of the family and her father was a western medical doctor. Both of her parents liked to eat MMF, but Emma did not accept the taste when she was young and her father did not accept TCM until his later years. Emma had a personal experience and also witnessed a cure with TCM. Her witness experience occurred when one day her brother in high school had a sudden high fever and her mother cured him with ginseng extract, a common MMF use. Because of this and her own experience, she ultimately became a TCM doctor and

married a TCM doctor, which introduced tension into the father-daughter relationship. However, when her father had diseases that western medicine could not cure and the available western medicine had serious side effects, he changed his attitude and came to consult his daughter with interest in the therapeutic possibilities of MMF and TCM. Emma would have prescribed MMF and MM drinks for him had she been able to stay in Taiwan and teach someone how to make them properly. As she had to leave, she prescribed TCM medicinal powders. However, she herself, a TCM doctor, preferred the milder MMF/MM drinks with gradual effectiveness to stronger TCM medications in a situation where there was no emergency or necessity.

An example from the interview with Debbie also shows these aspects of integration and substitution. She revealed that she did not handle MMF and TCM in the right way in conjunction with western medicine in her daughter's health emergency. With cause, she had no confidence in one western doctor's initial diagnosis, so she took advice from a friend with TCM and MMF knowledge about a kind of herbal drink. When another western doctor diagnosed her daughter's emergency correctly, the girl was hospitalized. Debbie still continued to give her daughter the herbal drink and looked for and saw the signs indicating that she should stop it and use some TCM pills the friend had given her. However, though she did stop giving her daughter the drink, she did not use the TCM pills because she was uncertain of their source and possible toxicity. She had easily integrated MMF with western medicine but was then unsure about the quality of the TCM pills and their integration. Later, she blamed herself, feeling that her daughter's later health problems began here.

Besides valuation of MMF use from knowing its medicinal effectiveness or evidence of other user cases, those interviewees who "felt" the medicinal effectiveness of MMF often used or kept using MMF or MM drinks seasonally or when they had mild ailments. Their "trying is

believing” approach promoted their consumption of certain kinds of MMF. On the other hand, this approach seemed to set a limit to their trying other kinds of MMF, as did food safety concerns. Sometimes, the approach could even assure them their different “feelings” from different MMF (or those from different sources) were correct even though those MMFs were claimed to have similar medicinal functions (e.g., interviewees Betty, Debbie, Grace, and Helen). With or without those kinds of “feelings” of MMF medicinal effectiveness, the interviewees who believed “there must be something grounded in ancients’ (or mothers’) wisdom” seemed to be more comfortable in maintaining this kind of food habit or “lifestyle.”

Since MMF was a more general concept for the interviewees with some belief in MMF, particular MMFs were seen as potentially exchangeable within their conceived MMF categories. Interviewee Grace, for example, was too busy to make Taiwanese MMF dishes for herself while in graduate school in New York City. She visited Korean restaurants there for some dishes that she considered could replace the MMF she desired. Case by case, however, interviewees’ feelings or beliefs were not always sufficient evidence to persuade them to keep using a kind of MMF they liked or to persuade their family members to use it. For example, interviewee Ivy and her husband enjoyed making and eating a common kind of MMF that they learned about in the US. However, when her husband suffered a series of strokes and was diagnosed with diabetes and high blood pressure, Ivy stopped offering him this food even though she felt the food energized the body and promoted blood circulation, which he needed. She knew it had a high sugar content bad for diabetes and was uncertain about a possible adverse interaction with the western medicine used for her husband.

Almost all the interviewees considered that it was more difficult to persuade US-born or raised Taiwanese immigrant family members to use MMF for “medicinal effectiveness.”

Interviewee Cameron's son liked the MMF soup Cameron made and "felt good" eating it. However, according to Cameron, his son was not persuaded to use it for the medicinal effect. His training and his son's "feeling" good from eating it only made his son like it. Cameron compared his daughter, who was not given the training seriously. She seemed not to like the taste much, did not have that kind of "feeling" from eating it, and did not use the food. According to interviewee Ivy, her daughter accepted eating sesame oil rice wine chicken soup for her "doing the month" because she was used to the ingredients and liked the taste. Nonetheless, she refused to take any soup with TCM herbs (medicated food) that Ivy perceived as "better" in medicinal functionality because she saw no need to use it, found no scientific evidence for using it, and considered possible side effects.

5.4.2. Taste and serving effects

As people hold a general perception that taste is a foundation of food acceptance and preference, so all of the interviewees perceived that MMF taste was the basis of liking or disliking it. When MMF is perceived more as a TCM, it is culturally considered that, "The bitterer, the better." The taste and appearance of MMF are represented as bitter and black when its medicinal functionality is emphasized, as seen in movies or TV dramas. When MMF is perceived more as a food, however, its taste and appearance vary. However, the tastes in concentration are sometimes still strongly herbal and earthy because many MMF ingredients are from TCM herbs and special plant parts, particularly roots. Hence, in family MMF practice, the dual roles of MMF as food and medicine involve modifying its taste and manner of serving (as food) for increasing acceptance (of medicinal benefits).

According to the TCM doctor interviewee Emma, “No good taste, no good MMF dish for the body.” She modified MMF ingredients to make dishes tasty. Interviewee Cameron made venison, an MMF ingredient, tastes like beef to entice his children to eat it. According to Cameron, he offered a family MMF recipe to his friends and suggested that mothers add or substitute a different meat whose tastes children liked. Interviewee Anne said that her family and guests in the US preferred a mild taste and lighter appearance in MMF dishes. Because of that and her children’s complaints about the smell and taste of MMF, she even separated TCM herbal ingredients from formula packs to make MM drinks or soups. Sometimes, the soup could be modified too much to be a real MMF soup. As seen in interviewee Fiona’s parental family, although they used a TCM formula pack to make MMF soup, the soup was served in such a way that she perceived it as an ordinary soup – the taste could not be linked with “medicine.”

From the interviewees’ perceptions, people’s natural MMF taste preference or liking was quite clear, but MMF training in childhood was required for those who did not naturally like the taste. It is interesting that they seemed to perceive that people could change their taste preference from carnivore to vegetarian in childhood or adulthood, but when they liked the taste of MMF, they did not change from it. Interviewee Emma had not liked the taste or smell initially, even though her parents liked it and introduced it to her. However, after she converted to accepting MMF and TCM, she came to like the taste. In her fifties in the interview, she mentioned that she could not understand why nowadays other young people did not like the TCM herbal smell and taste, for her sons could scoop up TCM herbal powder into their mouths and enjoy it. In contrast, though interviewee Grace had liked some meat when she was young, she found after she converted to vegetarianism for her family’s religious restriction and became older that she could not stand the taste or smell of some meat. However, she and her brother

continued to like the taste of various MMF soups. Interviewees Betty, John, and Ivy were similar, though their food use context was different.

As taste change can blend with belief in MMF, as I the above example from the interview with Emma, so family MMF cooks, usually mothers, try modifying the taste for serving to make it more acceptable, and this can affect the transmission of MMF cuisine. Interviewee Lisa wanted to give good care to her only daughter, but her daughter seemed to be allergic to TCM herbs and refused even to take MM soup most of the time. However, her daughter could accept MMF soups or sweet MMF dessert soups with only a mild herbal smell and taste. Instead of using TCM medicated food for her daughter's "turning into an adult," Lisa provided medicinal food. She used chicken soup that was slow-cooked with basil root and kept using this soup for her daughter later. After her daughter had a daughter, she made the same kind of basil root soup for her daughter. Her daughter thus followed her way and gradually even inquired of her what MMFs she could prepare for her daughter. Lisa's granddaughter was born and grew up in the US. She fought eating the food. Lisa's daughter had to persuade her by diminishing the herbal smell and taste.

While preference for the MMF taste is subjective and seemingly clear to individuals and MMF taste change is complex, interviewees seemed not to talk much about gender differences in MMF taste they perceived for adult male family members. That might be partly because, culturally, men were usually perceived as not liking or being expected to participate in kitchen work or house chores and not caring about food for much besides satiety. Because of that, the men might accept or try to accept MMF made at home unless its taste was too difficult to acquire. Interviewees Cameron and John had jobs related to food. Cameron also had a strong family MMF tradition and personally favored MMF use. John had curiosity and social relations that led

to experimenting with food. Aside from these two exceptions, however, all the other interviewees were female, and they made MMF for themselves and their family members whether or not they received requests. According to interviewee Anne, her husband would sometimes ask her to make MMF when he thought of it. However, he himself also made MM liquor tonics which he and Anne enjoyed. Interviewees Grace and Helen thought of making MMF for their husbands when they noticed that the weather became colder. Interviewee Grace's paternal grandfather particularly liked eating MMF, requested MMF cuisine, and ate whatever MMF was cooked at home, even if it was prepared for female health purposes. In contrast, Grace's brothers would not even taste some MMF dishes culturally perceived as made for women or girls. Still, in caring for younger family members, older male family members would not care for them less than older women in terms of serving MMF. For example, interviewee Grace's maternal grandfather looked for folk MMF recipes and made special MMF for healing Grace's ailments.

Interviewees' perceptions of MMF included the view that no waste should be involved. Serving MMF was serious in the older interviewees' families because of the difficulties of ordinary people's lives in their childhoods. According to interviewee Debbie, at that time people even treated ordinary food waste or kitchen food residues in such a way that it was recycled, e.g., as food for animals. It was unthinkable to waste a valuable food such as MMF. Even now, she made compost from kitchen residues, including the inedible part of MMF dishes. All of the interviewees, including younger interviewees, made MMF in a proportion appropriate to finishing it at one meal or perhaps a following one. The younger interviewees Grace and Helen used MMF ingredients their mother prepared for them in convenient packs for easy measuring in cooking. Grace had once experimented with changing ingredient proportions for an MMF soup

and it had tasted awful, making it difficult to swallow. She and her husband could not finish it because of the taste but felt bad about wasting the remains. Hence, she kept the ingredients in the refrigerator. Though she knew she was not using them, she felt that, at least, there was no waste of these MMF ingredients.

5.5. Amateur versus Connoisseur MMF Usage

The last example regarding experiment, taste, and waste shows that making MMF dishes and utilizing MMF ingredients requires a certain degree of skill and knowledge, and thus a theme emerges of the type of MMF practice used as it relates to interviewees' perceptions of MMF and MMF use and belief and their MMF knowledge.

MMF users performed the roles of amateurs and/or connoisseurs. Amateur MMF users were casual users who might or might not have belief in MMF based on TCM theory. Those who had no belief in MMF viewed it in the same way that they viewed other foods supplemented with ingredients that provide diversity of color, aroma, or taste, offer sensations of satiety, and meet physical needs for nutrition or energy. Those who did have belief in MMF viewed MMF in a way complicated by its relation to TCM theory while also considering these same features. However, whether or not they had belief in MMF, amateur MMF users used MMF according to their own understanding of the use of the particular kind of food, whether or not they had accurate knowledge. They basically focused on enjoying the MMF taste and the pleasures of MMF cooking.

In contrast, connoisseur MMF users all had knowledge and faith in MMF use for health purposes. Their knowledge could vary from classical TCM theoretical knowledge to a combination of uneven folk medicinal and TCM knowledge of a practical kind. Though they,

too, might basically focus on catering to others who enjoyed the taste of MMF and enjoying the pleasure of MMF cooking, they also enjoyed introducing/spreading their own MMF knowledge as well as receiving feedback on this spreading of knowledge. To them, MMF use or decision making approached a spiritual level in the nourishing of others and could have a modest “missionary” aspect.

The amateur MMF users tended to look for self-fulfillment from improving cooking skills, receiving compliments on their artistic food presentations, and experimenting. Medicinal effectiveness could be an aim, but it might only be a by-product, e.g., “feeling good” from cooking MMF or having positive biophysical responses such as gaining energy and warmth for the body after eating MMF or taking MM drinks. MMF mainly served as a tool or medium for their artistic achievements. Since they used MMF for self-fulfillment, they did not necessarily teach their children about MMF unless asked to do so.

Interviewee Kathy, for example, said after her children were grown that they should come to ask her how to cook; she should not have to go to them to teach them. She did teach her daughter how to make dumplings, but only because she felt annoyed when her daughter asked for the food when she herself was busy. She also cooked MMF soups for a group of people who shared a taste for it, but that was for the pragmatic reason that those kinds of MMF soup needed to be cooked in quantity and the personal reason that the soup comforted her nostalgia and theirs.’ One Chinese immigrant informant presented a more extreme “amateur” case. She said straightforwardly that she did not want to teach her cooking to her only child, her daughter, because her daughter would keep making demands on her, asking her to cook home-made dishes, and would have a desire to visit home.

Another interviewee, Fiona, did not believe in MMF effectiveness at all, nor did she consider herself to be influenced by the traditional or familial food cultures of her places of origin and residence. She made and shared MMF dishes and sought for MMF information for her own enjoyment of experimenting with and tasting varied food ingredient combinations. She and her Taiwanese immigrant friends referenced MMF ingredients in this manner of culinary experimentation. Similarly, interviewee John had a circle of friends who enjoyed experimenting with food, including MMF. However, they also wished to know the medicinal or health-promoting effectiveness of the food they experimented with and exchanged discovered information about it within the social circle.

Connoisseur MMF users, in contrast, tended to desire to teach as well as share. MMF was a medium of communication for achieving their goals of teaching and sharing. MMF effectiveness could be a part of a Taiwanese food tradition that they wanted to pass on to the next generation or by which they could influence other people in a different food culture. The interviewees Betty and Lisa were senior vegetarian cooks at Buddhist organizations, and Lisa was also a cooking class teacher. Cameron was a farmer who grew and sold Taiwanese vegetables commercially. John was a vegetarian restaurant manager. Debbie was a Taiwanese community leader who often introduced and offered Taiwanese style dishes to other families in the community. Emma was a TCM doctor in Taiwan and a newer immigrant well known to other Taiwanese immigrants in the community for her MMF cuisine. These interviewees' food-related occupations and roles provided better opportunities for them to reconstruct or re-define meanings of MMF and its use and belief. The occupations and roles allowed them to introduce MMF to other people and to give the tradition of MMF use a new face, i.e., to facilitate their

creating value in understanding MMF use. However, it is not clear whether the occupations and roles played a big part in shaping their character as connoisseur MMF users or vice versa.

Connoisseur MMF users also exhibited characteristics of amateurs in terms of seeking self-fulfillment. The interviewee, Debbie, though considered as a connoisseur MMF user, had a strong spirit of perseverance in pursuing any MMF recipe for her daughter to grow tall, beautiful, and healthy. She tried not only her TCM family-documented MMF recipes, but also herbal formulas from spiritual advisors who had knowledge of folk medicine or TCM at a Daoist temple. She also sought for any alternative medicine for herself to maintain and promote health: MMF use was just one of the adopted alternatives. In addition, she made MMF dishes authentically to entice people to try them. Whenever she found good effects from the MMF she tried, she tried to persuade her friends and think-alike groups or those whom she considered in need of it to use it. The interviewee, Betty, may have had conflict issues in her family, where her MMF knowledge and cookery art were not appreciated. However, she was able to obtain a sense of self-fulfillment in the religious center which she treated as a 'surrogate family' and where she was a volunteer cook. There, she used her MMF knowledge and cooking expertise for religious eaters seeking suitable MMF.

At the base of self-fulfillment, the amateur and connoisseur MMF users shared values regarding MMF use and belief that were de-constructed and re-constructed in their own evolving perceptions of taste, culinary, and medicinal effects of MMF. The sources from which they acquired MMF knowledge could differ. However, their impetuses for using MMF and their MMF consumption behaviors facilitated MMF development regardless of whether they were amateurs or connoisseurs.

5.6. Summary

Twelve individuals were interviewed in depth; theoretical sampling saturation was reached at this number. Interviewees had US residences convenient for MMF access. Some had occupations related to MMF which could influence their community in food use. The demographic characteristics table provides a reference on individual interviewees for comparison. The sketched diagrams offer visual conceptions of each individual interviewee's family MMF use dynamics in his or her immigration context. Both the table and the diagrams are aids for quick overview or review of interviewee background in examining their perceptions of the MMF world and FFDM for MMF use.

Interviewees' perceptions of MMF use of Taiwanese immigrant families in the US are in fact better understood from a family rather than a purely individual basis. Their views of MMF taste, usage of MMF for themselves and their families, and transnational activities for MMF material and knowledge acquisition sometimes overlap. However, different contexts contribute complexity to their perceptions of family food use and lead to distance between the views.

The concept of transmission of MMF use and the family relates to interviewees' perceptions at the family basis for which immigration contexts involve understanding from a life course perspective. Although family MMF use tradition was not found to be important in the questionnaire survey results, all of the in-depth interviewees emphasized its importance. Interviewees recalled their family MMF use when they were young. In their culture, TCM connects with MMF use to some extent. After moving to the US, they perceived immigration to influence their own MMF decision making, but their immigration family could influence whether or not individual family members became fully acculturated in different food environments. Parents were the dominant influence on FFDM for MMF for the interviewees, who recalled their parents' care for them using MMF. However, in the immigration context, the

interviewees as parents could not help but take a different MMF parenting approach, one involving accommodation and sociality in MMF use. Interviewees' American-born or raised children, if not trained to accept MMF from childhood, could maintain a food autonomy from their parents. At the same time, this could influence the MMF usage of their parents, the interviewees. As adult children tended toward an individualized American style diet pattern, parents could continue using MMF in a 'surrogate family' context. That in turn, led to another type of food autonomy for parents. Some interviewees successfully trained their American born children to accept MMF. Their personalities, MMF knowledge, and/or religious belief seemed to affect their MMF parenting. However, among them, MMF believers and MMF users without firm belief were different in terms of their MMF perceptions and MMF parenting approach.

Interviewees' transnational contacts contributed to MMF value comparison. The frequent contacts and MMF value comparison motivated their maintenance of the food use or tradition. Restriction of MMF sources could not be avoided in the immigration contexts. However, these interviewees' transnational activities allowed them to take an approach of bi-directional adaptation or assimilation. They absorbed MMF information via telephone, satellite television, or the Internet; obtained MMF ingredients or convenience packs mailed from Taiwan via their social ties or brought them to the US by air travel; grew MMF garden vegetables originating from Taiwan; visited restaurants offering MMF dishes, Asian supermarkets, and TCM herbal stores in big US cities. Their US MMF consumption behavior influenced and was influenced by their interactions with Taiwan.

These interactions with Taiwan and their bi-directional influence even affected the synergistically changing MMF use in both environments. As use of American ginseng widely substitutes for Korean or red ginseng in Taiwan, some interviewees took or mailed American

ginseng back to Taiwan rather than bringing in red ginseng to the US or having it mailed here. Local agricultural entrepreneurship developed American style countryside bed-and-breakfast businesses and restaurants in Taiwan, which led to introduction of MMF and fostering of its popularity through these means.

Interviewees' expressed perceptions of MMF use of Taiwanese immigrant families in the US were deconstructed and reconstructed in terms of spectra of meanings of MMF and MMF belief. In this deconstruction and reconstruction, their perceptions were understood from the perspectives of MMF medicinal effectiveness, MMF cuisine effect, and MMF taste and serving effect. The MMF cuisine effect involved family education regarding culinary skill learning and teaching. Since not all of the interviewees considered themselves MMF believers or serious MMF users and some interviewees used MMF ingredients only for culinary purposes, the MMF cuisine effect was considered in terms of amateur and connoisseur usage.

As for MMF medicinal effectiveness, interviewees' perceptions indicate that knowledge, particular situation or case, and "feeling" are influential elements for their own or family MMF decision making. Particular events in the life course, such as the "turning into an adult" period and "doing the month," were the most commonly addressed by MMF use. If the MMF ingredients used were simple and commonly seen, the MMF dishes were considered medicinal but not medicated food. Interviewees' perceptions of MMF classification made it food related to a cultural, regional, or event cuisine or medicine related to Taiwanese or traditional Chinese medicine and western nutrition and medicine.

Since TCM use is a part of Taiwanese culture, ambiguity arises between TCM food therapy and MMF use, in particular, when a TCM documented herb is the same as an MMF ingredient, the food ingredient is too common to be thought of as medicine, even if also

culturally meant for health promotion. When MMF was perceived as medicine, integration and substitution among MMF, TCM, and western medicine became an issue. However, in a disease crisis or emergency, MMF medicinal effectiveness could be valued regardless of its classification as food or medicine.

“Feeling” MMF medicinal effects enhanced the impetus to try or even believe in MMF. “Trying is believing” increased opportunities for MMF use. A belief in ancients’ or mothers’ wisdom in using MMF would encourage trying MMF. The feeling-trying-believing cycle suggests a kind of food habit or lifestyle contributing to a flexible adaptation of MMF use. Even so, depending on case and situation, interviewees’ feelings about MMF did not always significantly persuade them or their family members.

MMF taste was usually the perceived persuader for acceptance of MMF in family interactions. In family MMF practice, improving taste or manner of serving was thought to increase acceptance of MMF for the body to obtain medicinal benefits, a thought that TCM theory shares. Interviewees considered that a person’s preference for or liking of MMF taste could be quite clear, but that acceptance or even preference could be fostered if MMF training started from childhood. Regarding MMF taste perception, it was thought that, once one liked the MMF taste, that would not change, whereas one might change his or her taste preference from a carnivorous to a vegetarian diet. In addition, conversion to MMF taste could be influenced by belief in MMF and MMF cuisine practice promotion. If adult male family members accepted the taste of MMF, and they usually did, they seemed to follow their wives’ or mothers’ MMF decision making or make requests for certain MMF. However, when caring for younger family members, older male family members would make MMF decisions similar to those of older female family members. MMF was considered a kind of food that should involve no waste

because of its health-promoting value. Offering an MMF that would be liked and not involve leftovers was perceived to require culinary skills and knowledge for utilizing MMF ingredients.

MMF practice involves amateur or connoisseur MMF usage because interviewees perceive themselves engaging with different degrees of involvement in MMF use and belief. Amateur MMF users focus on taste enjoyment and cooking pleasure, looking for self-fulfillment in producing MMF cuisine art and “feeling good” when doing so. This in turn benefits their own MMF eating and that of others. MMF experiment and information search and sharing also interest them. Connoisseur MMF users have MMF knowledge based on TCM or folk medicine, have faith in MMF use for improving health, can consider MMF knowledge acquisition and usage transmission a kind of mission, and desire to teach about MMF and share their MMF world. Their MMF-related occupations and roles seem to facilitate their creating values in understanding MMF use. Both amateur and connoisseur MMF users share the feature of gaining self-fulfillment through the use and both facilitate the development of MMF.

CHAPTER SIX

DISCUSSION AND APPLICATION

The final chapter, consistent with the exploratory and theorizing character of this study, integrates the key findings and insights from the three methods. The integration is discussed in three sections: advancing the FFDM conceptual framework and FFDM research, developing the dyadic interactive mode of interviewing, and suggesting future studies. In the first section, the key substantive findings are reviewed in terms of what sorts of Taiwanese immigrants residing in the US use MMF and what kinds of FFDM pattern they practice. Conceptual figures are presented to develop a new theoretical understanding and expand the FFDM framework. A discussion of the major insights that can contribute to FFDM research follows the presentation of the FFDM framework expansion. Interactive interviewing to engage interviewees in thinking about their food decision-making processes yielded insights that led to the experimental development of a dyadic dialogue method (DDM). This is described in the second section. A consideration of the application of DDM follows, with attention to its effect for building trust in relationships and promoting an interviewer's self-reflectiveness⁴⁶ and possible utility in FFDM collaborative projects. The last section presents concluding thoughts about how the findings and insights of this study can be helpful for future studies related to FFDM. It suggests possible future studies related to FFDM efficacy, collaborative engaged research, and MMF systems.

⁴⁶ Reflectiveness means "the capability of quiet thought or contemplation" (www.thefreedictionary.com retrieved on July 7, 2013). It relates to "thoughtfulness, careful thought before acting." Self-reflectiveness here means a practice in which the interviewer considers his or her own effect on the interviewee and the interactive communication during interviewing. Self-reflectiveness does not imply interviewer "self-consciousness" in the negative sense of alienation from the interviewee and his/her meaningful communication.

6.1 Advancing the FFDM conceptual framework and FFDM research

The FFDM conceptual framework can be expanded based on the substantive findings and insights from methodological exploration with the three methods used in this study. The methods triangulate, crosslink, and enrich each other for better understanding of the content and contexts; the content of the findings in turn contributes to methodological development; and further methodological exploration contributes to other findings. For example, findings from the survey include those from (a) the survey questionnaire data analysis in which the content was understood from descriptive statistics and (b) conversations with informants. The conversations of (b) included comments of those who did not answer the open-ended questions on the questionnaire but orally answered or mentioned the questions in brief, those who commented on the questionnaire itself, indicating their perceptions on the MMF use topic, and those who did not complete the survey questionnaire. One discovery was that most of the participants who took the survey questionnaire preferred to discuss their food use experience orally, as informal informants, describing MMF users and family MMF use patterns by taking their acquaintances or someone they knew as examples. This was partly because MMF use was perceived as private and could relate to disease treatments. This difference in the content that the respective methods elicited revealed issues of sensitivity and suggested ways to get informants to focus on their MMF family use. Of course, conducting a survey on a cruise could also affect participants' deliberation on their own MMF use, as their surrounding was filled with other Taiwanese Americans attending activities held by the political organization as well as attractive entertaining activities.

Information gathered could overlap with insights about methods to enable better understanding of the content. One insight from the informant engagement was that building trust

relationships was fundamental due to the sensitivity about discussing MMF use; meanwhile, implicit language use or indirect conveyance of meaning, e.g., MMF medicinal effectiveness and sourcing, could be cultural and political. In the survey and the in-depth interviews, some participants requested clarification of the term MMF “believer,” since they perceived MMF eaters, MMF users, and MMF believers to be different and “believers” to be related to something religious. An MMF eater might not be seen as an MMF user; an MMF user might not be seen as an MMF believer; an MMF believer might not eat or use MMF after immigration. Some responses about family MMF use were interestingly related to family interaction *per se*. Some younger survey participants suggested that older people in the family be interviewed because they were responsible for MMF use for the family, while some older participants suggested that younger people in the family be asked to explain their pro and con attitudes toward family MMF use. Here, questions of terminology related to method, producing insights that contributed to substantive content findings, which, in turn, offered further insights for methodology.

In some cases, particularly when meaning was indirectly conveyed by the informants, such complications made it difficult to identify who was an MMF user in the family and what the family MMF decision-making pattern was. Still, the findings revealed that “self” was the main MMF user and the food use was subjective. In spite of the complicated relations between content findings and methodological insights, discussions of both can provide conceptual connections for theory development and advances in the FFDM framework.

The findings regarding perceptions of MMF believers, eaters, and users reveal that MMF eaters or users did not necessarily explicitly connect a cultural belief to using MMF, but the way they used it was culturally embedded. The survey question about family MMF use tradition was found mostly not to be a decisive factor for individual or family MMF use, but informal

informant messages revealed a great importance of MMF family tradition. Some survey informants pointed out that they ate whatever their parents or spouses cooked for them, though taste was still something they cared about. They believed the MMF their family members made for them was good for them. These examples indicate that, though MMF taste could be seen as a component of psychocultural effect, FFDM influence might mitigate the influence of taste, for FDM also involves the perception of MMF medicinal effectiveness. In fact, on the questionnaire, more respondents indicated that they believed the old saying, “Better medicine requires bitter taste,” than that they thought MMF was tasty. The interviewing suggested how this “bitter taste” was integrated in family FDM: to the informants and interviewees, affective interaction conveying love and concern elevated the value of MMF.

One finding from the survey questionnaire was that, while in the US, many participants were converted into MMF users, and the use of MMF for spouse was significantly higher than the use for spouse and children in Taiwan. The significance of this could not be fully grasped from the survey. All three methods together revealed that most participants perceived MMF as beneficial for health, but unreliable sources of MMF were seen as detrimental to realizing the benefit. That concern could affect decision making for family MMF use and even challenge a person’s beliefs in the medicinal effectiveness of certain ingredients in TCM formulas or MMF dishes. MMF information could come from friends, senior family members, mass media, and acupuncturists or TCM doctors in Taiwan and the US. However, on the survey questionnaire, only a few said they consulted acupuncturists or TCM doctors in the US. These interesting yet not fully understood findings suggest points for further investigation. Meanwhile, they also suggest that individual MMF decision making could be psychologically bi-directional, with

reference to inter- and intra-family members' MMF decision making, which could be transnational and transgenerational.

In informal informant engagement, some Taiwanese Americans were found to perceive the term MMF as sensitive in the immigration context regarding privacy, legitimacy, and perhaps ritual. Such concerns made some MMF users unwilling to reveal this in the study because they or family members were current patients or recipients of MMF therapy, MMF growers, MMF traders, religious MMF believers, etc. For some Taiwanese Americans, the term MMF was less sensitive and recognized as referring to a kind of health-promoting food, but they still considered the topic private. In this regard, MMF sourcing and transaction, individual taste preference, specific family MMF use tradition, or other impetuses contributed to various perspectives on MMF terminology (described in Chapters Four and Five). Some study participants described MMF terminology as unimportant because using MMF was considered uneducated and inadvisable – because using MMF was a TCM application or a pseudo medicine, regardless of similar food being accepted as having utility in western food therapy approaches. Regarding MMF as a sensitive topic, some informants still thought that most other Taiwanese Americans more or less used MMF personally or in their family dietary practices. This indicates that MMF use is perceived in the context of social relations. All this furthers conceptualizing as related to the theoretical components of MMF source, MMF knowledge transmission, MMF taste, MMF medicinal effectiveness, MMF traditions, and social relations affecting MMF use.

From the survey and informant engagement, an outsider might find it confusing as to who exactly uses MMF in a family or a group and what their “regular” MMF use patterns are like. Confusion can further increase because of the difference in FFDM for MMF particularly in the Taiwanese American immigration context and Taiwanese food practices to which Taiwanese

Americans are habituated. Some survey participants did not consider MMF use as part of their family food traditions, but they and their families ate similar MMF at Cantonese restaurants in the US. An inconspicuous Taiwanese dining table custom of serving a dish in a pot or on a plate to share could affect whether or not eaters thought they really consumed MMF. Together, the content findings suggest that there are many contextual complexities and complications regarding individual MMF users, family MMF use dynamics, and the collective interaction of individuals, families, and living circles. In other words, when considering FFDM for MMF, multi-dimensional and multi-layered perspectives are needed.

Among the three methods, the in-depth interviews provided the most informative content on MMF users and use patterns in terms of FFDM dynamics. The twelve interviewees had diverse occupational backgrounds which complicated their MMF use and related roles in the family and in their communities. They were university staff members, a tailor and cook, a farmer, a statistics analyst and community leader, a TCM doctor, a homestay business entrepreneur, a manager in the food supplement and cosmetics business, a retired teacher and financial analyst, a chemist and restaurant owner, a full-time housewife with a PhD in biological sciences, and a cook and religious vegetarian cooking teacher. All the interviewees were MMF users but not necessarily MMF believers. Their original or parental families in Taiwan also used MMF in different intensities, but their immigrant family members were not all MMF users – particularly, their adult children.

Those who trained their American-born or raised children to accept the taste of MMF from a young age had children who accepted, even liked and appreciated, MMF after they grew up. Those whose spouses were Taiwanese shared their MMF use preference, whereas those whose spouses were not had to acquire the taste, if they had it at all. Those interviewees with

extended family members who also immigrated to the US had similar MMF use patterns in the US, but these family MMF use patterns in the US were different from those of their extended families in Taiwan. “Surrogate family” in the US, e.g., friends and neighbors, a religious group or a hobby group, could share MMF sources or dishes and exchange MMF cooking experiences. The most common MMF use pattern could be seen at a certain level of (socially constructed) “family” orientation and “family” consciousness.

All of the in-depth interviewees emphasized that MMF taste was a key component of their liking MMF and their perception of MMF acceptance by other family members. Meanwhile, accepting MMF use involved different layers of concern about MMF medicinal effectiveness. Sometimes, when family relationships involved conflict or privacy factors, taste acceptance could become situationally complicated. The perceived value of MMF medicinal effectiveness could interact with affection or profession. For example, one interviewee’s MMF dishes were welcomed and complimented by monks and nuns of her “surrogate family” in religious center in the US, but her daughter-in-law, a western physician in Taiwan, led her adolescent grandsons to refuse to taste MMF and used means other than her mother-in-law’s food traditions for promoting growth in her children. One interviewee noticed that her children who moved to the US after they grew up changed to a taste preference for American food and then changed back to a preference for Taiwanese food after they were more than fifty years old. Her daughter was once against MMF use, but later converted into an MMF user and asked her how to persuade her granddaughter to accept MMF for growth promotion. This suggests FFDM dynamics vary across generations and locations and MMF knowledge transmission.

The theoretical component of MMF knowledge transmission found from the content was also discovered from a methodological insight: for some interviewees actively engaged in

interaction in interviewing and with intra-family members. From a communication perspective, this reflects FFDM dynamics and MMF knowledge transmission. One interviewee lectured me on religious MMF use from an historical perspective. She cooked dinner with MMF for me and showed me her stored MMF ingredients to illustrate the origins and uses of the ingredients. One interviewee was an MMF cooking class teacher. Many informants suggested that I approach her. In her class, every student was asked to share what he/she learned and what a dish meant to him/her. The farmer interviewee introduced Taiwanese vegetables (MMF ingredients) to his customers while he carried on a conversation about MMF with me along with discussion of the vegetables. From individual influence to community influence, the related content background revealed that knowledge transmission influences and is influenced by FFDM dynamics and human environment factors (food traditions, social relations, and food systems). Collective communication competence is aimed toward health and well-being.

Case by case, situation by situation, contextual complexities of the Taiwanese immigrant family's MMF use emerged and could be seen to intertwine and shape specific features into a picture of an MMF-use world. General perspectives on this food use world started to emerge from this. Figure 6.1 presents the first stage of theorizing about the perceptions of MMF use of Taiwanese immigrant families in the US. This theorization, which resulted from an iterative process, refers to the Taiwanese immigrant families' medicinal and medicated food decision-making conceptual framework in Figure 4.1 (p. 99), while including discoveries and reconfirmed knowledge. Bi-directional arrows in this and other figures in this section represent interaction and influence between two elements or units. The arrows also indicate situational and conditional complexities. Questions of underlying causality between the elements or units might arise, depending on individual food experiences, when assessing the interpretation of findings

and insights from the methods. For example, acceptance of MMF taste was an issue particularly emphasized by most informants and interviewees. While MMF medicinal effectiveness was understood in terms of a health-promoting emphasis based on TCM, this might not matter at all to those who just liked the taste. In emergencies such as the SARS period, however, use of MMF for its medicinal effectiveness could be entertained regardless of taste concerns. More complicated situations related to family dynamics. For example, in some immigrant families, young children even had the power to change their parents' MMF decisions partly because they were repelled by the smell or taste of MMF. In such cases, the parents either reserved MMF use for themselves or had to combat taste preference if they were to give children the benefit of MMF medicinal effectiveness. Bi-directional arrows are used to deal with such complications in MMF use by case or situation to indicate possible interactions and influences.

In Figure 6.1, the concepts of family food decision making (FFDM) dynamics seen in Figures 1.2 (p. 20) and 1.3 (p. 21) are further developed by adding two factors: time and location. The indication of time and location can show family immigration and generation affecting MMF use. Family FDM dynamics are indicated by the dotted circle to signify the interactions and influences of the entire FDM in a family. These circles are dotted to indicate that the relationships are permeable and allow for interchanges among family individuals and between families. Individual family members' MMF taste preferences and perceptions of medicinal effectiveness resonate in the spectrum of MMF psychocultural effects. All of the MMF use interactions and influences are directed toward health and well-being, as MMF is typically conceived as a kind of special food used for health promotion.

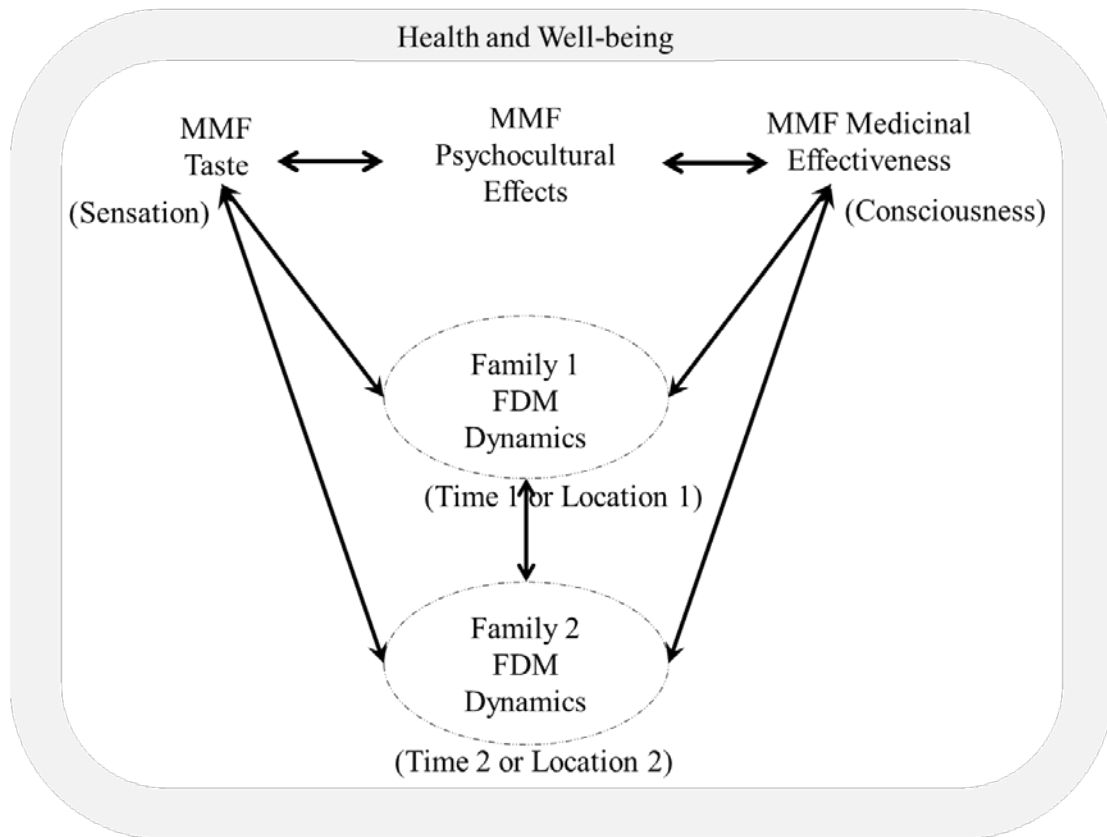


Figure 6.1. Theorizing about the perceptions of medicinal and medicated food (MMF) use of Taiwanese immigrant families in the US. Part I. Interactions and influences of family food decision making (FDM) dynamics at different times or locations and individual family members' perceptions of MMF taste and medicinal effectiveness resonate in the spectrum of MMF psychocultural effects.

Family FDM dynamics are conceptualized in terms of *Family 1* FDM dynamics and *Family 2* FDM dynamics to address the dynamics of family FDM in temporal and geographical contexts, i.e., the influence of family FDM across generations and in the contexts of family residences. For example, informants' or interviewees' parental families in Taiwan (*Family 1*) and their immigrant families in the US (*Family 2*) interact and influence each other and their MMF decision making. *Time 1* and *time 2* can be different or "the same," in that they can indicate times within a dynamic family FDM unit, e.g., a mother in Taiwan spontaneously guides her daughter in the US on how to make an MMF dish by telephone. Given the life course

perspective, *family location 1* and *family location 2* can also be different or the same, in that they can indicate different family roles in one social space, e.g., the second generation woman has dual roles as mother and daughter in a three-generation family.

In Figure 6.1, MMF taste covers sense preference and enjoyment and resonates across the range from taste perception to intellectual consciousness in the FDM of the individuals as members of families. MMF psychocultural effects resonate in both MMF taste, which involves evaluation via sense perception, and perceived MMF medicinal effectiveness or nutrition effect, which results from conscious intellectual food evaluation. Both MMF taste and medicinal effectiveness emerge as prominent factors out of the family FDM dynamics because individual family members have both subjective taste preferences which they assert and their own subjective rationales for the MMF medicinal effects they look for. These factors intertwine in complex MMF use interactions and influences inward and outward, in the “human environment,” which includes natural systems and culturally-structured societal systems and microenvironments. Human environment, referred to in Figure 1.1 (p. 20) is here conceived as a broader influence by the indication of MMF use in spatial (e.g., immigration) and temporal (e.g., generation) contexts. It encompasses elements of human environmental influence regarding MMF use, such as food traditions, social relations, and food systems. Figure 6.2 presents this conceptualization. It integrates the concepts up to the higher level of MMF psychocultural effect in Figure 6.1, which is more individual (inward), and into the concepts of the human environment, which is more collective (outward).

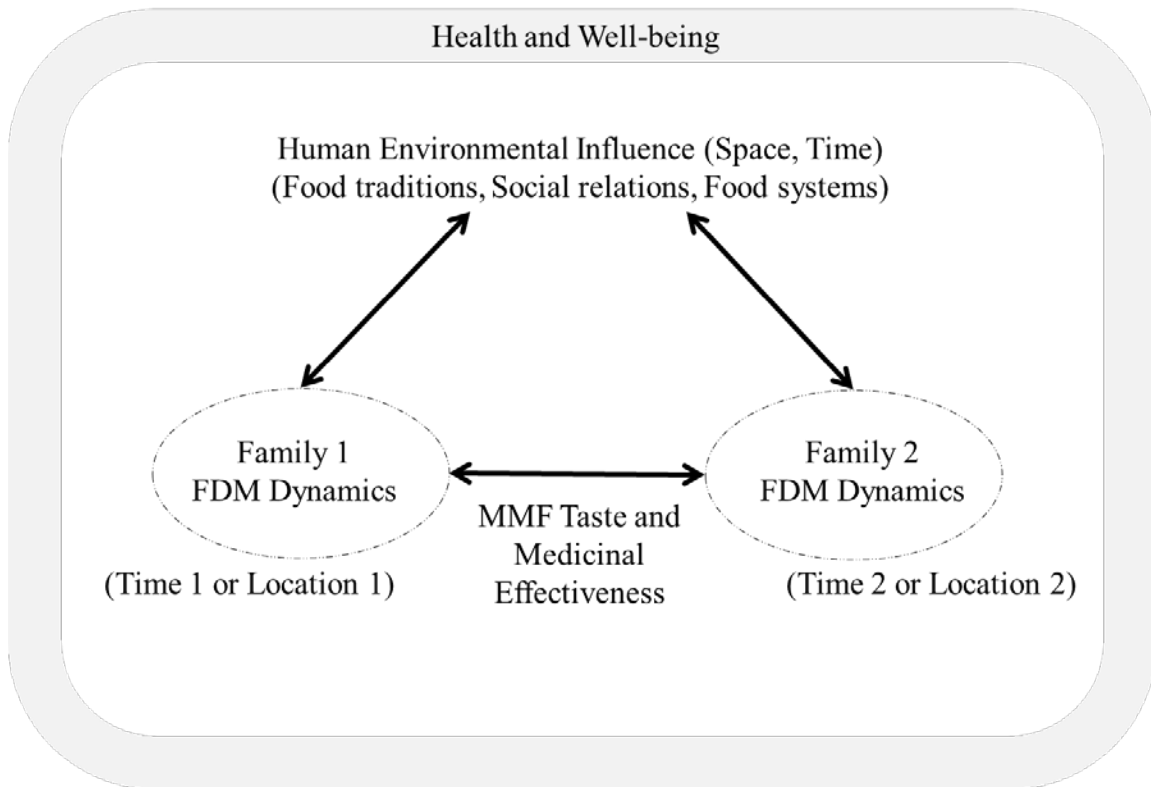


Figure 6.2. Theorizing about the perceptions of medicinal and medicated food (MMF) use of Taiwanese immigrant families in the US. Part II. Interactions and influences of family food decision-making (FDM) dynamics at different times or locations, MMF taste and medicinal effectiveness, and two-dimensional (space and time) human environmental influences such as food traditions, social relations, and food systems.

Figure 6.3 shows the highest level of theorizing with concepts grounded in this study employed to advance the FFDM framework. Given the character of this study, I use the concepts to integrate the principles and impetuses for developing the FFDM framework that originated in the Family Food Decision Making Program (described in Chapter One) and the modifying goals of the program with the change of times and evolution of community nutrition and research. Hence, the concepts are cast in such terms as *ecosystems*, *health and well-being*, *human environment influences*, *family food decision-making dynamics*, *food resource and knowledge transmission*, and *taste/sensation*, from the broadest perspective to the most individual. This framework indicates MMF sense perception and MMF resource and knowledge transmission

because, based on the exploratory evidence from this study, these seem to be prominent elements for specific food use when considering interactions and influences of all elements. By the same token, space and time are indicated because of the feature of immigration influence and its effect on the life course for Taiwanese residing in the US.

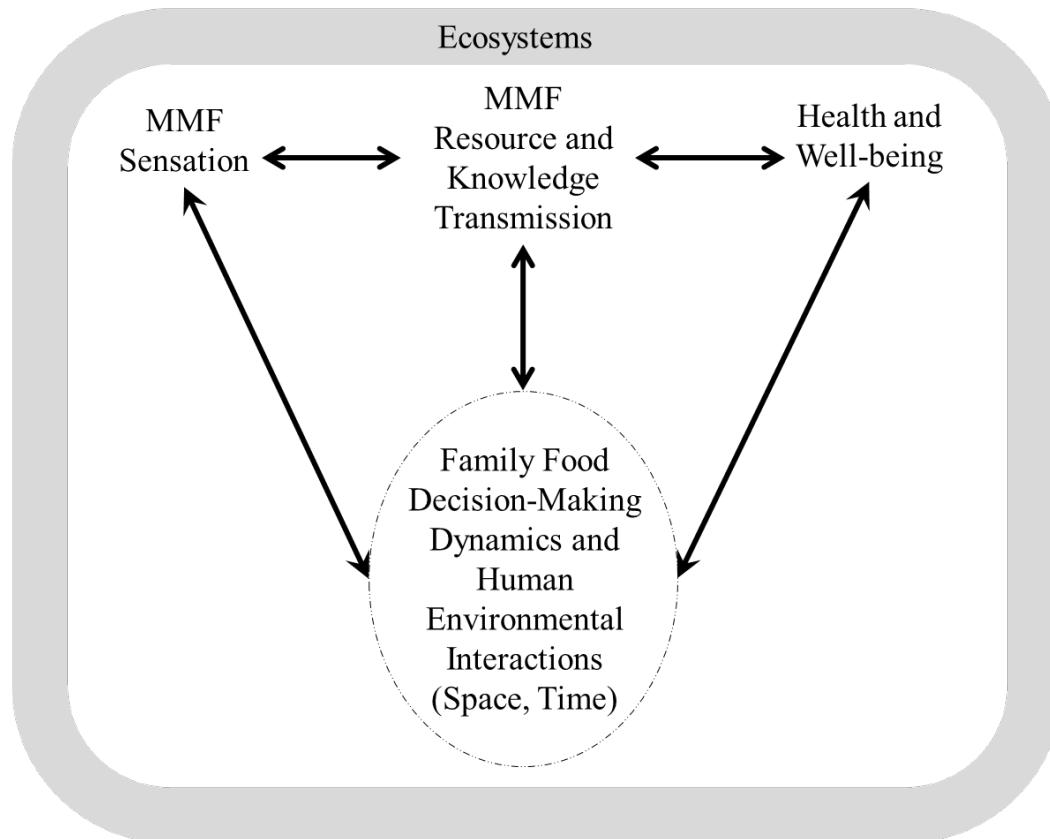


Figure 6.3. MMF-Expanded Framework from the FFDM Ecological System Framework

Some insights from application of the three methods for creative methodological development seem potentially helpful to FFDM research. Methodologically, the survey helped with engaging informants and contributed a preliminary understanding of the range of perspectives participants might hold. The process was revealing. As noted earlier, survey participants often chose not to answer open-ended questions in the questionnaire and were more

willing to reveal more in informal informant engagement. This showed that face-to-face engagement clearly enhanced what was revealed. Though data from the questionnaire indicated further questions to be pursued, the modified statistical methods used in the data analysis contributed not only to better understanding of the survey context, but also to mapping concepts for theorizing. Methodological insights from the more superficial informant engagement led to a working framework (Figure 4.1, described in Chapter Four) for conceptualizing substantive findings from various contexts at that stage of the study. The in-depth interviews involved intensive engagement of informants; the earlier interviews contributed to recruitment strategies for more interviewees. Applying the constructivist grounded theory practice in the interviews and using translation for the interview content analysis contributed to the in-depth interview approach in furthering deeper understanding of the various perspectives and decision-making processes cursorily indicated by the survey. These insights related to method can contribute to other FFDM research. For example, the modified statistical methods developed in this study could be applied for other FFDM questionnaire surveys. The modifications of the constructivist grounded theory approach and analysis for interviews needing translation could be tried in other studies involving other languages for interviews.

One application emerged from a discovery in the interviews of a certain emerging interview style. Throughout the informant engagement, informants regarded information about their MMF use as private. They tended not to speak about their own or family MMF use in a group or in public areas. Informal conversations hardly went deeper with most informants on the cruise. Those who were willing to share their MMF use experiences felt comfortable about this in quiet and secure places in one-on-one settings. In the in-depth interviews, with trust relationships having started to develop, almost all the in-depth interviewees wanted to invite me

over to their “home,” where they not only felt comfortable about being interviewed, but could also show me “the kitchen,” a place with food memories about cooking. In the contexts of observation and methodological insights, the dyadic dialogue pattern that these study participants preferred suggested a practice grounded in a collaborative approach regarding changing leadership in conversation. The next section explores the development of this dyadic interactive interview style into a method for enhancing mutual understandings among participants from diverse backgrounds in collaborative efforts.

6.2 Developing Dyadic Interactive Interviewing into a Dyadic Dialogue Method

In traditional inquiry, interviewees give information and interviewers discover its meanings. Based on Charmaz’s construction of the grounded theory inquiry techniques described in Chapter Two, the mode of interviewing used in this study was aimed at enhancing interpersonal communication by means of a more nuanced and reflexive constructivist practice. In this practice, information flow between interviewer and interviewee would be more interactive. Because interviewees spontaneously discovered and assessed meanings, the significance of the dialogue model was noted. Mutual learning had enhanced the conversational dynamics as well as the understanding of meanings in collaboration. Interviewer and interviewee checked and re-checked the messages they delivered to revise or reinterpret their understandings of the topic and its relation to their own professional and/or life course backgrounds. This made for a very egalitarian mode of interviewing. One of the features was that the interviewer’s role shifted from actively leading the conversation to more passively managing the flow of conversation. Interviewees themselves made the interviews more mutual by taking the lead, and the

conversation content was interactively negotiated. The ways these features emerged resembled coding and analyzing during the interviewing to reach shared meaning.

The turn-taking in leadership in the interview discussions was pronounced. In some cases, it took place even before the interview began and became a part of the interview approach to content. The interviewees effectively interviewed me to better understand me and the topic. They taught me and sought to have me understand the topic as they did by putting me in their shoes. One of the volunteer chefs at different religious centers lectured me on religious MMF use from an historical perspective before revealing her personal and family MMF use information. The other chef was unapproachable until I attended her cooking class as a student. The farmer evaluated my interactions with him and his customers at his farmers' market vegetable stand before inviting me to his farm for considerable observation and a long interview. The community leader observed how I approached other informants on the cruise and then changed her mind and agreed to be interviewed. She introduced me to her MMF sharing group, showed me her vegetable garden and MMF cooking, took me to collect ginkgo fruit, and guided me in processing ginkgo nuts for MMF. The TCM doctor showed me her TCM formula and MMF ingredient cabinet and reviewed some TCM knowledge for me before the interview. After the restaurant owner observed me with his wife, a co-owner, who so objected to signing the consent form for interview participation, he asked to replace his wife for the interview. He not only revealed his family MMF use, but also aspects of his business management regarding MMF use and even wanted me to help develop it. Overall, the mutuality in the interview style furthered mutual understanding and shared meanings. The active way the interviewees interacted with me eliminated any alienation, so intersubjectivity was experienced along with self-reflection.

Insight on this interview pattern inspired ideas for a method to increase mutual understanding and promote mutual agreement among people with diverse backgrounds and cultures. In any context, effective communication can save time and effort for people of diverse backgrounds and cultures who are aiming to reach a common goal. However, communication cannot be effective without trust relationships, which take time and effort to build. If a communication method could increase mutual understanding and develop shared meaning by simple turn-taking in leadership of interviewing or conversation, to a certain extent, the issue of time and effort consumption in building trust and achieving a common goal could occur simultaneously. The dyadic dialogue pattern noted in the interviews could be applied to different contexts. In family food decision-making collaborative engaged research (FFDM CER), people in different specialties – such as community nutrition practitioners, funding stakeholders, government policy makers, and institutional researchers from different disciplines – need to collaborate, but this is often difficult. The dyadic dialogue pattern might facilitate better collaboration by serving the development of trust and negotiation of shared meaning and serve to break down barriers related to a culture of competition.

Such an application of the pattern of dialogue was a first step in developing a communication method here called the dyadic dialogue method, abbreviated as DDM.⁴⁷ In this method, two individuals engage in a structured conversation on their topic of interest, each taking turns as leader and as respondent. Coding and analyzing the conversation transcript, they then negotiate shared meanings and arrive at new perspectives and interpretations. Building on

⁴⁷ This method was presented at Enhancing Communication in Cross-Disciplinary Research, a conference sponsored by University of Idaho and National Science Foundation, held on October 2, 2010, at The Coeur d'Alene, Coeur d'Alene, Idaho. G-J Sung, HD Archer, and AH Gillespie co-authored the poster entitled, "Dialogue Method for Collaborative Communication: Adapting qualitative analysis techniques for enhancing understanding."

these, they develop a collaborative theory to advance theoretical understanding. In an experiment, independent researcher Holly Archer⁴⁸ and I sought to discover influences on our perspectives and family food decisions in this way, given our different disciplines, cultures, and religious backgrounds but shared interest in meanings of food. In a typical dialogue, a leader would introduce a published source as a part of initial icebreaking. The respondent has to evaluate what is said using immediately accessible knowledge from prior research, personal experience, or informal acquisition. While extending the dialogue, the respondent would reflect on the leader's thoughts and enhance the leader's self-reflection verbally and nonverbally. As the dialogue concludes, the respondent compares, defends, re-introduces, coaches, and assists in the development of the leader's discovery. Then the leader listens to the recorded dialogue, the respondent reads the transcript, and dialogue develops in which the two reflect on, code, analyze, and even correct meanings via negotiation. The leader and respondent then switch roles, starting a new phase informed by shared meanings and achieved insights.

The emergence of cross-disciplinary communication challenges in the dialogue of Archer and myself led us to advance DDM as a useful method for improving collaborators' mutual understanding of their implicit theories and assumptions. Its dyadic structure of interaction is basic, potentially intimate, inherently egalitarian, and effective for both verbal and nonverbal understanding. Improved understanding for dyads could be multiplied and ultimately improve understanding in a collaborative group. A third individual could participate as an observer or a third participant. Potential dialogue pairs exceed participants in number. For example, with six collaborators, fifteen pairs can be formed.

⁴⁸ Archer had received her master's degree in Human Ecology at Cornell University.

DDM could help collaborative groups or team facing problems rooted in conflicts over resource allocation and perceived or actual inequality as well as communication challenges of incompatible presuppositions and goals. By improving one-on-one communication, it should even help motivate those who feel forced to collaborate on a project. The findings from the experiment suggested that this approach could enhance collaborative communication competence (CCC) (Gillespie and Sung, 2013) and understanding of topics of interest in collaborative engaged research methodology (Gillespie and Gillespie, 2006). Though time consuming, this method can provide a safe communication space because the process is controlled and balanced, and it is richly generative of new perspectives and ways of thinking. As trust and respect are built from the initial collaborative stage, time and effort consumption in further collaboration can be reduced.

A single direction of methodological development in this study, one to which the interviewees contributed in a major way by their own approaches to interaction, led to development of DDM. This method could be adapted for different contexts such as the sort of collaboration noted here or even for future interview studies where appropriate.

6.3 Suggesting Future Studies

This section considers three research directions for FFDM suggested by this study: thoughtful collective FDM within the family, among families, and within food systems and subsystems. The study offers useful methodological as well as substantive knowledge for future research in family and community food decision-making, other ethnic and social groups, and further understanding of Taiwanese American food decision-making. For instance, it gives rise to propositions that parental persistence affects children's MMF acceptance in the immigration

contexts and traditional or cultural food influence in the family can relate to family members' religious food practices. Though other ethnic or social immigrant groups differ, these two propositions seem applicable for FFDM studies of their traditional or specific food uses.

Family here is regarded as both biological family and socially constructed family. That family is the primary place where children first develop relationships and learn a world view is a truism of psychology, sociology, and anthropology. The revealed relevance of the collective influence of FFDM in this study shows that MMF usage and beliefs also develop first in the family, there is continuation of MMF use and beliefs across generations, and families can even influence different food cultures. Individuals within the family and among families interact and influence individual MMF sense perception and collective MMF resource and knowledge transmission, which also connect MMF fads and generational alteration of food decisions. Future FFDM research on MMF use could concern FFDM efficacy (effectiveness). *Family food decision-making efficacy* would consider what Bandura et al. (2011) call “family efficacy” based in the belief of family members in their collective abilities – in this case, to make the family achieve health and well-being *by effective or thoughtful food decision making* (Gillespie and Gillespie 2007). A perspective from religion could be added for future research. In some cases, religion underlies individual preference in preserving or leaving family MMF use traditions.

Future FFDM research could take a higher level approach in illuminating how an individual family could engage other families. This study found that thoughtful FFDM among families for MMF use affects the use and development of MMF, e.g., via promotion of MMF taste and acquisition of MMF knowledge. Meals offered at parties and school events can interact with individual and collective family MMF decision making. “Surrogate” families such as religious centers where an individual family member has interactions can influence thoughtful

MMF decision making among other families. Collectively and collaboratively, thoughtful FFDM on MMF use among families may potentially influence agricultural and community food practice, directly and also through indirect influence on nutrition policy making.

In this study, many participants suggested that Taiwanese immigrants exchange MMF knowledge and promote MMF use in the community. Some participants had experimented with MMF use with their social or hobby group members. To them, cooking together was not only a parent-child activity but also an activity of a “surrogate family,” a group, or a community. These activities have some similarity with the Cooking Together program of the FFDM program at Cornell University, which links family-community-university to foster thoughtful FFDM practice. Nutrition practitioners in the Cooking Together program invited family participants to have children learn to cook along with their parents in a community cooking class facility. Children became more confident and involved in thoughtful food practice, and parents appreciated the family cooking events and overall effect on interactions with their children.⁴⁹ Studies related to the thoughtful FFDM practices of Taiwanese American family MMF users in terms of their intra- and inter-family events could suggest other ways to expand the Cooking Together project.

A broader approach could supplement studies of FFDM dynamics on MMF and cultural and social influences of MMF. Future research could fruitfully consider several areas regarding Taiwanese American MMF systems. These include the systems of agriculture and the MMF market, MMF culinary skill acquisition, and MMF TCM and nutrition studies (e.g., research and documentation of medicinal effectiveness). This study found that many of the study participants preferred to obtain MMF from Taiwan. MMF ingredients could be easily purchased from TCM

⁴⁹ See the FFDM program website at <http://familyfood.human.cornell.edu/index.html>.

herbal stores, most of which have TCM doctors available for customers to consult. Convenient MMF packs were offered at supermarkets. The Taiwanese government monitored the quality of TCM education, supported integrating TCM and western medicine, and developed MMF agriculture and technology and the MMF market. Some MMF ingredients processed in Taiwan were regarded as more reliable than those from other places of cultivation and processing, such as mainland China. The Taiwanese MMF system had transnational influence on the American MMF systems of Taiwanese immigrants via the development of information technology and transportation. Telephone, the Internet, and other communication tools have made international interaction effective. It was found that people commonly mailed MMF packages and brought MMF into the US by air travel. Those participants who strongly linked MMF with TCM or had an MMF taste preference considered MMF a basic food choice, so MMF sourcing from Taiwan became even more important to them.

Conceptually, the development and promotion of MMF use in Taiwan can be a driving force for increased Taiwanese American MMF use in the US. In contrast, nutrition studies related to MMF ingredients can be an opposing force, e.g., in the case of negative experiment results or food safety reports. Still, the findings show that confusion about MMF terminology and ambiguity concerning MMF medicinal effectiveness contributes to controversial standpoints on MMF use. Participants wanted to know correct MMF information; at the same time, they more or less considered the food use beneficial because it was based in ancient wisdom with accumulated knowledge passed down through generations and its medicinal effect could be “felt.”

Though affected by the Taiwanese MMF system context, perceptions of the value of MMF and the dynamics of FFDM for MMF are changing and developing along with various Taiwanese American MMF system development sub-contexts. For example, the farmer

interviewee introduced his locally grown MMF vegetables to the community in addition to feeding them to his family. Some participants made large amounts of MMF and shared it with other families. The cooking class teacher interviewee transmitted MMF cooking skills in a class and via mass media. Their own FFDM had in turn affected FFDM among other Taiwanese immigrants. All of these examples suggest ideas for future research on MMF systems. The ideas include understanding the influence of FFDM and family food processing according to the concept that MMF is precious and no waste of it is expected. Related studies could also investigate influence of FFDM and MMF source and knowledge acquisition, for example, understanding MMF purchase and eating patterns of Taiwanese who have extended families in Taiwan and the US versus Taiwanese Americans who have extended families in both places.

6.4 Summary

Perceptions of MMF use of Taiwanese immigrant families in the US were explored via three methods: informant engagement, a survey, and in-depth interviews with an aim toward FFDM theory elaboration. The substantive findings were revealing in themselves. In addition, the developing methodology and adaptation of analytical methods included some creative applications of statistical methods, and incorporation of translation into grounded theory practice in textual analysis. Both the methodological insights and substantive findings helped with theorizing and advancing the FFDM framework.

Theorizing about the perceptions of MMF use of Taiwanese immigrant families in the US in terms of FFDM dynamics has occurred here in two steps. The first step involves consideration of perceptions in close resonance with MMF psychocultural effects, which are more individual and familial. The second step broadens outward to consider the influence of the

human environment that encompasses dimensions of space and time as well as layers such as food traditions, social relations, and food systems. FFDM dynamics have been conceptualized in two familial sets to emphasize the influence of the life course perspective in terms of family immigration and transnational contexts. The MMF-expanded FFDM framework can merge with the larger FFDM Ecological System framework.

Insights into the particularly egalitarian dyadic interactive interview style that developed suggested the possibility of developing a method that could help collaboration in multi-disciplinary approaches to solutions in FFDM projects. In the experience of informal conversations with informants and in-depth interviewees, exchanges of understanding and checking of mutual understanding by putting a listener into a speaker's shoes could occur in a single long conversation or in an in-depth interview. Experiment with this gave rise to the development of a dyadic dialogue method (DDM). DDM can aid both self-reflectiveness and sharing of meaning. It has potential to enhance collaborative communication competence, a key approach in FFDM research.

Future studies related to family MMF use and focused on FFDM communicative approaches could benefit from incorporating the concept of FFDM efficacy and family-community collaborative engaged research. Future studies related to FFDM for MMF could concern MMF systems from the perspective of individual psychocultural effect to that of collective human environment influence as a whole. Ideas for research to which this study might contribute include further investigation of the collective family MMF process and its potential influence on neighborhoods and communities and comparison of MMF consumption and eating behavior in individual and familial transnational contexts.

There are five groups of questions. Please answer in the order you prefer. Once again, you may withdraw from the survey at any moment or choose not to answer a particular question. Your personal data and demographical information are confidential and protected. The more questions you answer, the more helpful your answers will be for us to better understand the issue of CTMMF use among Taiwanese families residing in North America.

Thank you very much for your help!

Section A. BELIEFS IN CTMMF USE

You came from Taiwan where traditional Chinese medicine is accepted by the national health insurance system and CTMMF is a part of dietary culture. We are interested in knowing your own beliefs in CTMMF use in accordance with Chinese medical theory.

Q1. Do you believe in the health benefits of Chinese medicine?

1. Yes 2. No 3. Other (please specify) _____.

Q2. Do you believe in CTMMF?

1. Yes 2. No 3. Other (please specify) _____.

Q3. Did you change your beliefs in Chinese medicine after coming to live in North America?

1. Yes. I believed in Chinese medicine before, but I do not believe in it now.
2. Yes. I did not believe in Chinese medicine before, but I do believe in it now.
3. No. I have not changed my beliefs in Chinese medicine. I have never believed in it.
4. No. I have not changed my beliefs in Chinese medicine. I have always believed in it.

Q4. Did you change your beliefs in CTMMF after coming to live in North America?

1. Yes. I believed in CTMMF before, but I do not believe in it now.
2. Yes. I did not believe in CTMMF before, but I do believe in it now.
3. No. I have not changed my beliefs in CTMMF. I have never believed in it.
4. No. I have not changed my beliefs in CTMMF. I have always believed in it.

	firmly agree	agree	weakly agree	weakly disagree	disagree	firmly disagree
Q5. I believe CTMMF provides benefits for health.	3	2	1	1	2	3
Q6. I believe the Chinese old saying that "Better medicine requires bitter taste."	3	2	1	1	2	3
Q7. I think CTMMF is tasty.	3	2	1	1	2	3
Q8. I think Chinese-Taiwanese medicinal herbs (e.g., <i>dang quai</i> [angelica]) give dishes a better flavor.	3	2	1	1	2	3
Q9. I think Chinese-Taiwanese medicinal herbs(e.g., <i>gouchi</i> , wolf-berry fruit) give dishes a better color.	3	2	1	1	2	3
Q10. It is easy for me to buy CTMMF in North America.	3	2	1	1	2	3
Q11. I think Cantonese use more Chinese medicinal herbs or prescriptions to make soup than Taiwanese.	3	2	1	1	2	3
Q12. I believe CTMMF is more popular in Hong Kong than Taiwan.	3	2	1	1	2	3
Q13. When I want CTMMF, I go to a Cantonese restaurant.	3	2	1	1	2	3
Q14. I believe Taiwanese CTMMF is different than CTMMF in mainland China and Hong Kong.	3	2	1	1	2	3
Q15. I think Chinese herbs sold in Taiwan are less contaminated by heavy metal.	3	2	1	1	2	3
Q16. I think Chinese herbal ingredients are unsafe.	3	2	1	1	2	3
Q17. I think CTMMF has medical side effects even if used as dietary food.	3	2	1	1	2	3
Q18. With CTMMF, I need to be concerned about other dishes in the same meal.	3	2	1	1	2	3
Q19. I need to consult a Chinese medical doctor before using Chinese-Taiwanese Medicated Food.	3	2	1	1	2	3
Q20. I need to consult a Chinese medical doctor before using Chinese-Taiwanese Medicinal Food.	3	2	1	1	2	3
Q21. I think the quality of Chinese medicinal herbs is not controlled well.	3	2	1	1	2	3

	firmly agree	agree	weakly agree	weakly disagree	disagree	firmly disagree
Q22. I think that CTMMF produced by modern food technology has improved medicinal function.	3	2	1	1	2	3
Q23. I think that CTMMF produced by modern food technology has improved quality control.	3	2	1	1	2	3
Q24. I believe that a CTMMF diet and health are strongly correlated.	3	2	1	1	2	3
Q25. I think that using CTMMF is prevalent in Taiwan.	3	2	1	1	2	3
Q26. I believe that many Taiwanese immigrants in countries such as the United States and Canada still use CTMMF to maintain their health.	3	2	1	1	2	3
Q27. A lot of my friends in Taiwan are using CTMMF currently.	3	2	1	1	2	3
Q28. A lot of my friends in North America are using CTMMF currently.	3	2	1	1	2	3
Q29. My family is fond of using CTMMF.	3	2	1	1	2	3
Q30. Many of my relatives have tried some kind of CTMMF.	3	2	1	1	2	3
Q31. Most of my colleagues are using CTMMF now.	3	2	1	1	2	3
Q32. When I attend people's parties, I usually try to bring CTMMF and introduce it to people.	3	2	1	1	2	3
Q33. When I am in a bad mood, I want to eat CTMMF.	3	2	1	1	2	3
Q34. When I am homesick, I want to eat CTMMF.	3	2	1	1	2	3
Q35. When I have a cold, I want to eat CTMMF.	3	2	1	1	2	3
Q36. Even when I am busy, I take time to eat CTMMF.	3	2	1	1	2	3
Q37. If I do not feel well, I will try CTMMF aggressively to make myself feel better.	3	2	1	1	2	3
Q38. I like to seek information related to CTMMF.	3	2	1	1	2	3
Q39. If any CTMMF is reported to be beneficial to the body, I include it in my diet more often.	3	2	1	1	2	3

	firmly agree	agree	weakly agree	weakly disagree	disagree	firmly disagree
Q40. If someone asks me what a nutritious diet is, I think of CTMMF.	3	2	1	1	2	3
Q41. If someone asks me what a healthy diet is, I think of CTMMF.	3	2	1	1	2	3
Q42. If someone asks me about what food can promote health, I think of CTMMF.	3	2	1	1	2	3
Q43. If someone asks me about food that can help particular functions of the body, such as enhancing the digestive system or increasing sexual ability, I think of CTMMF.	3	2	1	1	2	3
Q44. I believe CTMMF can delay the process of aging and make me look young longer.	3	2	1	1	2	3
Q45. I believe that using CTMMF frequently can prolong life.	3	2	1	1	2	3
Q46. I believe in traditional Chinese medicinal remedies for disease treatments.	3	2	1	1	2	3
Q47. I believe the imbalance of yin and yang system in my body can cause illness.	3	2	1	1	2	3
Q48. I believe that CTMMF can boost the immune system.	3	2	1	1	2	3
Q49. When I eat, I regularly use the principle of yin-yang to choose my diet.	3	2	1	1	2	3
Q50. I use certain Chinese herbal supplements to strengthen the functions of some organs.	3	2	1	1	2	3
Q51. I am so careful of the 'cold' or 'hot' nature of different foods that I would not eat something that makes my body turn too 'cold' or too 'hot'.	3	2	1	1	2	3
Q52. I am fond of eating foods containing some Chinese herbs which may strengthen my body, such as duck with angelica and soup with the four herbs.	3	2	1	1	2	3

	firmly agree	agree	weakly agree	weakly disagree	disagree	firmly disagree
Q53. If I got a disease which could not be cured by western medicine, I would try Chinese medicine and/or CTMMF.	3	2	1	1	2	3
Q54. I believe that eating CTMMF in the wintertime is very beneficial to the body.	3	2	1	1	2	3
Q55. I believe it is necessary to eat CTMMF during certain periods in life, such as in the first month after childbirth and in adolescence.	3	2	1	1	2	3

Section B. Your CTMMF Practices

Moving from Taiwan to North America brings you to a world where your food practices may become different due to food availability and accessibility and other environmental factors such as different cultural adaptation.

Q1. Where did you usually go food shopping in Taiwan?

1. Supermarket
2. Traditional market
3. Grocery stores
4. Off-street vendor stands
5. Other (please specify) _____

Q2. Where do you usually go food shopping in North America?

1. General supermarket
2. Asian/Chinese supermarket
3. Farmers' market
4. Other (please specify) _____

Q3. Do you use dietary supplements for your own health reasons?

1. Yes
2. No, I do not use dietary supplements.
3. I am not sure whether I use dietary supplements.
4. I have no knowledge about dietary supplements.

Q4. Do you eat fresh vegetables or fruit for your health?

1. Yes
2. No
3. Other (please specify) _____

Q5. Do you use diet-based therapies for your own health reasons?

1. Yes
2. No, I do not use diet-based therapies.
3. I am not sure whether I use diet-based therapies.
4. I have no knowledge about diet-based therapies.

Q6. Have you consumed CTMMF in the past 12 months?

1. Yes
2. No
3. I am not sure.
4. I have no knowledge about CTMMF.

Q7. Before you immigrated to North America, did you use CTMMF in Taiwan?

1. Yes → Please answer Q8-9.
2. No → Please jump to Q10.
3. I am not sure whether I have consumed CTMMF. → Please jump to Q10.
4. I had no knowledge about CTMMF. → Please jump to Q10.

Q8. How often did you consume Chinese-Taiwanese Medicated Food in Taiwan?

1 / 2 / 3 / 4 / 5 / times per day / week / month (please circle or specify).

Q9. For whom did you use CTMMF?

Self / spouse / children / other family members (please circle or specify)

/ other (please specify)

For what reasons? _____

Q10. Since you moved to North America, have you used CTMMF?

1. Yes → Please answer Q11-18.
2. No → Please jump to Q19.

Q11. How often have you used CTMMF in North America? 1 / 2 / 3 / 4 / 5 / times
per day / week / month (please circle one or specify).

Q12. For whom have you used CTMMF in North America?

Self / spouse / children / other family members (please circle or

specify) _____ / other (please specify)

For what reasons? _____

Q13. Do you buy CTMMF ingredients in North America?

1. Yes → Please answer Q14. 2. No → Please go to Q15.

Q14. Where do you buy Chinese medicinal herbs or prescriptions in North America?

1. Chinese physician 2. Chinese medical doctor 3. Acupuncturist
4. Chinese herbal stores 5. Mail order 6. Other (please specify) _____

Q15. Have you ever asked your Taiwanese relatives or friends to mail you ingredients to make CTMMF from Taiwan?

1. Yes 2. No 3. Other (please specify) _____

Q16. How do you get CTMMF if you cannot find them in North America? _____

Q17. Do you use CTMMF to enhance flavor in cooking?

1. Yes
2. No
3. I am not sure whether I use CTMMF.
4. I have no knowledge about CTMMF.

Q18. I add sugar to Chinese-Taiwanese medicated food to improve the taste.

1. True 2. False

Because _____

Q19. In daily life, do you take Chinese herbal or prescription wines to enhance health?

1. Yes (Please specify what you use. _____)
2. No
3. I am not sure whether I use Chinese herbal or prescription wines.
4. I have no knowledge of Chinese herbal or prescription wines.

Q20. What reason(s) make(s) you try a new CTMMF?

Because _____

Q21. I know a restaurant that provides CTMMF in North America.

The restaurant name is _____ and it is located in _____ City _____ State _____

Zip code _____

Q22. I know someone in North America who sells fresh vegetables or fruit that can be used as Chinese-Taiwanese medicinal food.

The store name is _____ and it is located in _____ City _____ State _____

Zip code _____

Q23. I know someone in North America who grows vegetables or fruit that can be used as

Chinese-Taiwanese medicinal food. They have a farm named _____ and it is

located at _____ City _____ State _____ Zip code _____

OR She/he grows these vegetables or fruit privately (what kind? _____) and is

located in _____ City _____ State _____ Zip code _____

(Are you willing to give the researcher an introduction to this person? please circle

YES or NO).

Q1. About you and your household: Please include anyone living at a residence you consider "home" to indicate people living at your "home" regardless of how many residences you may consider "home".

Step 2. Fill in the numbers below for the following categories.

Education: 1. High school level or less 5. Master's degree
2. Professional school 6. Doctoral degree
3. College 7. Other (please specify)
4. Graduate school

1. Mandarin 5. Cantonese
2. English 6. Japanese
3. Taiwanese 7. Spanish
4. Hakka 8. Other language (please specify)

Step 3. In the columns for "Who cooks at home?" and "Who buys food for the home?" please use

✓ to indicate the people who cook at home or buy food for the home and

× to indicate the people who do NOT cook at home or NOT buy food for home.

People living at your home	Age	Place of origin	Years in N. America	Education	Preferred language	Who cooks at home?	Who buys food for home?
Yourself		1					
Spouse							
Father							
Mother							
Father-in-law							
Mother-in-law							
Daughter 1							
Son 1							
Brother 1							
Sister 1							
Relative 1							
Friend 1							
Tenant 1							

Please use the extra spaces to list people who live at your home but are not listed here. For example, if you have four sons that live at your home, since only son 1 is listed, please also write in son 2, son 3, and son 4.

Q2.What is your gender? 1. Male 2. Female

Q3.What is your height? _____ cm (or ____feet____inches).

(If you are not sure, please add a question mark. For example, 156² cm).

Q4. What is your weight? _____ kg (or _____ lbs).

Q5. What is your waist circumference? _____ cm (or _____ feet _____ inches).

Q6. What is your hip circumference? _____ cm (or _____ feet _____ inches).

Q7. What is your marital status?

1. Never married 2. Married 3. Separated 4. Divorced 5. Widowed

Q8. How many adults in your household are employed?

1. One 2. Two 3. Three 4. Four 5. Five 6. More than five

Q9. What is your household's approximate total annual income?

(before taxes, in \$U.S. or \$CAN [please circle one])

- | | | |
|-------------------------|----------------------------|-------------------------|
| 1. Less than \$10,000 | 7. \$60,000 to \$69,999 | 13. More than \$300,000 |
| 2. \$10,000 to \$19,999 | 8. \$70,000 to \$79,999 | |
| 3. \$20,000 to \$29,999 | 9. \$80,000 to \$89,999 | |
| 4. \$30,000 to \$39,999 | 10. \$90,000 to \$99,999 | |
| 5. \$40,000 to \$49,999 | 11. \$100,000 to \$200,000 | |
| 6. \$50,000 to \$59,999 | 12. \$200,001 to \$300,000 | |

Q10. Would you say that your household has _____ income to provide for your family's food needs? (Please circle ONE).

1. More than enough 2. Enough 3. Less than enough

Q11. Which city in Taiwan were you (or your family) from? _____

Q12. At what age did you come to North America? _____ (years old). (If you are not the first generation moving to North America, please specify "who" in your family and at what age the first person came to North America. For example, "my grandfather, 25").

Who _____ When at age of _____

Q13. Which big city in North America is closest to your residence? (e.g., New York City, Detroit, or Los Angeles, in the U.S., Vancouver or Toronto, in Canada).

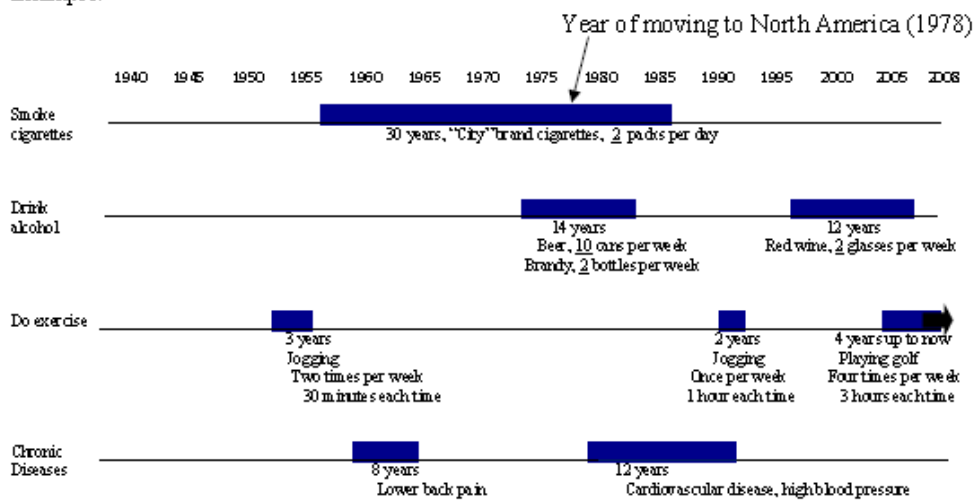
- _____
- Q14. What is your occupation? _____
(e.g., medical doctor, educator, technology specialist, self-employed, retired, etc.).
- Q15. What is your job title? _____
(e.g. primary school teacher, dentist, accountant, manager, gardener, etc.)
- Q16. What is the occupation of your spouse? _____
- Q17. What religion do you believe in? (e.g., Buddhism, Christianity, Catholicism, Islam, Taoism, etc, or none) _____
- Q18. Is anyone in your family vegetarian?
1. Yes. self/ spouse / other family members (please circle or specify) _____
/other (please specify) _____
2. No
- Q19. Do you have any other food restrictions?
1. Yes (please specify) _____
2. No
3. Other (please specify) _____
- Q20. How do you rank your present health status?
1. Very good 5. Very poor
2. Good 6. I am not sure.
3. Fair 7. I do not know.
4. Poor
- Q21. How do you rank your health status before moving to North America?
1. Very good 5. Very poor
2. Good 6. I am not sure.
3. Fair 7. I do not know.
4. Poor
- Q22. Have you ever smoked cigarettes? 1. No 2. Yes → Please turn page to the next page.
- Q23. Have you ever drunk alcohol regularly? 1. No 2. Yes → Please turn page to the next page.

Q24. Have you ever exercised regularly? 1. No 2. Yes → Please turn page to the next page.

Q25. Have you had a chronic disease? 1. No 2. Yes → Please turn page to the next page.

Please draw blunt lines to indicate the years that you have smoked cigarettes, drunk alcohol, done regular exercise, and/or had chronic diseases. Indicate how many years, how often, and what kind. Leave blanks to indicate the years that you did not do such activities. Draw arrows and write down the year that you moved to North America.

Example:



Draw and describe your case:

	1940	1945	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005	2008
Smoke cigarettes															
Drink alcohol															
Do exercise															

Section D. Your family's CTMMF Decision-making

Q1. Have any members of your family consumed CTMMF in the past 12 months?

1. Yes. Someone in my family has consumed it.

all / grandmother / grandfather / father / mother / son / daughter / brother / sister
/ other (please circle or specify)

2. No. No one in my family has consumed it.

3. I am not sure whether any member of my family has consumed it.

4. My family has no knowledge about CTMMF.

Q2. Who decides what kind of CTMMF your family members consume? _____

Q3. Who usually suggests using CTMMF for your family members? _____

Q4. Is it important to you to respect CTMMF decisions made by your family?

1. Yes 2. No 3. Other (please specify) _____

Q5. Is CTMMF your family food tradition?

1. Yes 2. No 3. Other (please specify) _____

Q6. Does your family's use of CTMMF vary for individuals by different stages of the life cycle (for example, for pregnancy, or in seniority)?

1. Yes, for pregnancy / after childbirth / during lactation / in childhood
/ in adolescence / in seniority / other (please circle or specify)

For what reason(s)?

to keep looking young / to lose weight / to increase body height /
to enhance or maintain intelligence / to enhance memory /
to increase fertility / to look more beautiful / to prevent cancer /
to enhance the immune system / other (please circle or specify)

2. No

Q7. Does CTMMF appeal to your family's individual members in cases of severe illness or accident?

1. Yes 2. No 3. Other (please specify) _____

Q8. Is your family concerned about traditional food properties ('hot', 'cold', 'neutral') for individual family members when making decisions in buying food?

1. Yes 2. No 3. Other (please specify) _____

Q9. From what source does your family gain knowledge about CTMMF?

(Please circle ALL sources that apply).

- | | |
|-------------------------|---------------------------------|
| 1. Senior family member | 5. Chinese medical doctor |
| 2. Magazine | 6. Acupuncturist |
| 3. Book | 7. Friend |
| 4. TV program | 8. Other (please specify) _____ |

Section E. Your feedback

Please let us know how you evaluate this survey.

What improvements do you suggest?

What comments on the CTMMF issue would you like to share with us?

May we contact you if we have questions about your response? If you give us permission, please provide us with the following completely confidential information: Name, Address, Phone number(s), E-mail address

(Please circle). No. Do not contact me.
 Yes. You may contact me at

Name: _____

Address: _____

Phone number(s): _____

E-mail address(s): _____

(Notes: Some questions on this survey have been adapted and modified from Dr. Yu-Yao Cheng's PhD dissertation, *Psychosocial and Cultural Correlates of Use of Dietary Supplements Among Taiwanese*, published by Columbia University, 2003, and from *Feeding our Families: The Food We Buy, Make, and Serve*, survey for Tompkins County, New York, and Cass County, Iowa, October 2007, published by the Food Decision-making Research Group, the Division of Nutritional Sciences, Cornell University and the Cornell University Cooperative Extension.)

END

題組 A：您對中醫藥膳食補食物使用的看法

您來自台灣，在台灣，不僅國民健康保險接受傳統中醫治療項目，中醫藥膳食補更是台灣飲食文化的一部份。我們想知道您對以中醫學理論作為中醫藥膳食補食物使用的看法。

問題1. 您相信中醫藥對健康有好處嗎？

1. 相信 2. 不相信 3. 其他（請敘述）_____

問題2. 您相信中醫藥膳食補嗎？

1. 相信 2. 不相信 3. 其他（請敘述）_____

問題3. 移居來北美之後您是否改變了您對中醫藥的看法呢？

1. 是改變了，我以前相信中醫藥，但是我現在不相信它了。
2. 是改變了，我以前不相信中醫藥，但是我現在相信它了。
3. 不，沒變，我沒改變對中醫藥的看法，我從來就不相信它。
4. 不，沒變，我沒改變對中醫藥的看法，我一直都很相信它。

問題4. 移居來北美之後您是否改變了您對中醫藥膳食補的看法呢？

1. 是改變了，我以前相信中醫藥膳食補，但是我現在不相信它了。
2. 是改變了，我以前不相信中醫藥膳食補，但是我現在相信它了。
3. 不，沒變，我沒改變對中醫藥膳食補的看法，我從來就不相信它。
4. 不，沒變，我沒改變對中醫藥膳食補的看法，我一直都很相信它。

	很 贊 同	贊 同	傾 向 贊 同	傾 向 不 贊 同	不 贊 同	很 不 贊 同
問題5. 我相信中醫藥膳食補對健康有益	3	2	1	1	2	3
問題6. 我相信中國古話說「良藥苦口」	3	2	1	1	2	3
問題7. 我認為中醫藥膳食補食物是美味可口的	3	2	1	1	2	3
問題8. 我認為中醫藥材（例如：當歸）可添增菜餚的美味	3	2	1	1	2	3
問題9. 我認為中醫藥材（例如：枸杞子）可豐富菜餚的色彩	3	2	1	1	2	3
問題10. 對我而言在北美買中醫藥膳食補食物是容易的	3	2	1	1	2	3
問題11. 我認為廣東人比台灣人用更多的中藥材或中藥方來做湯	3	2	1	1	2	3
問題12. 我認為中醫藥膳食補在香港比在台灣更受歡迎	3	2	1	1	2	3

	很贊同	贊同	傾向贊同	傾向不贊同	不贊同	很不贊同
問題13. 每當我想吃中醫藥膳食補食物，我會到廣東人開的餐廳去	3	2	1	1	2	3
問題14. 我認為台灣的中醫藥膳食補食物不同於中國內地和香港的	3	2	1	1	2	3
問題15. 我認為台灣賣的中藥材較少重金屬污染	3	2	1	1	2	3
問題16. 我認為中藥材成分不安全	3	2	1	1	2	3
問題17. 我認為把中醫藥膳食補當成一般食物使用對身體有副作用	3	2	1	1	2	3
問題18. 當我吃中醫藥膳食補食物時，我需要注意同一餐中其他食物的搭配	3	2	1	1	2	3
問題19. 在使用藥膳食物前，我需要請教中醫師	3	2	1	1	2	3
問題20. 在使用食補食物前，我需要請教中醫師	3	2	1	1	2	3
問題21. 我認為中藥材的品質沒有受到良好管制	3	2	1	1	2	3
問題22. 我認為用現代化食品科技製成的中醫藥膳食補食物藥效提高了	3	2	1	1	2	3
問題23. 我認為用現代化食品科技製成的中醫藥膳食補食物提高了品質管制	3	2	1	1	2	3
問題24. 我相信中醫藥膳食補飲食與健康有高度相關連	3	2	1	1	2	3
問題25. 我認為在台灣使用中醫藥膳食補的情況很普遍	3	2	1	1	2	3
問題26. 我認為在像是美國和加拿大的國家，許多台灣移民仍然使用中醫藥膳食補來保持他們的健康	3	2	1	1	2	3
問題27. 我在台灣的朋友很多都在使用中醫藥膳食補	3	2	1	1	2	3
問題28. 我在北美的朋友很多都在使用中醫藥膳食補	3	2	1	1	2	3
問題29. 我的家人喜歡使用中醫藥膳食補	3	2	1	1	2	3
問題30. 我的親戚很多都會嘗試用中醫藥膳食補	3	2	1	1	2	3
問題31. 我的同事們大多都在用中醫藥膳食補	3	2	1	1	2	3
問題32. 每當我參加朋友聚會，我會試著帶中醫藥膳食補食物去參加，同時介紹給朋友們	3	2	1	1	2	3
問題33. 當我心情不好的時候，我會想到要吃中醫藥膳食補	3	2	1	1	2	3
問題34. 當我想家的時候，我會想到要吃中醫藥膳食補	3	2	1	1	2	3
問題35. 當我傷風感冒的時候，我會想到要吃中醫藥膳食補	3	2	1	1	2	3
問題36. 即使當我工作忙碌，我也會找時間來吃中醫藥膳食補	3	2	1	1	2	3

	很贊同	贊同	傾向贊同	傾向不贊同	不贊同	很不贊同
問題37. 要是我不舒服，我會很積極地嘗試一些中醫藥膳食補來讓自己覺得舒服些	3	2	1	1	2	3
問題38. 我喜歡找有關中醫藥膳食補的資訊	3	2	1	1	2	3
問題39. 要是有任何中醫藥膳食補食物被報導出來對人體有益，我更會把該食物常常放到日常飲食中	3	2	1	1	2	3
問題40. 假如有人問我，什麼是營養的飲食，我會想到中醫藥膳食補飲食	3	2	1	1	2	3
問題41. 假如有人問我，什麼是健康的飲食，我會想到中醫藥膳食補飲食	3	2	1	1	2	3
問題42. 假如有人問我，什麼食物能促進健康，我會想到中醫藥膳食補食物	3	2	1	1	2	3
問題43. 假如有人問我能促進身體特別功能的食物，像是增強消化系統或性功能，我會想到中醫藥膳食補食物	3	2	1	1	2	3
問題44. 我相信中醫藥膳食補食物能延緩衰老，使我看起來常保青春	3	2	1	1	2	3
問題45. 我相信經常使用中醫藥膳食補食物能延年益壽	3	2	1	1	2	3
問題46. 我相信用傳統中醫藥來治病	3	2	1	1	2	3
問題47. 我相信體內陰陽系統不平衡會讓我生病	3	2	1	1	2	3
問題48. 我相信中醫藥膳食補食物能增強身體免疫系統	3	2	1	1	2	3
問題49. 我常會使用中醫陰陽理論來選擇飲食	3	2	1	1	2	3
問題50. 我使用特定的中草藥補充劑來增強一些器官的功能	3	2	1	1	2	3
問題51. 我很注意不同食物的寒熱性質，我不會吃些讓我的身體變得太燥或太冷的食物	3	2	1	1	2	3
問題52. 我喜歡吃含有能強身的中藥材食物，像當歸鴨，四物湯	3	2	1	1	2	3
問題53. 要是我生病用西醫藥治不好，我會轉試中醫和/或中醫藥膳食補食物	3	2	1	1	2	3
問題54. 我相信冬天吃中醫藥膳食補對身體很有益處	3	2	1	1	2	3
問題55. 我相信在生命期的某些時段有必要吃中醫藥膳食補，像是生產後做月子，在青春階段	3	2	1	1	2	3

題組 B：您對中醫藥膳食補食物使用

從台灣搬來北美把您帶到另一個世界，在這裡，由於食物供應與食物取得的不同，和其他環境的因素，像是對不同文化的適應能力，可能使得您的食物使用方式變得和以前不一樣

問題1. 您過去在台灣，通常去哪裡購買食物？

1. 超市 2. 傳統市場 3. 雜貨店 4. 路邊攤 5. 其他（請敘述）_____

問題2. 您現在在北美，通常去哪裡購買食物？

1. 一般超市 2. 亞洲/中國超市 3. 農民市場 4. 其他（請敘述）_____

問題3. 您是否爲了自身的健康考量使用營養補充劑呢？

1. 是
2. 否，我不需要營養補充劑
3. 我不確定是否使用營養補充劑
4. 我不懂關於營養補充劑的事

問題4. 您是否爲了您的健康考量吃新鮮蔬果呢？

1. 是 2. 否 3. 其他（請敘述）_____

問題5. 您是否爲了自身的健康考量使用飲食療法呢？

1. 是
2. 否，我不需要飲食療法
3. 我不確定是否使用飲食療法
4. 我不懂飲食療法

問題6. 您在過去的十二個月中食用過中醫藥膳食補嗎？

1. 是
2. 否
3. 我不確定
4. 我不知道中醫藥膳食補

問題7. 在您移居北美之前，您在台灣使用中醫藥膳食補食物嗎？

1. 是 → 請作答問題 8 至 9
2. 否 → 請跳至問題 10
3. 我不確定是否我使用過中醫藥膳食補食物 → 請跳至問題 10
4. 我不懂中醫藥膳食補食物 → 請跳至問題 10

問題8. 您在台灣，吃藥膳食物的機會（請圈選或敘述）

每 天 / 週 / 月 / _____ 1 / 2 / 3 / 4 / 5 / _____ 次

問題9. 您會為誰使用中醫藥膳食補食物呢？

自己 / 配偶 / 孩子 / 其他家人 (請圈選或敘述)

/ 其他 (請敘述)

為了什麼原因呢？

問題10. 自從您搬來北美，您使用過中醫藥膳食補食物嗎？

1. 是 → 請作答問題 11 至 18 2. 否 → 請跳至問題 19

問題11. 您在北美，吃中醫藥膳食補食物的機會（請圈選或敘述）

每 天 / 週 / 月 / _____ 1 / 2 / 3 / 4 / 5 / _____ 次

問題12. 在北美，您曾經為誰使用過中醫藥膳食補食物呢？

自己 / 配偶 / 孩子 / 其他家人 (請圈選或敘述)

/ 其他 (請敘述)

為了什麼原因呢？

問題13. 您是否在北美購買中醫藥膳食補材料呢？

1. 是 → 請作答問題 14 2. 否 → 請跳至問題 15

問題14. 您在北美都到哪裡買中藥材或中藥方呢？

1. 中國來的西醫師 2. 中醫師 3. 針灸師 4. 中藥店

5. 郵購

6. 其他 (請敘述)

問題15. 您曾經要求您的台灣親戚或友人從台灣郵寄食材來讓您做中醫藥膳食補食物嗎？

1. 是 2. 否 3. 其他 (請敘述)

問題16. 要是您不能在北美找到您要的藥膳食補食材，您都是如何取得這些食材呢？

(請敘述)

問題17. 您是否在烹調時使用中醫藥膳食補食材來增加菜餚的香味呢？

1. 是 2. 否

3. 我不確定是否用了中醫藥膳食補食材

4. 我不知道中醫藥膳食補

問題18. 我加糖到藥膳食物中讓味道變得更好一些。

1. 的確 2. 沒這麼做

因為_____

問題19. 日常生活中，您是否飲用中藥材或中藥方泡酒來促進健康呢？

1. 是（請敘述您飲用的是什麼？_____）
2. 否
3. 我不確定是否飲用中藥材或中藥方泡酒
4. 我不懂中藥材或中藥方泡酒

問題20. 什麼樣的理由會讓您嘗試新的中醫藥膳食補食物呢？

因為_____

問題21. 我知道在北美有家餐廳供應中醫藥膳食補菜餚

這家餐廳的名字是_____

位於_____市_____州，郵遞區號_____

問題22. 我知道在北美有人販賣可用來做中醫食補食物的新鮮蔬果

店名是_____

位於_____市_____州，郵遞區號_____

問題23. 我知道在北美有人栽種可用來做中醫食補食物的蔬果

農場名是_____

位於_____市_____州，郵遞區號_____

或者 她/他 是自己栽種這些特殊的蔬果自用，

種類有_____

位於_____市_____州，郵遞區號_____

(您願意介紹這人給研究者認識嗎？請圈選 願意 或 不願意)

題組 C：基本資料與生活型態

問題1. 有關於您和您的住戶結構：請將住在您認為是“家”的地方的任何人包含在內，定義為住在您“家”裡的人，不管您有多少個居住地，您可能認為是“家”。

操作步驟一、把表格內列出，實際上沒有住在您家的人，那一列整列劃掉

操作步驟二、填入下列各項類別所定義的數字

出生地： 1.台灣 2.中國 3.香港 4.其他國家（請敘述）

教育程度：1.高中程度或以下 2.專業技術學校 3.大學 4.研究所
5.碩士學位 6.博士學位 7.其他（請敘述）

在家喜用語言：

1.中國滿州語 2.英語 3.台灣語 4.台灣客家語
5.廣東話 6.日本語 7.西班牙語 8.其他語言（請敘述）

數字9代表“我無法決定答案”

數字99代表“我不想要回答”

操作步驟三、在“誰在家做菜？”和“誰採買家用食物”的兩欄中，用

√ 表示該人在家做菜，採買家用食物

× 表示該人沒在家做菜，沒採買家用食物

住在家裡的人	年紀	出生地	在北美 (年)	教育 程度	在家喜 用語言	誰在家 做菜？	誰採買家用 食物？
您自己		1					
配偶							
父親							
母親							
岳父							
岳母							
女兒 1							
兒子 1							
兄 1							
姐 1							
親戚 1							
朋友 1							
房客 1							

請利用多出的空格內自行列出，在表格內沒列出的“住在您家裡的人”。例如，假如您有四個兒子住在您家裡，因為表格內只列出“兒子 1”請自行寫入“兒子 2”、“兒子 3”、“兒子 4”

問題2. 您的性別是？ 1. 男性 2. 女性

問題3. 您的身高是？_____公分（或者是_____尺_____吋）

（假如您不確定，請在旁邊加個問號。例如，156[?]公分）

問題4. 您的體重是？_____公斤（或者是_____磅）

（假如您不確定，請在旁邊加個問號。例如，56[?]公斤）

問題5. 您的腰圍是？_____公分（或者是_____吋）

（假如您不確定，請在旁邊加個問號。例如，156[?]公分）

問題6. 您的臀圍是？_____公分（或者是_____吋）

（假如您不確定，請在旁邊加個問號。例如，156[?]公分）

問題7. 您的婚姻狀況？

1. 未婚 2. 已婚 3. 分居 4. 離婚 5. 鰥寡

問題8. 您家中有多少位成年人有工作收入？

1. 一位 2. 兩位 3. 三位 4. 四位 5. 五位 6. 多於五位

問題9. 您家裡大概的全年總收入是？

（稅前收入，請圈選 幣別為 美金 或 加幣）

- | | | |
|-------------------------|----------------------------|------------------|
| 1. 少於 \$10,000 | 7. \$60,000 to \$69,999 | 13. 多於 \$300,000 |
| 2. \$10,000 to \$19,999 | 8. \$70,000 to \$79,999 | |
| 3. \$20,000 to \$29,999 | 9. \$80,000 to \$89,999 | |
| 4. \$30,000 to \$39,999 | 10. \$90,000 to \$99,999 | |
| 5. \$40,000 to \$49,999 | 11. \$100,000 to \$200,000 | |
| 6. \$50,000 to \$59,999 | 12. \$200,001 to \$300,000 | |

問題10. 您認為您家庭有_____收入提供家人食物所需。(請只圈選一項)

1. 多於足夠的 2. 足夠的 3. 少於足夠的

問題11. 您(或是您的家人)來自台灣哪個城市? _____

問題12. 您來到北美時的年齡是_____歲

(假如您不是移來美國的第一代, 請敘述您家裡“誰”在“年齡”時搬來北美。

例如, “我的祖父, 25 歲時”) “誰” _____, _____歲時

問題13. 在北美的哪一個大城市最接近您的居住地呢?(例如, 美國的紐約市、底特律市、或洛杉磯市, 加拿大的溫哥華市、多倫多市) _____

問題14. 您的職業是_____ (例如, 醫生、教育者、科技專業者、自雇、退休等等)

問題15. 您的工作職位是_____ (例如, 小學老師、牙醫、會計師、經理、園丁等等)

問題16. 您配偶的職業是什麼? _____

問題17. 您信仰什麼宗教? _____ (例如, 佛教、基督教、天主教、回教、道教等等 或 無信仰)

問題18. 您家裡有任何人吃素嗎?

1. 有 自己 / 配偶 / 孩子 / 其他家人 (請圈選或敘述)
 / 其他 (請敘述)
2. 沒有

問題19. 您是否有任何其他的食物限制呢？

1. 有（請敘述）_____
2. 沒有
3. 其他（請敘述）_____

問題20. 您認為您目前的健康狀況如何？

- | | |
|--------|---------|
| 1. 非常好 | 5. 非常差 |
| 2. 良好 | 6. 我不確定 |
| 3. 普通 | 7. 我不知道 |
| 4. 很差 | |

問題21. 您認為您移居來北美前的健康狀況如何？

- | | |
|--------|---------|
| 1. 非常好 | 5. 非常差 |
| 2. 良好 | 6. 我不確定 |
| 3. 普通 | 7. 我不知道 |
| 4. 很差 | |

問題22. 您有抽煙的習慣嗎？ 1. 沒有 2. 有 →請回答下頁問題

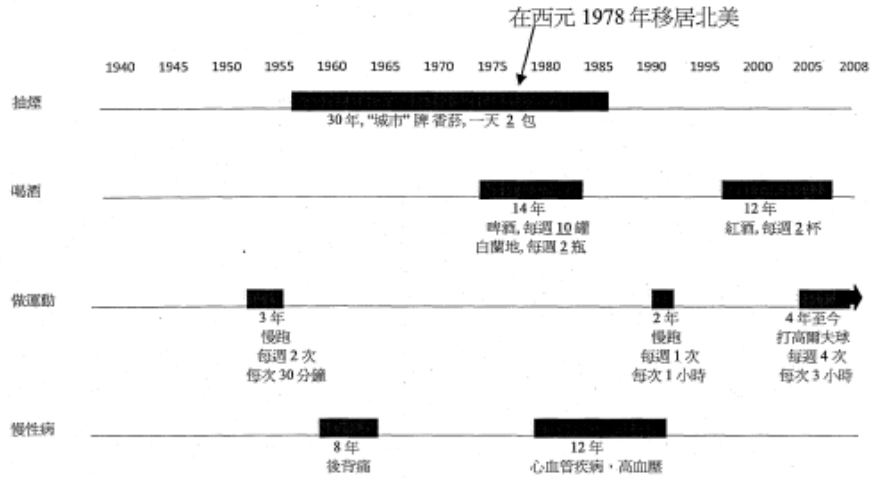
問題23. 您有經常喝酒的習慣嗎？ 1. 沒有 2. 有 →請回答下頁問題

問題24. 您有經常運動的習慣嗎？ 1. 沒有 2. 有 →請回答下頁問題

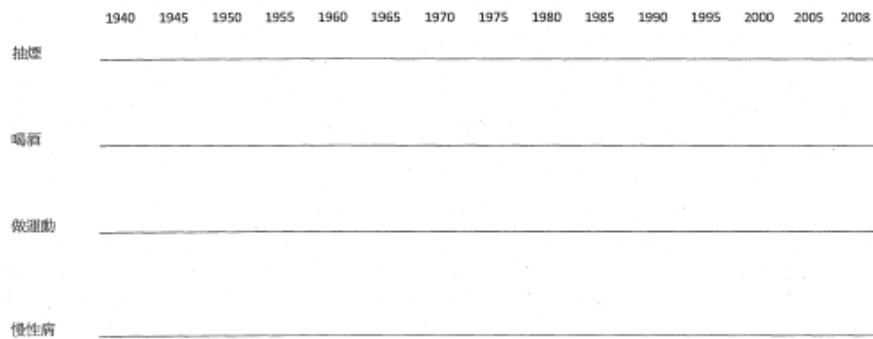
問題25. 您有慢性疾病嗎？ 1. 沒有 2. 有 →請回答下頁問題

請用粗線表示您抽煙、喝酒、做規律運動、有慢性病的年數。註明年數、從事頻率與項目種類。沒畫線表示在那幾年您沒從事這些活動。畫箭頭並寫出是在哪一年移居北美地區的。

範例:



請畫出並描述您的情況:



題組 D：您家庭的中醫藥膳食補食物的決策方式

問題1. 您家庭成員在過去十二個月內是否有人食用中醫藥膳食補食物呢？

1. 是，我家裡有人食用中醫藥膳食補食物。（請圈選或敘述）

所有人 / 祖母 / 祖父 / 父親 / 母親 / 兒子 / 女兒 / 兄，弟 / 姊，妹 / 其他

2. 否，我家裡沒人食用中醫藥膳食補食物。

3. 我不確定是否有任何家人食用中醫藥膳食補食物。

4. 我家人不懂中醫藥膳食補食物。

問題2. 由誰決定您家庭成員該吃什麼中醫藥膳食補？

問題3. 誰會經常建議您家人使用中醫藥膳食補食物呢？

問題4. 對您而言，尊重您家人所做的中醫藥膳食補的決定是否重要呢？

1. 是 2. 否 3. 其他（請敘述）

問題5. 中醫藥膳食補食物是您家裡的食物傳統嗎？

1. 是 2. 否 3. 其他（請敘述）

問題6. 您家裡使用中醫藥膳食補食物是否會因各人在不同的生命期階段的需求而不同呢？

1. 是，會用在（請圈選）懷孕期 / 產後坐月子 / 哺乳期 / 孩童期 / 青春期 / 老年期 / 其他（請敘述）

基於哪些理由？保持年輕 / 減重 / 增高 / 強化或維持智力 /

增強記憶力 / 促進生育能力 / 看起來更美 / 預防癌症 /

增強免疫系統 / 其他（請敘述）

2. 否

問題7. 假如您家裡有人患重病或意外傷害，是否會求諸中醫藥膳食補？

1. 是 2. 否 3. 其他（請敘述）

問題8. 在做決定買食物的時候，您家裡是否會考慮到該食物具有的傳統食物特性（燥熱、寒涼、溫平）對每個家庭成員的影響？

1. 是 2. 否 3. 其他（請敘述）_____

問題9. 您家裡有哪些來源獲得中醫藥膳食補食物的知識呢？（請圈選所有符合的來源）

1. 家中長者 2. 雜誌 3. 書籍 4. 電視節目 5. 中醫師 6. 針灸師 7. 朋友

8. 其他（請敘述）_____

題組 E：您對這份問卷的看法

請告訴我們您是如何看待、評價這份問卷調查

您會建議我們改進哪些地方呢？

您對中醫藥膳食補食物這議題有什麼想與我們一起分享的嗎？

要是我們對於您的作答有疑問，能與您聯絡嗎？如果您允許我們聯絡您，請提供我們以下您個人的資料：姓名、地址、電話號碼、電郵信箱

(請圈選) 1. 不同意，不要聯絡我。

2. 同意，可由以下方式聯絡我。

姓名：_____

地址：_____

電話：_____

電郵信箱：_____

(註：這份問卷裡有一些題目收錄改編自鄭裕耀博士的博士論文，題目 *Psychosocial and Cultural Correlates of Use of Dietary Supplements Among Taiwanese*，哥倫比亞大學 2003 年出版，以及康乃爾大學營養科學研究所餐食決策研究組和康乃爾大學合作推廣中心 2007 年 10 月聯合出版的一份調查問卷，題目 *Feeding our Families: The Food We Buy, Make, and Serve*)

結束

APPENDIX B. The In-depth Interview Guide

Participant Reference No.: _____

Date: _____

Time: Begins at _____ a.m./ p.m.

Ends at _____ a.m./ p.m.

Interview Guide

Note: Review the consent information and ask for signing the consent form. Before starting the interview, confirm with the interviewee that the digital audio and/or video device placement is comfortable. At the end of the interview, remember to ask the interviewee to fill out the form for demographic information.

Questions and Probes:

- **Please tell me a little about yourself and your family. And please tell me a little about your and your family's experience with medicated and medicinal (MM) food use before and after moving to North America.**
- **General topics of interest and potential probes:**
 - When did you move to North America (NA)?
 - About how often do you visit Taiwan?
 - What food and/or MM food preferences have you and your family had before and after residing in NA?
 - Based on your own experience or what you know about your family's history, how would you compare the MM foods used in NA with those used in Taiwan?
 - How do your immigration and frequency of visiting Taiwan influence your MM food decisions?

Notes:

- **Would you please give me some examples of how you and your family decide to eat MM foods:**
- **General topics of interest and potential probes:**
 - Who usually makes decisions about the use of MM foods, for whom, for what event or what stages in the life course? How do you (and/or the decision maker) evaluate the potential functions of MM foods for health?
 - Where and how are ingredients or ready-to-eat MM foods obtained?
 - Who usually makes the food? What types of recipe?
 - Are there special ways in which you serve or are served MM foods? If so, please describe. How do you (and the cook) deal with any leftovers?

Notes

- **Please describe your own and your (core and extended) family's experience of MM food use since childhood, in pregnancy, or for other events.**
 - **General topics of interest and potential probes:**
 - What have been your experiences, good or bad? What have you learned from these?
 - How do you see yourself applying what you learned?

Notes

- **Comment on the future of MM food use by your family and in your community.**
 - **General topics of interest and potential probes:**
 - How do you see MM foods being used by the next generation of your family? Your friends' families?
 - What do you think about the future of MM food use in NA and in Taiwan?

Notes

APPENDIX C. Conceptual Mapping

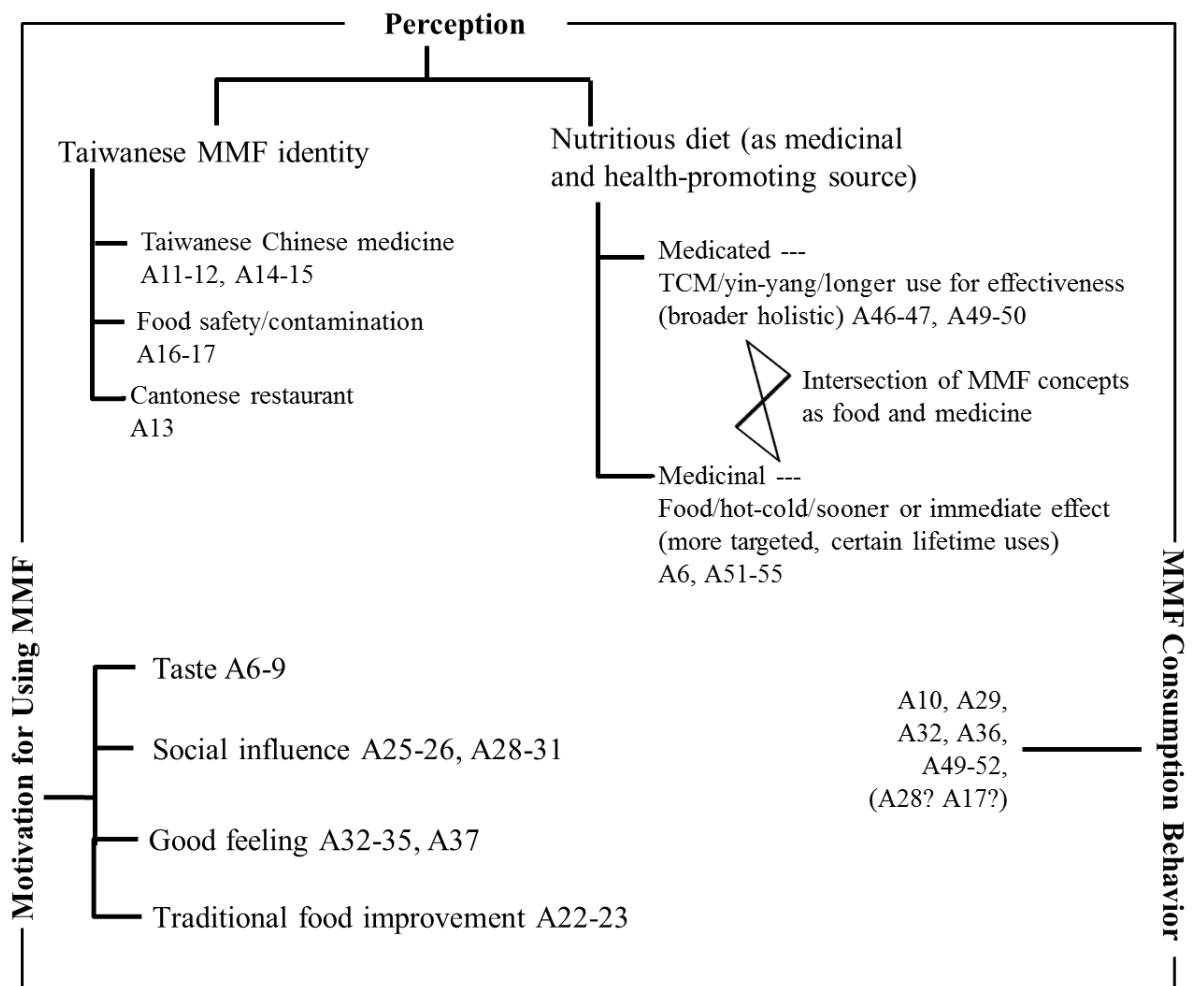
Each item/question in the set of multi-item perception questions was item analyzed by the $P_{E\&Con}$, the D-value, r_{pbis} , and the Cronbach's Alpha if Item Deleted. Results did not indicate variations among them. However, the independent-samples t-tests attached in Appendix D indicated a set of items/questions, presented at the end not statistically discriminated. When managing cluster analysis (CA) and principal component analysis (PCA), those items/questions were re-considered in terms of the contexts in which they were embedded.

A table for four anchors that served as a preliminary sorting of the perception items/questions for using PCA can be found in Appendix E. Samples of CA and PCA outputs are in Appendices F and G. A snapshot of concept/cognitive mapping that emerged during reiterative manipulation of CA and PCA is presented here. It shows concepts sorted and grouped in terms of various item/question combinations.

Table for P_{E&Con}, D-value, and rpbis

Item	P _{E&Con}	Item	D-value	Item	rpbis
a32	0.10	a17	-0.18	a12	-.226
a33	0.11	a16	0.06	a11	-.206
a34	0.15	a13	0.18	a20	-.135
a36	0.22	a21	0.21	a18	-.118
a13	0.24	a12	0.24	a19	-.051
a31	0.26	a11	0.26	a14	-.024
a49	0.27	a14	0.29	a23	-.010
a35	0.28	a32	0.29	a21	-.001
a40	0.29	a33	0.29	a13	.031
a41	0.30	a34	0.29	a17	.212
a37	0.31	a23	0.32	a31	.249
a50	0.34	a8	0.35	a26	.270
a42	0.38	a9	0.38	a16	.275
a46	0.38	a18	0.38	a9	.277
a44	0.39	a49	0.38	a6	.290
a45	0.40	a10	0.44	a22	.294
a43	0.41	a15	0.44	a15	.295
a39	0.44	a7	0.47	a8	.300
a28	0.47	a19	0.47	a7	.395
a51	0.48	a20	0.47	a30	.396
a29	0.49	a31	0.47	a10	.413
a38	0.49	a35	0.47	a25	.426
a20	0.49	a25	0.50	a35	.437
a7	0.61	a26	0.50	a34	.491
a47	0.61	a36	0.50	a32	.492
a52	0.62	a22	0.53	a53	.492
a53	0.62	a51	0.53	a33	.514
a24	0.63	a50	0.56	a29	.521
a48	0.63	a5	0.59	a48	.522
a19	0.65	a40	0.59	a50	.522
a55	0.66	a45	0.59	a36	.528
a54	0.66	a28	0.62	a28	.535
a17	0.68	a41	0.62	a51	.539
a6	0.70	a6	0.65	a27	.540
a26	0.73	a37	0.65	a47	.560
a30	0.73	a46	0.65	a49	.571
a22	0.74	a27	0.68	a46	.582
a16	0.76	a47	0.68	a5	.589
a27	0.78	a30	0.71	a39	.592
a10	0.79	a44	0.71	a45	.621
a18	0.80	a38	0.74	a52	.621
a9	0.81	a42	0.74	a38	.627
a15	0.81	a24	0.76	a37	.635
a23	0.81	a29	0.76	a44	.640
a14	0.83	a39	0.76	a24	.645
a5	0.84	a43	0.76	a43	.685
a8	0.84	a48	0.76	a40	.704
a12	0.86	a53	0.76	a42	.708
a25	0.86	a52	0.82	a54	.715
a11	0.90	a54	0.82	a55	.727
a21	0.90	a55	0.91	a41	.735

A Snapshot of Cognitive Mapping



APPENDIX D. Independent Samples T-Test Output

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
A5-I believe MMF provides benefits for health	Equal variances assumed	25.181	.000	5.365	58	.000	1.278	.238	.801	1.755
	Equal variances not assumed			4.873	31.590	.000	1.278	.262	.744	1.813
A6-I believe "Better medicine requires bitter taste"	Equal variances assumed	5.311	.025	5.719	57	.000	1.658	.290	1.077	2.238
	Equal variances not assumed			5.384	39.088	.000	1.658	.308	1.035	2.280
A7-I think MMF is tasty	Equal variances assumed	.638	.428	4.477	58	.000	1.354	.302	.748	1.959
	Equal variances not assumed			4.461	54.855	.000	1.354	.303	.745	1.962
A8-I think TCM herbs give dishes a better flavor	Equal variances assumed	3.541	.065	3.474	60	.001	.870	.250	.369	1.371
	Equal variances not assumed			3.340	44.891	.002	.870	.260	.345	1.394
A9-I think TCM herbs give dishes a better color	Equal variances assumed	6.390	.014	3.476	60	.001	.981	.282	.416	1.546
	Equal variances not assumed			3.337	44.396	.002	.981	.294	.389	1.573
A10-It is easy for me to buy MMF in North America	Equal variances assumed	11.257	.001	2.964	58	.004	.930	.314	.302	1.558
	Equal variances not assumed			2.774	37.895	.009	.930	.335	.251	1.609
A11-I think Cantonese use MMF more than Taiwanese	Equal variances assumed	2.195	.144	.524	55	.603	.144	.275	-.407	.695
	Equal variances not assumed			.525	50.027	.602	.144	.274	-.407	.695
A12-I believe MMF more popular in HK than Taiwan	Equal variances assumed	2.429	.125	.918	52	.363	.293	.319	-.347	.932
	Equal variances not assumed			.947	49.587	.348	.293	.309	-.328	.913

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
A13-When I want MMF, I go to a Cantonese restaurant	Equal variances assumed	.000	.997	-1.371	51	.177	-.491	.358	-1.210	.228
	Equal variances not assumed			-1.396	45.555	.169	-.491	.352	-1.199	.217
A14-I believe Taiwanese MMF is different than MMF in mainland China and HK	Equal variances assumed	.144	.706	.314	50	.755	.094	.299	-.507	.694
	Equal variances not assumed			.317	41.853	.753	.094	.296	-.503	.691
A15-I think Chinese herbs sold in Taiwan are less contaminated by heavy metal	Equal variances assumed	5.613	.021	3.407	55	.001	.983	.289	.405	1.562
	Equal variances not assumed			3.142	34.396	.003	.983	.313	.348	1.619
A16-I think Chinese herbal ingredients are unsafe	Equal variances assumed	2.276	.137	2.360	56	.022	.712	.301	.108	1.315
	Equal variances not assumed			2.313	47.552	.025	.712	.308	.093	1.330
A17-I think MMF has side effects even if used as dietary food	Equal variances assumed	.000	.993	3.776	57	.000	.972	.257	.456	1.487
	Equal variances not assumed			3.748	50.442	.000	.972	.259	.451	1.492
A18-With MMF, I need to be concerned about other dishes in the same meal	Equal variances assumed	4.803	.033	-.737	53	.464	-.239	.325	-.891	.412
	Equal variances not assumed			-.669	30.661	.508	-.239	.358	-.970	.491
A19-I need to consult a TCM doctor before using medicated food	Equal variances assumed	7.318	.009	-2.102	53	.040	-.850	.404	-1.661	-.039
	Equal variances not assumed			-1.923	31.510	.064	-.850	.442	-1.751	.051
A20-I need to consult a TCM doctor before using medicinal food	Equal variances assumed	2.155	.148	-2.608	51	.012	-1.099	.421	-1.945	-.253
	Equal variances not assumed			-2.403	29.436	.023	-1.099	.457	-2.034	-.164

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
A21-I think the quality of TCM herbs is not controlled well	Equal variances assumed	.149	.701	.257	57	.798	.080	.312	-.544	.704
	Equal variances not assumed			.252	48.515	.802	.080	.317	-.557	.717
A22-I think that MMF produced by modern food technology has improved medicinal function	Equal variances assumed	8.276	.006	2.989	52	.004	1.012	.339	.332	1.691
	Equal variances not assumed			2.658	27.841	.013	1.012	.381	.232	1.792
A23-I think that MMF produced by modern food technology has improved quality control	Equal variances assumed	1.371	.247	1.565	53	.123	.569	.363	-.160	1.297
	Equal variances not assumed			1.481	35.255	.148	.569	.384	-.211	1.348
A24-I believe that an MMF diet and health are strongly correlated	Equal variances assumed	5.644	.021	7.779	54	.000	1.997	.257	1.483	2.512
	Equal variances not assumed			7.190	33.765	.000	1.997	.278	1.433	2.562
A25-I think that using MMF is prevalent in Taiwan	Equal variances assumed	6.174	.016	2.710	55	.009	.665	.245	.173	1.157
	Equal variances not assumed			2.539	36.672	.016	.665	.262	.134	1.196
A26-I believe that many Taiwanese immigrants in countries such as the United States and Canada still use MMF to maintain their health	Equal variances assumed	1.889	.175	2.204	54	.032	.623	.283	.056	1.190
	Equal variances not assumed			2.092	37.329	.043	.623	.298	.020	1.226
A27-A lot of my friends in Taiwan are using MMF currently	Equal variances assumed	6.069	.017	3.608	52	.001	1.138	.316	.505	1.771
	Equal variances not assumed			3.253	28.989	.003	1.138	.350	.423	1.854
A28-A lot of my friends in North America are using MMF currently	Equal variances assumed	1.520	.223	3.863	54	.000	1.238	.320	.595	1.880
	Equal variances not assumed			3.623	35.669	.001	1.238	.342	.545	1.931

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
A29-My family is fond of using MMF	Equal variances assumed	.224	.638	7.418	53	.000	2.126	.287	1.551	2.701
	Equal variances not assumed			6.990	34.795	.000	2.126	.304	1.508	2.744
A30-Many of my relatives have tried some kind of MMF	Equal variances assumed	5.209	.027	5.318	53	.000	1.482	.279	.923	2.041
	Equal variances not assumed			4.765	29.419	.000	1.482	.311	.846	2.117
A31-Most of my colleagues are using MMF now	Equal variances assumed	1.190	.281	5.082	50	.000	1.537	.303	.930	2.145
	Equal variances not assumed			5.133	38.828	.000	1.537	.300	.932	2.143
A32-When I attend people's parties, I usually try to bring MMF and introduce it to people	Equal variances assumed	3.200	.079	6.543	52	.000	1.700	.260	1.179	2.221
	Equal variances not assumed			7.589	51.639	.000	1.700	.224	1.250	2.150
A33-When I am in a bad mood, I want to eat MMF	Equal variances assumed	3.478	.068	8.263	53	.000	1.832	.222	1.387	2.277
	Equal variances not assumed			9.217	52.999	.000	1.832	.199	1.433	2.231
A34-When I am homesick, I want to eat MMF	Equal variances assumed	6.271	.015	7.656	53	.000	1.655	.216	1.222	2.089
	Equal variances not assumed			8.842	51.373	.000	1.655	.187	1.280	2.031
A35-When I have a cold, I want to eat MMF	Equal variances assumed	2.793	.100	8.190	54	.000	2.150	.262	1.623	2.676
	Equal variances not assumed			8.346	47.767	.000	2.150	.258	1.632	2.668
A36-Even when I am busy, I take time to eat MMF	Equal variances assumed	16.026	.000	10.729	53	.000	2.321	.216	1.887	2.755
	Equal variances not assumed			12.519	50.248	.000	2.321	.185	1.948	2.693

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
A37-If I do not feel well, I will try MMF aggressively to make myself feel better	Equal variances assumed	.097	.756	9.553	52	.000	2.412	.252	1.905	2.918
	Equal variances not assumed			9.099	34.279	.000	2.412	.265	1.873	2.950
A38-I like to seek information related to MMF	Equal variances assumed	1.734	.194	9.205	52	.000	2.667	.290	2.085	3.248
	Equal variances not assumed			8.438	31.394	.000	2.667	.316	2.022	3.311
A39-If any MMF is reported to be beneficial to the body, I include it in my diet more often	Equal variances assumed	.016	.900	9.650	53	.000	2.528	.262	2.003	3.053
	Equal variances not assumed			9.965	46.838	.000	2.528	.254	2.018	3.038
A40-If someone asks me what a nutritious diet is, I think of MMF	Equal variances assumed	3.270	.076	10.625	52	.000	2.474	.233	2.006	2.941
	Equal variances not assumed			11.924	51.724	.000	2.474	.207	2.057	2.890
A41-If someone asks me what a healthy diet is, I think of MMF	Equal variances assumed	1.397	.243	11.090	51	.000	2.468	.223	2.021	2.915
	Equal variances not assumed			12.216	50.467	.000	2.468	.202	2.062	2.874
A42-If someone asks me about what food can promote health, I think of MMF	Equal variances assumed	2.557	.116	11.065	53	.000	2.429	.219	1.988	2.869
	Equal variances not assumed			10.640	37.284	.000	2.429	.228	1.966	2.891
A43-If someone asks me about food that can help particular functions of the body, such as enhancing the digestive system or increasing sexual ability, I think of MMF	Equal variances assumed	.106	.746	10.308	53	.000	2.553	.248	2.056	3.050
	Equal variances not assumed			10.663	47.052	.000	2.553	.239	2.072	3.035

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
A44-I believe MMF can delay the process of aging and make me look young longer	Equal variances assumed	.011	.916	10.365	53	.000	2.506	.242	2.021	2.990
	Equal variances not assumed			10.630	45.943	.000	2.506	.236	2.031	2.980
A45-I believe that using MMF frequently can prolong life	Equal variances assumed	.025	.874	8.901	53	.000	2.263	.254	1.753	2.773
	Equal variances not assumed			8.884	42.245	.000	2.263	.255	1.749	2.777
A46-I believe in traditional Chinese medicinal remedies for disease treatments	Equal variances assumed	2.691	.107	8.302	52	.000	2.255	.272	1.710	2.801
	Equal variances not assumed			7.902	35.945	.000	2.255	.285	1.677	2.834
A47-I believe the imbalance of yin and yang system in my body can cause illness	Equal variances assumed	27.351	.000	5.731	53	.000	1.711	.299	1.113	2.310
	Equal variances not assumed			4.840	24.539	.000	1.711	.354	.982	2.440
A48-I believe that MMF can boost the immune system	Equal variances assumed	20.682	.000	6.513	52	.000	1.826	.280	1.264	2.389
	Equal variances not assumed			5.609	25.431	.000	1.826	.326	1.156	2.496
A49-When I eat, I regularly use the principle of yin-yang to choose my diet	Equal variances assumed	2.077	.156	6.379	52	.000	1.736	.272	1.190	2.282
	Equal variances not assumed			5.924	32.897	.000	1.736	.293	1.140	2.332
A50-I use certain TCM herbal supplements to strengthen the functions of some organs	Equal variances assumed	3.517	.066	8.383	51	.000	2.058	.245	1.565	2.550
	Equal variances not assumed			7.583	29.013	.000	2.058	.271	1.503	2.613
A51-I am so careful of the 'cold' or 'hot' nature of different foods that I would not eat something that makes my body turn too 'cold' or too 'hot'	Equal variances assumed	7.025	.011	6.086	51	.000	1.966	.323	1.317	2.614
	Equal variances not assumed			5.631	32.113	.000	1.966	.349	1.255	2.677

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
A52-I am fond of eating foods containing some Chinese herbs which may strengthen my body, such as duck with aneglica and soup with the four herbs	Equal variances assumed	11.345	.001	8.769	53	.000	2.321	.265	1.790	2.852
	Equal variances not assumed			7.721	27.828	.000	2.321	.301	1.705	2.937
A53-If I got a disease which could not be cured by western medicine, I would try TCM and/or MMF	Equal variances assumed	11.751	.001	6.912	54	.000	2.233	.323	1.585	2.880
	Equal variances not assumed			6.241	30.996	.000	2.233	.358	1.503	2.962
A54-I believe that eating MMF in the wintertime is very beneficial to the body	Equal variances assumed	14.877	.000	10.208	54	.000	2.481	.243	1.994	2.969
	Equal variances not assumed			8.946	27.886	.000	2.481	.277	1.913	3.050
A55-I beleive it is necessary to eat MMF during certain periods in life, such as in the first month after childbirth and in adolescence	Equal variances assumed	2.152	.148	11.171	53	.000	2.640	.236	2.166	3.114
	Equal variances not assumed			10.219	31.484	.000	2.640	.258	2.114	3.167

Perception items/questions shown ineffective by the independent-samples t-test item analysis

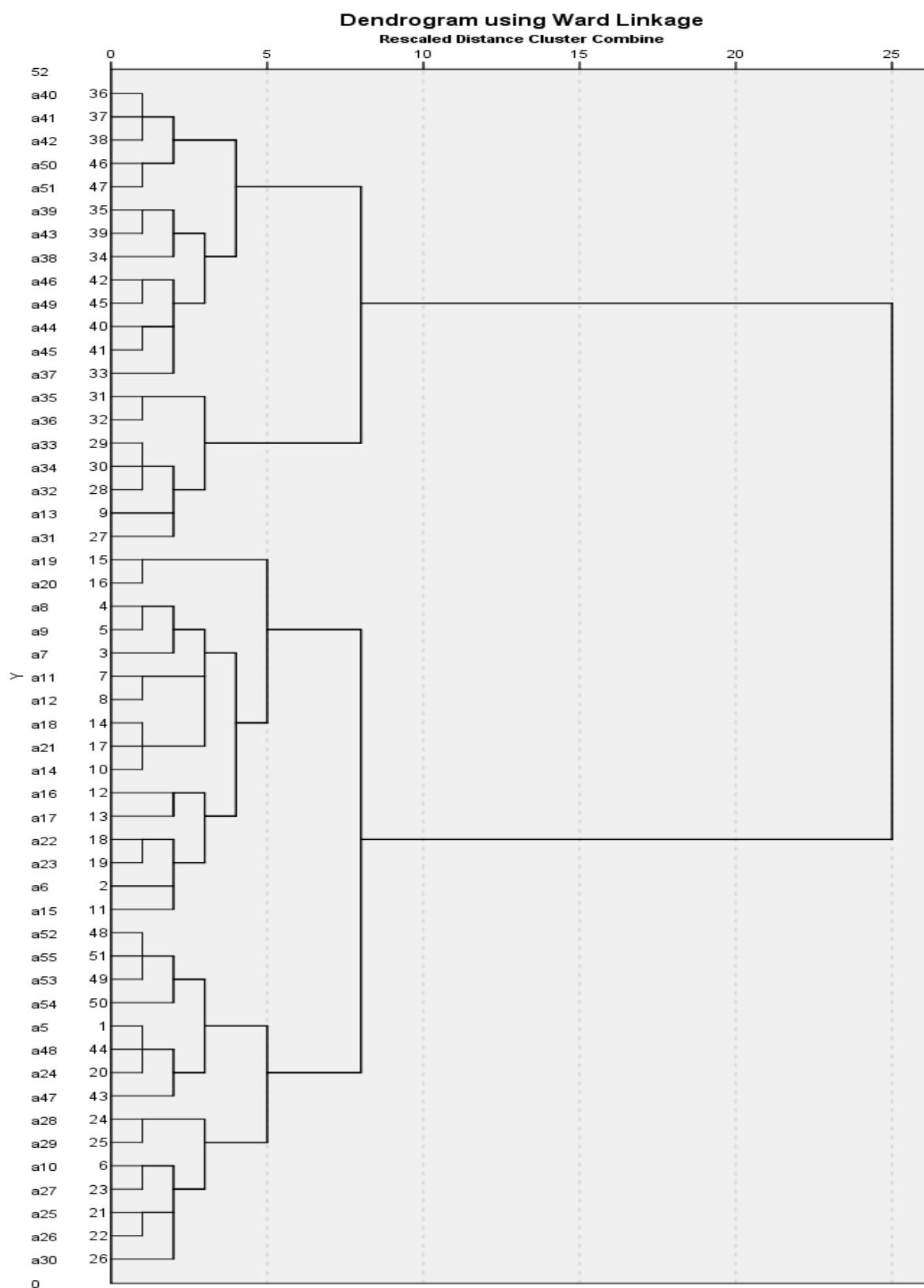
I think Cantonese use MMF more than Taiwanese [A11]
I believe MMF more popular in Hong Kong than in Taiwan [A12]
I believe Taiwanese MMF is different than MMF in mainland China and Hong Kong [A14]
When I want MMF, I go to a Cantonese restaurant [A13]
With MMF, I need to be concerned about other dishes in the same meal [A18]
I need to consult a TCM doctor before using medicated food [A19]
I think the quality of TCM herbs is not controlled well [A21]
I think that MMF produced by modern food technology has improved quality control [A23]

APPENDIX E. Preliminary Sorting for Principal Component Analysis

Anchor 1. Taiwanese MMF identification
[A11] I think Cantonese use MMF more than Taiwanese [negatively worded item]
[A12] I believe MMF more popular in HK than Taiwan [negatively worded item]
[A13] When I want MMF, I go to a Cantonese restaurant [negatively worded item]
[A14] I believe Taiwanese MMF is different than MMF in mainland China and HK
[A15] I think Chinese herbs sold in Taiwan are less contaminated by heavy metal
[A16] I think Chinese herbal ingredients are unsafe [negatively worded item]
[A21] I think the quality of TCM herbs is not controlled well [negatively worded item]
[A22] I think that MMF produced by modern food technology has improved medicinal function
[A23] I think that MMF produced by modern food technology has improved quality control
[A25] I think that using MMF is prevalent in Taiwan
[A26] I believe that many Taiwanese immigrants in countries such as the United States and Canada still use MMF to maintain their health
[A27] A lot of my friends in Taiwan are using MMF currently
Anchor 2. MMF as medicine and/or a health-promoting source
[A5] I believe MMF provides benefits for health
[A6] I believe "Better medicine requires bitter taste"
[A17] I think MMF has side effects even if used as dietary food [negatively worded item]
[A18] With MMF, I need to be concerned about other dishes in the same meal [negative worded item]
[A19] I need to consult a TCM doctor before using medicated food [negatively worded item]
[A20] I need to consult a TCM doctor before using medicinal food [negatively worded item]
[A24] I believe that an MMF diet and health are strongly correlated
[A40] If someone asks me what a nutritious diet is, I think of MMF
[A41] If someone asks me what a healthy diet is, I think of MMF
[A42] If someone asks me about what food can promote health, I think of MMF
[A43] If someone asks me about food that can help particular functions of the body, such as enhancing the digestive system or increasing sexual ability, I think of MMF
[A44] I believe MMF can delay the process of aging and make me look young longer
[A45] I believe that using MMF frequently can prolong life
[A46] I believe in traditional Chinese medicinal remedies for disease treatments
[A47] I believe the imbalance of yin and yang system in my body can cause illness
[A48] I believe that MMF can boost the immune system
[A54] I believe that eating MMF in the wintertime is very beneficial to the body
[A55] I believe it is necessary to eat MMF during certain periods in life, such as in the first month after childbirth and in adolescence

Anchor 3. Motivation for using MMF
[A7] I think MMF is tasty
[A8] I think TCM herbs give dishes a better flavor
[A9] I think TCM herbs give dishes a better color
[A10] It is easy for me to buy MMF in North America
[A28] A lot of my friends in North America are using MMF currently
[A29] My family is fond of using MMF
[A30] Many of my relatives have tried some kind of MMF
[A31] Most of my colleagues are using MMF now
[A32] When I attend people's parties, I usually try to bring MMF and introduce it to people
[A33] When I am in a bad mood, I want to eat MMF
[A34] When I am homesick, I want to eat MMF
[A35] When I have a cold, I want to eat MMF
[A37] If I do not feel well, I will try MMF aggressively to make myself feel better
[A38] I like to seek information related to MMF
[A53] If I got a disease which could not be cured by western medicine, I would try TCM and/or MMF
Anchor 4. MMF consumption behavior
[A36] Even when I am busy, I take time to eat MMF
[A39] If any MMF is reported to be beneficial to the body, I include it in my diet more often
[A49] When I eat, I regularly use the principle of yin-yang to choose my diet
[A50] I use certain TCM herbal supplements to strengthen the functions of some organs
[A51] I am so careful of the 'cold' or 'hot' nature of different foods that I would not eat something that makes my body turn too 'cold' or too 'hot'
[A52] I am fond of eating foods containing some Chinese herbs which may strengthen my body, such as duck with angelica and soup with the four herbs

APPENDIX F. A Sample Output from Cluster Analysis



APPENDIX G. A Sample Output from Principal Component Analysis

Principle Components Analysis for "MMF as medicine and/or a health-promoting source" suggesting five sub-concepts for further development [data from item analysis agree=1 disagree=0]

Rotated Component Matrix^a					
	Component				
	1	2	3	4	5
a5 I believe MMF provides benefits for health	.061	.371	.772	-.014	-.014
a6 I believe the old Chinese saying that "Better medicine requires bitter taste"	.353	-.086	.489	-.206	-.090
a17 I think MMF has side effects even if used as dietary food	.006	.034	.016	.069	.792
a18 With MMF, I need to be concerned about other dishes in the same meal	.064	.107	-.316	.653	-.325
a19 I need to consult a TCM doctor before using medicated food	-.063	-.218	.040	.850	.137
a20 I need to consult a TCM doctor before using medicinal food	-.118	-.219	-.009	.834	.131
a24 I believe that a MMF diet and health are strongly correlated	.171	.515	.428	-.292	.126
a40 If someone asks me what a nutritious diet is, I think of MMF	.900	.183	.123	-.102	.011
a41 If someone asks me what a healthy diet is, I think of MMF	.870	.218	.131	-.121	.005
a42 If someone asks me about what food can promote health, I think of MMF	.876	.168	.251	-.046	.050
a43 If someone asks me about food that can help particular functions of the body, such as enhancing the digestive system or increasing sexual ability, I think of MMF	.738	.249	.210	.071	.092
a44 I believe MMF can delay the process of aging and make me look young longer	.437	.548	.081	-.031	.463
a45 I believe that using MMF frequently can prolong life	.436	.538	.135	.043	.443
a46 I believe in TCM remedies for disease treatments	.233	.800	.059	-.060	.056
a47 I believe the imbalance of yin and yang system in my body can cause illness	.257	.692	.067	-.245	-.154
a48 I believe that MMF can boost the immune system	.043	.734	.315	-.136	.109
a54 I believe that eating MMF in the wintertime is very beneficial to the body	.304	.144	.739	.014	.180
a55 I believe it is necessary to eat MMF during certain periods in life, such as in the first month after childbirth and in	.352	.490	.527	-.012	-.016

Extraction Method: Principal Component Analysis

Rotation Method: Varimax with Kaiser Normalization

a. Rotation converged in seven iterations

Principle Components Analysis for "Taiwanese MMF identification" suggesting five sub-concepts for further development [data from item analysis agree=1 disagree=0]

Rotated Component Matrix^a					
	Component				
	1	2	3	4	5
a11 I think Cantonese use MMF more than Taiwanese	.029	.905	-.024	-.060	.006
a12 I believe MMF more popular in HK than Taiwan	.027	.910	.032	-.046	-.082
a13 When I want MMF, I go to a Cantonese restaurant	-.082	.469	-.006	.229	.022
a14 I believe Taiwanese MMF is different than MMF in mainland China and HK	-.035	-.085	-.229	-.320	.775
a15 I think Chinese herbs sold in Taiwan are less contaminated by heavy metal	.057	.099	.264	.379	.725
a16 I think Chinese herbal ingredients are unsafe	.276	.060	-.214	.737	.063
a21 I think the quality of TCM herbs is not controlled well	-.204	.027	.002	.827	-.074
a22 I think that MMF produced by modern food technology has improved medicinal function	.178	.035	.858	-.064	.072
a23 I think that MMF produced by modern food technology has improved quality control	.036	-.035	.834	-.077	-.040
a25 I think that using MMF is prevalent in Taiwan	.773	.047	.224	.059	.077
a26 I believe that many Taiwanese immigrants in countries such as the United States and Canada still use MMF to maintain their health	.878	-.012	-.043	-.060	-.132
a27 A lot of my friends in Taiwan are using MMF currently	.647	-.178	.157	.016	.515
Extraction Method: Principal Component Analysis					
Rotation Method: Varimax with Kaiser Normalization					
a. Rotation converged in seven iterations					

Principle Components Analysis for "Motivation for getting MMF" suggesting four sub-concepts for further development [data from item analysis agree=1 disagree=0]

Rotated Component Matrix^a				
	Component			
	1	2	3	4
a7 I think MMF is tasty	.204	.123	.714	-.126
a8 I think TCM herbs give dishes a better FLAVOR	.039	.057	.890	.031
a9 I think TCM herbs give dishes a better COLOR	.139	-.008	.764	.285
a10 It is easy for me to buy MMF in North America	.181	.324	.221	-.593
a28 A lot of my friends in North America are using MMF currently	.201	.714	.148	-.010
a29 My family is fond of using MMF	.223	.754	.151	.201
a30 Many of my relatives have tried some kind of MMF	.033	.799	-.155	.153
a31 Most of my colleagues are using MMF now	.323	.659	.087	-.118
a32 When I attend people's parties, I usually try to bring MMF and introduce it to people	.782	.193	.094	-.011
a33 When I am in a bad mood, I want to eat MMF	.790	.185	.072	.057
a34 When I am homesick, I want to eat MMF	.703	.192	.125	-.098
a35 When I have a cold, I want to eat MMF	.659	-.012	.103	.424
a37 If I do not feel well, I will try MMF aggressively to make myself feel better	.612	.289	.183	.252
a38 I like to seek information related to MMF	.163	.402	.287	.620
a53 If I got a disease which could not be cured by western medicine, I would try TCM and/or MMF	.268	.302	.147	.666
Extraction Method: Principal Component Analysis				
Rotation Method: Varimax with Kaiser Normalization				
a. Rotation converged in six iterations				

Principle Components Analysis for "MMF consumption behavior" [data from item analysis agree=1 disagree=0] Note: only 1 component, no rotated component matrix

Component Matrix^a	
	Component
	1
a36 Even when I am busy, I take time to eat MMF	.488
a39 If any MMF is reported to be beneficial to the body, I include it in my diet more often	.759
a49 When I eat, I regularly use the principle of yin-yang to choose my diet	.774
a50 I use certain TCM supplements to strengthen the functions of some	.783
a51 I am so careful of the 'cold'/'hot' nature of different foods that I would not eat something that makes my body turn too 'cold'/too 'hot'	.740
a52 I am fond of eating foods containing some TCM herbs which may strengthen my body, such as duck with angelica and soup with the four herbs	.709
Extraction Method: Principal Component Analysis	
a. 1 component extracted	

Rotated Component Matrix^a

	Component	
	1	2
a14 I believe Taiwanese MMF is different than MMF in mainland China and HK	-.175	.688
a15 I think Chinese herbs sold in Taiwan are less contaminated by heavy metal	.374	.738
a16 I think Chinese herbal ingredients are unsafe	.805	-.043
a17 I think MMF has side effects even if used as dietary food	.551	-.434
a21 I think the quality of TCM herbs is not controlled well	.672	.126

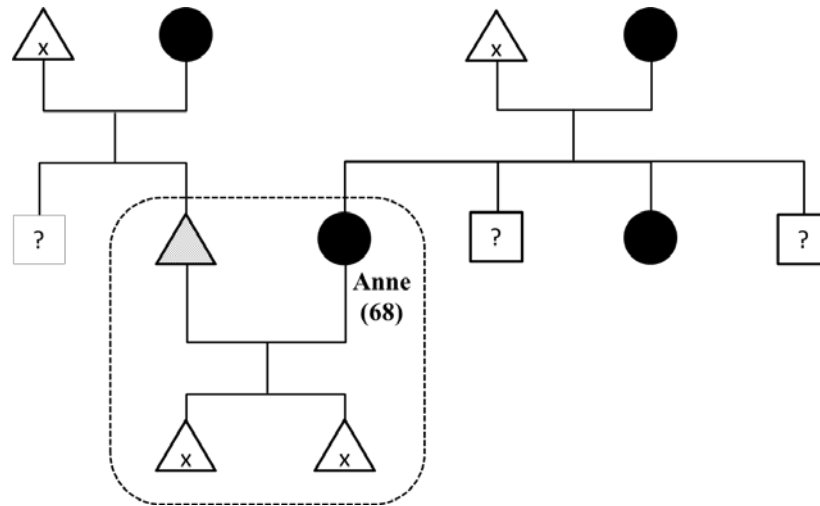
Extraction Method: Principal Component Analysis
Rotation Method: Varimax with Kaiser Normalization

a. Rotation converged in three iterations

Notes for analysis: This PCA matrix indicates that the responses to the two component groups (a14 and a15) and (a16 and a21) seemed to be reasonable, but a17 is confusing because it is unclear whether the MMF side effect concerns are due to contamination of quality in medicinal effect.

APPENDIX H. Interviewees and Their Transnational Family MMF Use Dynamics

Interviewee 1



Transnational family MMF use diagram of interviewee 1

Anne was a nurse in Taiwan and once worked as a nurse in Europe before moving to the US to be with her Taiwanese husband for his continuing graduate study in the early 1970s, after earlier study in Japan. They settled down in the university community after he graduated, and their sons, now in their thirties, were born in the US. The older son stayed close with them. The younger son had married a second generation immigrant from South America; the couple lived in New York City and visited home frequently. Christianity was this family's religion, but Anne and her husband were familiar with lifestyles and basic customs of Buddhism/Daoism as practiced in Taiwan and Japan.

Anne indicated that her husband did not cook MMF at home, but he sometimes asked her to cook MMF. Since she made MMF for her family and husband and knew the family's MMF use and experience, she felt she would be able to answer all of my questions. The interview was in her kitchen, which opened on the dining table and food storage cabinets, a place where Anne could recall easily the ingredients she used.

Anne's parents never thought she needed *bo*⁵⁰ 補 in her childhood or her "turning into an adult" 轉大人 period, as she was a healthy child. Her brother, however, was fed *bo* and ate it

⁵⁰ *Bo* 補 (Taiwanese; *bu*, Mandarin) has a meaning of supplementing, enhancing, and promoting; *yoa* 藥 (Taiwanese; *yao*, Mandarin) means drug or medicine. *Bu yao* 補藥 means a kind of medicinal substance used for promoting health by strengthening necessary forces in the body in traditional Chinese medicinal terms, e.g., *huo* 火 (Mandarin) "inner fire," for lighting life, and *qi* or *chi* 氣 "pushing force," for energy flow throughout the body.

habitually. After he grew up, he used special *bo* ingredients for special occasions and even adapted TCM herbal use to culinary use. Anne was not given special MMF care for “doing the month” 做月子 during the month after she had a baby, because no senior female Taiwanese accompanied her in the US. MMF was less accessible before the 1980s, and she considered her nutritious and balanced diet sufficient. Later, her sister was able to bring TCM herbs and dried TCM processed fruits/herbs for her from Taiwan, and her friends and relatives in or close to New York City sent her packages of MMF ingredients, e.g., bottles of rice wine. From the late 1980s, she and her family started to visit Taiwan every two or three years for a month or two each time. When she returned to Taiwan, she noticed more opportunities to buy TCM herbs and processed/dried ingredients used for making traditional health-promoting dishes. She brought back those considered “commonly used MMF ingredients.”

Anne perceived the MMF use experiences of herself, husband, family, and friends to be good overall. Although the issue of contamination of TCM herbs or some MMF ingredients by herbicides or toxic metals concerned her, she did not consider misuse or overdose in eating MMF to be an issue because TCM herbs were just minor medicinal ingredients in MMF dishes. Her US residence was very cold in winter and hot in summer, and she perceived her MMF use to be seasonal, with more in winter as a time to use ginseng. Ginseng was used as a substitute when a kind of TCM herbal formula to make the “all-benefits” wine (Taiwanese, *shi quan dai bo jiu* 十全大補酒) that Anne’s father had introduced to her was not accessible. The ginseng liquor was taken mainly by her husband. In summer, she often used mung bean dessert soup to cool body heat; it was not considered *bo*, a winter choice. Sometimes an icy sweet soup made with TCM herbs was a substitute drink to repulse body heat.

Anne knew that some MMF dishes required certain MMF ingredients, e.g., roasted (not unroasted) sesame oil for sesame and rice wine chicken soup. She indicated that cooking equipment might alter MMF chemicals, so she substituted Corning ware for the clay pots that people in Taiwan used for making TCM cuisine and that she could not access in the US. She stocked perishable MMF ingredients in the refrigerator. As she did not cook much MMF in a meal, leftovers were not an issue for her and her family always finished MM dishes within one or two meals. She tried to avoid eating restaurant-made MMF, conceiving it as “novel” food that could disturb the digestive system. At the same time; she thought that the body could receive medicinal value from foods or herbs only after taking them for a period of time. This view was supported by her thinking that the effect of ginseng liquor takes years to appear, but the drinks/soup she made could give her a “feeling” effect in two to three days. The way she made drinks/soup was similar to extracting from herbs rather than cooking MMF according to TCM directions. Once she felt the medicinal effect from MM drinks, she stopped using them.

Anne’s family and guests in the US preferred a mild taste and lighter appearance in MMF dishes, while her children did not like MMF. Her children did not accept unfamiliar food at home even if it was cooked properly and contained no/little herbal smell. Hence, Anne kept the herbs separated when cooking MMF. Since she and her husband accepted American food, they went with their Taiwanese American children’s American diet, though she and her husband thought they might turn to such MMF as they had before for health purposes due to aging. She indicated that since she and her husband had paid little attention to MMF use before, and they did not teach their children about it. Moreover, since her husband encouraged Americanization and they usually spoke English with the children at home, the children had few chances of contact with TCM culture or MM food use tradition.

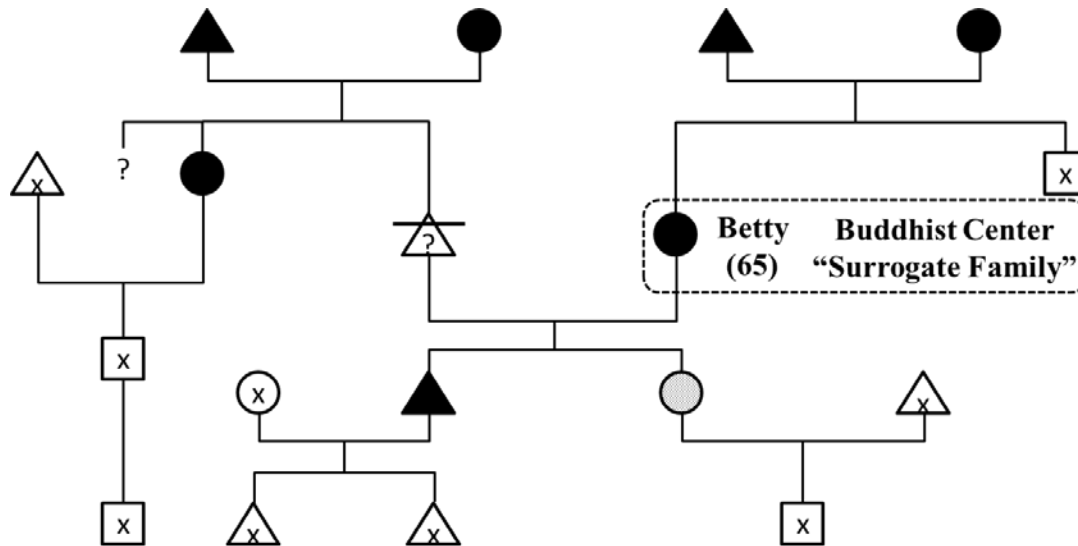
Anne thought that there were higher chances of children accepting MMF if they were introduced to it earlier. The chances of their using MMF became even lower if they married Americans. For some families that emphasized food traditions or people living in California or New York City, where medicinal herbs from Taiwan were much more accessible, people might continue to use MMF. She felt that convenience of access in big cities to Chinatowns, TCM doctors and stores, and MMF ingredients could increase the experience of using them.

In recent years, Anne herself had wanted to try MM food and vegetables that were said to be good for the body. Cheaper food ingredients, food habits, food accessibility, and food experience motivated her food choice for consumption. She considered it necessary to advocate health-promoting functions of each food and educate other people who did not know about certain health benefits from certain foods. She started to learn of some MMF when visiting Taiwan because foods there served both satiety and health promotion and food markets there boomed with health-promoting food, functional food for anti-aging and beauty, and medicinal ingredients for enhancing certain parts of the body. Living in a rural area of the US, Anne was less influenced by the specially marketed Taiwanese foods. She changed her personal and cultural values about some American-grown Taiwanese vegetables, however, when she understood their health benefits. She considered that her limited social circle limited her life experience regarding MMF use. To her, Taiwanese immigrants who went many places and lived in many countries, or whose families visited Taiwan or traveled many places might often follow Taiwanese food traditions or react faster when food supplies changed.

Anne considered that easterners perceived food from the concept of “yin-yang” and “cold-hot” food properties, whereas westerners perceived it in terms of its chemical nutrients. ‘Medicinal’ food would thus be gradually discussed in other terms able to attract people. She suggested that I say *bo* food, not ‘medicinal’ food, as she indicated that a Taiwanese successfully grew ginseng in Wisconsin and used the ginseng products for business by emphasizing a developing knowledge about *bo* foods.

Anne showed me her stored MMF ingredients, food storage cabinet and refrigerator, and *bo* wine. She liked collecting health information and watching satellite television, which provided Taiwanese and Japanese food and travel programs and cooking shows. Television was a major pastime for her in the cold, snowy winter. She and her husband watched Taiwanese programs and digital video dramas from Taiwan. She enjoyed eating snacks when watching television. Her emails circulated food information among close colleagues, friends, and relatives. Her friends and relatives would send packages or bring “foods for leisure time” from Taiwan. She said she had learned during this interview that some Taiwanese snacks containing medicinal herbal ingredients could be considered MMF. She offered me an interview informant introduction that held the possibility of further connections.

Interviewee 2



Transnational family MMF use diagram of interviewee 2

Betty had been a volunteer cook for a Taiwanese Chan (Zen)⁵¹ Buddhist center in her vicinity. I met her when I visited the center with a young home-stay business couple, David and Grace (the seventh interviewee). As a receptionist, she welcomed me. I told her some of my informants had suggested I might find someone here interested in my research about perception of the use of MM food. She introduced herself, a retired cook who cooked there as a volunteer. She requested that I contact her later and assigned a worker to show me and my companions around.

About a hundred people were walking through the lobby on the way out of a worship meeting on the ground floor. About seventy people gathered in the basement, where tables for serving food were located by worship altars. Some worshiped while others ate. A convenient kitchen was set in the corner. Buddhist food was served all day every day it was open. Meals were available to everyone and were flexible, offered for followers after each major practice session and several intermittent ones. Visitors and guests were also welcome to eat.

After we left, Grace told me that she thought the center too crowded. Its divinities were different from those of her Buddhist sect – she had once belonged to another, smaller group in New York City that combined Buddhism with Daoism. However, she did not find a difference in food use here.

Having wanted to be interviewed at the center, Betty changed her mind and invited me to her apartment to avoid noise and for convenience in showing me things and getting references. She asked me to have dinner with her and showed me how she cooked some MMF ingredients. She also showed me her collection of Chinese Buddhist and other cookbooks in Chinese and

⁵¹ Taiwan's Buddhist development was influenced by both China and Japan. Chinese Chan and Japanese Zen seemed eclectically mixed at the center.

English. Betty had been a chief cook for that Taiwanese Chan Buddhist center for several years and, before that, a cook at several famous East Asian and Zen vegetarian restaurants in Manhattan and Flushing, New York City. She was still a chief cook for a retreat center of the Chan Buddhist center and invited me to visit to see its big, well-managed kitchen, ingredients, and food management and to explore the food uses and interview people.

Betty came to the US with her parents-in-law in 1986. She had been separated from her husband for many years for private reasons. The children stayed in Taiwan close to him. Her son was a physician at a large hospital under a famous medical school in Taiwan; her daughter-in-law was also a physician there; this couple had two sons. Her daughter, with a PhD degree in chemistry, worked at state enterprises in Taiwan and married another PhD professional in a similar field. This couple had a daughter. Before 2007, Betty visited Taiwan every two to three years. Later, she returned to Taiwan to stay six months every year with her family to escape the inclement winter in New York. Whenever she visited Taiwan, she visited both her parents and parents-in-law and often stayed with her son's family. She owned her Flushing apartment and shared it with a female apartmentmate who was also a Buddhist vegetarian.

The interview started around five pm in the living room, which opened on the dining table and had a Buddhist altar. Betty at first used Mandarin and then changed to Taiwanese. Dinner prolonged the visit time. While Betty was cooking, a female Taiwanese social scientist teaching at a university in New York City stopped by after grocery shopping to share food. A Chan Buddhist, she knew Betty through the Buddhist center and then became a good friend. She considered Betty an excellent cook for Chan Buddhist vegetarian dishes and a perfect interviewee for my topic.

Betty made a medicinal tea for me during the interview but was reluctant to reveal the ingredients. She wanted to know how I thought it tasted and insisted it would be good for gynecological health. I drank it out of curiosity and the hope of pleasing her; it tasted good, and she was happy about my comments and guesses about ingredients. She did not know all the ingredients, as this was a loose pack of tea from a friend, but she believed it was organic and of good quality. Betty skipped through a copy of the cruise survey questionnaire to get familiar with the background of my research. At the start, I naturally followed our conversation with questions about her restaurant experience.

Betty was sad that the franchised restaurants in New York City, which she pooled capital with friends to open in the 1990s, were closed several years ago. That was a unique experience for her to learn to modify Buddhist vegetarian-style food to suit western customers. At that time, there were not many Buddhists around, and it was necessary to adapt the taste to western customers' liking. Recipes used in the restaurants were developed by several senior master sisters⁵² through cooking trials from old or traditional recipes. Most dishes were neither particularly western nor eastern in style or taste, but were delicious and well liked. Some, such as dumplings and spring rolls, appeared traditional but had new fillings. Some tasted slightly different, e.g., steamed buns.

⁵² When speaking with female Buddhists or Buddhist believers, particularly at Buddhist practice places, Taiwanese called them "*shi jie*" (Mandarin, 師姐 master sisters). Those whom Betty called master sisters could be volunteer workers from that Taiwanese Buddhist center or women who believed in the same Buddhist sect and were not nuns. Nuns as well as monks are called *shi fu* (Mandarin, 師父 masters). However, among nuns, juniors would call their sect seniors master sisters.

While the popularity of the taste made their business successful, Betty and her partners encountered problems in keeping it open, e.g., one lease expired and another was unaffordable. She commented on the restaurant management experience with the Buddhist saying, “Dependent originating; dependent ending (*yuan qi yuan mie* 緣起緣滅),” and related this concept to her current personal food use: she ate whatever she could easily obtain, simple food, and cooked it simply. However, she was persistent in MMF use.

Betty lectured me on Buddhist MMF background, including some MMF ingredients that have different meanings to Buddhists. One example was *wu xin*,⁵³ which are considered MMF ingredients; Chinese/Taiwanese Buddhist vegetarians do not eat them except for healing purposes. According to her, for Chinese or Taiwanese Buddhists, though the *wu xin* are condiments, they are, like meat, an aphrodisiac. For her, the fact that Buddhist vegetarians do not touch them had even deeper implications.

Betty said Buddhists started observing a purely restricted vegetarian regime at monasteries and nunneries. In Buddha’s time, his mendicant followers relied on begging for food and had to eat whatever donors gave, even if it was proscribed, but Chinese monks and nuns ate *su*⁵⁴ because the founders of Chinese sects of Buddhism and Daoism advocated it.⁵⁵ When Buddhism diffused to China (in 265 BCE-217 BC), begging food was not considered decent in most parts of Chinese society, so Buddhist temples had kitchens. Some Chinese emperors’ Buddhist teachers were given farmland, so temples could rent out land, grow crops, and manage their food supplies. Betty emphasized that, while *wu shin* were not excluded from Indian Buddhists’ dietary regime in an extreme way due to the culture, in China, once temples had kitchens and set food supplies, Buddhists strictly followed the proscription of the five foods as given in Buddhism scriptures. They showed respect for others in the temple by avoiding bad breath and the strong influence of the seven emotions and six sensory pleasures⁵⁶ (*qi qing liu yu* 七情六欲).

Betty’s continuing answers to my questions connected, she felt, to her life experience and Buddhist vegetarian MMF choices. Her mother-in-law was a very devout lay Buddhist, eating *su* on the first and fifteenth days of lunar months and breakfast *zhai*⁵⁷ 齋 every morning. Betty

⁵³ Buddhists and Daoists have different definitions of *wu xin* 五辛, the five strong-smelling condiment vegetables considered as “meats.” One common understanding of the five religiously proscribed condiments is spring onions, garlic, garlic chives, onion, and coriander, though whether coriander belongs to *wu shin* is controversial. Buddhists and Daoists generally do not eat garlic, onions, or spring onions, but they eat ginger, an important condiment for both Buddhists and Daoists.

⁵⁴ *Su* 素 (Mandarin; *so*, Taiwanese) here means a restricted Buddhist dietary regime without meat. In Taiwan, it can be used broadly to mean all kinds of vegetarian diets. *Su* can be described as anything made of vegetarian ingredients, a behavior of eating vegetarian foods, or practicing a vegetarian diet.

⁵⁵ The researcher could not observe the eating behavior of individual nuns and monks whom the interviewee had met in the US. However, in her understanding, Buddhist temples in Japan, Korea, and Southeast Asia do not have meat meals, though some Japanese monks do eat meat.

⁵⁶ In Buddhism, the seven emotions are joy, anger, grief, fear, love, hate, and desire, and the six sensory pleasures come from greedy eyes, ears, nose, mouth, body, and mind. The seven emotions are also described in traditional Chinese medical theory, but they are joy, anger, worry, longing, sorrow, panic fear, and shock.

⁵⁷ *Zhai* is a Buddhist expression for a clean vegetarian diet. Not touching meat or containers or cookery for meat is considered “clean and sanctified.”

became a Buddhist vegetarian once she was working in a Chan/Zen style restaurant in 1989. She thought she should be a vegetarian to respect the religion and its followers. Although she did not continue working in that restaurant, she continued eating *su* and felt her body became healthier.

Betty recalled changing a lot in her MMF preferences because Chinese herbal stores were not common in earlier times in the US. She could just make MMF occasionally. She had to change to an easy way of cooking using simple and fresh ingredients locally accessible, which she considered a healthy substitute, for her food use. On her stays in Taiwan, however, she could easily find ingredients for *bu*, obtain ready-to-eat *bu* dishes on the street which she really liked, or eat popular *bu* dishes at food stalls.

Betty felt that living in Flushing, New York City, a Mandarin-speaking and Taiwanese-dominant Chinatown,⁵⁸ made it comparatively easy for her to get MMF or *bu* ingredients and make MMF dishes. Nowadays, convenient food packs for MMF dishes were widely available in the supermarket. Meat eaters could add meat to an MMF ingredient pack and stew it to make an MMF dish. Most Chinese or Taiwanese Buddhist vegetarians added shiitake mushrooms and fried gluten, a Buddhist vegetarian meat substitute, to make a Buddhist MMF dish. Betty told me of an Asian vegetarian food shop in Flushing selling many kinds of *su ji* 素雞 “vegetarian chicken,” *su yu* 素魚 “vegetarian fish,” etc.,⁵⁹ and other vegetarian ingredients. It imported many Buddhist vegetarian ingredients from Taiwan. She exemplified: “I found a *lian zi ji*⁶⁰ 蓮子雞 pack there. It is really very convenient. Just open, heat, and eat. You even don’t need to spend time making it.”

Despite her restaurant experience, Betty did not think an MMF restaurant business in the US was as practical as those MMF stalls easily found on the streets or in night markets in Taiwan. She believed MMF was accepted in Taiwan because such one-food-item stalls and traditional fresh food markets had customers to support them. Food could be ordered across food stalls next to each other. MMF dishes were common at street stalls or buffets there. Although diverse and delicious MMF soups could be found in some Asian buffets in the US, they were served differently from MMF dishes in Taiwan. Moreover, challenges would arise as some specific MMF dishes had to be made by request in order to suit a customer’s constitution. Since ready-to-serve MMF packs at supermarkets could offer convenience for making an individual MMF dish at home just by adding some other ingredients, a huge demand for MMF consumption had emerged in the market, she believed, but not for MMF restaurants.

Betty noticed that Chinese immigrants in Flushing strived hard for their livelihood. They craved a lot of meat and had a kind of belief in a need of eating much meat to retrieve energy for the body. They bought and ate unbelievable amounts of meat and seafood from Chinese grocery

⁵⁸Manhattan Chinatown is known for its early Chinese immigrants and has a dominantly Chinese ethnic population. Flushing Chinatown became a Mandarin Chinese-speaking culture center and has attracted Taiwanese immigrants since the 1970s.

⁵⁹*Su* 素, the general term describing a vegetarian dietary style or vegetarian ingredients, can also be used to refer to grains, vegetables, fruits, and foods processed from gluten and/or soy protein that mimic the appearance, texture, and taste of meats, e.g., *su ji* (Mandarin, 素雞 “vegetarian chicken”).

⁶⁰*Lian zi ji* (Mandarin, 蓮子雞 lotus seeds with a mimic chicken vegetarian ingredient) refers to a soup or a stew with lotus seeds and *su ji* pieces. *Lian zi* (Mandarin, 蓮子 lotus seeds) are considered to have a property of cooling and balancing the body.

stores and supermarkets. Chinese restaurants offering MMF or *bu* soups, which they called *bao tang* 煲湯, slow-cooked soup, were always filled with people. Cantonese and Hong Kong immigrants ate *bu* the most. In comparison, Betty did not think herself really a *bu* or MMF user.

Betty said that these Chinese immigrants often asked her, a Buddhist vegetarian: “You eat *su*. How can you have energy to work? Haven’t you felt weak?” They were not the only ones to link a vegetarian diet to weakness. To her surprise, every master in her temple had told her, their cook, that they felt they needed to eat *bu* for strength. These masters perceived the majority of commonly used vegetables to have a rather “cool” property and avoided eating these foods. She asked what foods and *bu* they liked and they made a list. When she visited Taiwan, she bought *yao shan bao* 藥膳包, ready-to-serve MMF packs for MMF or *bu* dishes, to make *bu* dishes for these masters. She fried gluten products and stewed them with the food packs. This smelt and tasted great. She adjusted and added various MMF ingredients depending on the season and her knowledge of the kind of MMF dish or soup. Betty said this made these masters feel better and more energetic.

Besides obtaining her MMF knowledge from books, the media, the news, magazines, and the Internet, Betty, like most Chinese/Taiwanese living in Flushing, read a free copy of *Jian Kang Sheng Huo* 健康生活, *Healthy Living*, a biweekly news periodical in Chinese, from which she often learned MMF recipes and got to know health developments based on TCM. This periodical taught people how to use common Chinese herbal or food ingredients from supermarkets to maintain health. She also knew the herbs around her residence. In spring there was a lot of *ai cao*⁶¹ 艾草 growing in the fields; knowing its medicinal function, she made *ai cao gao*⁶² 艾草糕 as a MM snack.

Betty had seen quite a few Taiwanese TCM herbs or MMF ingredients grown locally by Chinese, which made prices cheaper. She was not sure if some MMF ingredients, such as certain vegetables, were grown locally or organically. Concerns about food safety made her buy locally. She was very skeptical about the quality of many MMF ingredients that were claimed to be imported from Taiwan because most herbal ingredients originally came from mainland China. Concerns for food sources and safety affected her beliefs in the health-promoting effects of MMF and Chinese medicine and her interest in trying them. She still used some kinds of MM drinks and brought their ingredients from Taiwan or bought them imported from Taiwan. In spite of her concern, she continued to believe in the healing power of some MMF or MM drinks from which she benefited. For example, she made a tea of her own chrysanthemum flowers and embryotic lotic buds, which cured her acute urinary tract and bladder inflammation one summer. Watermelon juice with salt had the same function for her, but to her, watermelon was for eating, whereas the tastier tea was a drink.

Belief in Buddhism had motivated Betty regarding food selection in addition to her aging. Her desire for getting particular foods for taste changed. She did not particularly want or dislike any foods. Moreover, with peace of mind on food safety issues if she cooked herself, she did not have a big drive to eat at restaurants. According to Betty, she just cooked cheap, easily accessed

⁶¹*Ai cao* (Mandarin, 艾草 mugwort or *Artemisia argyi*) is an important herb in Chinese medicine as well as a food ingredient. In acupuncture, a procedure called “moxabustion” burns *ai cao* to heat a bodily meridian point. Acupuncture (*jen jio* 針灸, Mandarin) literally means needles and burning *ai cao*.

⁶²*Ai cao gao* (Mandarin) 艾草糕 is a pastry-like sticky rice cake made by steaming a mix of *ai cao* and rice powder.

MMF ingredients by simple methods for herself and the temple masters. These ingredients were said to lower high-blood pressure and have other health benefits. She usually mixed several without a recipe, adding a handful of this and that to boiling water and then drank the extract.

Betty thought that, once people had become used to certain kind of foods, it was not easy to change. Thus, those who were not used to MM foods would not accept them quickly. Even those who were used to them would not necessarily accept them all. Though, she thought that she used and benefited from MMF, she still questioned MMF effects. Similarly, she could not judge whether or not some TCM formula worked if she did not follow the directions for use. Taking MMF or Chinese medicine was not like taking a painkiller bringing instant relief. Time, effort, and persistence were required in order to evaluate the effects of MMF or TCM.⁶³

Having been in the US for over twenty years, Betty felt that she was the boss of her own single life: she did what she liked. When she stayed in Taiwan with her working son and daughter-in-law, western physicians of no religious faith, she decided what dishes would be made. Though her son accepted MMF, her daughter-in-law did not believe in TCM or accept MMF, so Betty did not make MMF dishes for her. She only added *gou qi* (Mandarin, 枸杞 wolfberry, an MMF ingredient) and *hong zao* (Mandarin, 紅棗 red dates, an MMF ingredient) to make MMF soups because her daughter-in-law refused other MMF ingredients.

Betty indicated that her daughter-in-law's mother did not often cook but liked to dine out or buy to-go dishes and had followed her children's taste regarding what they liked in the street. Betty had not seen her cook MMF. In comparison, Betty's mother cooked MMF regularly. Her father and his mother liked sesame oil chicken, so Betty's mother cooked it as his mother had. They all considered this dish to be very *bu*. As Betty fed her son MMF, he accepted it and ate it later on. After becoming a vegetarian, Betty served two types of food whenever she visited her son's family: vegetarian for herself and omnivorous for her son, daughter-in-law, and grandsons, so they could choose what they liked. Betty considered that, in these modern times, people were tolerant and showed respect for others' food choices. While her daughter-in-law kept her distance, she never complained about Betty's use of MMF. Betty's parents-in-law did not ask for particular MMF when they were not vegetarians. They just used those MMF stews commonly seen in the market or made at home.

Betty added that her daughter-in-law, a doctor, used western medicine for her grandsons during their *dern duua lan* (Taiwanese) 轉大人, "turning into an adult" periods. They received growth hormone injections and grew very tall. The son of her husband's sister also received growth hormone. Though her sister-in-law accepted MMF and TCM because her mother-in-law believed in it, her husband and his family were western physicians and did not use MMF or TCM.

Recalling her own family and extended families on her side, Betty indicated that, though the family had lived in different places in Taiwan, MMF use was a family tradition. When children in the family went through the "turning into an adult" period, their parents would stew a

⁶³ The researcher asked Betty about her measurement of MMF ingredients in cooking because Chinese recipes do not always give detailed measurements for ingredients and families or individuals often develop their own preferred amounts. As with usual answers from Chinese/Taiwanese housewives regarding their traditional cooking, Betty did not respond in detail.

pack of herbal medicine with a virgin hen⁶⁴ for a girl or a rooster for a boy. Betty did the same thing for her son and daughter and found it interesting that MMF worked for making her son grow tall, but not for her daughter, though her daughter later married and gave birth without serious female problems. During her daughter's pregnancy and "doing the month," Betty did not offer her special care because "that was her mother-in-law's job," but she was sure that her daughter was taken care of well.

Betty guessed that her family MMF tradition would pass down to her daughter, though not to her daughter-in-law. Betty joked that "the master of the family" – in her case, after she married, it was her mother-in-law – would think of eating MMF and have it made for the family. In her parents' family, her grandmother had given the order and directions to her mother about when the family should eat MMF and what kind of MMF dishes to make.

When Betty was young, every child looked forward to the annual day of *dong zhi* 冬至 (beginning of winter or winter solstice) because it was the time her family ate *bu* with duck substituted for chicken. The children were very happy to taste duck meat. Her family believed in the saying that *dong zhi* was the best day for eating *bu* because one could absorb the most essences and energy from the foods one ate. Thus, they had the most precious food on that day in order to get the most benefit from it.

In summer, Betty's family often had a drink or dessert soup made of *xian cao* 仙草.⁶⁵ In old times, life was not easy. Her family would just cook the dried grass and drink its extract. The drink helped cool the body. The grass could be obtained free: senior family members taught children to pick various kinds of wild herbs in the fields and place them in the open front court of the house for sun-drying rice, grains, and herbs. Later, the dried herb was stored for the next summer's use. They believed that the longer the herbs were stored, the better the medicinal functions that developed.

Betty gave me other similar examples of herb grasses used as food at home, e.g., *jiu ceng ta* 九層塔 (Mandarin, Taiwanese basil). People in the countryside sun-dried basil and, in winter, when it seeded, they collected the seeds. The dried stems were cut into small segments, tied as a pack, and stewed with pork ribs as a cure for women's leukorrhea. Her grandmother made this for the family when Betty was an adolescent, but Betty did not know if other people or families made the same dish for women. On April 8th of the lunar calendar, Buddha's Birthday, her family picked eight grasses in the field to make rice cake for worshipping Buddha as well as the family ancestors. Some of the grasses were also used as herbal folk medicine. She indicated that the custom for making this kind of cake seemed to be local to Chung Li in northern Taiwan and she herself did not see the custom at other places in Taiwan.

Betty did not know of any MMF used for pregnant women. The traditional concept of *jia guey ling* 喫過奶 (Taiwanese, obtaining benefits through breast milk) applied after a baby was born, when the mother needed to breastfeed her baby and ate *bo* or nutritious foods for this. A

⁶⁴ Juvenile hens that have not yet laid eggs are called virgin hens. The first laid eggs from a virgin hen are considered more nutritious and symbolize good. They are offered to those virgin boys and girls who are turning into adults.

⁶⁵ *Xian cao guaang* 仙草乾 (Taiwanese) is a dried herb of *xian cao* 仙草 *Mesona chinensis*. The grass was also processed with yam powder to form *xian cao don* 仙草凍 jellies and featured in *xian cao bieng* 仙草冰, a dessert soup with the jellies and ice.

mother needed to take care of herself and breastfeed the baby at least in the first month, even if unable to do so later. Betty pointed out that Taiwanese had long considered colostrum the most important nutrient and people now knew from nutrition studies of many immune substances in colostrum which benefited babies.

In her recall, Betty indicated that MMF ingredients could be used for external as well as internal home remedies. Both her original and married families used MMF ingredients when they fell down, struck something, or had lesions on muscles. While some MMF dishes were eaten because they could help remove blood clots and bruises and enhance blood flow, MMF ingredients were also applied externally for mild bodily injuries such as boys suffered in sports or games. Old ginger was dipped in warm rice wine and the ginger was rubbed on bruised skin. *Tian qi* 田七,⁶⁶ commonly served as a pan-fried leafy vegetable, could heal muscle injuries or bone fractures. Since *tian qi* was also a popular home gardening plant, people harvested leaves for making a juice said to be a cure-all for everything from high blood pressure to diabetes. When frying the vegetable, her family used ginger and sesame oil.

Betty and her family diluted MMF leftovers to make a soup or drink and refrigerated it before using. In old times, life was tougher. MMF leftovers were few, but if there were any, they were reheated meal after meal with no waste. Some people said medicinal functions decreased through each reheating process because of adding water, but Betty had also heard that nutritional content was preserved differently by cooking. At the Chan/Zen practice center, she did not want to waste food, so she chopped all leftovers and added some other ingredients and flour to make “Chinese pizza.”

Betty thought one should not deny the benefits evidenced in the history of MMF and TCM. For many years in modern history, China was behind the west, so Chinese wanted to catch up. They considered TCM old-fashioned, traditional, and unscientific and almost got rid of it until they found that westerners were fascinated with and treasured the wisdom and knowledge of Chinese herbal medicine. Japan and Korea had long seen the importance of the TCM that they had learned from China, from which they developed their Han medicine.⁶⁷ Koreans had promoted MMF and Han medicine all over the world. She had seen the use of MMF and TCM increase, something she thought would continue.

Betty considered that the use of MMF in the next generation would depend on the family. She said that, if a family educated its children in eating MMF from the time they were young, they would accept and continue to use it. Her daughter-in-law in western medicine did not believe in TCM or MMF and never served it to her children. Though Betty, the children’s grandmother, drew a wonderful picture for them, they did not listen. They would not even sip a home remedy of lemon juice with honey for a cough.

⁶⁶ Betty confused the term and medicinal function of the vegetable *tian qi* with those of the TCM herb *chuan qi* 川七 as some Taiwanese and Taiwanese restaurants do. It is *chuan qi* which is documented in TCM for healing muscle injuries or bone fractures.

⁶⁷ Betty talked about the expressions Chinese medicine and Han medicine and what she thought of the TCM development in Taiwan during the fifty-year period of not interacting with China, when Taiwan developed Taiwanese Chinese medicine. She considered that good manufacturing processes (GMP) involving national food quality standards were a way to distinguish Taiwan and China. Taiwan had a more reliable GMP system.

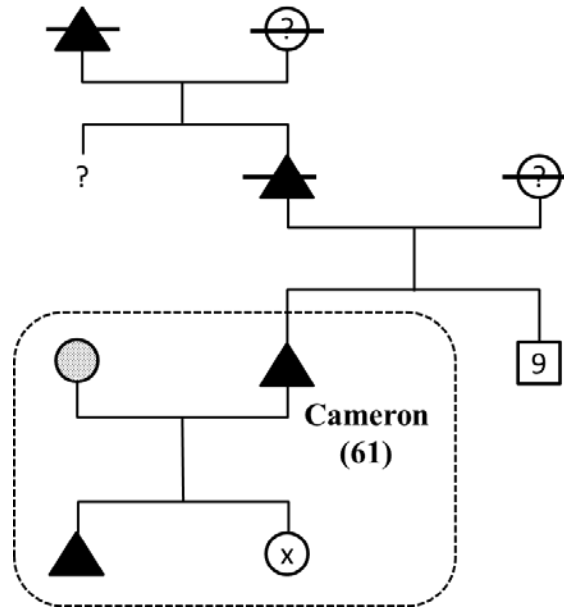
As a chief cook at the Chan/Zen center, she had noticed that western visitors or masters were curious about MMF and interested in trying it, apparently fascinated by Chinese things. Meanwhile, most Chinese or Taiwanese children who grew up in a western food environment responded to MMF as “yucky,” though they might try MMF if they saw western friends try it. She sarcastically commented that it had been impossible to make MMF seem yummy for her grandsons: “It would be easier to change other people’s minds than your family members.” At the Chan/Zen center, the monks and nuns ate whatever she cooked for them.

She noted that Taiwan was professionalized in developing MMF. MMF ingredients and ready-to-eat microwave MMF packs could be found in US supermarkets nowadays, so even people here could make MMF at home or use microwave packs. In the US, however, for almost everything, you “do it yourself.” In Taiwan, vegetarian restaurants had seen vigorous development and various kinds of MMF soups were served in buffets, cafeterias, or all-you-can-eat restaurants. Many more MMF choices were available there.

People said Betty’s food was “delicious,” but she considered that, nowadays, “healthy” stood for another important factor. People looked for three lows – low fat, low salt, and low sugar. However, a dish was less likely to be satiating without high fat, salt, and/or sugar, so making it that way was a challenge for a cook. People went to restaurants to enjoy food and please their taste buds even if at home they cooked food without fat, salt, or sugar. Since some vegetarian MMF dishes contained processed ingredients such as dried seasoned shiitake mushroom stems that mimicked meats, MMF could be even considered unhealthy given a concern for food sources and safety. Some cooks made creative dishes and emphasized use of fresh and natural (organic) ingredients, and young people seemed to like to try them. Betty thought MMF tastings could be promoted as food manufacturers promoted foods in the supermarket by giving samples. However, she also told a humorous tale of friends who had entered a restaurant for a food-tasting promotion and assumed it was for free. After they had tried several foods, a bill came. Though the foods were delicious, the friends would never feel good about them or their taste again.

Betty thought this study regarding perception of MMF use was meaningful. People in the world have been in a new “China heat,” and the study could be clarifying. According to her, Germany had long studied herbal medicine and connected it with a health movement related to food use. However, Germans tended to prefer simple natural food or natural food remedies unlike MMF dishes cooked according to Chinese medical knowledge that (buffet) restaurants could serve to interest people in changing their diet.

Interviewee 3



Transnational family MMF use diagram of interviewee 3

One informant from the cruise survey provided the name of Cameron's farm. While agreeing to be interviewed, he suggested that I interview Cameron, who had managed a farm in New Jersey for over thirty years and had sold Taiwanese vegetables and fruits successfully there. The informant used to purchase seeds from Cameron to grow Taiwanese vegetables and *go-gi* 枸杞 (Taiwanese, wolfberry, an MMF ingredient). He considered his own family and their perceptions of MMF use ordinary; he had already told me about its MMF use in the survey. He thought Cameron would offer a different viewpoint. Cameron agreed to be interviewed on the Saturday after my contact, a day he took his farm products to a farmers' market near a famous university. He asked me in a humorous tone to help him sell the products, and when he was not busy, he would answer my questions. The farmers' market closed at 1 pm, and he had to return to his farm by 3 pm.

I met Cameron as soon as the farmers' market opened. After introducing myself, I was immediately involved in the stall's sales because many customers asked for his products. Cameron had only one man to help him, who seemed to be Chinese but was a native English speaker about thirty years old who did not look like a farmer. In a mix of Taiwanese and Mandarin Chinese, Cameron told me that the man was a computer engineer at the university. Liking Taiwanese vegetables and wanting to work outdoors on weekends to get back in shape, he had asked Cameron to let him help during the farmers' market season. Cameron gave him a little money and a bucket of whatever vegetables and farm products he liked.

Cameron's stall was the most popular in the farmers' market. Customers were particularly interested in several commonly seen Taiwanese vegetables that could not be found in local supermarkets. Some customers, having tried and liked his vegetables, kept coming back; some had told their friends and neighbors to come. These people asked many questions about

the vegetables' nutritional value and methods for cooking them. Cameron was impressed by my knowledge about Taiwanese vegetables and interaction with the customers. He was happy for my help and had me follow his truck back to his farm so he could show me the farm and be interviewed there.

At the farm, a forty-minute drive from the farmers' market, Cameron had a store. An Asian woman who spoke both Mandarin Chinese and Cantonese helped with display and sale of his farm products. Perishable products were displayed indoors, and customers kept coming in. A greenhouse was attached to the store. Pots of plants, some flowering plants and evergreen trees, were displayed outdoors on platforms or the ground. Several Mexican laborers helped to unload trays of goods from a truck. I saw them dump unsold and spoiled goods into small containers for feed sources for farm animals and organic compost.

The store helper greeted Cameron and served his lunch. The special preserved plum juice displayed in glass jars at the sales counter was his drink. Another drink there was tomato juice mixed with the plum juice, packed in plastic bottles and stored in the display refrigerators. Both were also for sale. He said that, though these might not be MM drinks, they were health-promoting. The tomato juice in that preparation would be good for preventing prostate cancer in men, and the plum juice would benefit digestion and detoxify the intestinal tract. He invited me to try some.

After lunch, he drove us in his jeep over some of his farmland and stopped to talk with a leader of some workers before taking me to a barbeque deck between huge trees. Several Mexican farm workers came in, as it was the farm's monthly payday and these farmers were working that afternoon for extra wages. Cameron wanted to supervise them and asked them some questions. He chose a seat on the deck where he could oversee his farm and workers. He was ready for the interview.

Cameron said that he came to the US to make a better life. Young and strong, he worked hard for his living in the initial stage, so there was no time to think of what to eat. Free of illness, he had no need to think of food issues. He ate when he wanted and did what he liked. He recalled his childhood. His family had eaten mainly vegetables, but not because of religious reasons. His grandfather and father said to eat more vegetables because they were cheaper than other foods. Vegetables were also more accessible, he said. This was just after the end of WWII, when resources were limited. Cameron had many siblings, and his family had to share whatever was harvested from the family farm. While his own son in childhood complained that he was given more food than his younger sister, Cameron told him that, when young, he himself had complained to his parents that he got less food than his siblings. Cameron had eaten whatever was offered or had gone hungry; there was no choice. An obedient child, he had had no specific liking or dislike for particular vegetables: he ate everything at the table.

Cameron recalled that his grandmother had died early, so his mother was responsible for the family food. She made the food decisions, and meat dishes were served only on occasions such as the New Year's celebration and important festivals. Since he was used to eating a lot of vegetables, after he grew up, he felt that he had to have vegetables in his meals. He saw most American families as consuming mainly meat and thought they would feel unsatisfied if they did not have meat in their meals. In contrast, his family felt something was wrong if they did not have vegetables. After he was able to support himself, Cameron learned what kinds of food he preferred. He loved any kind of meat. Beef and seafood fascinated him after he arrived in the

US. He ate a lot of beefsteak. Shrimp had been very expensive when he was a child, so he did not remember ever eating shrimp then. When he got a chance to taste it, he thought it delicious. The first time he got paid for work in the US, thirty-six years before, he went to a seafood store and bought a lobster. He spent an equivalent of his whole day's wages: it was the first time that he had ever eaten lobster. He saw himself as a curious person who liked to explore novel things and foods.

Cameron considered his family's vegetable consumption as influencing his selection of farm vegetables. He liked the taste of *hang ji hiuo a* 蕃薯嫩葉 and *yieng tsai* 薺菜 very much,⁶⁸ so he grew the vegetables on his farm every year. In marketing, he was concerned about customers' preferences in varieties and species in order to gain a better profit, but even so he grew a couple of vegetables he really liked. He said that it might sound very subjective, but he wanted to grow the vegetables that he liked to eat and wanted his customers to like eating what he grew, to share what he liked.

Recalling his experience of eating MMF in Taiwan, Cameron said he was luckier than his siblings. When his mother was carrying him, her mother had money to buy her good food, so he was stronger and grew taller than his brothers, and the difference was very apparent. He added that it was common in Taiwan for good food to include *bo*. In old times, babies did not easily survive the first year, so after women gave birth, they would be specifically cared for in the days called "doing the month," "doing the fourth month," and "doing the day after a year." During the important postpartum period of "doing the month," his mother had been given *bo*, though he did not know exactly what MMF his mother ate for "doing the month." Around the time he was born, quite a few female relatives in his nearby extended families also had babies, and those mothers had excess breast milk to share, so he had a lot of different mothers' breast milk. He thought it was very likely that this was why he was always taller and stronger than other children of a similar age.

He remembered that his most important time taking *bo* was in elementary school. Children needed to stay at school for cram studying till nine pm after the ordinary school day ended. When he got to the fifth and sixth grades, his mother made *bo* soup with male red-faced duck for him every night in winter. He did not know what exact MM ingredients it contained besides duck, but he remembered one *bo* soup made with male duck stewed with the extracted juice of grafted old ginger, which made it very spicy; it was said to strengthen the lungs and trachea. Rejection of the spicy soup was just not allowed: one either ate it or was hit with a stick. He believed that it was because his mother cared for and treated him in that way that he had seldom had the flu or caught a cold in his life. He was always stronger than others, could bear winter, not feeling the cold, and even felt too warm while other people complained of the cold. He believed that his mother's constantly giving him *bo* between fifth or sixth grade and junior high school was responsible. Other than this, he had no clear memory of any specific "turning into an adult" *bo* experience.

The *bo* usage Cameron had heard most about in Taiwan was *su shin tang* 四神湯 (Taiwanese, four spirits soup), but he admitted that he did not know what the four spirits were, what the MM herbal ingredients were. He said elderly relatives, such as his grandfather, very

⁶⁸ *Hang ji hiuo a* 蕃薯嫩葉 (Taiwanese, young yam leaves) and *yieng tsai* 薺菜 (Taiwanese, *kon sin tsai* 空心菜, Mandarin, water spinach, *Ipomoea aquatica*) both vegetables are among the 215 Taiwanese Chinese medicinal substances used as medicine and as food listed by Taiwan's Food and Drug Administration.

often made a kind of *bo* soup in which food was slow cooked with red ginseng. He had also heard that pregnant women and those who had had surgery tended to receive *bo*. After a surgical operation, people usually had fish or chicken *bo* soup. He did not know what other ingredients people used in *bo* soups.

Though Cameron had these *bo* experiences in his youthful family life, when his wife was pregnant and “doing the month” afterward, she was not cared for with *bo*. The couple had married in the US about thirty years ago. They could not get anything like in Taiwan and were “abandoned,” as no family members could come to help them. Their family members did suggest dietary guides, but Cameron and his wife did not listen because *bo* foods were difficult to access and use of *bo* for “doing the month” was doubted because they listened to western doctors’ advice. In Taiwan, women were asked to lie on a bed and not touch cold water or wash their hair during the “doing the month” period and to take “*bo*” foods; in the US, women were asked to get off the bed and take a shower the day after giving birth, and “*bo*” foods were never considered. Therefore, the couple began to lose a Taiwanese belief in *bo* foods for “doing the month.” As Cameron did not hear his wife complain about weakness or suspect illness or discomfort when she did not have them, he thought MMF would be more important when they were older.

Cameron and his wife had two children, a son currently working as a financial analyst and a daughter in her first year of graduate school. He and his wife did not tell them about *bo*. Cameron had eaten much venison since coming to manage the farm. It was illegal to sell venison in supermarkets, but he was able to obtain it from his many deer-hunter friends. In his thirties, due to heavy work and intensive labor, he ate a lot of venison and a *bo* soup he made in winter. He believed that venison benefited the body just as most Taiwanese and Koreans perceive venison and antler to be very *bo*. He had his children eat venison when they were young, telling them it was beef. He disguised the fact of eating venison because the area he lived in was very conservative. He was concerned that if his son’s friends knew they ate venison, the family would be looked down upon. Later, as more immigrants moved in and the community became more open, eating venison was not that strange and no one would associate this with a lower socio-economic status or cultural inferiority. He thought of his childhood, when his parents went to rice fields to catch field mice as a family meat source. He never dared to tell his friends or classmates – it was too embarrassing.

Cameron made the venison taste like beef for his children, marinating or grilling it as for beefsteak or slow-cooking it as in beef stew. He also cooked it with *shi quan da bu yao* 十全大補藥 (“all-benefits-in” TCM formula) to make a venison *bo* soup. The Chinese herbal formula was an easy one and the only one he seemed able to find at convenient Chinese grocery stores. It contained ten herbal ingredients and had a name suggesting all *bo*. He threw the all-in-one MM herbal pack and deer meat, bone, and skin into a pot and stewed them for one day and one night. That way, according to him, the bone marrow and meat essence were released and extracted. The soup was then full of collagen.

In the Taiwanese countryside, people used to stew pork bone, so he copied the preparation to make thick deer bone soup and did not use other meat for it. It was after he came to the US that he had learned of *shi quan da bu*. It tasted *gam*甘.⁶⁹ He sometimes used *dong gui*

⁶⁹ A Taiwanese expression for a taste similar to umami or that of food containing glycine but different from sugar sweetness

當歸 (Taiwanese; *dang gui*, Mandarin, roots of *angelica*) or ginseng instead. Since he knew little of TCM, he just tried these because he had heard about them from older people. Cameron said that, though his experience of having *bo* in childhood had led him to give *bo* to his children, he did not set a goal of feeding it to them. It happened because he was able to get venison from his friends.

In the beginning, he had to tell his children, “If you finish a bowl of the soup, I will give you a dollar. If you don’t eat it, I will give you a slap.” Soon, his son, about five or six years old, would even ask for the taste. The soup was served very often in winter. Even when his son was a junior high student, he asked for the *bo* soup whenever he felt sick or weak. Cameron thought his son saw a good effect from the *bo* soup in that his son could feel his body warm up and become more energetic. His daughter, however, had been spoiled: neither he nor his wife pushed her to eat the soup when she said she did not want it, so she did not come to ask for it.

Cameron did not look for many refreshing or cooling *bo* foods for summer, nor did his family go to Chinese doctors for special care for the season. To him and his family, foods that could expel fire from the body were for summer. He usually felt his body overheat in summer, so he followed his parents’ food advice. His family made winter melon pork bone soup, mung bean soup, *xian cao* 仙草 (*Mesona*) jelly dessert soup, and pan-fried mung bean sprouts and ate a lot of summer fruits such as watermelon. He bought processed *xian cao* jelly from Chinatown after coming to the US. Cantonese used to eat that jelly, which is why it was available in Chinatown. He indicated that he did not know if his body got “cooled.” He really could not say that the food effect was significant.

Though Cameron had not really had much MMF in Taiwan, he used to visit China very often for trading and had it in Guangshi and Guaylin. Street vendors there sold ginkgo nuts with old duck soup cooked in a small pot. He liked the taste. He said that there were dozens of other, different MMF sold in the street, so he tried one dish a night. However, he did not feel much difference in terms of obtaining any benefit or health-promoting effect.

He had many Cantonese friends around who seemed to follow family dietary rules or traditions, but his family was not like that, except for eating the venison *bo* soup in winter. He knew other families ate more meat than vegetables and fruits; some even ate just a few greens. His own family ate more vegetables and fruits than meat, and as his farm provided vegetables and fruits, his children had eaten a lot of them since they were young. His daughter even once became a vegetarian, though not for religious reasons.

Cameron recognized his own curiosity about different foods. When young, he had eaten interesting foods only because of limited food resources. He craved protein sources. However, when he came to the US, he had many opportunities to taste various foods from different countries. He ate interesting foods to satisfy his curiosity about their taste. He did not think about whether eating these foods could benefit his health or provide a specific function for his body. When he traveled, he also tasted as many interesting local foods as possible, but if it conflicted with his sense of morality and culture, he would refuse to eat it. For example, to him, dogs were pets; he could not stand the idea of someone killing dogs for their meat. Cameron saw that there were different stages in his life. When he was young in Taiwan or new to the US, he did not feel much of the cultural impact on food. He had not had many different perceptions of food choices before. However, *bo* foods were different from those novel foods. He ate them because he believed they were good for the body.

He also thought that people in old times had more significant outcomes from eating MMF or *bo* foods than people now do because they had malnutrition from lack of protein and fat intake. If they had not eaten *bo*, their bodies would have degenerated. He illustrated this by the example that people in previous generations usually suffered from tooth cavities and hunched backs because they did not have sufficient protein and calcium sources. His generation and later ones had obtained more protein and calcium. In modern times, people got better nutrition. In contrast, however, they had more problems with cardiovascular diseases and diabetes. Thus, he concluded that ancient people needed *bo* and must have seen it to have great effects. If modern people could usually eat well and did not abuse themselves by eating unnecessary or bad foods, *bo* would not seem so important nor show significant effects. Still, having *bo* was better than not having it.

Cameron deeply believed that the duck and ginger *bo* soup strengthened the lungs and trachea, protecting a person against colds or flu, so he suggested that particular *bo* recipe to his friends. When friends' children caught colds, he suggested their mothers make the soup. Meat could be modified so that children liked the taste. The key was juice grafted and extracted from old ginger. The effect had been excellent for him. When he had a rare cold, he would only feel weaker for a couple of days and then recover automatically. In his life, he had had medical prescriptions for a cold less than five times. Thus, he deeply believed that eating some MMF or *bo* worked.

While Cameron focused on the popularity of vegetables with the majority, not their health-promoting functions, for farm growing, he personally believed deeply in the concept of eating what had health benefits. He gave an example of pumpkin seeds. It was said that pumpkin seeds were good for men, so he ate them for quite a period of time. He considered that this benefited his body. He also believed pumpkin and tomato were good for men's prostate as many scientific studies had provided experimental evidence.

Cameron felt it important to eat well and carefully especially at his age. When young, he felt his body was very strong and did not imagine that one day he would be old and weak. Now, his biggest degeneration problem was his knees. By studying a lot of books and references, he came to the conclusion that his knee problem came from overuse and eating too much protein. He liked climbing mountains, walked and worked too much, and went on eating meat, so he never fixed the problem. As Taiwanese like to follow the principle of symbolic similarity in eating for benefit, he had also followed that for this problem. He now ate chicken drumsticks and occasionally, pork hock (legs for legs), though he mainly looked for collagen substances from them. In the past few years, he had been too busy to go get venison. He would get some again this winter.

Cameron's family was economical. They ate ordinary food leftovers at the next meal. They certainly never wasted *bo*: it took a day and overnight for cooking, so that was unthinkable. Food residues could be thrown into the garbage, but in the last ten years, his family had collected these organic kitchen residues on the farm for compost. *Bo* and other kitchen residues went together.

Cameron had not thought it important to consider whether MMF use would continue in the next generation, but now he thought it very important and considered it to depend on parents and environment. The mass media were currently propagating use of MMF. The fact that many people talked about it might entice the young to look at MMF or even re-evaluate these foods.

Cameron considered that his two children had been deeply influenced by him. Sooner or later they would realize MMF use was very important. He thought his children would emphasize food use more than he did. Though he had not lacked knowledge, while striving for survival, he did not pay attention to his food use – the priority was earning money. For his children’s generation, money would not be a survival concern. He thought they would pay more attention to food choice and use, not only for MMF but also all food. In his own generation, people had eaten whatever they could get, and since they did not obtain enough protein as children, after they grew up, they ate as much beef and drank as much milk as they could. He felt regret that he had eaten too many high-protein foods that contributed to his knee problems now. He thought that his children were different. They were well-educated and had a different environment. They would know and care more about their diets.

Cameron also believed that his son would introduce the *shi quan da bu* deer *bo* soup to his grandchildren, as this was grandpa’s recipe. Sometimes his son missed the foods he had eaten before and asked his parents to make them. Cameron recalled that when his son was a college student, he had asked him to bring venison to school and shared it with his classmates. Cameron joked that he did not know what their responses were, but he believed his son would pass on this family tradition. It was hard to say that his daughter would, because she never asked him for that soup. Cameron considered his children to have their own discipline for food choice and they ate regularly. Unlike them, Cameron said, he ate irregularly and had no discipline. He emphasized that environment was an issue, but he admitted that he did not have good food habits.

Cameron noted that his wife had not known how to take care of his daughter’s “turning into an adult” with MMF, for he never heard his wife say she did. He also seldom discussed the issue of MMF use with his friends. He said that, in his observation, if parents had a habit of MMF use, it was possible to pass the use down, but for how long, he had no idea. However, if parents did not practice MMF use, it ended. If one marriage partner held to the MMF use habit and the other did not, then such an intention would be discouraged. Later, there would be convergence of food habits with those of other ordinary American families. Cameron considered the key persons for knowledge and food use tradition to be parents.

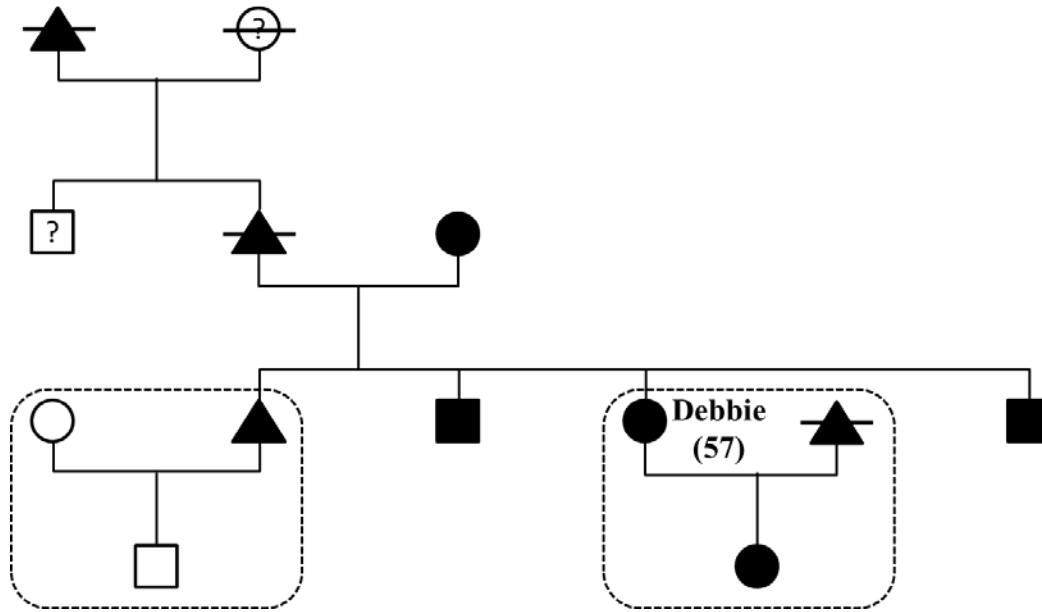
In addition, however, he felt restaurants could be a strong impetus. Without MMF-conscious parents to push and restaurants to advocate, however, it would be difficult. For a whole community, if there were a climate of MMF use, e.g., at parties and in food interactions among families, everyone could get influenced gradually. If Taiwanese did not interact with others in their ethnic community, the trend of MMF use would be gone someday. Though this could even occur in Taiwan, there was a night market environment where MMF stores and street vendors continued the food practice. The whole community, the whole island had the culture. The young in that environment were susceptible to its influence. In the US, even in Chinatown in winter, just a few Cantonese restaurants offered some simple *bo* soups, while in Taiwan, one could easily find *dang gui* goat meat pot, *su shin tang*, and many interesting *bo* dishes.

Cameron said that food remedies, food supplements, or MMF practice needed to start from childhood. If one had a family background of MMF use, he would know about it. If not, media, friends, and other social influences were needed to promote this food practice. After consulting many health books due to his knee problems, Cameron learned that the body often got inflamed or unwell. Many herbs and food ingredients containing anti-inflammation substances could help prevent inflammation of the body. If one could use these frequently, one might not

need to eat *bo* because helpful substances would have been absorbed through ordinary meals. Chronic diseases could be prevented and the stomach and intestines could be protected.

Cameron knew that how to preserve one's health and how to keep fit were currently hot topics in Taiwan and Japan. If education about "how to preserve one's health" could reach elementary school pupils and all parents, then families, communities, society, and the whole country would benefit. There would be lower health costs for the society, less waste of resources for the country. Think of the statistics on how much individuals, society, and country spend on cardiovascular disease, diabetes, and cancer patients, he said. For him, this was a very important and serious topic, far more important than thinking of how to create wealth or job opportunities.

Interviewee 4



Transnational family MMF use diagram of interviewee 4

Debbie, who had participated in the cruise survey, had not agreed to be interviewed, but changed her mind after observing me interact with other people. She confessed that she had declined because of a bad previous experience. A noted scholar documenting her family's precious Chinese medicinal records and MMF recipes had published them without her family's consent and without even crediting the family's contributions – her grandfather was a legendary TCM doctor and her father had been able to help diagnose patients and prescribe medicine since he was nine years old. Before she left the cruise, Debbie told me that she thought I would be a reliable researcher and might even help with her family's project in the future.

Debbie lived close to New York City near a renowned university and made a good living as an expert in statistics. A former president of a local Taiwanese community organization, she was still influential in Taiwanese communities in her neighborhood. As she showed me where she shopped for food, we frequently came across people she knew. Her husband had passed away ten years earlier from cancer. Since then, she had been a single mother of an only daughter, now close to eighteen years old. She had visited Taiwan with her daughter almost every year for her daughter's summer vacation. Her mother, relatives, and friends also visited her from Taiwan. Taiwanese friends nearby came to regular parties at her house. She cultivated a small vegetable and fruit garden at home and regularly made preserved foods on her own.

When I contacted her for the interview, she enthusiastically suggested that I stay that weekend at her house because she was to host a local Taiwanese get-together that Saturday of around fifteen families. Some other people there might be suitable for interviews. For the weekend, Debbie made several delicious Taiwanese dishes from scratch. She wanted me to watch and ask how she made them. As she cooked, we talked. At the party, Debbie introduced me to all her friends.

The interview started the next day after she had prepared brunch for her daughter. Since her daughter needed to prepare for college entrance examinations, she was not allowed in the living room to watch Taiwanese television programs from satellite television but largely stayed in her room. Though she spoke Taiwanese, she seldom actively joined in our conversation; it seemed that I belonged to her mother's friend group. However, she did tell me that she preferred Taiwanese food. Her American friends and classmates once had looked at her strangely for bringing Taiwanese food to school, but she just thought they were piteous, eating junk food. She liked to share her food with her friends, who came to envy her having nice Taiwanese food all the time. Debbie mentioned that her daughter had a weak constitution, so she had to pay extra attention to her diet.

According to Debbie, although her father had TCM knowledge and healed people, he emphasized a dietary philosophy of "no medicine is the best medicine" because ordinary food already served as medicine. He used common food to balance the body's systems. In summer, he requested that her mother make mung bean soup for a between-meal drink. The mung beans were soaked before cooking, like steeping tea leaves; the water was drained off and, with a bit of salt added, imbibed as a drink. Her father told her that this could help him get rid of body heat and detoxify the body. His work often required walking into the field or at construction sites, and his boots could get in soft soils that wet his feet, so he was concerned about exposure to pesticides or unknown chemicals polluting fields and work sites. Debbie asked her farmer relatives about the drink. They also took this drink right after using pesticides to detoxify the body: this was local preventive knowledge. Debbie's female cousin in Washington, D.C., in a recent phone call, had suggested Debbie make the mung bean drink for detoxification after she had complained of feeling itchy after eating too much mango.

In her childhood, Debbie's family ate "*bo dang*" 補冬⁷⁰ on the lunar calendar "beginning of winter" day every winter. Her father prescribed an herbal formula for the family and purchased a formula pack at an herbal store. The pack of medicine was then stewed with a whole chicken to make a delicious *bo* soup – one of the free-ranging chickens her mother raised for the family. Debbie's female cousin, who loved the chicken *bo* soup and often asked her father to make it, had once asked him what the ginkgo nuts were for. In her memory, ginkgo nuts in it were necessary for strengthening the brain. Debbie also remembered *huai shan* 淮山,⁷¹ *hong zao* 紅棗 (red dates), *yi ren* 薏仁,⁷² some slices of something black and sweet,⁷³ and one or two slices of *dang gui* 當歸.⁷⁴ She was curious why her father did not use ginseng. He had told her that (Korean or red) ginseng was stronger medicinally than *dang gui* and was unsuitable for everyone to eat at any time. *Dang gui* would enhance flavor and more mildly increase blood circulation.

Debbie recalled that her father had been happy when he could sometimes get fresh and large ginkgo nuts from the market. Her friend's godparents also frequently ate ginkgo nuts, and

⁷⁰ Beginning of winter corresponds to the winter solstice. *Bo* 補 is used as a verb here, meaning to energize; *dang* 冬 (Taiwanese) is winter. On this day, people are supposed to eat *bo* for energy for winter.

⁷¹ *Dioscorea opposita*, is a kind of yam, also called *shan yao* 山藥.

⁷² Job's tears, coixseed, or Chinese pearl barley

⁷³ This is probably *so di* 熟地, a TCM herb commonly used for making MMF, which gives a sweet taste and black look to a dish.

⁷⁴ *Angelica sinensis*, a TCM herb commonly used for making MMF and as a ginseng substitute.

their memory ability and general health were very good. A few years earlier, Debbie had found an old house nearby with a giant ginkgo tree hundreds of years old in its garden. She asked permission to collect the big fruit from the Latin American immigrant couple living there. She introduced and treated them to *bo* food and showed them how she processed the fruit and used the nuts. Later, Debbie took me to the tree and showed me the process. Debbie believed that, compared to other people, she and her daughter had much better memory ability because ginkgo nuts were good *bo* for this. Debbie knew that raw ginkgo nuts were poisonous; she cooked them beforehand and ate them in small amounts.

As a child, Debbie had seen her father cure people who listened to his guidance for use of simple cooking and common foods. One of Debbie's aunts liked to eat *bo* frequently. Whenever the weather was chilly, she wanted sesame oil chicken soup or *dang gui* duck soup. She kept eating these foods after several increasingly serious strokes. Debbie's father then cared for this aunt with Chinese medicine and at a certain point said, "The medicinal treatment is done. You should eat lemon from now on." Debbie remembered this, so after she came to the US, she began to use lemon frequently. Her stomach was sensitive to lemon juice, rich with vitamin C, and her pelvis would become quite sore the day after she drank it. Thinking her body was too "cold," she substituted lemon peel, adding boiling water to make lemon tea. After drinking the drink for a week, she had a blood test. Every time, her cholesterol level had dropped to normal and she had also quickly lost weight. Because of that, she suggested lemon as a very good food. She added that her father said it could soften the vasculum.

Debbie gave me another MMF use example in her family that impressed her. *Gua tsai* 蔴菜 (Taiwanese, a kind of mustard greens), a summer vegetable, was considered excellent for cooling the body, and her mother cooked it for one meal almost every day in summer. Her father loved it and said the mustard greens lowered blood pressure and detoxified the body. When Debbie's mother visited the US and had used up her blood pressure control medicine, she asked Debbie to buy similar mustard greens. Right after her mother drank a mixed fruit and vegetable juice with mustard greens, her blood pressure dropped dramatically to normal range. Debbie thus believed mustard could lower blood pressure.

Debbie had come to the US for graduate study in 1978 and then stayed on. When she first came to study in the US, Debbie lived with other *gua shin lan* 外省人.⁷⁵ The apartmentmates took turns cooking. The others liked food with strong tastes, dishes marinated, fried, salty, served with dipping sauces, and greasy, unlike her own Taiwanese food, and she learned to cook *gua shin lan* dishes to please them. While Chinese or Taiwanese food ingredients were not common, Italian growers sold Nappa cabbage on the road to Chinatown in downtown Chicago, so they always stopped for it on shopping days. Debbie tried to introduce her apartmentmates to *bo* soup and food, but they did not believe in it, could not accept it, and did not like the taste.

Debbie recalled her MMF use experience during pregnancy, when she was already at an advanced age. Her husband bought a lot of tomatoes for her because he considered that tomato would get rid of fetal "fire"⁷⁶ and provide vitamin C. Her older sister, who had lighter skin and children with lighter skin, told her to have soy milk cooked with rice congee every day.

⁷⁵ A term that Taiwanese called Taiwan Chinese, the group of Chinese from different provinces of China who moved to Taiwan around 1947 and their generations after them

⁷⁶ In Chinese medical philosophy, the fetus can cause "fire" in the mother; when particularly serious, this is called "*tai du*" 胎毒, causing toxin to the woman carrying the fetus.

However, Debbie thought that such a diet is what had caused her sister's baby to be over eight pounds. It would give her trouble in delivery, so Debbie just drank soy milk occasionally but ate a lot of tomatoes. She was very satisfied that her daughter turned out to have light skin.

Debbie basically followed her regular dietary regime at that time. Though her doctor suggested calcium supplements, she did not take them. Concerned that too much might hurt her baby, she drank only one cup of diluted cow's milk daily. After giving birth, she took a commonly used Chinese herbal formula for the period as prescribed by a trusted TCM doctor.

Debbie ate *bo* foods like sesame oil rice wine chicken soup ten days after the delivery. Her family made an effort to search for Taiwanese rice wine for it. Later, when almost no Taiwanese rice wine could be found nearby, she substituted Japanese sake (rice wine). Her mother came to the US to help her two weeks after the childbirth. She brought two packs of a special Chinese herbal formula to be given one month after the birth for cleaning blood from the uterus and strengthening bones. Debbie did not finish them because the medicine made her feel sick – the *bo* might have been too strong. She was not sure what caused her to have little breast milk. She felt bad that her daughter was weaker than other children partly because of this. She said she would have eaten peanuts stewed with pig's feet, a folklore recipe for women to be lactogenic after childbirth, if she had known of it. She learned of this later, after she found that all the mothers she knew who ate it had sufficient breast milk.

Debbie seldom took her daughter to eat out. She cooked Taiwanese cuisine at home. That led her daughter to dislike many foods widely accepted in American society, for example, salad. Although her daughter could eat pizza and pasta, she would not give a second thought to sandwiches. Her daughter's unusual food regime was also caused by an incident. Around second or third grade, she suffered severe food poisoning twice from the school lunch turkey sandwich with gravy. After that, she refused to eat school food and begged Debbie to give her a lunch box. Debbie considered it inconvenient and was concerned that her daughter had become an "indoor girl," i.e., too home-oriented.

Debbie thought her daughter had a very "cold" body. She recalled that when her daughter was around five years old, she had needed nutritious food to strengthen her system, but she and her daughter had to convert to vegetarianism because her husband had passed away. They became vegetarians, eating a lot of "cold" foods such as tofu and other soybean products. Debbie said that she did not know those foods were so "cold" until she noticed that her daughter involuntarily slobbered in sleep and her hands and feet were always icy cold.

In spite of a "cold" body constitution, her daughter was picky about good (warm) vegetables such as cabbage and some "cold" ones, such as Nappa cabbage and lotus roots. Debbie would force her daughter to eat some vegetables by giving her only those vegetables to change her preferences. Learning some vegetables were "cold," she would not use them any more. Once when Debbie visited Taiwan, her mother suggested that she use camellia seed oil for her daughter. Debbie frequently brought the oil back to the US or asked relatives or friends to bring it. She used this to help her daughter's digestive system for three years. When they again ate meat, Debbie would give her daughter only one chicken drumstick or an equivalent piece of pork as a portion, just as her mother had restricted their dietary protein, so her daughter learned to eat the right proportions of foods. If Debbie had a whole salmon on the table for a party, her daughter would only take a suitable portion. Debbie also asked her daughter to have sufficient vegetables at every meal.

Those foods and herbs Debbie mentioned were used without ill effect among her circle, as far as she knew, but she emphasized that no one should engage in MMF use with TCM prescribed or TCM medicated formula ignorantly. *Bo* food was bad if it did not suit the person. She also emphasized never eating over-nutritiously, for all diseases come from overeating. She considered that, even with food polluted by chemicals, if one does not eat too much, one can still survive. She said that good or bad judgment on food is determined according to the individual.

Debbie did not think anyone should try *bo* blindly (here, she meant to consume MMF cuisine made with a TCM herbal formula without knowing the exact effects). She did not think people should follow ignorant hearsay. A *bo* food good for one person might not be good for another. Like many people in the US, she ate *bo* foods, but the need and standard differed from those in Taiwan who ate *bo*. One needed to understand the condition of his or her body and tendency toward food to be sure of what level or kind of *bo* one was eating and how strong its medicinal function was. Debbie felt that she knew the condition of her body and her daughter's and what strength of *bo* each could take. If one did not know, she suggested one see a reliable TCM doctor who could tell the condition and prescribe a formula for making *bo*.

Reminiscing about her "turning into an adult" period, Debbie said that her mother, who favored boys over girls, allocated *bo* food unequally: only her male siblings received special *bo* food in their adolescent period when they "turned into adults," and she had envied them. Her mother bred the most valued chicken, black bone chicken, asked her father to prescribe an herbal formula similar to what is now called "all-in-one *bo*" (*si zhang dai bo*, Taiwanese, 十全大補) and stewed the chicken with it every day. At night, her mother would call the boys to have the soup before bed.

Since Debbie had not been given *bo* at puberty, but her brothers had, she hoped her daughter would not be like her, as she had not been very healthy before she came to the US. Her brothers called her "medicine jar" because she was always taking some kind of medicine, complaining of bodily discomfort. She spontaneously recovered after moving to the US and she did not see her brothers as healthier than she was now. However, she had wanted to give her daughter good care in her growing period so that in her later life she would not need to worry about recovering health through extra care, rest, or nourishment.

In her daughter's "turning into an adult" period, since her daughter's body was rather "cold," Debbie stewed a pack of four-herbs soup for her daughter for right after her period. However, her daughter could not eat too much. Even with a "regular" dose pack, the food was too "hot" (strong or causing energy overflow) for her: she could develop canker sores, cold sores, fever blisters, or mouth ulcers the day after eating this *bo*. Debbie went back to Taiwan to worship and consult the god *San Tai Tsu* (Taiwanese, 三太子), the Third Crown Prince, at a local temple. The masters there told Debbie that her daughter's body needed mild *bo*, and they gave her a modified formula that would not cause a serious reaction. It contained *dong tsun shia cao* 冬蟲夏草.⁷⁷ The formula really relieved her daughter's menstrual problems.

Debbie also consulted TCM doctors and pharmacists at Chinese herbal stores in Taiwan and got another formula for "enhancing bone transformation" in her daughter's "turning into an adult" period. The herbal formula was to be cooked with a whole chicken. She brought ten packs from Taiwan. She also followed advice from her house painter from Taiwan whose

⁷⁷ Chinese caterpillar fungus, *Cordyceps sinensis*, a famous TCM and Tibetan medicinal ingredient

children were tall and beautiful. He used the dried root and stem of basil stewed with pork bones to make them a *bo* soup with a family recipe for “enhancing bone transformation.” Debbie had grown basil in her garden, so she made the soup for her daughter as a drink. Debbie had frequently made those foods for her daughter since she was in sixth grade. They also frequently went swimming together. Debbie was proud now that, whenever her friends or relatives saw her daughter, they were very impressed at how she looked.

Debbie considered that she had done everything she could do take care of her daughter’s “turning into an adult.” As for making her stronger, she was still working on it. Debbie felt that her ignorance could have resulted in her daughter’s weakness. When Debbie’s daughter was five, she had a fever that developed into serious pneumonia. Debbie’s husband had passed away not long before, and she herself was exhausted from work. Not paying enough attention to the little girl, she even told her to be quiet so she could sleep. The western family doctor just advised that her daughter had a cold and prescribed Tylenol. Debbie did not think of taking her to the emergency room even though she had had a high fever.

A close friend living nearby happened to call Debbie, who asked what to do. The friend gave Debbie a kind of dried herb called *su wei cao* 鼠尾草 (salvia or sage) for a drink for her daughter and warned that this herb was so “cold” that, as soon as Debbie noticed a brick-red stool sign from her daughter, the girl should stop the drink and take black *bo* pills made by the friend’s father, a TCM doctor in Taiwan. Her daughter’s fever did go down, but she still did not look right. Debbie took her to see her pediatrician, who had the girl go to the emergency room for acute pneumonia. Though Debbie kept giving her daughter the herbal drink and her daughter did show brick-red stools, she did not dare feed her the pills because she did not know the ingredients or process of production and was concerned the *bo* might be too much for her. Debbie told me that, since then, her daughter’s physical strength had been inferior to that of other children her age. Debbie had been trying hard to help her get her body strength back.

From her life experience, Debbie believed the body could not be maintained in health or cured of diseases only by foods and medicine. She talked about the hand and foot acupressure massage that she and her daughter experienced to improve health. She thought massage on acupuncture points and other means were needed as a complement. Acupoint massage or acupressure was one of her methods for restoring her daughter’s physical strength. Debbie had also tried alternative medicines when her husband was sick, such as hydrotherapy to clean out the rectum and large intestine. She admitted that doctors’ opinions of its use conflicted, but she still considered it good for the body. She did not want her metabolic waste staying in the large intestine overnight, so she almost always used hydrotherapy every night.

Following her expression of thoughts on use of food and medicine and pursuit for health promotion, Debbie added examples of her family’s food practice. Her family had eaten seasonal vegetables and fruits common in the market. While her parents suggested nothing in particular, her father had warned them that eating too many scallions and bamboo shoots could hurt the kidney, and these were served less often. Her parents educated them to eat three meals a day with sufficient staples for healthy growth. Fruit snacks were allowed; junk food was not, and sweets were not offered. No children suffered from tooth decay. Even now, Debbie did not have junk food like processed sweets at home and only occasionally served chocolate as a treat.

Her family ate mainly grains and vegetables in her childhood partly because of financial difficulties. After their economic situation improved, her parents bought and cooked more meat.

Debbie's younger siblings had different food than she did in adolescence, but they became less healthy, though her mother allocated food portions quite fairly at the table. For example, though her father liked pork stewed with the white portion of leeks and pork belly, he received no extra; the children could eat as many leeks as they liked and everyone got fixed portions of pork. Nonetheless, Debbie thought her family ate food in the wrong order at meals: soup came at the end, so she had always felt too full for it. The biggest change in her food practice after she came to the US was that she served soup first and did not make it for every meal because of her busy life. She felt better with this serving order. On weekends, she usually made soup and prepared ingredients for it so that her daughter could make it herself and add noodles.

As for treatment of leftover *bo* dishes, Debbie refrigerated them and finished them in two or three meals, so there was usually no *bo* waste. In earlier times in Taiwan, when refrigerators were not prevalent, kitchen waste had been given to collectors who looked for kitchen waste door by door. They then combined and cooked it for feed for their backyard pigs. Now, Debbie collected kitchen waste, including any *bo* food residues, for organic fertilizer.

Debbie considered the use of MMF in her family and her community, in Taiwan and in the US, now and in the future. She believed her daughter would continue using MM food and pass this use to her children. Her daughter liked the taste of the MM food she made at home. She sometimes asked Debbie to cook ginkgo nut chicken soup. Debbie noted that her nearby friends particularly liked to eat MM food. When it was cooler, she made *bo* soup for their get-togethers with her regular MMF soup recipe – chicken, black dates, shiitake mushroom, and ginkgo nuts and two slices of *dang gui* and a few drops of sake to enhance blood circulation as well as aroma. This get-together group included a couple who were both TCM doctors, graduates from the National China Medical University in Taiwan. Either they or she would make *bo* soup for the group. The dish was eaten up quickly, which, in her local Taiwanese community, meant people liked the food. The people did not know how to make it, were too lazy, or were concerned that many imported ingredients were from China, where food safety was not reliable, so they did not frequently make or eat MM food. Debbie said that she herself sometimes used American ginseng produced in Wisconsin, instead of *dang gui*, on that account.

Debbie felt that people could accept MMF, but she did not think the next generation, even from local Taiwanese families, would do so if they did not get accustomed to the taste when young. She knew many parents who did not introduce their children to MM food. Later, the children married Americans and moved farther away from this food tradition. Their “doing the month” was Americanized: they drank ice water and walked around after delivering the baby.

Debbie had asked several families why the parents did not cook MM food for their children. The parents said that they did not give them MM food when young because they were too small to take *bo*. When they cooked it later, their children complained about the smell; after they grew up, they could not accept the taste. In contrast, Debbie's daughter, who had mild MM food from the time she was little, accepted the taste. After Debbie's daughter was older, she also asked the children why they did not have it. Parents often had no time to make such food because both needed to work.

Though Debbie needed to work, too, she very much liked cooking and doing house chores. Besides, she liked sharing. It felt great to see people eating her cooking. It was her interest and hobby to cook traditional Taiwanese food for friends and relatives. They asked her to make food for them because they were busy and wanted to taste home-made traditional food.

Now, similar food was offered in Asian grocery stores or supermarkets in the US, but it was mass produced and processed food. If people just got processed food for convenience, Debbie thought, MM food or Taiwanese MMF cuisine would disappear in later generations. In Taiwan, where MM food was still popular, the tradition would be kept, but the trend was, for example, that people “did the month” at professional care centers, not at home.

Debbie considered MMF use, like the Taiwanese language, to have great value, but there were Taiwanese who wanted to speak only Mandarin Chinese. Their attitude was that language was only for communication. Most Taiwanese were too lazy to preserve their culture. Debbie told me that the children of almost all those at her parties only spoke English. The parents did not care about their children’s learning Taiwanese or Chinese, just as they did not care about practicing MMF use. They felt they could replace MM food by vitamins or food supplements. Living in the US, they did not care about Taiwan.

Debbie’s vision totally differed. She wanted to create more chances of learning for her child. No one knew what would happen in life. The US could become like Greece someday and people could have to move for survival. Without a background of open-minded learning and understanding of their own culture, the children would suffer. She made her daughter learn both Taiwanese and Mandarin Chinese and Chinese characters. She thought children could learn from Taiwanese groups about activities for sharing and cultural values. Her daughter had had the chance to see cultural differences, so she had resources to do comparison. Regarding food, Debbie said that her daughter thought the food she had in summer camp was awful. Her daughter questioned what the parents had done to their second generation Taiwanese children. Though still young, timid, and silent in public about this, she became more confident in her food selection.

Debbie also perceived differences between use of MMF and current nutrition studies. She always questioned dietitians’ recommendations for healthy food and food calories. She did not know if those recommendations suited everyone, but in her experience, for example, not every fruit was suitable for everybody to eat. To her, dietitians merely made generalizations. She herself could not eat cantaloupe or watermelon, though they were said to be nutritious: cantaloupe gave her a headache. Moreover, not all dietitians were healthy. Thus, the issue was food use for the individual. She considered vitamin supplements the same way and questioned their necessity. She said that, every year, she had to call Centrum suppliers to send boxes for her to take back to Taiwan for friends and relatives. She did not take Centrum, though her daughter did take supplements of calcium and vitamin B complex with selenium recommended by her doctor for speeding her growth. She herself had recently taken some organic vitamin B complex tablets, which reduced some body swellings, and she considered that her body might have been deficient.

Debbie said that she knew the federal government in Washington, D.C., had been developing an open public database of food information such as food use for patients and their reactions to the foods. She thought nutrition studies should aim at producing hospital dietitians, not to give food suggestions, but to help with categorizing that food use, etc. That kind of research would be important for the entire society. It could help prevent patients’ eating the wrong foods and help people maintain health by eating the proper ones, which would reduce the need to see the doctor and reduce the insurance burden.

The pedigree chart illustrates a family tree across four generations. The symbols used are triangles for males and circles for females. Shaded symbols indicate affected individuals. A dashed box highlights Emma (54), a female in the third generation, and her immediate family. The chart shows inheritance patterns across four generations, with some individuals marked with question marks.

- Generation I:** A male (shaded) and a female (shaded) are the parents of the first family. A male (shaded) and a female (shaded) are the parents of the second family.
- Generation II:** The first family has four children: a male (shaded), a female (shaded), a male (shaded), and a male (unshaded, marked with a question mark). The second family has four children: a male (shaded), a female (shaded), a male (shaded), and a female (unshaded, marked with a question mark).
- Generation III:** The first family has four children: a male (unshaded, marked with a question mark), a female (shaded), a male (shaded), and a female (unshaded, marked with a question mark). The second family has four children: a male (shaded), a female (shaded), a male (shaded), and a female (unshaded, marked with a question mark). The third family has four children: a male (shaded), a female (shaded), a male (shaded), and a female (unshaded, marked with a question mark). The fourth family has four children: a male (shaded), a female (shaded), a male (shaded), and a female (unshaded, marked with a question mark).
- Generation IV:** The first family has one child: a male (unshaded, marked with a question mark). The second family has one child: a male (shaded). The third family has one child: a male (shaded). The fourth family has one child: a male (unshaded, marked with a question mark).

Transnational family MMF use diagram of interviewee 5

I met Emma at the get-together hosted by Debbie (the fourth interviewee), who introduced us. Both Emma and her husband were accredited TCM doctors in Taiwan, and Emma was well-known for her *bo* cuisine. Her MMF dishes were very popular in the local Taiwanese circle. Interested in my research topic, Emma agreed to an interview and invited me to conduct it at their home. She took me around their beautiful house and showed me their cabinet for MMF ingredients and Chinese medicine. She treated me to chocolates from a local Amish market and a special Taiwanese *wu long* 烏龍 tea.

Emma's husband had returned to Taiwan several days earlier. Her younger son, a college student, was living in the school dormitory. Her older son was with her, but he and Emma had some relationship issues. Her family had moved to the US mainly for this older son, who was a gifted student in Taiwan. Wanting their sons to live in a place with a better education system, the family anchored in New Jersey, where a relative was living. However, the boys suffered culture shock. Finding it hard to adapt to the education system, they did not meet their parents' academic performance expectations. Emma and her husband often attended local Taiwanese get-togethers to learn about solutions that other families might have experienced.

Her husband often returned to Taiwan to see their patients and extended family members who were unwell and needed TCM treatments. Her own frequent visits to Taiwan ended after her father passed away and her mother was diagnosed with Alzheimer's disease. Emma and her husband now took turns visiting Taiwan every half a year. She stayed here longer than before and hoped her sons could learn to take care of themselves and get on the right track in their studies soon. Then, she and her husband would move back to Taiwan, though they were officially US citizens. They did not have acupuncture licenses here, so they could only diagnose

clients and prescribe TCM herbs for them. They felt it hard to develop in their professions and to access reliable Taiwanese TCM herbs.

Emma suspended her career in Taiwan to take care of her sons in the US in everything, including their diet. She had never been to the US before. Her life was suddenly so “empty” that she had time to hang around neighborhood areas. She searched for TCM herbs and commonly used TCM herbal formula packs at Asian grocery stores and herbal stores in Chinatowns, in New York City and New Jersey, but the herbs offered were not as fresh as those she had used in Taiwan.

Hoping to adopt food available nearby and not to think of Taiwanese foods, she tried not to bring back many Taiwanese food ingredients. However, her sisters-in-law were generous; always preparing tasty food and ingredients for her and her husband to bring back. In earlier years, she brought more cookies and snacks as side dishes for her young sons. When they lost interest in sweets, she gradually brought back less food.

Since US customs would not let meat in, Emma usually brought dried fish products and Chinese herbs. She bought some food products in the US. She thought those imported from Taiwan were also more reliable and fresher than those from mainland China. She introduced me to some MMF ingredients and told me the differences between them and those she could find in the US. She was not able to bring back all the kinds of herbs or medicine that she had used in her clinics in Taiwan.

As a TCM doctor, Emma was familiar with the body constitution and condition of each family member. Since an MMF dish was not suitable for everyone, Emma cooked MMF dishes differently for individual family members. She adjusted drinks and meals with herbs or herbal formulae for her sons. Her older son had been allergic to western drugs since he was young. Her younger son was allergic to environmental allergens and often had nasal congestion or a running nose. Concerning about causing allergy, she never gave western medicine to either boy or even had them vaccinated.

Her older son’s constitution and condition were different from those of her younger son. He had eaten a lot of meat and his body tended to be “acidic,” so she usually did not give him too much *bo*. He had lived with her father when he was little; she had not taken care of him and he and her father ate out often, so his digestive system was weak. Once in a while, she cooked to clean his digestive tract, observed his reaction, and then gave him a certain kind of herbal formula powder, offering him light suppers without meat or even just fruit and water. He sometimes complained about stomachache or abdominal cramping when the winter was brutal. Emma made a hot drink of ginger and unrefined brown sugar for him, and let him take it to school in a thermos.

Her younger son had also been very sensitive to cold. His hands and feet often turned very cold in winter. She used *huang qi* 黃耆, *dang shen* 黨蔘, and *dang gui* 當歸, “warm” *bo* herbs, to enhance his energy against allergens. For other times than winter, she made other kinds of herbal drinks for his health maintenance. Since he liked lamb meat, she also made lamb *bo* soup for him, but she could not just use the same herbs for making the *bo* soup where taste was an issue – “No good taste, no good MMF dish for the body.” When she made the soup, she used *dang gui* and *go gi* (Taiwanese, wolfberry). To enhance the *bo* effect, she might add *fen guang shen* 粉光蔘 (American ginseng), but the taste changed. Her younger son still ate it, but without interest.

She indicated that *dang gui* 當歸, *dang shen* 黨蔘, and other MM food ingredients in her food cabinet were not all in powder form because the herbal aroma could enhance the taste of MMF dishes. She usually cooked them with chicken or duck to make *bo* soup. The taste of these herbs would not be very good if just slow-cooked with water over low heat for a drink. However, when it was not convenient to make *bo* soup, she prepared herbal drinks, keeping them refrigerated in bottles for convenient use.

Emma also adjusted other fresh MMF such as fruits and vegetables with the intake of *bo*, the processed TCM herbal MMF. She would observe her sons' skin condition to determine her cooking and food selection. When their skin did not look good, it indicated poor digestion and she cooked light. When they looked tired from staying up late studying for exams, she cooked *bo*. For a very light meal, she might steam a fish, pan-fry vegetables, and make a salad. Emma said that she cooked light for the family because she thought her sons often ate out and had foods that were too greasy and strongly flavored. At home, she would prepare different food and not use *wei jing* 味精⁷⁸ to enhance flavor. Her sons accepted her home cooking because they had become used to eating it.

As for her husband's MMF diet, Emma joked that he took care of himself very well, so she did not. His bodily constitution and condition were totally different from hers and similar to that of her older son. Her husband cooked only when she was not at home; he knew what to cook but he cooked very simply. She did not like eating dishes he made because she thought they were not delicate. His diet could not be the same as her younger son's because their constitutions and conditions were opposite. When she made lamb *bo* soup, her husband just ate the meat without the soup.

Emma usually designed a meal to suit everyone at home by making one dish suitable for one person and another for another. As not all family members could get together at all times, cooking was not a big problem. If she felt busy or tired of cooking, she just made one dish of pan-fried fish and another of pan-fried vegetables. That's it, she said, suitable for everyone. She and her husband thought they should reduce meat eating because they were getting older and instead eat more fish, but her older son still craved meat at home, while the younger son could eat either fish or meat. In summer, she steamed fish; in winter, she would pan-fry or oven-roast it (TCM practice for seasonal cooking). She did not deep-fry fish because she was concerned about trans-fatty acids from frying oil under high heat.

Though basically keeping to the same cooking practice in the US and Taiwan, Emma made some differences. The many varied kinds of food ingredients in Taiwan made variety easy and convenient for cooks. In Taiwan, she could rush to a traditional market to buy fresh wild-caught fish or seafood for a quick, easy, flavorful fish or seafood soup. In the US, fish and seafood were usually frozen and, without adding MSG, the taste of the soup was awful, so she cooked soup less. Pork here had a strong unpleasant smell after cooking, whereas in Taiwan it was naturally sweet and tasty with any kind of cooking.⁷⁹ She had changed to making miso soup and egg soup more often in the US, and she replaced soup with fruit juice and soy milk sometimes.

⁷⁸ monosodium glutamate (MSG)

⁷⁹ Taiwanese used to make soup with pork ribs or bones.

Nevertheless, to Emma, her food selection for her family's varied bodily constitutions and conditions was all right as long as the food was fresh. She chose wild-caught ocean fish in the US because she was concerned about pollution in farm-raised fish. "It's all about comparison, selection, and accessibility." Cauliflower was commonly seen in Taiwan, so her family ate more, whereas broccoli became the option in the US. Her family did not like eating apples in Taiwan, as watermelon and pineapple were very sweet there. Here, even strawberries and pineapple were sour, so apples were chosen.

Given her "eating fresh" principle, Emma's family usually had no leftovers. Nor did they ask for doggie bags if they ate out. Any leftovers were finished at the next meal and not saved beyond that. Her children did not dislike certain foods except for bitter melon, and even that they could accept. She knew how much they could eat and cooked accordingly, controlling each one's portions, and asked them to eat everything on their plates. Because of intake quantity control, her children's weight stayed healthy and stable when they ate at home. While she controlled portions, her principle was that, if her sons really did not like some food, she would not force them to eat it. "Emotion is important. If a food is eaten unhappily, could its nutrients be well used in the body?"

Interestingly, although MMF ingredients were easier to access and there were more choices in Taiwan than in the US, Emma made more MM food in the US for her family. This was not only because she became a full-time mother, but also because of the weather. She said that her sons' bodily constitutions and conditions required just a few MMF ingredients, but the tendency to need more "*bo*" in the US was due to the winter coldness. This insight made her reconsider: Taiwanese ate too much "*bo*" in Taiwan because summer was long, hot, and highly humid there. The popular *bo* soups, such as herbs stewed with pork ribs and herbs stewed with catfish seen in night markets in Taiwan, were not appropriate for everyone in summer.

"Cooling" *bo* soups were used in summer, Emma said, but her children usually did not need them. Their problems in summer were usually from digestion or food allergies, so she did not stress their digestive systems with excess *bo*. Eating fruit was usually the solution. While mung bean soup was a good MM soup, her children did not like its taste. *Xian cao* 仙草 and *ai yu* 愛玉 could satisfy her sons' desire for delicious sweet soups. However, as *xian cao* jelly requires more processing, with possible artificial additives, she usually did not buy it. Although *ai yu* is also jelly, it is made from seeds crumbled by hand, so she sometimes even bought *ai yu* seeds and made her own. She used the jelly weekly in summer, adding lemon juice and honey to make dessert soup.

It was clearly Emma who made most family food decisions. Her husband was not considered in charge. Although she cared for her sons' diets and paid attention to MMF use for her sons, she did not think that she planned what to eat all the time. Sometimes she just decided by her feelings and liking, as had her mother, who might sometimes make *bo* just because she thought of it. She did not plan to make a specific MMF every time. Emma's mother had been a teacher. After marrying, her mother became a full-time wife to take care of the children and a secretary to help manage her husband's clinic. Her mother's father and brothers were all TCM doctors and she was the only child in her family who did not become a TCM doctor. Emma's uncles often supplied popular MMF ingredients or herbs such as *shi chuan dai bo* 十全大補⁸⁰

⁸⁰ Taiwanese, the "all-benefits-in" TCM MMF formula

packaged in packs. In winter, if her mother thought of those packs, she made the *bo* soup with a whole chicken and one pack.

When Emma was young, she did not like eating *bo* at all. Her father made a good living running his clinic and was able to afford seafood, which he liked. She did not like the smell of seafood and preferred eggs. Her mother teased her that she lived in a wealthy family but had food preferences like the poor. Her mother did use MMF for her and her brother when they were very young, in kindergarten or elementary school. Her mother liked to stew frog, catfish, shrimp, or other seafood with the four-herb formula pack or the TCM herbs *dong gui* and *go gi*. Her parents liked the smell and taste of the MMF they cooked, but she disliked it.

Emma found it interesting that, after she grew up, she changed and came to like those MM foods and their smell and taste. She explained this change in terms of a personal experience during junior high school, when she had a mix of a serious cold and flu. She took western medicine for a while but did not recover. Her uncle visited, saw her symptoms, and said she would not recover with that medicine. He wanted her to stay at his house so he could heal her through TCM. He guaranteed that she would completely recover in a few days. Emma was curious. Her uncle prescribed a TCM herbal formula and cooked it for her. She drank two to three packs of the medicine and quickly recovered. She felt it so incredible that she wanted to explore TCM and changed her attitude to MMF. After she studied TCM, she recalled her symptoms at that time and theorized that it was an allergic reaction. She considered that the mechanism of the western pharmaceutical she took was to inhibit mucus secretion so she would not cough, but for her allergy, she needed more mucus to rinse her throat and bring more immune substances against allergens. Hence, she kept coughing despite the western medicine. The herbal medicine her uncle prescribed increased the mucus secretion and mended the broken throat membranes caused by the long-term cough. After that, Emma felt that TCM worked and it fascinated her. She then accepted and liked the MMF her mother cooked. Later, she was able to spend all of her college summers in the TCM clinics of her uncles. She interned in TCM there. One uncle gradually handed over his clinic to her.

Emma was also convinced by an experience of her brother in high school. One day, he had a high fever and his temperature could not be lowered. Her mother was so worried that she decided to use ginseng for him. Her mother slow-cooked *xi yang shen* 西洋参,⁸¹ got the extract, and fed it to him, even though she was not sure it would work. It actually worked: her brother's temperature returned to normal. Emma did not know what triggered the cure, but she thought TCM must have something and the experience fascinated her.

Her western physician father had been angry when Emma decided to study TCM, because he considered Chinese medicine unscientific. However, when older, he found no western medication could help him significantly recover from various diseases and was terrified. Emma suggested alternative treatments whenever she visited, and one day, his attitude softened. He asked Emma for a book on Chinese medicine because he needed to take quite a few antibiotics and wanted to know what herbs and herbal formulae were documented for anti-inflammation and disinfection. Looking for suitable herbs for his illnesses, he studied about TCM and discussed with Emma his estimation of certain herbs and herbal formulas. He then mainly took Chinese medicine, supplementing it only with western medicine for controlling his blood pressure. As it was impossible for her to instruct family health caregivers in cooking

⁸¹ American ginseng

MMF every day for him, she used powdered herbs and herbal formulas as a convenient regime, which, according to Emma, did not reduce many of the medicinal effects. For certain symptoms such as stomach and intestinal discomforts, herbal or formula powders worked even better than western medicine.

Emma told me that she used to buy MMF ingredients in Chinese herbal stores both in Taiwan and in the US, because she knew how to select the level of quality she wanted there. She could examine the herbs by their place of origin and species and variety. Though she could find some herbs in grocery stores or supermarkets in the US, she did not buy them there because they were prepackaged and she could not evaluate their quality. Emma did not think her family needed specialized MMF ingredients at present because they were usually for older people. She and her husband were not old enough to use them yet. Most MMF ingredients her family used now were common herbs easily found in Chinese herbal stores. Still, she brought them from Taiwan because of quality concerns. As for fresh food ingredients, she obtained them from the Amish market, the supermarkets, and Chinatown, also depending on freshness. She liked to get lamb and pork from the Amish market because the smell was less unpleasant.

Emma had never been treated to MM cuisine at a restaurant in Taiwan that impressed her, but recently she had heard of restaurants offering better quality MM cuisine. In her opinion, previously, restaurant cooks would just put in a little herb to enhance flavor and taste in the name of MM food, because the makers of MMF served in the night market did not dare to risk customers' health or jeopardize food safety. There was little medicinal effect, though some people might say there were still medical effects and a psychological effect might matter.

In the market, health-promoting meals had become very popular in Taiwan, but Emma found them nothing special: with a few herbal ingredients added, the meals were claimed to promote health. The concentration of herbs released in the soup had been diluted, so an individual would not receive a medicinal dosage. Even if it worked for one person, the effect would not result for everyone. She did not expect much "health promoting" even from several MMF meals from MMF vendors. She pointed out that some patients suffered from "upward fire" due to eating too much red-faced duck stewed with concentrated grafted ginger extract in hot summer, but only a few cases occurred because whoever would want that kind of food would be accustomed to it and those who could not take it the first time would stop.

Emma would not go to restaurants for MMF for medicinal benefits, but for taste. She loved to eat *si shen tang* 四神湯, a mild *bo* soup commonly seen at night markets in Taiwan, but she did not go for other *bo* soups of stronger taste that could also be found there. She did not make *si shen tang* on her own because it was too difficult. It took time to clean the pig tripe and was not worth it. She laughed that, when her family saw a *si shen tang* stall on the street in Taiwan, her children would call out "Mom, *si shen tang*!" because her whole family liked the soup.

Emma felt her children had already accepted TCM and MMF. Sometimes they even discussed with her which herbs or herbal formulae to eat. Already accustomed to this medicine and food, and having bad experiences with western drugs, they did not feel good about taking western medicine. Emma thought that, at their ages now, they were also seldom sick. Even when they caught a cold, supplementing vitamin C and water would work. As far as she knew, her children did not get involved in food issues with their classmates or friends. Though they ate out with classmates, they were seldom invited to dinner at their homes. She thought it was

perhaps because they were still immigrants without close American friends. Her children were aware that what they ate at home was different from what they ate out and did not object.

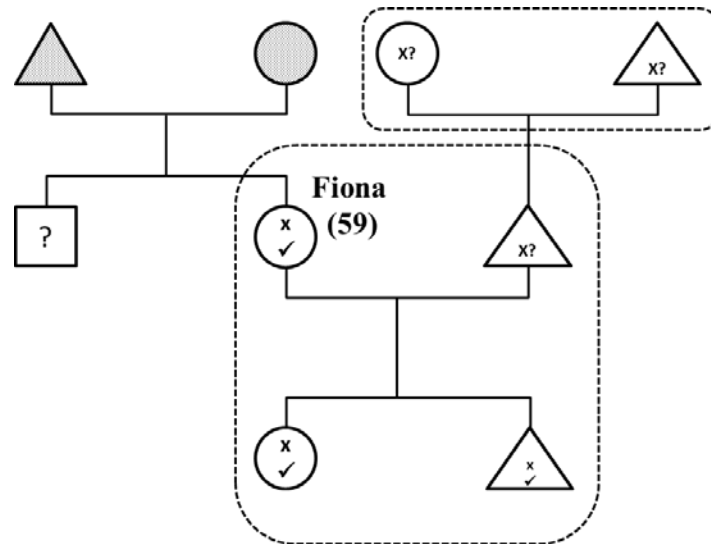
Even though Emma's children were familiar with MMF use, she perceived that the tendency toward MMF use was decreasing in the next generation in Taiwan and the US. The younger people were, the more reluctant they were to try TCM and MMF because they thought the medicine and food "yucky." Her younger sister's children in Taiwan were unwilling to take TCM and MMF because of the taste; some of her friends' children also refused them; the children of her husband's older brother completely rejected them. These children seemed to have no idea about TCM and MMF and said the herbs were medicine or strange *bo* food and the taste was terrible. They preferred western drugs because pills were easy to swallow and the medicinal effect was fast and targeted. Drug side effects did not concern them; they just cared whether the medicine worked or not. While TCM herbs did not offer strong pain relief for a headache, just swallowing a tablet of Panadol (acetaminophen) with water did. Which way would they accept?

Emma felt that it was their loss for just wanting convenience and disliking the taste of TCM and MMF. She felt sorry for the younger generation because this had become a trend. However, she did see a contrast between Taiwan and the US in this. She had found that Americans were more open-minded about TCM and MMF use and had a willingness to try them. She speculated that it might be because they realized some diseases could not be cured by western medicine or that it had inevitable harmful side effects. Several of her younger son's American friends admired Chinese and Taiwanese cultures. They had told her that Chinese and Taiwanese cultures had higher values. One friend was surprised and impressed by the food Emma made and the living standard they had. He worshiped everything Chinese and Taiwanese and wanted to have a girlfriend or wife from China or Taiwan. The day he visited, Emma had just offered him egg rolls and red bean cake that she brought from Taiwan, pan-fried noodles and vegetables. He was delighted and wanted to take home leftovers. He wanted to learn acupuncture and Chinese literature and live in Chinese culture. Her son thought this friend was really crazy. Emma said she knew most young Taiwanese did not appreciate their TCM and MMF environment. They did not think the things that American children now knew how to value were really valuable.

In her clinical experience, Emma had also observed that young patients were few in number. Most of her patients had higher education and socioeconomic status, were older, and had more life experience. They had some concept of TCM and knew of side effects of western medicine and the importance of taking care of their bodies. Meanwhile, parents or seniors had to coerce the next generation to use TCM. She said that she just could not understand young people who complained about its taste, even for powdered formula in tasteless capsules. She liked the TCM and MMF taste and so did her children. Her sons scooped Chinese medicine powder into their mouths. They did not feel the taste was bad.

Emma considered that the younger American generation might better accept TCM and MMF and even be more willing to try acupuncture. Soon, more Americans might even study TCM and MMF. Later, Taiwanese would need to study TCM and MMF use from Americans or westerners.

Interviewee 6



Transnational family MMF use diagram of interviewee 6

I was introduced to Fiona by Anne (the first interviewee) at the latter's house. Fiona stopped by to share her delicious home-made Taiwanese-style cuisine with Anne. I was surprised by her cooking skill and use of MMF ingredients. After she learned about my project, she agreed to be interviewed. Her husband was a university professor and she herself was on the university staff. She wanted to be interviewed near her office since her house was distant. Fiona felt comfortable using Taiwanese in the interview, with a mixed use of Mandarin and English. It helped her recall her childhood and convey her perceptions smoothly.

Fiona was from a big family in a northern county in Taiwan which later moved to Taipei to live. She was the third of eight children. Her father worked for the government and his parents passed away early. Her mother took responsibility for the housework, including buying food from the traditional market and making meals. She usually made rice as a staple and offered two or three other dishes in a family meal. Her parents could not pay much attention to looking for particular foods in earlier days because of survival issues. The family ate whatever they could get. She recalled how poor her family once was. Sometimes her parents could not afford food, so they just ate rice mixed with soy sauce and pork lard as a meal.

After Fiona's parents could afford meat, her family had pork and sea fish more than chicken, as chicken was the most expensive food. Pork was popular. They lived close to the sea, and seafood products were prevalent and cheap. She did not like the smell of fish when she was little so she turned to eat more vegetables. She did not mind that cheap Taiwanese water spinach⁸² was served at almost every meal. She thought it really tasty when seasoned with garlic and salt and fried or scalded in boiling water. On special occasions, holidays or festivals, such as New Year's Eve and New Year's Day, her family could allocate some different meat or food

⁸² *Ipomoea aquatic*, a leaf vegetable

besides vegetables. She loved sausages and her father's recipe of simmered eggs. They were only seen on special days, she said.

Fiona's father was good at cooking. He occasionally cooked delicate dishes for family, friends, and colleagues, and his sophisticated catering and arrangement of dishes were always complimented. Although having professional cooking skills, Fiona's father did not ask her mother to buy certain foods or cook certain dishes. Most of the time, her mother purchased food, made her own decisions on food, and cooked the meals. That was her impression at the age of ten.

Fiona's family did not often make *bo* food, so she did not have much of an impression of MM food. In retrospect, she thought her family might have used MMF, but in a very casual way. For example, she remembered that she had eaten *si wu tang* 四物湯 (four-herbs soup), but her family did not call it *bo*. The soup was much diluted, just an ordinary soup with *si wu tang* taste. She seldom heard her mother suggest what food to eat or how to cook it. She thought that eating *bo* as a family tradition was based on the family environment and background. Though her grandmother might have taught her mother how to make *bo* dishes, since her parents did not live with their parents after they married, there was no family *bo* education that she could see from grandmother to mother. Nor did her mother tell or teach her children what food to make or to eat.

Fiona was sure she and her siblings ate something different than their regular food during their "turning into an adult" period, but she just had a vague image of some kind of *bo* food. She remembered that, for girls, those foods were used around the age of twelve or thirteen and the times right before and after their periods, but whether the foods were shared at the table or offered to an individual, she could not recall. She did not remember if her mother had used *bo* for "doing the month" or when her mother was pregnant with other younger siblings. Her family, though large, did not have much interaction with relatives or friends; therefore, she had hardly heard of *bo* use among relatives' or friends' families when young. Nevertheless, Fiona's family used TCM when diseases could not be cured by western medicine. She pointed out that, in later times when her mother misused herbal pads offered by a female quack doctor to treat her huge malignant skin tumor, her mother's body was harmed badly.

Humbly saying that she had never paid much attention to food, Fiona nonetheless cooked delicately. She did not think her cooking style was influenced by her father. She said she liked to think and rethink how to make things better and how people saw them. That shaped her cooking. Her attitude was, wherever she went, she needed to adapt to the environment. Her Taiwanese friend circle here was small. Mostly they talked about their children's education; she seldom talked about or shared food or cooking experiences. She did not practice "doing the month" herself, nor did she know about the MM food use experiences of other Taiwanese. She indicated that her principle for cooking was, if she really wanted to cook with a recipe, she did her best to give it the best taste by her standards, thought about it, and planned how to make it. She was also concerned that she might like the dishes she made but other people might not. Only when people were interested in her food and asked for recipes did she tell them.

Fiona became an immigrant by marriage. In her twenties, she met her Italian-American husband in Taiwan through the introduction of their common friends when he worked for the US Navy. They got to know more about each other by corresponding for two years after he moved back to the US. Then he went to Taiwan to marry her and brought her to the US. Due to her husband's work, her family had relocated to other two states before settling down in 1978. At

that time, Asian grocery stores were not common, but food was not her focus. She did not often buy Chinese cooking materials and food ingredients. They were not necessary because she was inventive and she substituted ingredients in her cooking, e.g., American white vinegar for Taiwanese rice vinegar. She pan-fried vegetables and meat and thickened them with starch, adding seasonings and sauces. That was delicious enough, Fiona thought, though it might not be made following the regular rules for making Chinese dishes.

Fiona felt lucky that she had had no problem in food adaptation after moving to the US. If she did not like such American food as hot dogs, she did not need to buy them, and her children, though Americanized, followed her preferences in American food. Just recently, her friend introduced her to Angus beef hot dogs, which she tasted and liked and then bought from the supermarket, though she had never bought hot dogs before. Her husband ate whatever she cooked. Leftovers were few and he would take them to school as his lunch. He was never picky about food. Her children liked to eat pizza. She made less greasy “Chinese pizza” for them, using bread-making flour for the crust. The toppings were mixed Chinese and Italian ingredients. The children appreciated her recipe and ranked it the best pizza in the world.

Fiona’s Italian mother-in-law was a very good cook who made excellent spaghetti sauce, but she was not able to influence Fiona’s cooking much. Fiona knew how to make this sauce and their other Italian dishes: she could follow recipes, make them well, and modify the recipes creatively. Her children preferred her modified Italian dishes to those of their grandmother because she improved the texture but kept the taste.

Fiona loved fried rice with soy sauce. It was actually her most frequently eaten Taiwanese dish because it was easy to make and she could change ingredients for creative use. Chicken or pork, many different vegetables, and the good taste of seasoning and sauces composed her fried rice. The must ingredient was soy sauce, she said. She also used ginger, spring onions, garlic, barbecue sauce (a Taiwanese brand), and a little MSG. That was her family’s main Asian dish, though the family liked sweet and sour pork the most.

When she was asked to bring food to local Taiwanese get-togethers or make food with other families for these, she and her group did not think of making foods for health. They were concerned about the taste and serving amount for all eaters. If she was assigned to make sesame oil gluten rice for the group, she just made it. She pointed out that people did not think of making food both tasty and healthy in earlier days. After they became sick or had chronic diseases, they might start to seek for healthy food selection. People now knew more about food, so they might think of and gradually pay attention to both issues. Before, as long as the food was edible and tasty, that was good enough. She thought that she was like most other people who cared less about food before: she did not think much about making healthy food before.

Fiona did not visit Taiwan until ten years after she had moved to the US. After that, she visited Taiwan more often, about every two to three years, because her children were older. When she stayed in Taiwan, her family members cooked for her. They seldom took her to night markets, as her family had seldom dined out or hung around night markets when she was young, they dined out only for rare big family reunions. Her Taiwanese family members still kept this family food practice – they bought what they could get from the traditional market, cooked simply, and ate less greasy food. No one really said anything about eating what was good for what, so they should change and eat that. It was from the press and other media that she knew the concept of food promoting health was prevalent.

Fiona thought, if someone cooked a new food for her, she would try some, but she would hesitate in her own practice of cooking. Although she was creative with mixed ingredient selection for cooking, she would not think of using ingredients she did not know, though sometimes she would try them based on curiosity. For example, recently while visiting Taiwan, she received a gift of top quality *gou qi* 枸杞 and *bai mu er* 白木耳⁸³ from her younger female cousin. Since she did not know how to cook *go gi* or what health function it had and had never used it in cooking, Fiona did not even try it. She kept the gift a long time and ended up giving it to a housewife she met at church, who said she would use it. She had not liked the taste of *jin jen* 金針⁸⁴ before, but one day, she had a chance to taste it again and found it delicious. Then, she often used it with other dishes and even created a recipe for it. She bought dried *jin jen* from Asian grocery stores which might have been imported from China.

Fiona said that she did not like to bring extra baggage when traveling and food was not important in her mind, so she seldom brought food from Taiwan except for *ling giin guang* 龍眼乾⁸⁵, which she really liked, and Taiwanese tea for her friends. She perceived that food was for enjoyment, not causing trouble, so if she could not access a certain kind of food, she did not care. Once, a cousin gave her a big pack of top grade dried shiitake mushrooms. She kept it because making sesame oil gluten rice requires using the mushroom. A lot was left because she did not make the dish often.

Fiona said that she did not think of making MM food or *bo*. She considered herself to have zero knowledge of how to make it in her head. Her female cousin gave her MMF ingredients – probably this cousin thought them MMF and precious. However, to Fiona, they were Taiwanese dish flavor enhancers. She acknowledged that she believed there was something good in MMF that benefited the body, but she had no knowledge about what it was. Her friends had frequently forwarded her emails with information about what food could benefit a certain part of the body, such as eating X could benefit the eyes and Y could benefit the stomach. She had seldom paid much attention, although sometimes she read these out of curiosity. However, she did not buy food based on such information. For example, a cousin gave her white wood ears and told her they were easy to cook by adding water and crystal sugar. Fiona followed the directions and made them, but for the taste, not for medicinal benefits. Liking the taste, she also tried to imagine other ingredients to add. She had freely added red beans, peanuts, *ling giin guoang*, and other ingredients she thought would enhance the flavor and taste, without any MMF knowledge.

Fiona indicated that she always liked red bean soup but not mung bean soup. She regularly ate red bean soup when she was in Taiwan. In the US, although she had not made red bean soup often, when she had had a chance to visit Taiwanese friends or bring a dish to a local Taiwanese get-together, she liked to make it. Making various kinds of food was her interest and habit, Fiona emphasized. She was curious about trying different types of cooking and using different food ingredients. When she had cooked red bean soup in the US and had white wood ears and *ling giin guoang*, she added them as a trial for better taste. Though Fiona ate red bean soup, commonly a light summer *bo* soup or sweet dessert soup, which was a popular MMF

⁸³ Mandarin, literally, white wood ears, also translated as snow fungus, an edible fungi, MMF ingredient

⁸⁴ Mandarin, a dried plant flower used as a vegetable and folk MMF ingredient

⁸⁵ Taiwanese, dried *long yan*, Mandarin, *Dimocarpus longan*, a popular MMF ingredient usually for sweet dessert dishes or dessert soups

tradition in Taiwan, she did not think she had been influenced by the *bo* tradition. Rather, the food inspired her cooking and taste preference.

Fiona stressed that making MM food was really not her dietary practice, though she used MM food ingredients for cooking. She mixed MMF ingredients with other food ingredients in her cooking experiments. She did not see herself in the category of those who focused on MMF use according to their concept of TCM or thoughts of health benefits. She wanted to give me an idea about a different perspective on using “MM food ingredients” in her individual variation in their use. According to Fiona, some of her Taiwanese friends who enjoyed cooking also liked to create and experiment with ingredients in similar ways.

Fiona thought that, though she might not pay much attention to her diet, she ate a lot of fruits and vegetables and followed a balanced diet. She did not have any big health problem now, so she thought this sufficient for her. If she thought to make spring rolls for friends or Chinese dumplings for family, she then went to Asian stores. For convenience on her work days, Fiona made dumplings on weekends and froze them for fast cooking. Her husband loved eating them, but she had forgotten whether her children liked them or not. She had also often forgotten about Taiwanese vegetables because she had grown used to a diet without them. She did not desire or crave the tastes that she used to taste. She enjoyed the tastes she created for herself. Occasionally, she bought Taiwanese vegetables that had an irreplaceable taste when she found that they were very fresh and she really wanted to eat them. Sometimes when she tasted and liked some vegetables shared by her friends, she asked how to cook them because she might buy and try them. She did not need to buy Taiwanese vegetables or always shop at Asian stores. She grew garden vegetables at home, e.g., white eggplants, which she cooked in either Italian or Taiwanese style.

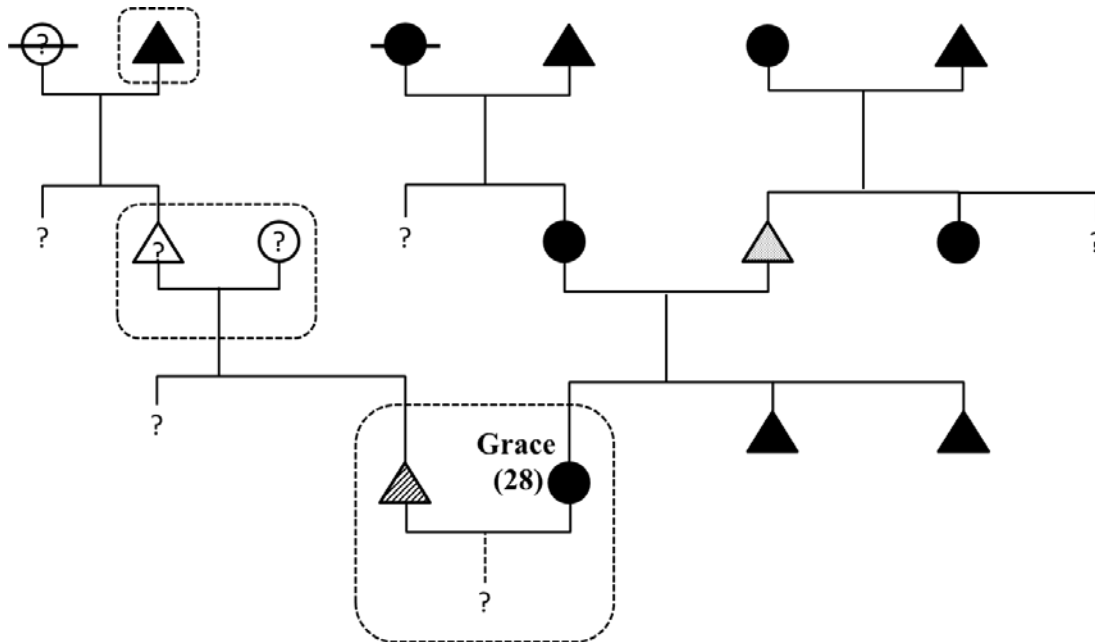
Fiona’s son and daughter were both close to thirty years old. Their diet was completely Americanized and they did not go to Chinese restaurants. They ate sandwiches for lunch on their workdays and brought home take-out meals for dinner. Their work hours were long and they were young, so they did not think too much about food. Fiona said it was not like her generation: although her work hours were long, she still needed to cook for the family after work. She concluded that easy, simple, sanitary, and healthy foods were her family’s food tradition. Dumplings were one of the choices. However, she had persisted in making them by using her must-have seasoning herbs, garlic, spring onions, and ginger for a Taiwanese taste. She also preferred using Taiwanese rice wine.

Fiona did not use MM food as she defined it. Her opinions on MM food and use of MM ingredients by the next generation and in her communities in Taiwan and the US indicated there was a chance to learn about MMF. When the learning was considered good and useful, people would learn and utilize what they learned. For MMF to be used in a family, she thought having knowledge of how to use it was necessary. She absorbed information from reading such publications as *Life* magazine published by Tzu Chi, an international Taiwanese Buddhist organization. The MM cuisine introduced there, to her, was “pure”: food ingredients were straightforwardly elaborated and cooking with health benefits was presented. However, she was not sure of the exact health effects from using the dishes promoted. She believed that food could benefit the body, but she still felt confused about the concept that eating a specific food could benefit the function of a certain body part. She thought food was a factor, but there were also other factors, such as genetics, that affected health. As a Christian, Fiona felt that God gave

humans everything wonderful, so it was one's own responsibility to eat in a healthy way. If she had knowledge about what benefited the body, she could say she knew what was good.

"I think the world is changing, and people also change – voluntarily or by force. Making changes consciously is important." Fiona illustrated this idea. She just ate vegetables long before and seldom fruits, because she did not have the habit of eating them. She had developed stomachache problems for ten years that caused a pernicious anemia and she was medicated for three months. With that experience, she learned to eat fruits and change and adjust her diet. To her, MMF ingredients were basically herbs or plants. If MMF could benefit the body, its use would be widespread in the future. She stressed that she did not have knowledge of MMF. She would just keep to her own dietary regime. It was her curiosity that drove her to experiment with various foods. She thought there must be reasons people were willing to use MMF; and she was open to any convenient, healthy, and tasty foods. She commented, "Why not try to use them?"

Interviewee 7



Transnational family MMF use diagram of interviewee 7

Some informants suggested that I interview younger Taiwanese immigrants managing home-stay businesses and advertising online. I searched for related business blogs and websites and successfully contacted Grace. She found my research project interesting and agreed to offer me a room to stay in on a New York City trip to meet other informants. Formerly a graduate student in a master's program at a noted university in New York City, Grace had just married six months earlier and had a new identity as a US citizen. She had met her husband, David, at college in Taiwan. He was a naturalized US citizen who had immigrated to the US with his parents and grandparents and returned to Taiwan for college. The couple arranged for further study in New York City and decided to marry right after Grace graduated. David worked at a job in financial management. Grace stayed at home for their newly developing home-stay business.

Grace and David were curious about my research topic. They accompanied me to the Taiwanese Chan/Zen Buddhist center where I met the second interviewee, Betty. As Buddhists, they were curious to see the center and wondered if they would like it. Having just moved to this neighborhood a year earlier, they considered themselves still new residents. They took this chance to explore the area and established a friendship with me. When I invited them to be interviewed, both David and Grace expressed high interest. I interviewed Grace because she was the cook. She made time for the interview in the late afternoon after she had finished the housework, when David and the home-stay people were not home yet. She set up a private space in the living room beside the common area with an open kitchen and shared refrigerator.

Grace indicated that her family in Taiwan had had three generations living together, including her father's parents, her parents, two younger brothers, and herself. They lived in a big town in Taipei County after her parents had moved there from central Taiwan. When she was in

the eleventh grade, she stayed in the US for one year as an international exchange student. She and David came to the US again for graduate school study but visited Taiwan for their engagement ceremony before their US registration of marriage.

Her father's father moved with her family to Taipei, but her father's mother stayed in southwestern Taiwan with other extended family members, where eating *su* 素⁸⁶ had been practiced for a long time. As soon as this grandmother moved to Taipei to rejoin Grace's grandpa and her family, Grace's mother changed to a *su* practice. Grace said that her mother made the decisions for family food selection and meals and cooked well. Her grandmother was a pure vegetarian who ate very little oil and no preserved soybean or soy protein products but all fresh tofu and vegetables. This grandmother had seldom cooked since she was young. Grace's mother cooked for her, including *bo* soup when she wanted.

Grace recalled that when she was little, her mother often made chicken's feet jelly and pork pettitoes jelly dishes. Grace said she loved eating them and another dish, spiced ground pork stew. After her grandmother rejoined the family, her mother never cooked those meaty dishes again. Grace herself found that she came to dislike the taste of those jelly dishes and felt she dared not eat the pork stew after she grew up. When her family had eaten meat, she was very young. At that young age, eating *bo* was unnecessary because children did not need to "develop" by using *bo*. Thus, though she remembered that she had eaten meat when she was young, she did not think or remember she had eaten *bo* then.

When Grace reached adolescence, her family had already become used to eating *su* because of her grandmother's dietary practice. Grace's aunt, her mother's sister, who worked in Taipei and stayed with them at that time, was not a vegetarian. This aunt made *bo* with meat for Grace and her brothers because they were in the period of "turning into adults." Grace did not remember what kind of herbs her aunt used but remembered the soups were black. Grace quite liked the *bo* because the taste and smell were good. Her younger brothers also ate and liked it. Even after they grew up, her brothers kept the habit of eating *bo*. Sometimes Grace and her brothers went to night markets to eat *bo* soup with pork ribs and herbal medicine. Grace's mother also changed and cooked *bo* with meat for the children when they seemed to her to have a cold or looked weak. Grace said that her mother came to cook *si wu* 四物⁸⁷ with pork ribs or fish for her often.

Grace's grandfather loved eating this *si wu bo*, too, and always partook of it whenever it was served. Laughing, Grace explained that ordinarily people perceived this *bo* was specifically for women. Her brothers did not eat it for this reason. While Grace's father and husband and even her brothers had not usually asked to eat *bo*, her grandfather liked it. When he felt weak, he

⁸⁶ The *su* that Grace's family practiced was a rather restricted Buddhist dietary regime, but generally, it was a vegetarian dietary style.

⁸⁷ In Chinese medicine, *si wu* 四物, literally the four agents/herbs formula, contains four processed herbs in a one-to-one ratio: *so di huang* 熟地黃 (*di huang* 地黃, *Radix Rehmanniae glutinosa*; *so* 熟 indicates processed by a particular TCM method), *bi shao* 白芍 (white peony root, *Radix Paeniae alba*), *dang gui* 當歸 (*Radix Angelicae sinensis*) and *chuan qiong* 川芎 (*Rhizoma Ligusticum chuanxiong*). These herbs are also used for making health-promoting dishes, soups, or wines. The "four agents" formula has been documented since 1110 AD, and can be applied to both men and women. However, it is widely considered to be for women, for soothing period discomfort. A recent study in Taiwan indicated its pain-reducing effect at the start of the period cycle (Yeh et al., 2007).

asked Grace's mother to make *bo* for him. He seemed not to care what MM herbal ingredients were added but wanted them stewed with fish. Her mother usually went to local TCM herbal stores, described his symptoms, got herbal formulas for him, and stewed them with fish to make *bo* soup. He only liked eating fish, not other meats.

Eating no fish or meat, Grace's grandmother sometimes complained that her nutrition was not well balanced, though she looked overweight. Whenever she complained, Grace's mother went to TCM herbal stores to get packs of herbal formulas to make soup with them for her. Grace's grandmother had had sore knees recently, so a caregiver was hired to make a TCM herbal extract for her every day. That person brought a bottle of herbal extract for her to drink.

Grace considered that since her family ate *su* and their nutritional sources were restricted, her mother used *bo* to supplement the diet. Her mother used to cook different *bo* to suit every family member. Grace did not know all the kinds of *bo* dishes her mother made. However, when cooking, her mother quite often used *dang quay* to make soup. She also used *go gi* in dishes because, in addition to the *bo* function, bright red *go gi* made dishes beautiful. Because the family ate *su* most of the time, Grace's mother made *dang quay* turnip soup, which was also a kind of Buddhist *su bo* soup. Her mother really liked to use MMF ingredients to make soups frequently. She cooked *dang quay* noodle soups or those found in vegetarian restaurants in Taiwan. Besides, since Grace's family had taken American ginseng powder as a nutritional supplement, when she visited Taiwan, she was asked to bring American ginseng home.

Grace and her family ate *bo* more frequently in winter. She thought her mother made *bo* soup quite greasy because sesame oil was added. The soup was too rich to eat in summer. In summer, they ate cool *bo* such as mung bean soup and watermelon. When they wanted some particular food, her mother got it, but the children did not like all the kinds of *bo* soup she cooked. Some kinds were too bitter and strong. Grace and her brothers were forced to eat them. Because Grace looked weak, her mother frequently cooked *bo* for her after she was old enough to receive it.

Grace pointed out that sesame oil rice wine chicken soup was an important MMF dish for the post-birth period of "doing the month" which her mother and other senior females in the extended families used. She recalled that her mother's mother cooked a lot of this *bo* soup for her mother when her youngest brother was born. However, sadly, since her mother's mother died early, Grace did not have much memory of how she taught her mother MMF cooking.

Grace considered the fact that her mother's family had used food remedies. For example, when she was young, her mother's father was very concerned about her health because she had serious asthma. He looked for folk medicine, including dietary approaches, for treating her. Grace still remembered eating the kind of dish he made for her: he hollowed out a pomelo, stuffed it with lamb meat and black sesame oil, put it in a *tu yo* (Taiwanese, 土窯), an 'earth oven' in a ground pit to roast, and then added some rice wine before serving. She liked it and found the food remedy had worked.

For common ailments, Grace's family basically saw general practitioners and took western medicine. They did not use specific MM foods for treating common ailments. However, her mother would cook rice congee when any family member was sick and lost appetite. Her aunt cared about nurturing and maintaining body health, so she used many kinds of health-promoting products. Recently, her aunt had bought several kinds for Grace and suggested that she take them and avoid taking western medicine. When she felt unwell, she ate those products

at a high dose. Grace told me that these contained a lot of ingredients but she did not remember all of them. One seemed to have *ling zhi* 靈芝⁸⁸ or some rare mushroom. She happily showed them to me after the interview.

Grace saw herself as able to tolerate food, so she had no problem with the food difference between the US and Taiwan; however, she had a preference for Taiwanese food and missed it when she was an international exchange student. Whenever her home-stay parents had gone out, she cooked Taiwanese food. She bought cabbage from the supermarket, but she soon learned that American cabbage was bitter and hard compared to Taiwanese cabbage. Her American home-stay parents did not like the mung bean dessert soup she served them. They just tried a bit, and then said thanks; the sweet bean soup was strange to them. After she was back in Taiwan and saw her mother cooking MM food, she was very happy because she felt it a long time, almost a year, that she had not had Taiwanese food. However, interestingly, she also missed American food. She had had a good time staying in the US, so she missed the life and the food from joyful times with friends: hamburgers and roasted pork ribs.

Grace compared her food access in the US and in Taiwan and considered her immigration transition regarding food use. In the US, eating out and buying Taiwanese food ingredients were really inconvenient. Food did not vary much here, she said. Instead of having fast food, people needed to cook for themselves the dishes they wanted. In Taiwan, eating out was convenient and cheerful as there were so many kinds of food choices, domestic or exotic, on the street. Since Grace and her husband usually cooked at home in the US, they bought food of better quality. She also bought many packs of *si wu* herbs from TCM herbal stores in Taiwan and brought them to the US. Her mother suggested she eat *si wu* at least once a month. She had visited some herbal stores in New York City, but she had not tried MMF ingredients from there yet, except for American ginseng. She thought after she finished her stock, she would try, but if she could visit Taiwan, she would rather bring new packs back – nostalgic, she would feel happy to eat something from Taiwan. She also thought the taste of herb packs could be different because of the places of origin of the herbs. Many herbs supplied in Taiwan seemed to be imported from China. However, she thought reliable Taiwanese TCM herb traders imported fresh/dried herbs from certain locations of cultivation in China and those herbs were TCM-processed in Taiwan. In her opinion, that really made a difference.

Grace really wanted to bring anything, especially food, from Taiwan. She had heard that food companies separated their product lines, making different products for export to the US, though the same brand was in the same package, e.g., instant noodles and *xian bei* 仙貝 (a kind of rice cracker). It was said the food regulations did differ here and in Taiwan. Even though she was not sure that was so, she insisted that she could discern a difference in taste. Thus, although in New York City, she and her husband could find almost everything imported from Taiwan or called made in Taiwan, they still wanted to bring back everything needed from Taiwan on their own. However, for MMF ingredients, she thought nowadays it might not matter too much because Taiwan now directly imported MMF ingredients from mainland China and currently sold them quite expensively. Their prices in Flushing were much cheaper. Hence, Grace would not bring red dates and *go gi* from Taiwan next time, to save some luggage space.

Grace's MMF use was influenced by her mother – she followed her image of the food ingredient combinations that her mother used. When she cooked chicken soup, she might add

⁸⁸ Mandarin, the “supernatural” mushroom, *Ganoderma lucidum*, a famous TCM herb

some of the hairy part of the American ginseng root, which was thought to be a very mild *bo*, with much less medicinal function than the main part of ginseng root. There was no written family recipe to follow step by step. She sometimes tried different kinds of MMF ingredient combinations to experiment with different soup tastes. Grace thought of her use of MMF as cooking with condiments. She was not sure if anise was an MMF ingredient or spice, but she used it and the five-spice powder⁸⁹ to simmer meats with soy sauce.

Grace's TCM doctor in Taiwan had stressed that her body required more *qi* 氣 and blood, and Grace believed that she would need to eat MMF to enhance them, in particular, because she wanted to get pregnant. However, she did not know exactly what MMF ingredients could help enhance her *qi* and blood. She asked her seniors in Taiwan for their suggestions. They went to see TCM doctors often so they could ask doctors for her.

Grace did not think she would go to see TCM doctors in the US; instead, she would just ask her family about suitable MMF ingredients and buy them at TCM herbal stores in Flushing or ask home-stay people to bring them for her from Taiwan. She perceived that many TCM doctors in the US came from mainland China, where the quality of TCM education was not standardized. Those doctors might know only a little Chinese medical theory and acupuncture, despite having licenses. Their attitude was very business-oriented and some looked unhealthy. To Grace, they lacked persuasiveness and she would not consult them. However, if she knew reliable Taiwanese TCM doctors in her area, she might go visit them. For ingredients that she could not find here and really needed to use, she would ask her mother to mail them from Taiwan. For example, her mother sent her deer velvet antler powder, which was recommended by a famous TCM doctor in his eighties in Taichung, Taiwan.

When Grace was a graduate student in the US, she was too busy to make MMF often, and it was difficult for her to find a Chinese or Taiwanese restaurant offering MMF. She and her husband went to Korean restaurants that offered Korean ginseng chicken soup. They substituted that kind of soup for *bo*. If she could find time, she made *si wu* soup because that was the easiest to cook. Now, she had more time to cook. When the weather was cooler or her husband seemed likely to catch a cold, Grace cooked ginseng chicken soup because she thought it could prevent colds. For herself, she thought of making soup and eating it all the time.

Grace really liked the tastes of ginseng, *dang quay*, *go gi*, red dates, and some other ingredients and loved all kinds of soup made by adding one, some, or all of them. Whenever she went to hot pot restaurants, she always ordered any kind of health-promoting hot pot that had MMF added. She missed the kind of restaurant seen in Taiwan even though, recently, there had been several hot pot restaurants in New York City. Her Taiwanese friends knew this and gave her some MMF ingredient vacuum packs for making hot pot. She used one pack at a time to make MMF hot pot here. The whole pot of soup gave off an MMF aroma and taste when she added the pack. She loved the packs and kept them in the refrigerator for winter. At Asian food supermarkets here, recently she had also found a vacuum pack of varied mushrooms with MMF ingredients. Using that kind of MMF pack, Grace could make a soup pot full of health-promoting food. Adding vegetables, it was like a restaurant MMF hot pot.

⁸⁹ A mix of five or more spices commonly used in Taiwanese cuisine with soy sauce. Cloves and cinnamon are major ingredients. Formulas vary.

Grace indicated that the proportion of the MMF ingredients was important for making MMF tasty; without a good taste, if people knew the food was good for the body, they would not have an appetite for it. She gave an example of her own. Her husband's mother mailed them a package of black pills that were made of several MMF and TCM herbal ingredients. Grace recalled that her mother-in-law had once mailed them *gui lo zi san ga* 龜鹿二仙膠⁹⁰ so that she could use it conveniently in making soup. Grace added that the jelly and *bo* soup was said to contain much calcium and collagen, working even better than the famous Viatril-s, a brand name glucosamine supplement that Taiwanese liked to buy from the US. She put in one jelly to stew with pork ribs, making the soup several times, until one day she added too much jelly and turned the soup very bitter and terrible tasting. She and her husband were frightened to eat it again. She laughed that some jelly was still in her refrigerator unused, but not wasted.

As a contrasting example, Grace considered that, in a desperate situation, people would eat whatever was considered good for the body. She recalled that when SARS attacked Taiwan, people tried anything. People took MMF as medicine even if the food tasted awful to them. Hence, she concluded that, in ordinary times, MMF was food, so taste was a concern, but in emergencies, MMF was medicine, so taste did not matter.

Although Grace and her family used MMF, and she now used MMF in particular to help enhance her *qi* and blood, she admitted that she did not know what it felt like when *qi* and blood were enhanced. Although she felt the health-promoting food supplements that her aunt bought for her seemed to be helpful, she could not verify that taking food supplements and MMF did work. There were varied factors to consider in combination. For example, she had asthma problems, but after residing in the US, she had not yet had an asthma recurrence or a cold so far. She suspected it might be because she had adapted to the weather and lower humidity in the US, because, on her last return to Taiwan, after the high school student exchange program, she suffered frequent asthma and had colds. However, at that time, she did not take food supplements, nor was MMF used for relieving her asthma syndrome. Nevertheless, she thought it better to eat MMF than not eat it.

Regarding the MMF use of the next generation, Grace said that she had not thought that far, as she did not know many second generation immigrants in the US or her relatives' second generation in Taiwan. For herself and her husband, when she thought of making more healthy or nourishing food, she would make MMF dishes or soups because she thought them beneficial for the body even though she was not sure of their functions. She would still keep adding these ingredients without measuring as long as the dish tasted good.

Grace observed that the Taiwanese second generation in the US was very tall. She was curious as to whether the food they ate and the water and entire environment influenced their height. She would ask their parents how they raised their children. Had they eaten MMF? No matter whether or not they had, after she had children, she would give them MMF in their 'turning into an adult' period. She wanted to try it with a belief that that would help them grow taller and stronger.

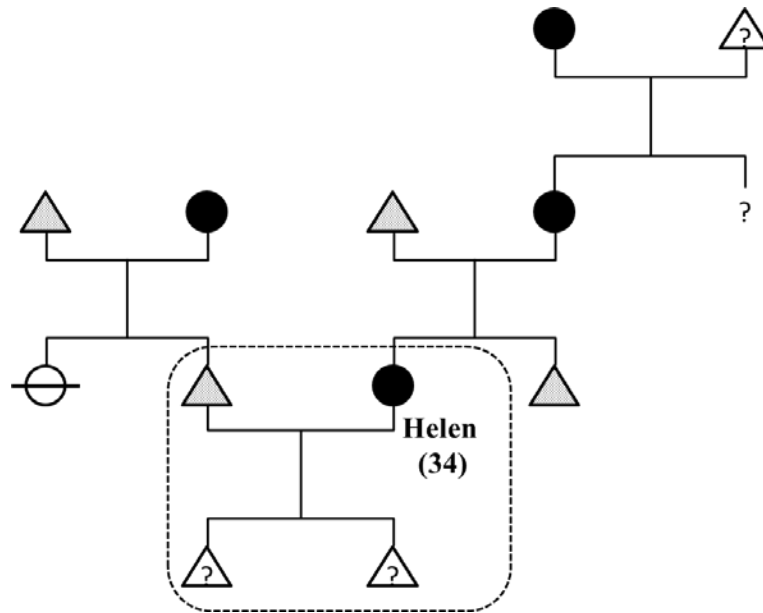
Thought of acceptance of MMF in the next generation needed to develop when they were young, Grace suggested that as soon as they could receive *bo*, children should be trained to get

⁹⁰ Taiwanese, slow cooked turtleback and deer velvet antler jelly, a noted TCM and MMF substance

accustomed to the taste of American ginseng chicken soup, other *bo* soups, and MMF ingredients, so that, after they grew up, they would not reject this kind of food. It had become much easier to access MMF ingredients in the US nowadays. She did not think getting MMF ingredients would be a problem later because there were more and more Chinese immigrants in the US and Chinese had the habit of eating MMF. In addition, Taiwanese immigrants were increasing. They would also import or bring in MMF ingredients or products from Taiwan. Thus, she considered that MMF accessibility would soon not be an issue, but whether the new generation could accept the food would be.

Americans or foreigners might not need these kinds of food because of genetics, Grace thought. Their body condition was different. They might not need these types of food to nourish their bodies. Westerners and easterners have different body constitutions. Easterners might acquire something important from eating MMF, or westerners might have developed some diseases because they did not eat MMF. Since MMF was not a mainstream type of food choice and second generation immigrants might fully acculturate to the American lifestyle, these young people might not like MMF because they might have not seen this kind of food offered in restaurants or seen other children eat the food at home. Grace commented that she would educate her children to eat MMF. If they did not like it, she would still force them to eat it. The reason for her MMF persistence was that she believed in the wisdom of her ancestors. “There must be something good there for it to pass down to us (as a tradition), the way I grew up.”

Interviewee 8



Transnational family MMF use diagram of interviewee 8

I got to know Helen when she first resided in the US for accompanying her husband, Aaron, a Taiwanese lieutenant, who was studying in a master's degree program sponsored by the government. I was introduced to her through Aaron and mutual friends. Helen had been working as a procurement specialist and marketing manager of a franchised company selling prescribed drugs, cosmetics, and food supplements in southern Taiwan. The company sold various health-promoting products including food supplements extracted from TCM herbs. After Aaron finished his program two years later, the couple returned to Taiwan. Five years later, they came to the US again for Aaron's special training at a training base in the northeastern area for one year. This time, they had two young sons with them, ages four and three. A senior housekeeper and caregiver, Jane, was with them, whom Helen called "auntie." Once Helen's nanny, Jane had a long term relationship with Helen and her extended families.

Helen and Aaron contacted me and other friends. I knew she was a good cook and used MMF. Feeling that my research project was interesting, Helen agreed to be interviewed. I was invited to visit their house. After Aaron had gone to training and the boys to preschool, Helen and I started the interview in the living room. Jane did some house cleaning and cooking in the kitchen and responded to Helen. During the interview, she sometimes sat next to Helen and supplemented what Helen said with illustrations.

Helen got directly into the Taiwanese and US contexts of food use and said she did not like eating American food at all. For that reason, it was very inconvenient for her to stay in the US. She recalled that the biggest impact on food use when she first came to the US was her preference for food hot in temperature, while American foods were often cold. She disliked hamburgers and French fries. She felt she had no appetite unless she could get Chinese food. She pointed out that, because of this, she really wanted to return to Taiwan. Dietary differences caused problems, she stressed. What she could do was avoid dining out and cook on her own.

In retrospect, when she and Aaron had stayed at the university, there were only two Asian grocery stores, but she was able to find some Taiwanese vegetables and foods. The large university with people of diverse backgrounds, international students, and visiting scholars had supported the Asian food supply. Although limited selection made her cooking boring, she could at least choose something. Because of the stores, she did not really change her food habits, except for MMF ingredients. She could only bring certain MMF ingredients from Taiwan; therefore, when she visited TCM herbal stores in New York City, she had to buy some from them. She also asked her friends and family in Taiwan to mail MMF ingredients to her, and when they visited her, they also supplemented these. Thus, basically, she could still access MMF ingredients and Taiwanese foods when she was in the US, though she felt the taste was different from what she ate at home in Taiwan.

This time, the transition was worse regarding food accessibility because the training base was away from big cities and its local population was too small to support a large Asian food supply. Instead of spending at least forty minutes driving to a bigger city to get Taiwanese food or something similar, she forced herself to change her food selection to American food, notably American vegetables. She had to approach the alternative of buying American salad greens in the supermarket and stir-frying them to make Taiwanese-style dishes.

Helen indicated that, in winter, she really needed to use a particular *yao shan bao* 藥膳包,⁹¹ but she had not been able to get the right kind/brand of MMF packs even at the Asian grocery stores near the university. In Taiwan, she consumed *si wu* 四物 extract simmered in water and condensed from the herbal formula. In the US, she had to ask for *si wu* herbal packs to be sent from Taiwan or get them from TCM herbal stores in New York City. Helen liked eating *bo* very much, such as *gao muay gae* 九尾雞.⁹² Since her youth, she had not been healthy. In addition, she had had spinal surgery, so her mother had her eat a kind of *ga* 膠,⁹³ made of soft-shelled turtles and TCM herbs, simmered for one week until well jelled, cooled down to harden to a rubber-like substance, and then cut into small pieces. When other foods were being cooked, pieces of this *ga* were added. It was said to be very nutritious, benefiting the bones. She had started to eat this kind of *ga* when she was a junior high school student.

Helen's mother and her mother's mother were from very traditional families and enthusiastic about health-promoting food ingredients and *bo*. She remembered that her grandmother had frequently made *bo* or added TCM herbs to make soups. For her family, she said, most *bo* was soup. She also recalled that, from the time she was at elementary school, her mother had made an herbal drink using ginseng, *go gi*, red dates, and *huang qi* 黃耆 for her and her brother because they did not like drinking water. Her mother believed the drink to be good for them and allowed it as a substitute for water. Since the combination of herbs for this drink was a mild *bo*, they drank it year round and more frequently in winter. Her mother got the herbs from TCM herbal stores. She sometimes slightly changed the combination to alleviate Helen's having cold hands and feet in winter.

⁹¹ vacuum- and convenience-packs for medicated food

⁹² Taiwanese, *gao muay gae*, chicken stewed with nine herbs, was a kind of mild *bo* usually sold at the kind of restaurants selling ginger and black bone chicken soup in southern Taiwan. A restaurant manager would suggest that customers with a body constitution tending toward "hot" substitute *gao muay gae* for ginger and female duck soup.

⁹³ Taiwanese, commonly indicating hard collagen pieces made from animal sources

Helen's mother had basic knowledge of commonly used herbs from her mother, who had suggested certain herbs be used for Helen and her brother. Helen's mother also consulted sellers at TCM herbal stores. Helen's grandmother was a folk medicine practitioner, whose family engaged in folk medical therapy, using fresh herbs to heal people's skin diseases and liver problems. Helen's mother learned some knowledge through helping her mother in her folk medicine practice. However, that family tradition did not pass down to Helen because she did not live with her grandmother and had to go to school for compulsory studies. Helen regretted that there was no chance for her to practice and learn. She just had an impression of what they had used but had not gained real knowledge about folk medicine and herbs. Considering herself to be really lucky, Helen consulted these seniors in her family as MMF knowledge sources whenever she needed to use herbs.

Helen's mother and senior women in her family knew what kind of meat coupled better with what combination of herbs. Pork ribs, pork heart, or chicken? Different meats and different portions of meats made the taste different and Helen herself was not good at adjusting MMF ingredients when cooking them. When it tasted strange, she called her relatives and asked help. When Helen was with Aaron at the university, she had time to record recipes from her experiments and those of her friends, so she also followed those recipes.

Helen said that she usually drank one cup of a MM drink before bed – her food habit from youth. In her family, *bo* soup was used as regular soup for a meal and the MM drink was like a regular beverage. She felt embarrassed that, after she married and gave birth, she had become lazier and made the MM drink less often. She had not been able to apply the MMF recipes she had created in the US after she returned to Taiwan last time. In Taiwan, she was too busy making a living, reconciling family issues among extended families, and taking care of her children's schooling. She missed the time she was with her husband in the US when she was still able to make the drink all the time. She wanted to make the drink regularly now, but those TCM herbs were not easily accessible this time during a short stay in the US.

Having a busy life in Taiwan, Helen found herself unable to cook much, though she could still drink MM drinks sometimes. However, she considered herself fortunate because she had a support network. Her mother-in-law and Auntie Jane lived near her township. They sometimes helped her make meals for her husband and sons. She also sometimes returned to her parents' home to eat. She joked that she had "ready-to-eat" food around. Her mother and mother-in-law often cooked *bo* for her when they heard of certain TCM herbs good for enhancing vitality. Whenever her period was over, they made *si wu* for her. They also cooked pig kidney or pork ribs with *du zhong* 杜仲 (a commonly used TCM herb) for promoting her bone health. Her mother still made *ga* for her, and sometimes dissolved a piece of *ga*, added the extract to a cup of milk, and asked her to drink it.

In spite of returning to her previous eating habits after she moved back to Taiwan, Helen noticed a big change in her cooking style. She had previously stir-fried dishes over a high flame using a gas stove and wok in Taiwan. The stove in her American kitchen was electric and did not provide as high a heat. She also learned to use olive oil in the US because, while unsuitable for high heat cooking, it suited the stove heat level. After she returned to Taiwan, she kept using medium heat for cooking. The taste of a dish was different when cooked over a low or medium heat, but she knew it was better for health.

Another change in her cooking style in the US was one she could not apply in Taiwan because of the limits of her kitchen appliances. Her kitchen did not have the same electric cooking devices in Taiwan, so she had never used a broiler or baked in an oven. She used the roasting oven a lot in the US since she found it saved a lot of time on cooking. She often grilled or baked meat and fish when she and her husband hosted guests in the US. After she moved back to Taiwan, she could not bake or broil, but she changed to simple and easy cooking – simmer, steam, or boil – and considered her US experience to be an influence. As for making MMF, she did not use the oven, but when she baked fish, she used *go gi* to enhance its sweetness and appearance and hoped to get a little medicinal function for the eyes.

Helen used a lot of *si wu* packs and ingredients in *si wu* in her MMF. For this time in the US, in addition to *si wu*, she brought herbal packs and *sheng hua tang* 生化湯⁹⁴ tea packs to brew drinks quickly. She also brought *si quan da bu* herbal packs, which allowed her to make *bo* soup easily. She just added meat to a stew-pack and the soup was done. The tea packs were powders condensed from herbal extractions. She thought they were for drinks and seemed less concentrated compared to *bo* soup made directly from herbs. She could not tell if their functions for the body were different; however, she considered that *bo* soup tasted stronger than the drink made with the same kind of herbal formula. When she had no time to cook or did not feel like cooking, she used the tea packs, especially after her period.

Helen's mother had made the decisions as to what food to eat because she cooked for the family. After Helen married, her mother-in-law usually visited and made the decisions because Helen was busy at work. At home, Helen's mother adjusted her diet, serving *bo* after her period. When family members were sick, had diarrhea, or stayed in the hospital, her mother cooked other dishes for them. Helen remembered that her family had liked eating rice congee stewed with carrot and pork ribs. When any family member lost appetite due to illness, Helen's mother made this congee. When Helen and her brother were in car accidents, her mother made chicken bone-and-claw soup or pork shoulder bone soup, saying the soup contained collagen that was helpful for healing their wounds and rebuilding bones. However, Helen did not know if this dish had a special function or not.

Now, Helen made food decisions for her family in the US. Her husband and children liked eating meat, so she usually prepared a meat dish, a fish dish, and a plate of vegetables at the table. She did not think of nutritional values when preparing food, but she always included a plate of vegetables in a meal. She did not make MMF dishes for regular meals because her husband and children did not like them very much. Helen said that the taste of most MMF did not appeal to her husband, e.g., he disliked the *ga* soup. Her children did not think *bo* soup was a regular soup, so they did not accept it.

Helen recalled that, when she was a little girl, she did not like *bo* soup, either, but she was forced to eat the soup or get punished. Later, she came to like it. Contrarily, her brother was still reluctant to eat it. Even now, he would not eat it unless her mother became angry. Helen's father was the same. Though her husband usually did not eat *bo*, he did eat ginger and female duck soup and *gao muay gae* because he liked their taste. Helen did not think men cared about the nutrition or food value of a food or dish: only taste mattered. Her father-in-law was the same. None of the male members in her family seemed to pay attention to MMF.

⁹⁴ A TCM herbal formula decocted and used for treating blood aggregation in women after their periods, childbirth, or miscarriage

Helen did not know what MMF her mother had commonly used because the recipes or formulas inherited from her grandmother and ingredients were adjustable, subject to particular conditions. Some were considered the family's secret recipes. In her early pregnancy, her mother had cooked a lot of fish soup for her and had also consulted TCM doctors and gotten prescriptions of herbal formulas for making different *bo* for her. However, since her ob-gyn doctor did not support the MM dietary regime and she and her husband were concerned about any unknown effects, she did not take any *bo* then. She just ate a lot of fish soup. She considered fish soup to contain plenty of DHA, which was good for the brain and eye development of the fetus. Her mother and grandmother agreed because they conceived that fish soup was as nutritious as *bo* and that the soup was something she could swallow down in spite of her severe morning sickness. They slow stewed fish until its bones softened and served it to her as a concentrated drink/soup.

Helen talked about fish as a better MMF ingredient than other meats. People in her family and extended families came from Penghu, a small island off Taiwan. Historically, Penghu residents thought that, since fish were abundant, there was no need to look for other meat sources. Local people believed that fish soup could cure illnesses. If they had no money to see a doctor or pay for medicine, fish soup was the medicine. The price range for fish varied widely. The rich would buy more valuable fish and the poor would get cheap ones, but it did not really matter what kind of fish was used for treating diseases. "It is a must to eat fish soup, from having a cold to undergoing a big surgical operation," Helen stressed. However, she did not think this family preference for fish was simply because they were from Penghu.

Helen pointed out that she and her husband did not like to take western medicine. When they felt unwell, they preferred to choose more nourishing foods so as to enhance their own immunity against diseases. She coupled such a food practice with vitamin supplements. Eating more fruits and vegetables as well as taking multi-vitamin tablets was their practice when feeling they were catching a cold or losing energy. She said that they did not really follow food rules in Chinese medicinal theory, but they knew they should avoid eating citrus fruits when they coughed or a woman should avoid having uncooked or cold food during her menstrual period.

Helen's main concern about use of TCM or MMF lay in food contamination, such as heavy metal residues in herbs or ingredients. She carefully avoided as harmful anything that her mother or grandmother purchased among TCM herbs or MMF ingredients from TCM herbal stores that she considered unreliable. She was very careful about food quality even for very commonly used MMF ingredients such as red dates that might be imported from mainland China, where more outrageous farmers and businesspersons dared to sell impure ingredients. That was one reason she cooked less MMF in the US, because most MMF ingredients she could find here were made in China. She never wanted to buy them. She refused to use ingredients coming from unreliable sources.

Helen felt it scary when she had heard of someone who just simply wanted to have *bo* food in the beginning and developed kidney problems through taking contaminated TCM herbs. She told a story of one of her work partners, who had had liver problems but was not aware of his illness. He went on purchasing some energy-boosting substances from TCM herbal stores for making *bo*. In a short period after taking it, he suffered from fulminant hepatic failure. His western doctor told him his TCM herbal use might have overworked his sick liver.

On the future of MMF use in her families, Helen noted that there was no direct scientific evidence to show MMF was bad for the body, and *bo* use required knowledge about the right time and right kind of use. Hence, she basically took the position that MMF was beneficial for maintaining or improving health. She thought she would still keep MMF practice for her family and ask her children to eat it. She would also eat very common or mild MMF such as mung bean soup and feed her children. She said she would feel happy if she could obtain related information for increasing her MMF knowledge and add more ingredients in cooking and her recipes for the families.

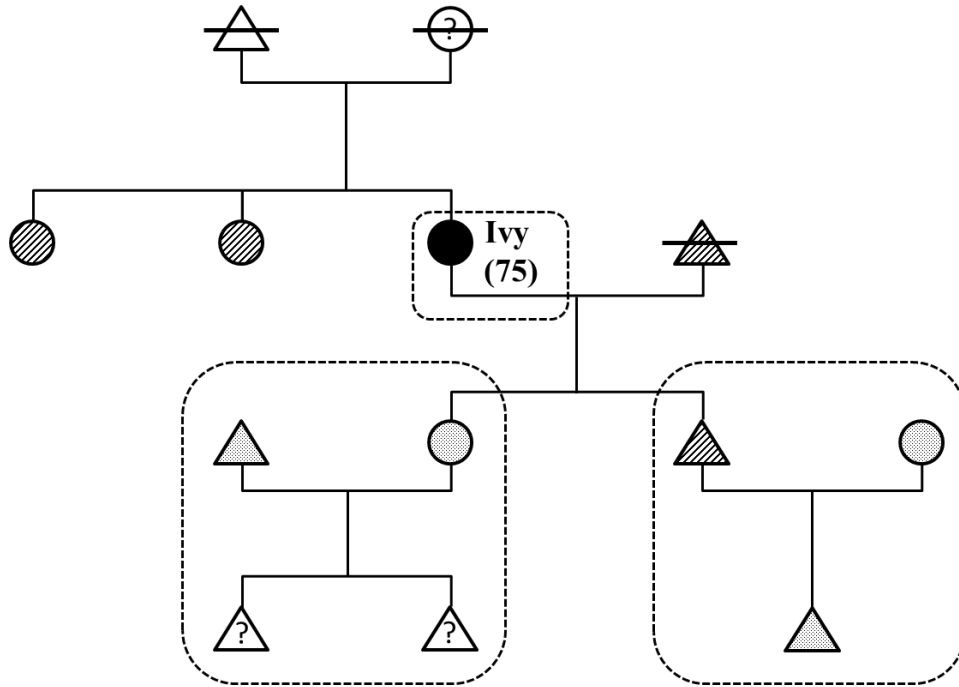
Helen took her neighbors in Taiwan as an example in explaining her thoughts about the future use of MMF in the community in Taiwan and in the US. She did not think people perceived MMF use as important because most of them worked overtime. After work, they needed to pick up their children from school. They really had no time for cooking. In their families, their parents or parents-in-law helped to take care of their children. Those grandparents cooked according to their preferences or brought ready-to-eat dishes home. They seemed not to have MMF practices. She noted that her work partners might have had the concept of using MMF, but they were not able to practice it because of lack of time. They might have cooked MMF on occasion after work, but they and their families usually dined out or bought ready-to-eat food. Nonetheless, she knew some people still persisted in using MMF and advocated its use.

Helen referred to a company and restaurant named X, near her previous work place, which had developed a business selling MMF. The owners, a couple, were both dietitians. Dreaming of opening a restaurant that could deliver healthy eating concepts by using MMF ingredients, they founded X. Their business included “doing-the-month” meals for women after giving birth. They designed menus and recipes on individual demand and provided nutrition information for each dish. School and university presidents, teachers, professors, and other well-educated professionals accepted their food philosophy and visited the restaurant to order meals for home. Helen’s parents-in-law accepted the concept, so they occasionally ordered box meals from that restaurant. Helen did not think they really understood the meaning of calories and nutrients. The label with nutrition facts and food ingredients on the box did not work the way it was supposed to. However, the menu listing the origins of food ingredients and nutrition facts and the labels on the take-out boxes won the restaurant a very good reputation. Because food sources and nutrition content were indicated, her parents-in-law believed the restaurant was reliable and provided healthy meals.

Helen considered that her opinion about people using MMF in the US was the thought that Americans would care about food at the same level as Taiwanese. Based on her Taiwanese and US experiences, she thought MMF use in the US would be like that in Taiwan, where there was a population caring about food use and using MMF: there would be a population in the US that had been or was looking into using MMF. She just did not know enough people from that group.

Commenting on the interview and research topic, Helen felt this experience allowed her to reflect on her experience of cooking and her MMF use. Since she always wanted to have correct concepts of maintaining health and food use, she would be more cautious about food choices and apply what she had learned to her daily practice so as to give her husband and children a healthy and good life. The MMF discussion made her miss Taiwan and her family. She wanted to interact with her mother and grandmother more often and learn from their MMF experience and knowledge.

Interviewee 9



Transnational family MMF use diagram of interviewee 9

I got to know Ivy when I was assigned to the same table with her for regular meals on the Taiwan American Association annual conference cruise. Ivy and some others from New York City had known each other for years through the association branch there. Her initial attitude toward my appearance and research project was different from the others. She initiated and continued conversation with me so that I was able to break the ice with others. At our last meal, I asked the table group if they would agree to further contact and an in-depth interview. While all the others invited me to visit their houses but declined an interview, Ivy wanted to share her family's MMF experiences with me and even offered a place to stay when I visited the city.

When I contacted Ivy a year later, she recalled her invitation and agreed to meet me at a restaurant for the interview. Realizing it might take more than one hour, she took me home for dinner and suggested I stay the night. She showed me around, prepared for dinner, arranged a pre-dinner time for the interview, and invited me to watch a satellite television program with her afterward, a Korean historical drama in Chinese with food advertisements which were often seemingly related to MMF. She showed me family photos, in particular, photos taken at her birthday parties at ages sixty and seventy. At her family's get-together the next day, she introduced me to her family. She also arranged the family get-together dinner at a Chinese/Cantonese all-you-can-eat buffet restaurant⁹⁵ in a largely Jewish community because she wanted to show me that, in that buffet, *bo* soups had been offered for a long time.

⁹⁵ Wu (2008) suggests a perspective regarding influences of all-you-can-eat-buffet restaurants on Chinese immigrants in the US.

Before the interview, Ivy requested an overview of the interview questions so that she could organize what she was going to say. She was encouraged to talk about whatever she could think of that was related to her family and community food use before and after immigration. For example, she had made a pineapple and bitter melon chicken soup for our dinner. Each ingredient in the soup had health-promoting functions from the perspective of TCM and Taiwanese folklore food therapy, but people might just conceptualize those foods as good for health. Ivy understood my meaning.

In 1963, Ivy had come to the US to join her Chinese husband, who was a decade older than herself and had moved to the US from mainland China. Quite a few of her husband's relatives were politicians in mainland China and Taiwan, so he visited both places. He met Ivy in Taiwan and married her there. He had passed away several years ago, but Ivy was still sad when talking of him. In Taiwan, Ivy had been a junior high school teacher at a top school for elite students; most now had important positions in Taiwan's society, and she still kept contact with some. In the US, she first taught youth at community schools in New York City, second generation immigrants whose Chinese parents intermarried with Americans. She later resigned the job and worked as a statistics and financial analyst at a private company affiliated with government projects until she retired.

Ivy's daughter, a judge in a neighboring state, and her son, a manager at a private company in New York City, were now in their thirties and forties. The daughter married a second-generation Portuguese in the US whose family still had strong ties with Portugal. Unable to have a baby for a long time, this couple had adopted an American (Caucasian) son, and then, ten years later, had a baby boy. Ivy's son married a Caucasian-American who did not want to bear a child, so they adopted a boy from China. Ivy was fond of this adopted grandson.

Ivy recalled that when she had just moved to the US, she was not familiar with the environment or speaking in English. Not knowing Cantonese, either, she went to Manhattan Chinatown for food shopping, where she could converse in Mandarin Chinese. She remembered that Taiwanese vegetables were rarely seen at that time. Even in Chinatown, the most seen meats were chicken and pork. Chicken's feet, pig stomach, and pork ribs cooked with soy sauce and spices were offered. Those foods attracted Chinese to taste and purchase, but not westerners. Uncooked pig stomach was the cheapest at 25 cents for one; it had become expensive in recent years. In the 1960s, Cantonese was the major language used in Asian grocery stores. Later, Mandarin Chinese could sometimes be heard. In the 1970s, she could hear Taiwanese spoken among customers there and was deeply nostalgic. Ivy indicated that Taiwanese immigrants mostly gathered in Flushing. Some poorer Taiwanese students lived in the lower Manhattan Chinatown area among Cantonese communities. Other, richer Taiwanese immigrants lived in Queens for a better quality of life.

When Ivy was busy at work, she liked to go to Cantonese restaurants for take-out meals. She was intensely attracted by the taste of the free *bo* soup that came with ordering a dish and was served before the dish was ready. She said with emotion that only old Cantonese restaurants maintained this custom nowadays. That was what Cantonese called slow-cooked soup with some TCM herbs, *bao tang* 煲湯, which was considered a *bo* soup. Red dates and some other herbs were used but not *gou qi*, which was rarely seen earlier. She later became accustomed to going to those restaurants for the taste and convenience: her husband and children loved their soup and she did not need to do slow-cooking. She considered that her family could get

nutritious “*bo*” benefits from the bone essence or collagen extracted by braising but would not really gain medicinal function from the “*bo*” soup.

Ivy found it interesting that, although Cantonese *bao tang* recipes varied, the free *bo* soup offered by different Cantonese restaurants tasted very similar. Those restaurants seemed to use the same recipe. Foods and herbal ingredients used for making the free soup were presumably cheap ones catering to customers’ taste: chicken and beef bones, seafood, preserved vegetables, and some TCM herbs. The use of preserved Nappa cabbage in braising made Ivy think it weakened TCM medicinal function for the free “*bo*” soup, compared to commonly seen Taiwanese *bo* soups, which often used bony meat and a TCM formula of medicinal herbs. Ivy speculated that this might be why Cantonese and Taiwanese *bo* soup practices were so different: Cantonese here ate *bao tang* every day, while Taiwanese mostly ate *bo* in winter.

However, Ivy did not think that, in earlier times, Taiwanese had known much about making *bo* – at most, they had fried eel noodles and thick fried pork rib soup, which she thought of as old Taiwanese style “*bo*” dishes. She theorized that, around the late 1940s, Cantonese had moved to Taiwan with Chiang Kai-shek’s retreat and brought their dietary subculture of *bao tang* or *bo* soup. Snake meat soup and some other kinds of weird soups appeared via their introduction. Quickly influenced, Taiwanese incorporated “*bo*” into part of the Taiwanese cuisine. After the 1970s, *bo* soup or eating *bo* formed a unique dietary culture there.

Ivy had not regularly made *bo* at home in Taiwan or in her earlier time in the US. She had thought, if one’s diet was balanced, one did not need it. She found herself much healthier than most of her Cantonese friends who took *bo* almost every day. Her Taiwanese friends also took *bo*, some for health promotion but most others to counter their feeling cold in winter. She knew some *bo* for winter use and some for summer, but she did not exactly understand what people used either kind of *bo* for. American ginseng, red ginseng, *dang gui*, *gou qi*, and red dates were commonly used and sold at any TCM herbal store. She stored these MMF ingredients in her refrigerator and sometimes used them in cooking, mainly for taste enhancement. She also heard that chicken, goat, lamb, and deer meat were the meats used for *bo* soup. Chicken was used the most; the others were for specific *bo* functions. Ivy pointed out that deer were hunted and the meat sold in Chinatowns; in winter, restaurant walls posted advertisements that deer meat was available. Dog meat was even used by Cantonese here. While Taiwanese would use fish, Ivy had rarely heard of Chinese/Cantonese using fish for *bo* because animal meat was thought more powerful and energizing. Nevertheless, she did not care about what health-promoting function a *bo* soup might have; her focus was on the taste.

Ivy did not think that earlier Taiwanese immigrants in her circles knew much about *bo*. They took *bo* at most in winter or used food supplements such as vitamins all year round. After the 1970s, about one-third of her Taiwanese friends used *bo*. Before that time, she seemed not hear about Taiwanese using *bo* because most of them were poor graduate students. After they graduated and found jobs, they stayed but worked hard and lived economically. When Taiwan’s economy rose in the 1970s, people had money for a better quality of food and life. More parents sent their children to study abroad, and these students, after graduation, brought their parents to the US to take care of their children. Earlier, few Taiwanese immigrants came for other reasons or from other backgrounds. When the economy in Taiwan had just begun to soar, the supply of some kinds of TCM herbs was limited. Then, traders smuggled those TCM herbs from mainland China to Taiwan or moved them through Hong Kong to the US. Taiwanese accessed the same

kind of TCM herbs in Taiwan and the US; the difference was how many traders there were in between.

Ivy observed that, in her circles, even among Chinese, it was Cantonese who used *bo* a lot, not people from Shanghai or Fukien. After Taiwanese immigrants had much knowledge of *bo* and TCM herbs and more Cantonese and Chinese had also immigrated, knowledge disseminated across immigrant groups. Although Cantonese used a lot of TCM herbs, Ivy did not think that they believed in *bo* in the same way that Taiwanese did. Cantonese believed in the power of so-called medicinal/magical herbs that were not necessarily TCM herbs; Taiwanese believed in the effect of *bo* as a combination of culinary elements: TCM herbs, food ingredients, preparation, and cooking method.

Ivy recalled that her mother cooked fish most for the family because it was most plentiful and cheap in Jiayi, Ivy's birthplace. Chicken could only be served three times a year, on New Year's and two other important occasions; pork was not cheap, either. Ivy thought most Taiwanese around her age had had a lot of fish in childhood. She believed this contributed to her health: she was now more healthy and energetic than other, younger seniors. The vegetables that people ate in Taiwan then, without chemical fertilizers or pesticides, were freshly picked from hills and cooked on the same day. Ivy thought this was what today people call "organic." Ivy added that, before Taiwan's land was overused, Taiwanese actually ate "organic (unpolluted) *bo*," i.e., made with nutrient-rich, unpolluted foods from the fields there at that time, when people could easily grow and harvest them. By adding some TCM or folk medicine herbs, each dish became a "*bo*," a health-promoting food.

Because earlier Taiwanese had once lived in that kind of environment, Ivy did not think they really originated a belief in, for example, ginseng, a TCM elixir, but regarded this TCM herb as precious due to its rarity at market. In that regard, people at that time might see a rarely seen food to be a "*bo*" food. She recollected that, at her father's funeral, her family served a tea made with sliced top-quality ginseng soaked in hot water to the nuns who came to chant at the ceremony, an expression of her family's sincere respect and appreciation. Someone snuck into the tea-serving area and gulped down all the tea without caring whether or not the excess drink hurt the body. It was simply perceived as a rare drink, a precious "*bo*."

When Ivy's mother passed away, she was just nine. Her father did not know much about *bo* cooking and did not care much for girls. It was about 1945, the time of the Taiwan Restoration from Japan colonization. Her father had to work hard to make money and feed the family. Ivy said that, at that time, families able to serve rice at the table were considered affluent. Even though her family could sometimes eat rice, seldom did they have chance to eat better food like precious *bo*. After her father was able to make a better living, her older sisters made *bo* soup for her in winter and for her "turning into an adult." Her family ate *dang gui* duck soup in winter. They learned to make the soup from neighbors – almost everyone made it then.

Ivy's family usually ate home-made food. They used what food ingredients could be found in the market. Ivy kept this tradition after she left home for work and got married. It was the 1950s and 1960s. Wages were not good enough for her family to go to restaurants all the time. They still usually ate fish and vegetables. When she was busy or treated guests, she would buy one or two pre-cooked dishes which involved complicated preparation or precious ingredients, e.g., fried chestnut chicken (栗子雞), and serve them along with dishes she cooked herself.

Accustomed to the dietary style in Taiwan, Ivy lived in a similar way after moving to the US. She cooked what she could find. For example, although *gou qi* was not commonly seen in the 1960s, she used *gou qi* leaf from the market to cook with pig's liver for a recipe that she learnt from Cantonese. That dish, considered a *bo*, was delicious. Later, she grew *gou qi* plants in her backyard and harvested the leaves. In her experience and understanding, Cantonese used more varieties of plants or herbs for making *bo*, while Taiwanese mostly used some common herbs or vegetables, such as mushrooms, *dang gui*, *gou qi*, and American ginseng. Cantonese ate *bo* daily from childhood, while Taiwanese believed that, since *bo* had a strong effect, children should not eat it every day. Ginseng chicken soup, for example, was considered good for seniors, not as good for children. Ivy said that some people saw Cantonese this way, joking that they were short and obese because they indulged in eating *bo* made with any kind of animal and they ate it too early, which prevented them from growing tall.

While the selection of common Asian vegetables in the 1960s in the area where she resided was poor, various kinds appeared in the market several years later. Asian vegetables gradually moved in. Some occasionally used Asian vegetables also entered the US market about a decade ago. Ivy had become familiar with okra by eating a salad at a Japanese restaurant just several years earlier, when it was not yet offered in Chinese supermarkets. She said that nowadays okra could be easily found in US and Chinese supermarkets. *Huai shan* 淮山,⁹⁶ which Japanese liked, was popular, too. One of Ivy's Taiwanese friends who had relocated here from California had given her two young *chuan qi* 川七⁹⁷ plants. *Chuang chi* was said to be good for bones and she grew a lot. Visiting friends saw *chuan qi* in her garden and asked to take some home. When her friends fell and injured themselves, they asked to eat *chuan qi*, and they found it helped. They also proved for her that this vegetable worked for aching bones. However, Ivy did not like the sensation in the mouth of the sticky, thick texture of these vegetables.

Ivy had heard that Taiwanese had long known of *chuan-qi*'s medicinal function. It was said to be much more effective and useful than other sports medicines. Earlier, however, Ivy had not known that she could get it in New York or successfully grow it here. Her friend said it had long been seen in California, and Taiwanese there knew and used it. Ivy considered this reasonable because, since the 1970s, people residing in Taiwan had become affluent and concerned about maintaining health, and new immigrants from Taiwan mostly resided in California.⁹⁸

Although Ivy had seldom heard about the use of *bo* among Taiwanese before the 1970s, she recalled that some herbs were commonly used as folk medicine in Taiwan. When she was young, in her hometown, Jiayi, she had known of *lu hui* 蘆薈, aloe, a popular medicinal plant, which later had also been advertised as a medicinal drink in the US. The smaller Taiwanese aloe had long been used as an external application for skin and hair, a "hair *bo*." Its sticky, thick substance was believed to make hair shine and strengthen the original color. Ivy had seen women comb it into their granddaughters' hair. She pointed out that, nowadays, people could buy aloe drinks as well as shampoo. Koreans were particularly fond of these aloe products. She had also learned about *guae niao* 過貓⁹⁹ when young, though it was the kind of sticky vegetable

⁹⁶ Also called *shan yao* 山藥, the common yam rhizome of *Dioscorea opposita*

⁹⁷ *Basella rubra*, *Anredera cordifolia*

⁹⁸ They particularly gather in Los Angeles' Monterey Park, known as Little Taipei.

⁹⁹ Taiwanese, a vegetable fern

she did not like. When she had still needed to run away from combat plane bombs and hide in air-raid shelters, people could find this fern in the fields outside the shelter and used it as a vegetable. It had now become popular and people considered it to have health-promoting value.

When Ivy first revisited Taiwan in 1985, she experienced culture shock regarding food use. The food that impressed her most was Taiwanese yam congee. In the 1960s, people had eaten it every day, so it was considered boring – people had wanted rice. In 1985, though, she had to pay to eat a bowl of yam congee at a restaurant. She also noticed that people had come to dine out more. Everyone in the family now dined out at restaurants. The living standard was much higher, but the custom of eating at home was fading.

In 2003, on Ivy's next visit, there were many new food ingredients and ideas for making dishes. Besides, Taiwanese had become very concerned about food quality, and at the same time, vegetarian diets appeared to be popular. People ate much less fish and meat. They seemed to realize that meat sources were not reliable – pesticides, synthetic substances, preservatives, and chemicals were in them. On her most recent visit, Ivy had noticed a great change in vegetable use. People used grass roots and new vegetables to make dishes. She visited a noted farm in central Taiwan where the food was only organic. Many kinds of vegetables were used that she had not seen or had thrown away as weeds or something inedible. Some might have long been used by the aboriginal people. These dishes were delicious. Ivy thought the bed-and-breakfast inn business in Taiwan had boomed in the past ten years. People could taste and explore fancy, interesting food at different inns. Fast changes of food ingredient use had occurred.

In her US life, Ivy kept cooking and eating at home as the ordinary family style of eating, and she used both Asian and American vegetables and made dishes with American vegetables to either Taiwanese or American taste. She pan-fried lettuce or simmered it and used oyster sauce¹⁰⁰ as a seasoning before serving. She used cucumber to make chicken cucumber soup. She put cheese on broccoli as an American dish because her children liked it and it was nutritious. She also made Italian food – spaghetti with meatballs and mozzarella was quick to make.

Ivy's children ate any kind of food she introduced – American, Italian, Cantonese, Japanese, and more. She made beef steak for her children almost weekly. She went to Japanese supermarkets for *sashimi* tuna when it was on sale because her son loved *sashimi*. Though her children seemed to prefer Chinese food, Ivy was happy that her family did not have any strong food preferences, nor had they become picky eaters. French fries, hamburgers, spaghetti, and her home-made dishes – all were to their liking. Ivy considered herself a good cook at home, and her children loved eating the food she made. Though they got used to eating at home, their acceptance and selection were wide in range. They followed her food selection and liked what she liked. Her children liked Cantonese dishes, as their taste was close to that of Taiwanese dishes – less greasy and quickly pan-fried with fresh vegetables and spices/seasonings before serving. They liked *bao tang*, medicinal-like soup from the Cantonese restaurants. However, Shanghai dishes were mainly made from preserved food ingredients, cooked or braised for several hours or even several days, and served cold. Her family considered them not to be fresh or nutritious and hence not worthy to eat.

¹⁰⁰ A kind of soy sauce adding oyster extract to form a specifically strong flavor enhancer that Hong Kongese or Cantonese often use in their cuisine or as a soy sauce substitute

Ivy's children liked the *bo* soup from the Cantonese restaurants because of the taste, which was enticing and mild in TCM herbal aroma. However, when she occasionally made *bo* soup with a TCM herbal formula, for example, the *shi quan da bu tang* 十全大補湯, her children would decline to eat it because of the strong taste. She did not force them to accept it because she thought it was “medicinal,” not necessarily suitable for children. Thus, her children did not grow to accept a strong *bo* taste even though they ate almost any kind of food.

Ivy saw that she had given her children a good family food education. They ate three meals a day. There had to be a breakfast even if it was simple and fast. While her children had school lunches, she always made a nice nutritious dinner from scratch, so her children never needed to eat leftovers or got used to eating them. When they got sick, they were not given turnip soup or oranges because foods with a ‘cold’ property, such as wax melon and citrus fruits, were not good for children when they had a cold. When they were constipated, they were not given apples. When they had coughs, no citrus fruits were served. Ivy said that her son had been influenced by her and also liked cooking. He made breakfast for the family, cooking French meals on weekends. He got up early and cooked for the family while working on homework or reading a book. He really enjoyed it.

Ivy considered that she had received cooking and food use information from her Cantonese neighbors as well as combined it with her own thoughts and other sources. Not until recently had she discussed food issues with her siblings. Expensive international long-distance calls in earlier times had limited them to just quickly talking about important family affairs. Sometimes her siblings suggested what kind of food to eat for what type of body condition, but Ivy could not remember what they had said except for suggesting that she eat food with more *bo* or eat *bo* often. In fact, in her “doing the month” period, Ivy used a Cantonese recipe, not a Taiwanese one. The MMF ingredient was called *sheng zai cu* 生仔醋.¹⁰¹ It was served to women after giving birth, an equivalent to the sesame-oil rice-wine chicken soup used by Taiwanese.

Ivy recalled specific food use connected with her pregnancy. Now a person who did not eat beef because of her Buddhism belief, Ivy joked that she had had to stop eating it because she had eaten a whole cow during her first pregnancy. Her Chinese western physician had advised her to eat beef due to her anemia. She had bought three pounds of lean beef every two to three days, braised it to extract a soup bowl of essence juice, and drunk that from the beginning of pregnancy. Her son was born healthy and big at 8.7 pounds at birth. Ivy thought this beef essence “*bo*” might have contributed to her son's great body constitution because, unlike other children, he was not even fed breast milk – the doctor had advised her to use the infant formula Enfamil instead because of the bad quality of her breast milk. Her son was very strong and had never had a cold; he had had no tooth decay when he reached age six. Ivy did not eat that way in her second pregnancy, and her daughter was not as strong as her son. Ivy had therefore recommended the beef recipe to her friends, whose children were also very strong and healthy. The thick beef essence did work, she said.

Ivy considered herself the person who made food decisions for the family, but her husband participated in making the food. She recollected that, for her “doing the month,” she and her husband made a lot of fermented rice-wine, cooked it with *gou qi* and red dates, and

¹⁰¹ Mandarin, literally, baby birth vinegar, according to Ivy, a kind of vinegar soup made with eggs boiled shell-free and cooked pork shanks soaked with ginger and a kind of special sweet vinegar for one to two months

made a soup. She felt great eating this and had a bright fresh face because of it. She did not know where her husband had learned this recipe, from Cantonese or his relatives or friends from mainland China. They made the fermented rice-wine by mixing glutinous rice with the kind of yeast sold in Chinese herbal stores. They distributed the product to friends because they loved the sweet dessert soup made of the fermented rice-wine and rice balls.

Ivy's husband was good at making this fermented rice-wine, which was expensive in the market, and few people knew how to make it. Even now, her son sometimes asked, "Mom, when are you going to make rice-wine?" Ivy thought that, although Cantonese consumed fermented rice-wine, they did not know how to make it. It had originated in Shanghai. For people there, fermented rice-wine and egg soup was a popular daily dish on the menu at home or in restaurants. To Ivy's family, the most delicious dish made by adding this MMF ingredient was braised, pan-fried fish or chicken with soy sauce.

Ivy's daughter did not use TCM herbal food during her pregnancy or "doing the month" period. At first, Ivy had wanted to provide for her daughter's strength at important times by practicing TCM and MMF, so she bought *shi quan da bu tang* 十全大補湯 (the "all-purpose *bo*") and a kind of black Chinese herb to cook with pork kidney for a soup believed to help clean blood clots from the uterus after giving birth. However, her daughter did not accept this "*bo*" practice. She said that, since she had undergone a Caesarean birth, doctors had cleaned the uterus well and there was no need to eat this kind of food. She even read Ivy related information from the Internet and insistently refused to take any Chinese herbs or have "*bo*." Ivy regretted spending hundreds of dollars preparing the herbs for her daughter in vain. Sesame-oil rice-wine chicken soup was the only "medicinal" or *bo* food her daughter accepted, Ivy said.

Ivy did not do anything about "*bo*" for her children in their "turning into an adult" periods because she did not think they needed it. Ivy gave several reasons for this. Her mother had passed away early. She and her sisters did not have the knowledge to do anything themselves about "*bo*" in that specific growth period in life. After moving to the US, she had accessed sufficient food and nutrition sources. She did not need to pay attention to such traditional ways during her children's growth. Her children were healthy, unlike quite a few Taiwanese children in Taiwan or the US who received "*bo*" because their constitutions were not strong and were prone to digestive problems. She also knew some children who remained unhealthy despite their parents giving them food therapy or supplements and a "*bo*" diet.

Ivy said that her daughter was too busy at work to cook much or make complicated dishes. Her Caucasian husband loved eating her family foods. He requested that Ivy visit them so he could eat her cooking. He even ate some added TCM herbs: the taste was so mild that he could not tell the particular smell of the herb. Ivy would not make a whole pot of *shi chuan da bo* chicken soup to feed her daughter and son-in-law, as the taste was too strong. However, she cooked for them the ox-tail soup with *dang gui*, which they liked. Sometimes when she added in red dates to the soup, they seemed not so fond of the taste. She experimented and concluded that, if the soups had a sweet taste, they did not like them. If the taste was mild and pleasing, they ate. Nevertheless, they loved the home-made fermented sweet and sour rice wine. Taste mattered, but understanding what they could really accept was a challenge. Ivy's daughter-in-law, a Caucasian, had never eaten *bo* before, and though she ate all the dishes Ivy made and was fascinated in learning Taiwanese dishes from Ivy, she also declined strong-tasting *bo* dishes. Ivy said her knowledge about cooking would pass down to her daughter-in-law, a full-time housewife, but she doubted her family MMF tradition would.

For herself, Ivy often made the sesame-oil rice-wine chicken because she really enjoyed eating it, but she also knew as she got older she should reduce eating oil and meat. She substituted other dishes such as salad as her favorites. She loved eating bitter melon and had made it for dinner this night. She also prepared *hei mu er* 黑木耳¹⁰² fried with eggplant. These black wood ears had become popular because they were said to be good for lowering blood pressure. Because of reports of that kind, people going to Chinese restaurants liked to order *muxu zhurou* 木須豬肉,¹⁰³ and the New York City mayor was among them. Ivy's children had enjoyed this dish very much since they were young, so she often made it at home.

Ivy said that her husband had had several mild strokes before the serious one that killed him. After he had been diagnosed with diabetes and high blood pressure, the family stopped eating sugar sweets or desserts at home. He ate freshly made dishes and nutritious food. The disease tortured him for about two years and, in the last stage, he suffered seriously for about a week. He did not prefer any particular food but liked congee, so Ivy made a lot of it for him. She gave him lean beef, chicken, and fish but no TCM or MMF because they only followed the directions of western physicians. Back in that time, Ivy also thought that TCM might contain "bo" that was not good for older people when they were terribly sick. If food supplements were needed, they should just be vitamins. He stopped eating fermented rice-wine dessert soup and gradually lost his appetite and became weaker.

It was hard for Ivy to compare the development of MMF or *bo* use in Taiwan and the US because the food use issue was complex and people's perceptions varied. She used several stories to portray this complexity.

Ivy had a wealthy male cousin who believed in *dong chong xia cao* 冬蟲夏草,¹⁰⁴ caterpillar fungus. When she had visited Taiwan two years earlier, his wife had had a miscarriage, so he had someone get genuine caterpillar fungus for him from Hsinjiang 新疆.¹⁰⁵ He pushed Ivy to try a soup made from this herb, for it was rare, precious, effective, and expensive. Ivy had heard of the famous herb but had never seen real caterpillar fungus before. She tasted it to please him. Though his wife got pregnant again after taking the fungus soup, Ivy had no idea whether or not the soup contributed to fertility. Neither did she feel that she became stronger by eating the soup for just one week. However, during Ivy's most current travel from New York City, a Shanghai lady on the same tour suggested that she take Chinese caterpillar fungus because she frequently coughed. The one week of magical soup had not strengthened her lung and trachea. Anyway, Ivy noted that this lady bought many kinds of TCM herbs to make *bo* whenever she visited Guangdong (Canton) in China.

In comparison with these people, the senior group around Ivy's age in Taiwan or in the US usually took vitamins or food supplements such as Centrum and calcium, probably because she and her age group were not used to eating medicinal food or *bo* from youth. She found that,

¹⁰² Literally, black wood ears, a commonly used edible fungi in Taiwan

¹⁰³ A dish, in which sliced pork is fried with black wood ears and other vegetables such as Nappa cabbage, and served with a sheet of flour wrap at the table. Ivy also mentioned *jin zhen* 金針, literally, golden needle, dried daylily flower buds, a popular and commonly used preserved food in Taiwan and a folk MMF ingredient. Not every restaurant would add golden needle in making *muxu (zhurou)*, pork) but it was a must ingredient in Ivy's version.

¹⁰⁴ Chinese caterpillar fungus, a famous TCM herb

¹⁰⁵ A northwestern province in China

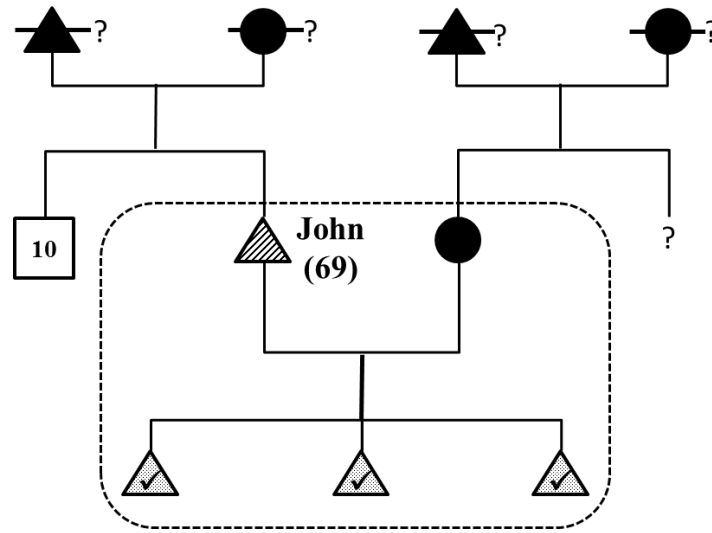
in her circles, younger generations that she did not bond with were quite different, probably because they had had more chances to access those foods when young. Though people in her generation seemed not to be much influenced by the “*bo*” concept when young, the concept of alternative medicine with TCM herbal use was there. In the 1960s, her older brother-in-law had looked for medicinal herbs for his son who had frequent diarrhea. He asked Ivy the favor of buying wild American ginseng from Canada and the US. At that time, it was rare and hard to find and a pound of it cost over one hundred US dollars, but his son recovered. Ivy herself did not believe in TCM but in daily food consumption. However, the stories she knew regarding effects of TCM or MMF use varied.

Ivy thought some people might have consumed too much of either MMF or common food. She had traveled to Moscow with a tour group. She found people there had simple meals with small amounts for one serving. She received a whole lunch or dinner which was just a bowl of soup, a salad, a small piece of chicken with bread, and a small dessert. Breakfast was even simpler, a bagel and cheese. If Americans saw the quantity of the meal served, they would feel like the people were starving. Russians that she met joked, “How come Americans need to eat so much?” She experienced the same serving portions in Saint Petersburg. She started to think Americans did eat too much. At the same time, she reflected that, while Taiwanese ate a simple and casual breakfast and lunch, they ate a lot for dinner and frequently dined out. Buffet restaurants were popular in Taiwan and people decided their own portions. Having a habit of eating supper at a night market, Taiwanese also ate too much.

Ivy found that more and more Americans chose Chinese food ingredients because they were curious and thought Chinese did not gain weight from their meals. She suggested that Taiwanese cuisine be introduced to Americans who did not know their food consumption was unhealthy. For example, their hot foods were cooked too long. Vitamin C and many other heat sensitive nutrients in the foods decayed. Taiwanese ate a lot of seafood, which contained fewer calories than meats and often contained DHA, which was good for the brain. As for MMF or *bo*, she did not think Americans would easily accept it because of the strong, culturally foreign taste.

Ivy commented that my project was really good in that it had made her recall and compare her food use from different times and in different spaces. She considered that everyone should have a chance to experience this kind of interview so that he or she could think of his or her food use before and after certain events and compare food use in different environments. She was also inspired with new ideas through the interview. She wanted to go back to the diet she had before but make some modifications because she thought the changes could make her healthier.

Interviewee 10



Transnational family MMF use diagram of interviewee 10

I met John and his wife at Debbie's (the fourth interviewee's) house at a regular Taiwanese get-together party. Debbie introduced me to the group and announced that whoever was interested in MMF research should contact me. I noticed that John's wife gathered a subgroup and was telling people what they should or should not eat. She and John were co-owners of a successful vegetarian restaurant in the metropolitan area. The restaurant was designed with mixed modern and Buddhist/Daoist styles and had been franchised. They had also gone on the cruise, but they had not participated in the survey or contacted me.

Now, John's wife wanted to be interviewed, but she refused to sign a necessary consent form for the interview and gave me a hard time about this in front of the group. John was quiet but soon firmly stopped her and then apologized to me. While his wife continued arguing about the procedure for interview participation, John stood up to ask me if I would accept him for this interview. He said that his restaurants also offered MMF dishes, so he thought he qualified for my participant recruitment. He could tell me many interesting things that could help my research; he knew no less than his wife; he could be a good informant and did not care if he had to sign the consent form. John suggested that the interview be conducted right then, using a study room in Debbie's house during the party.

After we started talking more about the research topic, John could not stop. He invited me over to his house the next day to finish the interview. His wife actually welcomed my visit. She still insisted that her decision was right, though said that she respected her husband's willingness to be interviewed and sign the form. When John felt more comfortable talking with me, he explained that he considered his wife's reluctance about being interviewed to be because she sold food supplements to people. She would not want to be recorded or sign a legal document even though the relevant topic interested her. He apologized and hoped I understood. I told him his wife's reaction about the legal documentation was understandable. Using examples to illustrate that, the more nutrition studies were conducted, the more unknowns were

revealed, I said that was why research needed to keep developing. After the interview, John wanted to hire me as a dietitian or nutrition counselor for his franchise restaurants. I suggested a community nutrition organization in New York City that he could contact.

When John came to the US in 1969, he met his wife, also from Taiwan. Both were here for graduate studies. John received his PhD and his wife a master's degree. After graduation, they married and started their restaurant business to make a good living. They had three sons. John was born in the northwest of Taiwan in a branch of a big extended family. Later, his branch family moved out to be independent. He had ten siblings.

John's father did not touch kitchen chores. His mother took charge of cooking for the family because his grandmother passed away early. She had to pick edible vegetables from wild fields to make preserved food ingredients. There were ponds around the family's living area. If they could get fish from the ponds, they had additional dishes for meals. When there was no water, some short-term growing season vegetable plants were grown there. His mother sun-dried and preserved different kinds of cucumber and melon with fermented soy paste so the family could consume them in winter. In winter, his family used to have Taiwanese cabbage, turnips, mustard head, salt-preserved mustard head, *ae a tsai*,¹⁰⁶ loofah, and *tsai dao a* 菜豆仔.¹⁰⁷

John could not remember clearly if his family used *bo* in late autumn to get the body prepared for entering winter, because that kind of "winter *bo*" for combating coldness seemed to be rarely made. However, he remembered when his family had *bo*, children were usually called out to eat it one by one. His family did not set a particular time or occasion for eating *bo*, but in the "turning into an adult" period, he ate *bo* several times. He recalled that, since his childhood, whatever food that people would consider "*bo*" was expensive, rare, or from the wild, such as eels, pig's liver, rats, snakes, and soft shell turtles. When the year ended, the ponds were dried out. Fish, eels, and soft-shell turtles emerged. His family and local people harvested them for free and took them home to make "*bo*." Sometimes neighbors helped to take off their skins and received a portion of them.

John pointed out that dishes made with rat meat were once believed "*bo*," as it was said to cleanse the blood and reduce acne or pock inflammation. Snakes were considered more powerful for cleansing the blood. Poisonous snakes were considered much more powerful. They were marinated in sorghum liquor and considered an excellent *bo* liquor. People drank it or added it to *bo* soup to enhance medicinal functions. Snake bile was believed to make vision sharper. Soft-shell turtle was rare, so it was considered a very precious *bo*. Frogs were also *bo* food. John did not know what the *bo* exactly functioned for. People there just called it "*bo*." In his rough memory, *bo* could mean the above-mentioned animal foods and foods made from them or those occasionally served dishes that were cooked with meats and TCM herbal formulas. Some TCM herbs made the *bo* soup clear, some made it dark and turbid. His family purchased TCM herbal formulas for making "*bo*" from TCM herbal stores.

John said that, in his initial stage after moving to the US, he ate anything he found to meet his desire for food consumption, as his parents had not been able to afford much food. He first arrived in Connecticut where no Asian grocery store was accessible. Later, he moved to New York City. He found pig's liver and kidney sold in Chinatown and ate them a lot. John

¹⁰⁶ Taiwanese lettuce or goose-feeding vegetables, usually written in Taiwanese as "鵝仔菜" or "A 菜"

¹⁰⁷ Taiwanese, kidney beans

tittered with embarrassment that pig's liver and kidney were considered *bo* for the body.¹⁰⁸ He added that pig's liver was once considered to have excellent nutritional value in Taiwan. Recently, antibiotic residues in animal organs had become a food safety issue, which he was concerned about because he had eaten a lot of pig's liver in the US, where pork was mass produced by feeding pigs antibiotics. His friends had joked that, whenever he had a cold or flu, pig's liver could cure it. He sighed with emotion that, in Taiwan, pigs were once raised by feeding them leftovers. After the mass production model entered there, raising pigs became an industry as in the US. Pigs were given antibiotics and synthesized feed.

John saw himself a kind of husband happy about food whenever and wherever it was served. Neither his wife nor he had specific food preferences. After the restaurant business made their life very busy, they did not care much about food at home. Because of the business environment, they ate whatever they could easily access and they were strict about their meal times. When the time arrived, they ate; when it was up, they cleared the table. Because of this disciplinary practice, their children were not spoiled. They knew they needed to eat whatever was on the table and on time; there was no spare food for them.

Except for the rule for serving food only at meal times, which was practiced even before the family-run restaurant business, John did not think that his family had family rules for meals. He and his wife both cooked for the family, though his wife was not good at cooking. They cooked simple and easy meals. His sons did not know how to cook when they were young, but later they learned how to cook simple and easy Taiwanese and American foods. When they visited Taiwan, they liked braised pork with soy sauce and made sweet soy curd dessert soup. His family did not celebrate Taiwanese festivals at home. Neither did their children often attend activities held by local Taiwanese groups. They could accept Taiwanese food even though they usually ate American food. His children were not given MMF dishes at home. Although when they were young, they sometimes ate *bo* at friends' houses, John did not think they would remember it.

John considered that his family used "*bo*," but they did not use MMF because they simply took "*bo* pills" that his father-in-law gave them. A TCM and folk medicine doctor, John's father-in-law made home-made *bo* pills with a secret family recipe containing an herbal formula. To John and his family, the pills worked well for energizing the body. Since John and his wife did not have time to make MMF dishes often, they just took the *bo* pills. Even in his wife's pregnancy and "doing the month," she was not given *bo* food. Their western family doctor strongly suggested that she eat less food because she was obese at that time.

However, John cooked particular foods for his wife when she was pregnant and after giving birth. By "particular food," he meant items like sesame-oil rice-wine chicken soup. From the name, he captured the main ingredients of sesame oil, rice wine, and chicken. He fried chicken in sesame oil and added two slices of *dang gui* from an herbal store in Chinatown. She liked it and ate a lot. When he and his wife were younger, they did not eat *bo* in winter. Now, their extremities felt cold in winter due to aging, so they tried American X brand's American ginseng; the owner's wife had been his wife's senior high school classmate. However, John developed bad breath and dry mouth by eating the ginseng, so he still practiced his "balanced diet" instead of taking *bo* (eating the ginseng). He pointed out that the issue lay in food content

¹⁰⁸ The interviewer assumed that mention of their eating animal kidney might make Taiwanese men feel bashful because kidney was a culturally noted *bo* ingredient for a man's sexuality.

and concentration. In general, he did not think multiple vitamins, extracts, and concentrates were good for the body. He considered some food to be nutritious but to make the body “dry” or “hot.” For example, the food property of turnips and natural honey was considered “cool,” so they caused extremities to feel cold in winter, but they could “cool the body’s fire.” Oil was necessary for the body, but fried food could induce bad breath and dry mouth, which, according to TCM, caused the body’s “empty fire.” No matter what, he concluded that supplemental food or using *bo* was less costly than using medicine or drugs.

Because John and his wife managed a vegetarian restaurant business, they studied and developed a menu. According to the ADA (American Dietitian Association), vitamin B12, which comes only from animal meat, is deficient in vegetarian diets and this can cause underdevelopment of the brain, so pregnant women should be cautious. They paid extra attention to this. As for other food ingredients, he thought they were all right. He sometimes had a bad mouth smell and sore tongue and considered it to be caused by “body fire coming up.” To him, orange juice did not ease the symptoms, but vitamins were able to help and, therefore, despite his reservation about them, taking vitamins became a kind of food therapy. He usually made carrot juice for a drink at home and also made the drinks listed on the restaurant menu.

Talking about his restaurant business experience regarding food use, John pointed out that many people could not accept the boring taste and texture of vegetables and fruits and they preferred the taste and texture of meat. Meat was easy to make into dishes because there was no need to cook it with many additives to improve its taste, whereas vegetarian dishes required taste improvement for them to sell to the public. It took time and effort to make vegetarian dishes acceptable. He compared easterners’ and westerners’ approaches to vegetarian meals. Easterners often ate religious vegetarian meals and wanted to pay less but eat a lot, while westerners ate vegetarian meals because of their support for animal rights and wanted delicate food, not caring if they had to pay a bit more for good quality and service. He had argued with his wife when she insisted on not selling wine for religious reasons, pointing out that westerners liked to have wine with a meal, so they should sell wine but not necessarily liquor. However, before they sold wine, many Buddhist or Daoist nuns and monks had visited their restaurants, and after they sold wine, fewer religious people came.

John felt he knew well the importance of a balanced diet, so he practiced it in his cooking, simple and easy, avoiding pan frying. He might boil or steam food ingredients in order to keep their nutrients. He liked chicken but not beef or pork, for ethical reasons, not taste preference. He thought cows were to be used for labor assistance, not food, and he felt that eating animals was like eating humans: it made him feel very disgusted. He used to eat pig ears but now felt it very strange chewing them. He thought many young students visited his vegetarian restaurants because they supported animal rights and were concerned about environmental issues. He considered it true that soybeans were sufficient protein sources and said if people ate meat, soy beans would be fed to animals, so why not just have people eat soybean products?

John perceived and commented on the future of MMF use in the community in terms of his experience of running his restaurant business, experimenting with foods with his friends, and interacting food practices with his wife. He first pointed out that, in the market, taste was a focus. People would not care much whether a dish was *bo*, what kind of benefit there was to the body. The cooks he hired knew how to modify tastes because they had experience cooking religious vegetarian meals for temples. They knew how to combine food ingredients and create delicious tastes. John considered that, if he could add scientific nutritional knowledge to recipes, he could

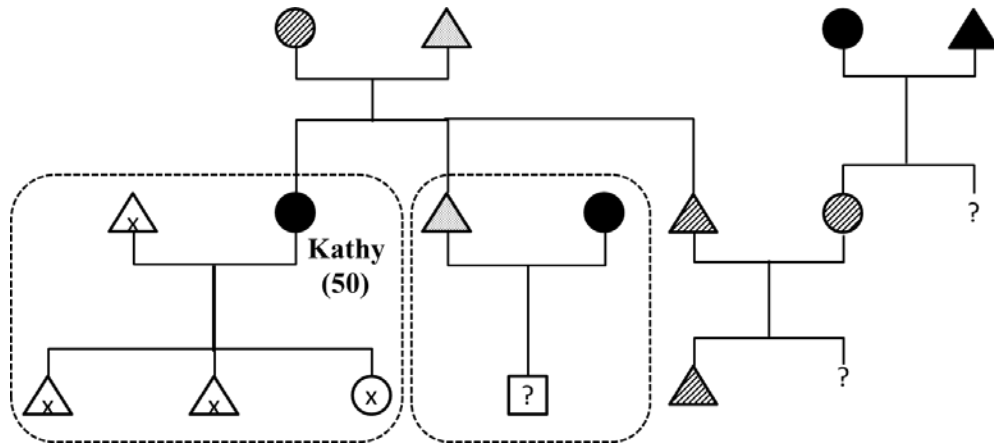
help many people to change their diets and like his restaurant style. He had visited other vegetarian restaurants offering vegetarian meals in American style. He was confident that the taste of his restaurants' dishes was far better than that of dishes at other vegetarian restaurants. Some popular vegetarian restaurants published books and recipes. He considered that that was a good way to educate people about vegetarian diets. He wanted his restaurants to do the same someday.

John then pointed that he and his friends liked to test and share opinions on using food. "That was our way of statistics." They had tried pumpkin seeds, lychee seeds, and banana skin and concluded that those foods seemed to be good for strengthening the body. MMF contained Chinese herbs which were more concentrated, so testing them required more care. He planned to test some MMF dishes made with ordinary food ingredients. He considered many people to be like him. They would be willing to try ordinary food and see how it worked, but not to test it in an extreme way that involved a huge amount of one or two ordinary foods, for example, taking lemon juice or molasses in exaggerated amounts, a kind of food therapy recently popular among families and friend circles.

Mentioning food practice interaction with his wife, John recalled that their motivation for the vegetarian restaurant business originated with his wife's belief in Buddhism, a religious belief shared by her younger sister. John's wife was so deeply influenced that, after their children were one to two years old, she converted to a religious vegetarian diet, though she did not seriously follow the religious restriction for cooking equipment that the utensils and cooking facilities should not touch animal meat. She finally started to eat a little meat after she was diagnosed with malnutrition about ten years later. John did not follow his wife's food restriction, nor did he feel any conflict over food use in their daily life, as he thought he had a good appetite and ate all kinds of food. He just disagreed with his wife's food practices. For example, she once had a list of forbidden foods and later she followed a group of friends in practicing a kind of food therapy that was said to detoxify the body. She also followed the theory of acidic food and alkaline food. John said that she had majored in geography and then changed to accounting: she had no knowledge of physiology or biochemistry. He had majored in chemistry, and although he did not know much about medical sciences, he knew what she followed was not the mainstream of sound science.

John concluded that, when an individual or a few people felt something worked, it should not be propagated in an exaggerated way. Most food supplement claims had not been proven, according to the FDA. Sales advertised each supplement as if each could cure everything. He would never believe it. He expected that nutritionists could develop an understanding of reliable food sources, design recipes based on food contents, and provide the recipes to restaurants. Although it was not easy to do research that could prove what is good for people to eat at each meal because food requires long-term intake and each time people eat only a small amount, he hoped someone could do it, as it was the best basis of development for MMF or any food.

Interviewee 11



Transnational family MMF use diagram of interviewee 11

At my university almost all Taiwanese graduate students had joined a campus Taiwanese student association, but I had heard of an off-campus Taiwanese social and political group subsidized by the Taiwanese government to enhance Taiwanese interactions in the US. Some informants invited me to that group to know more local Taiwanese immigrant families. My appearing at its annual party pleased those local Taiwanese American residents. Among them was Kathy, who was the most welcoming, excited to see someone in a situation similar to her previous one as a female PhD student at the school. She was interested in my research topic and wanted to be interviewed to help my project. When I arrived at her house, she had already prepared Taiwanese desserts and a nice Taiwanese tea to welcome my visit. She briefly showed me her house, kitchen, and stored food ingredients. After a conversation about my research focus and an overview on the survey questionnaire used on the cruise, she was ready for the interview.

After Kathy graduated from college in Taiwan, she worked for a short term at a government academic institute. Then she came to the US in 1983 for graduate study in the field of biomedical science. She met her western husband in the lab. Kathy received her degree and married her western husband, now a professor of the school. She had given up her professional career to stay at home as a full-time wife and mother of three, one daughter and two sons, now in college and senior high school. She thought her experience seemed to narrow her circle of Taiwanese friends. Most female Taiwanese residents were housewives who thought themselves, in comparison, not PhDs; those who had professional positions considered her a housewife.

For nearly twenty years, Kathy had participated in a small local Taiwanese women's Bible study group with one to three members who were close to her. A long-term member, she served as its treasurer though she had never been baptized. She always cooked and brought delicate Taiwanese or western dishes for the Bible study group and local Taiwanese group. She found that people from the Bible study group also liked to bring MMF soups to share, so she cooked according to what they preferred.

Kathy recalled of her food use when she had just arrived in the US that she could only eat local American food before she was able to cook for herself. As soon as she moved to an apartment in which cooking Asian food was not an issue, her family in Taiwan started to mail her food packages. These included some TCM herbs because, even though she could find some of them in local Asian grocery stores, they had been stored a long time and smelled old, spoiled, and weak. Although the packages took time to get to the US, these TCM herbs from Taiwan still carried a strong, fresh aroma. Since then, she had seldom bought TCM herbs or MMF ingredients in the US. She did not often cook when she was a graduate student; even when she occasionally cooked MMF, she mainly used *go gi* with some other ingredients. After she married, she cooked more often, including making more MMF dishes. She did not have a particular urge to use MMF in other seasons or at times of seasonal change. She succeeded to her family's MMF practice. In winter, they used to eat *bo* for gaining more energy; in summer, they ate something that was able to cool the body.

Because winter here was terribly cold, Kathy thought if she ate more *bo*, she would feel less cold. She used very commonly seen TCM herbal formulas and MMF ingredients, such as *shi quan* 十全(大補), *si wu* 四物, *dang gui*, and ginseng and mostly made chicken *bo* soups with these herbs. She hardly ever cooked *bo* in summer, which was too warm here; just occasionally, she made *si shen tang* 四神湯¹⁰⁹ as a mild *bo* soup for summer. In summer, she cooked mung bean soup and red bean soup. She did not see them as MMF or *bo* because she considered that those summer dessert soups were for enjoyment of their taste, not for getting health benefits, though they were good for the body. Her family in Taiwan used to make such soups for children in summer, she had gotten used to eating them as a regular summer treat.

Kathy offered a list of examples of MMF ingredients that she and her parental family usually used. Ginseng and *dang gui* were plant source ingredients that she and her family considered “*bo*.” While *dong gua cha* 冬瓜茶,¹¹⁰ *xian cao* 仙草,¹¹¹ *lu dou tang* 綠豆湯,¹¹² *bai mu er* 白木耳,¹¹³ and *lian zi* 蓮子¹¹⁴ were used in summer to cool body heat and considered good for the body, but they were not considered *bo*. *Bo* was for winter. She could not think of other specific *bo*, TCM herbal formulas, or MMF ingredients besides those she had mentioned. This kind of seasonal “*bo*” food practice led her later to tend to follow the season in buying foods according to accessibility, cost, and taste. This also shaped her perception that summer fruits should not ordinarily be accessed in winter, and, if they were, they would not taste good or benefit the body.

Her family casually used TCM herbs and purchased them from TCM herbal stores. Ginseng chicken soup was the most frequent *bo* recipe her family used; *go gi*, *si wu*, and *shi quan* were the most common MMF or TCM ingredients chosen. Her family had not used MMF daily or often. Earlier, ginseng chicken soup and *shi quan da bu tang* were expensive and considered special dishes. They were served on holidays, at festivals, and at New Year's times,

¹⁰⁹ literally, the four-spirits soup

¹¹⁰ Mandarin, winter melon sweet drink, winter melon, an MMF ingredient

¹¹¹ Mandarin, grass jelly

¹¹² Mandarin, mung bean soup, mung bean, an MMF ingredient

¹¹³ Mandarin, literally, white wood ears fungi, translated snow fungus, an MMF ingredient

¹¹⁴ Mandarin, lotus seeds, an MMF ingredient

which were special occasions for treating guests and the whole family. However, when a family member was sick, Kathy's mother would cook ginseng chicken soup for the sick person.

Kathy did not think that her family was like other traditional Taiwanese families that used various kinds of MMF according to the season and an individual family member's specific condition. Her father was a western physician. Her mother was a nurse who helped her father at his private clinic. Her father did not perceive TCM to be valid but her mother thought MMF was somehow useful. Kathy liked her family's MMF dishes because she really liked their taste, not because of their potential medicinal functions. However, Kathy felt *bo* food worked well in her 'doing the month' period. Her mother visited her at that time to help her and cooked sesame oil chicken soup and ginseng chicken soup for her. Nevertheless, Kathy considered that, since her parents were not knowledgeable in TCM food use, they did not really give their children education in MMF as other people did for their children at home. Her family *bo* practice was simple and originated in taste preference.

Kathy did not remember if she and her siblings ate special TCM *bo* formulas other than their family's simple *bo* recipe at their 'turning into an adult' periods. However, she knew her brother made a special *bo* for his son because her nephew was skinny. When the young boy reached his adolescence, Kathy's sister-in-law purchased packs of prescribed TCM formulas to make MMF dishes for him. Kathy had not heard of the formulas (TCM herbal combination) before and considered that, because they lived in Taiwan, they had more channels through which to receive knowledge in TCM and MMF.

Although her brother had not received a TCM prescribed *bo* in adolescence, he and his wife believed in its benefits and gave it to their son. Her sister-in-law worked as an accountant at a hospital not related to TCM. It was likely that this sister's family used TCM and MMF, so she believed in its use. Her brother was influenced by his wife. Kathy thought that, if nothing bad happened after people used it, we could assume it had been beneficial. That influenced her to think – had her sons been skinny, she might have followed her brother's example and given *bo* to them. Her sons were big and strong, so they did not need to adopt the remedy her underweight nephew was given. Had it happened, it would have been a hassle: her family in Taiwan would have had to send her the TCM herbs or formulas.

In her daily cooking practice, Kathy did not think of adding TCM herbs/MMF ingredients to dishes. She asked with hesitation, "How could I add them to dishes? They are for chicken soups only, I think." She did not consider MMF ingredients to be like seasoning powders that people could easily add to foods. She did not classify them as something that could be randomly used in any cooking dishes. To her, the use of commonly seen MMF ingredients was different than ordinary ingredients, in which special knowledge was needed to make a specific MMF dish or soup for a specific individual. Her attitude toward use of western food supplements influenced her to think that way. She believed having a balanced diet was essential and sufficient, and therefore, she did not go for taking vitamins as dietary supplements, except for taking a doctor's advice for using them when she was unwell.

Kathy's earlier experiences in MMF use were mainly eating sesame oil chicken soup and some common *bo*. She thought it interesting that she learned more about MMF use in the US. For example, her younger brother's wife went to stay in a "do-the-month center" in Houston, Texas, right after childbirth. Kathy visited there and planned to make sesame oil chicken soup for her sister-in-law. Her offer was declined for the reason that it was too early for the mother to

eat the soup; however, serving the mother pig's liver soup and fish soup was allowed. Kathy was surprised to learn that there was timing for eating that soup. She was puzzled and thought that the center seemed to have strict restrictions on food choice for their clients. Speaking of pig's liver soup, Kathy recalled that, in her childhood, her parents made soups from pig's blood, liver, and other organs, like kidney. They were considered very *bo* or nutritive. However, in the US, eating animal organs was thought disgusting.

In the earlier days after she had immigrated, some commonly seen Asian vegetables were already available in Asian grocery stores, such as Nappa cabbage and Taiwanese cabbage, but she could only afford them occasionally. Even today, they were still expensive here. She discussed vegetable prices over the phone with her mother, who was currently in Houston taking care of Kathy's sister-in-law. Kathy was curious and asked her mother what she cooked for her. Her mother pointed out that *qing jiang cai* 青江菜¹¹⁵ was cheap at \$0.59 a pound there. Kathy felt it hard to believe because it was sold at \$2.99 a pound in her particular town; however, she felt it fortunate that at least Asian food ingredients were accessible locally.

Kathy was not happy about the taste and texture of those vegetables offered here because they were not even the same as Taiwanese varieties. Thus, whenever she was able to visit big cities, she liked to visit big Chinese or Taiwanese restaurants, which could offer tastier Asian vegetables. She also obtained food ingredients from Taiwan through family members, relatives, and friends. Packages of dried agricultural products were brought in or frequently mailed to her from Taiwan. However, this required dealing with customs, which was inconvenient and troublesome. On that account, she sometimes accepted some lower quality foods that she could find in Chinatowns.

When Kathy was an international graduate student, she had not been able to make "real" hometown dishes for her classmates or friends at parties because she did not have much money or time. At best, she used dried shiitake mushrooms and dried shrimp to fry with vegetables or add to meatballs. The eaters' response was okay. She modified the dishes to be less strong in smell or taste by fine-chopping dried shrimp and mixing it with other ingredients. Dried shiitake mushrooms were well accepted by students of different countries. Kathy preferred Chinese food but she gradually accepted American food like pizza for convenience. Out of curiosity, she sometimes bought some American food advertised on television. After she married, she often experimented with cooking a mix of western and Chinese styles for herself. When she felt bored and lost interest in pizza after eating it for a period of time, she returned to eating Chinese food.

Compared to the western husbands of her Taiwanese friends, Kathy's husband loved eating Chinese food. Their husbands just wanted steak and potatoes, while her friends wanted and cooked Chinese foods. She joked that she did not treat her husband the same way. She cooked one dish for everyone in the family to eat. Everyone had to eat or go hungry. She decided: "Of course it's me. Otherwise, who else would do the cooking! I do grocery shopping and make food for the family. I make the decisions." She made one plate for each family member and gave a fixed quantity for each person. She did not let her husband eat too much, so his weight could be controlled.

Kathy's husband grew up in Wisconsin, where beef and potatoes were the main food. He seldom ate pork when he was young, not to mention fish – he had never seen whole fish for sale.

¹¹⁵ Mandarin, also known as Shanghai bok choy, a commonly used Asian vegetable

Chinese and other Asian food ingredients were not prevalent there, but his family did use soy sauce. Though they accepted Chinese foods, those were the foods commonly seen in Chinese restaurants in the US, and they thought any dish with added soy sauce to be Chinese food. He now ate Chinese, Indian, and almost any kind of food because, after marriage, he had learned that, if he did not eat them, he would go hungry. Then, he got used to the tastes of these foods. Because of this experience, he accepted and came to like these foods. Now, every time her family dined out, they looked for sesame chicken, and it was she who felt it unacceptable, because the sesame chicken offered had been Americanized. To her, it was really not the sesame chicken taste she had had in Taiwan and the greasy dish was not good at all.

Kathy appreciated her husband's liking Chinese food and everything she pan-fried. However, he could not eat preserved bamboo shoots. He reacted strongly when he smelled it, the way some Chinese people could not accept cheese. He did not eat strong smelling MMF soups, either. Whenever Kathy cooked *shi quan da bu tang* 十全大補湯 (the "all-benefits-in" *bo* soup), he complained that the smell was too strong. However, if she just used *dang gui*, Taiwanese dried shiitake mushroom, and some other simple MMF ingredients to make a less strong-smelling MMF soup, he seemed to like it. Kathy thought that, maybe, because her husband had never eaten MMF when he was a child, he conceived the taste to be very strange. She compared her husband to her children, who accepted some chicken MMF soups because, when they were young, they were given MMF soups.

Nonetheless, it had not been easy for Kathy to get her children accept MMF. When they were around five or six years old, she felt frustrated that they did not accept dried shiitake mushrooms: they picked the mushrooms out of the dish. She did not think that they hated Asian food because, at that time, they even disliked some green vegetables and also picked them out of their bowls. She was very angry about their eating behavior. After good training, they eventually accepted every kind of food she made. However, it was still not easy. For example, she tried to introduce ginseng by telling them it was a very expensive anti-cancer food. That did not work well. Gradually and when they were older, they listened to her explanations in detail and also googled information they heard. Her daughter had asked her to make French toast today. Kathy asked her if she would like to have some cinnamon powder sprinkled on it. Her daughter said the taste would be awful. Kathy then told her that cinnamon had been proved to have anti-cancer properties, and her daughter agreed to put some on. Kathy joked that she herself was not a good persuader. The reason that her daughter changed her mind about the cinnamon was because she did not want to die too early. However, this kind of persuasion did not really work on her husband. She commented that older people were tougher.

Now, when Kathy's daughter thought of something Kathy had cooked before and she had liked, she would ask Kathy to cook it for her. Kathy remembered that, when her daughter was in elementary school, there was a period when she liked to eat pizza. Soon, though, she felt pizza was boring and returned to eating Kathy's home-made food. She now lived nearby her college for convenience but often came home for meals and often asked Kathy, for example, "Mom, could we eat curried chicken tomorrow?" Kathy's children liked her home-made sesame chicken, but they also liked the sesame chicken offered in the school cafeteria.

It seemed that Kathy's children and husband had quite Taiwanese tastes and preferences but Kathy did not think that Taiwanese food images had influenced them much. She explained that her children had not visited Taiwan for ten years, nor did they often eat seafood or animal organs and like eating them, as most Taiwanese children did. They thought some of those foods

very strange and even got angry sometimes after eating strange foods and learning what they were. She thought that, overall, they liked Taiwanese foods and their taste and liked tasting new ones. Her daughter had visited Taiwan just last year with her friend from senior high school after graduation. On her trip, she ate *bao zi* 包子¹¹⁶ buns three meals a day almost every day and visited bun stores everywhere. Kathy did not know how to make buns, but her daughter had found them in Taiwan and loved them.

Kathy considered that her children should now come to ask her about MMF knowledge and cooking skills instead of her introducing them to her children. In the future, if they needed some MMF ingredients, Kathy would ask her family in Taiwan to mail her a package and she would transport it to her children – her daughter, for instance, lived in a student apartment now. Kathy thought that her children would miss her cooking and think of eating things they had had at home. Soon, they would graduate from school and live apart from her. In the US, if they wanted to eat it, they would have to learn to make it themselves. At home, Kathy had taught her children some simple cooking skills. Although they did not have time to cook now, they knew something that they could refresh later in their life. Her daughter had learned how to make dumplings. She liked eating them and had always asked Kathy to make them for her. Kathy had felt it annoying sometimes when her hands were full, so she had had her daughter learn how to make them for herself. Now, she was not only a good dumpling cook but also taught her classmates dumpling-making skills. Her sons were not interested in kitchen work at all, so she did not push them to learn cooking. Her husband followed her family rule that he should cook on Sundays, so he made waffles every Sunday. Kathy complained that they tasted awful indeed.

After Kathy knew more recipes in MMF use, she sometimes brought interesting kinds of MMF soup to her Taiwanese community group. At the weekly women's Bible study group, she often served MMF. She admitted that she made MMF for her Taiwanese community group, not for her American family, which did not really eat much MMF. However, the weather was terribly cold here and she herself really wanted it. She cooked MMF soup that had to be made in more than a few servings. She did not want to waste food at home. At the group, other Taiwanese women who had married American husbands were in similar situations. They craved MMF soup, but it was difficult to make a small amount at a time. Kathy and her group members were happy to share a big pot of MMF soup frequently. They cooked American food for their husbands and MMF soup for themselves. Their husbands accepted and supported them in doing so. Kathy joked that, otherwise, they would want to get divorced.

Except for her Taiwanese women's group, Kathy never introduced MMF soup at other American events and places such as international festivals at her children's school. This was because serving soup might be inconvenient, as it required paper cups or bowls and spoons, and the tall container for soup was not attractive, so soup might be unpopular. She thought that her MMF soup was acceptable only for the Taiwanese local residents' annual get-together party. She added that, in her understanding, even local Chinese immigrants did not accept MMF soup. Those Chinese who came to Taiwanese parties hesitated to taste her MMF soup and asked what it was. Kathy speculated that, maybe after China's Cultural Revolution, Chinese families seldom cooked MMF at home. Their younger generations might have already forgotten the benefits and tastes of MMF.

¹¹⁶ Steamed buns filled with meat and/or vegetables

Kathy used her American neighbor as an example to illustrate her opinions on the future of MMF use in her community. Olivia, in her sixties now, was close to her and they had known each other for a long time. Olivia had been an Asian culture lover, particularly Japanese culture, decorating her house with much Asian and Japanese art, and used a high quality electric rice cooker for making rice as a staple. Kathy always invited her over to her kitchen to taste her new recipes and share nice food with her. When Kathy had introduced her to MMF soups such as *si shen* and *shi quan*, she saw her try them and swallow uncomfortably. Kathy thought that even an American like that, who could eat dishes Americans might feel strange, such as green pepper pan-fried with beef and sticky rice, felt it a challenge to accept the soup. She pointed out that Olivia had never had a chance to taste MMF soup when she was young.

However, even so, Kathy thought people in her community were very open-minded and willing to try different kinds of foods from all over the world, compared to her husband's Wisconsin community, where even a whole fish was seldom sold, where people might not like to be challenged on food tastes. She indicated that there was a noted vegetarian restaurant downtown known for its frequently creative and changing recipes, which challenged its customers' taste buds. Olivia loved it, visited often, commented on new food she tried there, and discussed it as a topic with other people. She also shared with people her food opinions after she had tried strange food in Lebanon when she visited her daughter, who had married a Lebanese. Kathy felt the community she belonged to was very open and might be able to accept MMF in the future.

Kathy did not see Americans and Taiwanese Americans differing in acceptance of the taste of MMF; however, she thought that MMF taste had to be promoted over time and with effort. So far, the taste or smell of MMF was still strange to both groups. The taste also varied by individual dish and recipe. For example, *si shen* soup sold by street vendors or restaurants at night markets was tastier than that was made by her parents or herself at home. At the start, making MMF soup for these groups would require diluting it to limit their repulsion.

Kathy added her understanding of curry acceptance in the US. Curry, spicy and pungent, originated in India and neighboring countries. Today, curried chicken dishes and curry-tasting fried chicken were served widely in restaurants in the US. The curry taste had become acceptable, even popular among Americans. Scientific studies indicating that curry possessed curcumin, a powerful anti-oxidant, might have helped Americans accept the taste. The prevalence of curry and easy access to curried food contributed to familiarization with curry because people had chances to smell and taste it. Once people got used to the taste and smell, the food was not strange any more. She thought the same pattern was necessary for acceptance of MMF.

Kathy considered that the ingredients of MMF ought to be beneficial to the body. For example, cinnamon had been studied and its benefits to health were shown. *Wu xiang fen* 五香粉,¹¹⁷ considered an MMF seasoning, had cinnamon in it.¹¹⁸ Hence, there was something good in MMF. She thought that her perception that "there was something good in MMF" to be based

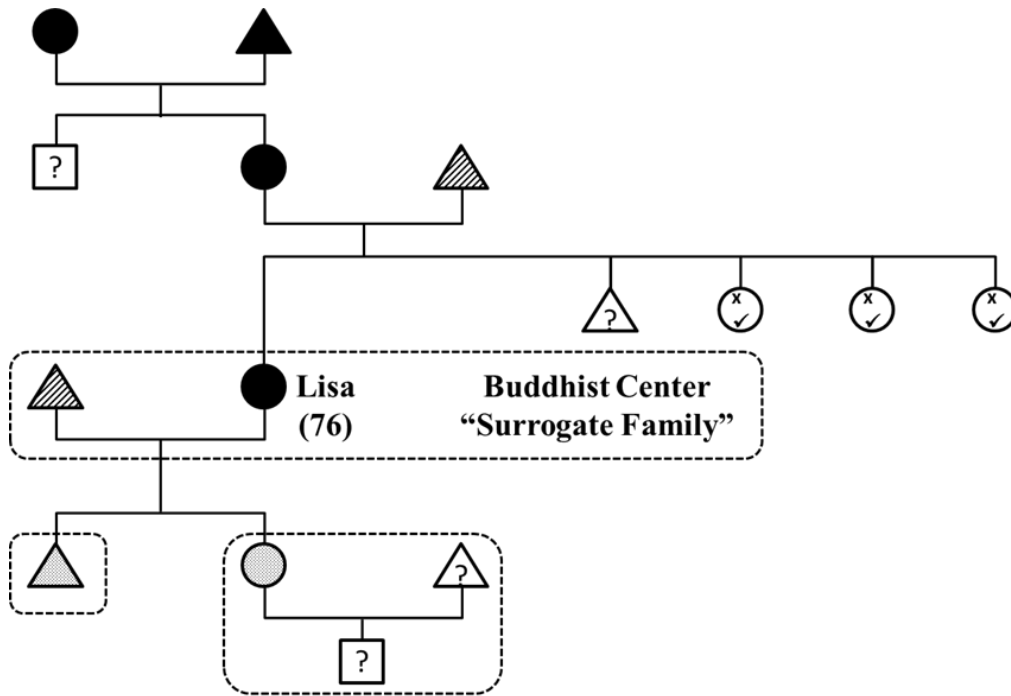
¹¹⁷ Mandarin, literally, five spice powder

¹¹⁸ Kathy caught the idea of broader MMF definition/meaning during the interview. At the beginning, she wondered if MMF ingredients could be used for anything other than certain chicken soups at certain times for certain individuals. Here, she broadened the concept and gave *five spice power* as an example of a "MMF seasoning."

also on her background in scientific studies, understanding of TCM herbs, and acceptance of MMF since childhood. She found that, more or less, each side influenced her. She ate MMF soup and did feel warmer in winter. When she felt she was going to have a cold, she ate more ginseng chicken soup and did feel stronger. She believed that it worked for her. Now, she wanted to connect those influences and looked for dietary practices good for her and her family.

Kathy commented that this kind of interview and study could make people think about their MMF use. They would think more about their use of TCM herbs as food at home. Restaurants might also use this kind of study for reference. It appeared to her that people did not need to wait for scientific proof about MMF; such proof might not even be necessary to promote its use. Deciding the strength of MMF for one's dietary acceptance depended on one's taste and smell preferences. Besides, television food and cooking shows nowadays introduced many exotic food ingredients. Those culinary ingredients and spices were mixed in cooking according to integrative or creative recipes. The information was open and spreading fast. That meant everyone shared ideas. Compared to before, people now used many more ingredients, spices, and herbs to make foods. As with other exotic food and ingredients, Kathy thought MMF had a place. For promoting MMF taste, simplifying the numbers of medicinal herbs for use in cooking and making the foods accessible with ready-to-cook packs at convenience stores or supermarkets would be helpful. She called for an end to unsafe, expired TCM herbal packs on the shelves at Chinese grocery stores in the US.

Interviewee 12



Transnational family MMF use diagram of interviewee 12

On the cruise survey, many informants and questionnaire takers had suggested that I go to Lisa, a senior cook known in Taiwanese Buddhist circles and noted for her Buddhist MMF cuisine. They did not remember her name, but some said that she might be found at a Buddhist organization in New York City. I was refused twice on visiting the Buddhist center even though I introduced myself and my purpose in conducting research. I was seen as an outsider. Gatekeepers and the director of the center politely declined to assist me by providing an introduction to Lisa or any cook in their kitchen.

When Buddhist sister¹¹⁹ C answered my phone call, she thought I was someone calling to see if I had been accepted from a waiting list for Lisa's cooking class. I thus learned Lisa's surname and the fact that she taught cooking there, including MMF dishes. I told sister C that I was not on the waiting list but would like to get in if there was an opening. Lisa took just six students for her five-session cooking class. One had already started and would end after another three sessions. A plan for a class the next term was uncertain. Since someone registered had just withdrawn, sister C indicated that I could come. She was not there when I went to meet her, so sister W, at the site, felt sorry for me. After briefly checking my background and interviewing me, she took me to the inner part of the center where the kitchen was located and Lisa worked.

¹¹⁹ Buddhist sister, *shi jie* 師姐, is a title commonly used to express one's respect to a female working at a Buddhist place, which also implies the caller accepts or believes in Buddhism. "Master" is another title used for a Buddhist nun or monk.

She introduced me to Lisa and asked if she would accept me. Lisa was happy to meet me and allowed my joining in the middle of the class.

While she taught cooking, Lisa told the class stories, melting her experiences into her cooking style. She used TCM herbs for her recipes designed to nurture the body and promote health, according to her taste. Students' presentations mixed with a Buddhist ritual before having a meal. She had each student share his or her appreciation and think of the meanings of each dish before everyone started tasting the dishes. I told Lisa my purpose in attending her class and asked if she might be interested in participating in this research project. She agreed and scheduled the interview for the day after the last session when she had finished cooking for the center's core workers. She also invited me to come earlier to observe their kitchen work.

Though Lisa looked like she was in her fifties, she was seventy-six. She had been a volunteer chief cook at that center for over twenty years and still showed up around seven every morning to start preparing food, finished cooking around eleven, and then apportioned the dishes into each person's box meal. There were approximately thirty workers who gathered regularly for meals. On weekends, at least eighty gathered, depending on the activities and events. Lisa cooked and offered food to anyone who stepped into the kitchen looking for it. She also designed and made box meals for the center to distribute to the needy or participants in activities at other places. When I arrived at the kitchen, she was working together with some sisters who came to give a hand and a regular assistant. Lisa led the team to prepare for lunch, meanwhile teaching them her food knowledge and cooking skills. Right at noon, the core workers gathered for lunch.

It was amazing that all the meals were made by Lisa and her cooking assistant, because the kitchen was not as big as one would imagine considering how many meals of high quality were produced and how high the hygiene standards were. A group of workers efficiently helped cut and wash food ingredients and clean utensils, though there was no timetable or work sheet. Everyone followed Lisa's guidance, sometimes verbal, but mostly nonverbal. Workers there just observed, asked, and offered help – learning by seeing and doing. Lisa did not go home until around four in the afternoon daily.

Lisa's husband often visited her at the kitchen and helped at the center as a core worker. They were like grandparents of this big family and were called "Mama" and "Papa." Some senior workers told me that Lisa volunteered seven days a week from seven am to four pm 363 days a year. The only days off were Lunar New Year's Eve and New Year's Day.

Lisa invited me to have lunch with the group and interview her after lunch. She introduced me as if I were her best student. I was assigned a seat with the senior workers and given a box lunch. There were three colorful side dishes and brown rice, a bowl of soup that could be refilled, fruits, and a sweet dessert soup. A just-married couple visited Lisa at lunch time; they brought a huge wedding cake to share with everyone. A successful businessman and big donor also visited Lisa with his wife and son, who had recently graduated from college and succeeded to his father's business. The kitchen and connected dining area were filled with people. Now, I was not an outsider – I looked like a member, though I was just a guest.

After lunch, Lisa led me to the center bookstore, where some coffee tables and seats were available for the interview, although it was an open place and "gatekeeping sisters" were around. Later, I realized that Lisa was not confident about her English but her Chinese literacy was at the high school level. She could ask those "sisters" for help with any formal documents requested.

Lisa was born in northwestern Taiwan and moved with her family to eastern Taiwan when she was eight. She had three sisters and a brother, the youngest, born three years after Taiwan was handed over to the Chinese government by the Japanese. She married, moved to Taipei, and had two children, one girl and one boy. Later, she and her husband moved to Japan and then immigrated to the US in 1978. Her parents took care of her children in Taiwan. Her children rejoined her and her husband in the US after they grew up.

Lisa's family in Taiwan was omnivorous, not vegetarian, though they ate more vegetables than animal products. She pointed out that it was not like expensive vegetarian-style meals such as people ate today. Around WWII, people ate more vegetables because they were poor and food sources were limited in the environment. Vegetables were the main food source. Under Japanese administration, meat and fish were restricted. A family unit was rationed a small piece of meat or fish per week. Her father needed to work far from home and was permitted to visit home once a week. Her mother marinated the allocated meat with very salty soy sauce for a week until he visited. The meat was sliced in pieces and shared among all family members. At other times, only vegetables were available.

In recollection, Lisa said that, since her family had been very poor, her mother had no money for vegetables, so they ate what they grew. When there were not enough vegetables, they went to the field to gather wild ones. Because of that experience, Lisa learned a lot about wild edible plants. *Ae a tsai* 鵝仔菜,¹²⁰ *bae tsai* 白菜,¹²¹ daikon, cabbage, and chives, which were easier to grow, were often put on the table. Wild *hieng tsai* 莧菜,¹²² and *suan dang er* 山萵蒿,¹²³ which were easier to find, were also eaten a lot. Her family liked to dip vegetables quickly in boiling water and serve them with soy sauce. Dressing oil was seldom available. Sometimes they just sprinkled salt on vegetable dishes.

Lisa's mother cooked the family meals, but since Lisa was the eldest child in her family, she helped her mother take care of her other siblings, sharing in the family work. Her mother and grandmother would make different kinds of food on special occasions such as the New Year period and important festival days, but they had to rely on relatives' support for food ingredients for this. Lisa's relatives would bring them a hen or a duck that they had raised or a river fish that they had caught. There was no specific cooking method back in that time. Mostly, foods were cooked in boiling water and chopped for serving. Later, as the family economic situation improved, their diet improved. They could consume more animal food after her parents opened a small street stand to sell noodles and soup. However, her family did not like eating meat. They had probably eaten too many vegetables before and so had gotten used to them, not meat.

Lisa remembered that she was too slim before she went through her "turning into an adult." Her mother was concerned about it and started to make *bo* food for her. She cooked basil root with chicken or pig ribs to make a *bo* soup with TCM herbal formulas bought from TCM herbal stores. The herbal formulas were simple; mainly tree roots such as *bei qi* 北耆 or *huang qi* 黃耆.¹²⁴ Her mother also made herbal juices for her sisters in high fever, and they always worked.

¹²⁰ Taiwanese, a lettuce of Taiwanese variety

¹²¹ Taiwanese, a Brassica vegetable of Taiwanese variety

¹²² Taiwanese, a spinach of Taiwanese variety

¹²³ Taiwanese, mountain chrysanthemum leaves

¹²⁴ Mandarin, or *huang qi*, A TCM herb, *Astragalus propinquus*

Lisa indicated that her maternal family's knowledge of herbal medicine was passed from generation to generation, apparently because the family managed an herbal store. Her mother inherited knowledge about herbs for MMF from her grandmother. In her generation, however, she did not inherit as much as her mother did because the environment had changed. Still, Lisa's mother took her to crop fields for work and taught her about what herbs worked for what diseases. She helped Lisa to identify poison plants, such as ferns that looked like edible ones but were very dangerous. She asked Lisa to gather some plant roots recognizable in the woods or fields which could be used for herbal medicine. She directed Lisa to process the plant roots by washing, sun-drying, and chopping them. Lisa's mother made MMF, mainly soup, for the children whenever they had a cold or some other illness and she educated and trained Lisa to help in this. Lisa accumulated much experience with her mother until she left Taiwan at around 36 years old. She believed that, even though she might have forgotten some herbs she learned about in childhood, when she saw them, she would recall and recognize them.

Lisa recalled her first immigration to Japan. There, she learned that lifestyle, dietary pattern, and food use were different in different places partly because food sources and production varied. She was in Japan for six years. Before Taiwan and Japan cut off their official relation in the 1970s, she had no big problem in mailing home part of her monthly wages from Japan. Before Japan strictly regulated imports, she could also bring in food ingredients not found in Japan. In Japan, there was plenty of seafood, so the people ate a lot of fish and shrimp. However, chicken and pork were not at all tasty in Japan, as in the US. Besides, meat or pork processed foods were few. Whenever she visited Taiwan, she would freeze cooked food, leave some at home for her children, and bring some to Japan. She was used to eating meat from free-range chickens and black pigs raised in the fields and butchered into preferred sizes on request in Taiwan. She learned from her Japanese immigration experience that she had to make a lot of cooked or preserved meat to bring in to Japan or she would have had no such meat source. As for vegetables, back at that time, dried or cooked vegetable food products were not popular in Taiwan, but she still prepared sun-dried cabbage leaves as preserved food for her Japan stay.

Although Lisa could bring some dried TCM herbs or MMF ingredients such as *dang gui* and *gou qi* into Japan, she could not just use them to make a formal *bo*. She explained that, when winter came, a formal *bo* practice called *bo dang* 補冬, having *bo* for winter, was applied. The TCM herbal formulas *si wu* 四物, the four herbs, and *ba ding* 八珍,¹²⁵ were used formally and only in winter. For year round, *su sing* 四神¹²⁶ was usually cooked with pig stomach or small intestine to make a mild *bo* soup. When in Japan, she could not make a real MMF or *bo* soup because she could not find TCM herbal formulas and raw pig stomach or small intestine there: she could not even make a simple *su sing* soup. Only after her family moved to New York City in 1978, where she found TCM herbal stores in Chinatown, could they eat a formal *bo* outside Taiwan. She then could make MMF dishes more frequently. She used fewer *bo* in summer. *Si shen tang* was one they used for all seasons. One of its ingredients, *yi ren* 薏仁, coix seed, was good for health even in summer. In addition to *si shen* soup or *yi ren* soup, they also ate mung bean dessert soup or red bean dessert soup in summer. However, not many varieties of *bo* were used in summer.

¹²⁵ Taiwanese, *ba jen*, Mandarin, the eight herbs

¹²⁶ Taiwanese, *si shen*, Mandarin, four-spirit herbs

Lisa recalled that, with growth in the Taiwanese immigrant population in the US, various kinds of food use had developed and changed. In earlier times, people had to eat whatever was accessible. When her family had just arrived, they had to mainly eat American food. When she was homesick, she just endured, waiting until she visited Taiwan to eat the food she really liked. When close friends in the community visited Taiwan, she would ask them to bring some made-in-Taiwan ingredients. Very soon, Asian immigrants brought in various kinds of food. In more recent years, fresh Taiwanese vegetables could be found here, either imported or grown locally. Her family themselves made pickled cucumber and preserved vegetables in Taiwanese ways and offered them to friends or acquaintances.

Lisa shared her observation on dietary changes in her children and husband before and after immigration. They came to the US directly from Taiwan after they had grown up: her son, after graduating from college, her daughter, from senior high school. They had now lived in the US for over thirty years and were around fifty years old. They had a hard time adapting to American food when they arrived but later changed. She thought it interesting that her children, who disliked American food at first, preferred it ten years later. Another ten years passed, and they changed back to their previous tastes.

As for her husband, he did not change much because he did not like meat and preferred plain tasting dishes. His diet always had more leafy vegetables or soybean products like tofu. Though from a well-known and well-off family, he had gotten used to eating more vegetables in childhood because the family was large and the extended family lived together. A child in that circumstance did not have easy access to more meat. Only on festival occasions would there be more meat prepared; the main daily dishes were still vegetables. Lisa joked that, after immigration, her husband ate what she cooked – no choice for him. Although they ate similar meals, he ate more vegetables than she did.¹²⁷ He had been very healthy and now, at 78, exhibited no disease markers.

Her husband's health maintenance influenced Lisa herself to convert to vegetarianism in addition to her religious reasons, though before the 9/11 incident in 2001, she still ate meat. She found that eating meat was not good for the body, particularly with her high blood pressure and high cholesterol. She had been prone to get sick. After she fully changed her diet, her body felt different. Blood tests indicated that her blood cholesterol had dropped and her blood pressure had decreased. She noticed that her body strength improved. She felt this dietary change very good, though she speculated that taking blood-thinning pills might have had an effect as well.

Lisa's daughter was closer to her when young and wanted to help with kitchen work. She later majored in home economics and was now a teacher of flower arts. Cooking was by nature something she liked. Lisa's son, like most men, did not want to touch kitchen work when young; but after moving to the US, he had to learn. However, he did not learn cooking directly from Lisa; he learned cooking through other channels after he grew up. Since the image of how Lisa cooked was imprinted on him, though, he learned quickly and indeed adopted her way of cooking. He lived in California now. Whenever he wanted to try something, he would

¹²⁷ A Taiwanese home-made meal usually involves cooking one dish with meat and vegetables mixed on one plate to share. The husband would be able to take vegetables from the plate while the wife selected the meat on the same plate. Similarly, with MMF soup containing meat cooked in a pot for sharing, some family members could take more meat to eat.

telephone Lisa and ask her how she would cook that dish. Her daughter also liked to telephone and consult.

As for passing down family MMF use, Lisa, however, had rarely taken her daughter to the fields to identify medicinal herbs and poisonous plants as her own mother had done for her. There was little chance to do this in the US. In Taiwan, she had sometimes taken her children to rural areas or hills out of town, but they were too young to understand and remember knowledge of plants. Lisa's daughter did not have younger siblings to help take care of and cook for and feed herbal medicines. She did not need to look for wild herbs and wash, chop, and cook them for sick brothers and sisters. Without those kinds of motivations, practices, and experiences, she could not gain the knowledge. Lisa's family had been poor. She still remembered adding sugar to bitter herbal soup to feed her sister. In the US, medicines were easily accessible. People did not need free medicinal herbs. Her children did not have the chance to learn as she had, but the environment they grew up in was better developed than hers.

Lisa thought that passing on knowledge was a difficult task. Even when she wanted to introduce some medicinal plants, she could not find them here. In World War II, she had to run and hide in the mountains to escape combat planes. There were so many plants she had never seen before. Her mother and other older people knew those plants. They taught her and other children that some plants were for some diseases and others were foods for raising pigs, ducks, or geese. Taiwanese used yam leaves to feed pigs. Now, scientific studies had shown yam leaves beneficial to the body. In that earlier time, they were also a precious food source for ordinary families. People in fact substituted leaves of another plant growing in the trees to feed pigs. She forgot the plant's name but said she could recognize it. She had tried hard to look for plants that she could use for teaching. When she went camping or walked in the woods here, she looked around the surroundings for familiar plants; when she visited falls and water areas, she looked for ferns Taiwanese ate, such as *gue niao* 過貓,¹²⁸ but never found any. Where people mowed the ground thoroughly, she could hardly see an intact weed.

Lisa's mother had made MMF for her "turning into an adult." Lisa wanted to do it for her children, but they were in Taiwan then and did not like eating that kind of *bo*, particularly dishes with strong smelling and tasting herbs such as *dang gui*. Although Lisa persuaded them that *dang gui* could promote blood circulation, they did not want to eat it. They were afraid of the taste. She wanted to give good care to her only daughter, but her daughter seemed to be allergic to TCM herbs and refused even to take *bo* soup most of time. Nevertheless, the children did accept *su shin* 四神¹²⁹ soup and other TCM herbal ingredients such as *bai mu er* 白木耳, white wood ear (snow) fungus, and *bai he* 百合,¹³⁰ that were used in dessert soups, because their herbal smell and taste were mild. Taste seemed to determine what medicinal herbs they could and could not accept.

Instead of using TCM *bo* for her daughter's "turning into an adult," Lisa provided her chicken soup that was slow-cooked with basil root and kept using this soup for her later. After her daughter had a daughter, she made the same kind of basil root soup for her daughter. Her daughter followed her way, and gradually even inquired of her what other MMF dishes she could

¹²⁸ Taiwanese, a fern vegetable commonly seen in Taiwan's traditional market

¹²⁹ Taiwanese, *si shen*, Mandarin, literally, four-spirit soup, the MMF soup containing the four herbs for spirit

¹³⁰ Mandarin, a TCM herb, edible lily bulb from *Lilium brownii*, *Lilium dauricum*, or *Lilium pumilum*

prepare for Lisa's granddaughter. The latter was born and grew up in the US. She fought eating MMF with a strong taste. Lisa's daughter had to persuade her by finding a way to diminish the herbal smell and taste. Lisa joked that this was a family MMF inheritance.

Lisa recalled that her grandmother made her mother *ji jiu* 雞酒¹³¹ for her “doing the month” when she gave birth to Lisa's younger siblings. It was popular and people widely understood that one should eat it after childbirth. Chicken meat was accessible then. The rice wine was home-made. It was also the only dish Lisa knew for “doing the month,” so she walked through it for her daughter. She also knew that, after taking *ji jiu* for a period of time, the eater would develop constipation, so she added many vegetables and fruits to the diet for her daughter. She was cautious as to the type of vegetables and fruit selected because their property could not be ‘cold.’ For example, she selected papaya for her.

Lisa did not think her siblings had learned herbal knowledge from their mother or had practiced it in their married families. One of her younger sisters stayed in their hometown, but she had no strong inclination to use MMF. A second was a western medical nurse, so she rejected using Chinese medicine. They did not have as much time with their mother, nor did they eat *bo* at home. Her parents had become too busy in the street food business for her mother to teach her sisters or make *bo* for them. Later, they did not want to eat *bo* or learn herbal knowledge from their mother. They believed in western knowledge and medicine. At most, they just cooked *yi ren* dessert soup in summer. Lisa herself had not known enough to teach her sisters.

Lisa believed that TCM food had its specificity. Since she was a leader of the cooking group at this Buddhist center, she could decide what food ingredients to use to promote a vegetarian diet. Some people thought that a vegetarian diet could change the body's property and were afraid of getting ‘colder.’ To persuade them, Lisa advocated the concept that eating *bo* or MMF could supplement a vegetarian diet and enhance body power. She sometimes used MMF ingredients such as *dang gui* and red fermented rice paste for making a mild-tasting *bo* dish. Red fermented rice paste had been popular for years due to its boosting energy and blood functions. In the religious vegetarian diet, Buddhists substituted mushrooms for chicken. Lisa added *dang gui* to the ordinary cooking mushrooms and fried them with sesame oil to make a dish less “cold” in property. Soybean products such as tofu were used to make a *bo* soup with *dang gui*, *huang qi*, *gou qi*, and *hong zao* 紅棗.¹³² The soup could enhance the circulation system. Lisa made the dishes milder and tender so that they were not harmful and, at the same time, were more acceptable to most people. The responses were positive. Eaters wanted these functional foods for warming up the body and achieving body strength. She created a soup made with *niu pang* 牛蒡,¹³³ *lian ou* 蓮藕,¹³⁴ *hong zao*, and *hua sheng* 花生.¹³⁵ It tasted really good. The soup was very *bo* (nutritious) and good for the body.

Lisa had a place and a position where she could experiment with MMF cooking and promote its taste and acceptance. So far, she did not think that she had ever encountered any challenge or difficulty in promoting MMF there. She pointed out that the chief Dharma Master

¹³¹ Mandarin, sesame oil chicken and rice wine soup

¹³² Mandarin, red dates

¹³³ Mandarin, burdock root

¹³⁴ Mandarin, lotus rhizome

¹³⁵ Mandarin, peanut

used the symbol of *si shen tang* 四神湯 as an allusion to the four attitudes of contentment: gratefulness, thoughtfulness, and tolerance. Because of the MM soup they consumed, all members there were more happy and appreciative, mentally and physically. She expected to promote the concept and attitude so that people could eat and live in a healthy way.

Right after the interview, Lisa was called out to go into the kitchen. As the interview was set in a public area in the center's book store, the sisters in charge were curious about our talk and seemed to want a chance to participate. I invited them to participate in similar future projects and they accepted. Now, I was allowed to look around this big family-like space. The basement housed the kitchen, eating area, storage, and parking entrance. The ground floor encompassed the rest area for tea and the book store, which mainly sold books published by this center, including health promotion books, magazines, and religious art. The second floor had an administration office area and a classroom that could accommodate a hundred people. There were varied types of workshops and courses offered for youths and adults, including one on how to file tax reports. It was more like a community center than a religious retreat. Occasionally, students were invited to eat free vegetarian food provided by the kitchen in the basement. It always smelt good and felt like being at home when the kitchen was open, according to people I met there.

APPENDIX I. A Sample Output from Textual Analysis Using ATLAS.ti

The screenshot displays the ATLAS.ti software interface for a project titled "MMF Dissertation Project 2012 - ATLAS.ti". The main window shows a text document with a hierarchical display of all objects. The text is organized into sections, with line numbers 104 through 116 visible. The text discusses the use of MMF (Mildly Modified Food) and its cultural significance in Taiwan.

On the right side, a network of codes is displayed, organized into a hierarchical structure. The codes are represented by yellow star icons and are grouped into several categories:

- health promotion - food plus alternative uses**
 - children's attitude
 - friends share MMF
 - MMF knowledge and use delivery
 - parental influence
- food preference**
 - friends share MMF
 - knowledge of MMF preparation
 - MMF as side dish/party dish
 - accessibility
 - knowledge of MMF preparation
 - MMF ingredient quality
 - MMF use free
- MMF ingredient quality**
 - MMF ingredient sourcing - authenticity
 - attitude
 - children's attitude
 - family use of MMF
 - food habits
 - lost interest in using MMF - do the month perception
 - parental influence
 - taste/odor
- accessibility**
 - children's attitude
 - family bo rules
 - family use of MMF
 - friends share MMF
 - MMF restriction/application to children
 - parental food beliefs
 - parental influence
 - sharing of food
- attitude**
 - children's attitude
 - parental influence
 - perceived value of MMF ingredient changing

The bottom status bar indicates the current document is "P 4: Debbie" and the view is "Text".

MMF Dissertation Project 2012 - ATLAS.ti

Project Edit Documents Quotations Codes Memos Networks Analysis Tools Views Windows Help

P-Docs P 2: Betty (80) Quotes 4:3 Every winter, Codes accessibility (45-0) Memos

P 2: Betty

186 B: I know Hakka but I am not a Hakka. I'm a Taiwanese. When I was very young, I needed to behave with filial obedience to seniors. My
 187 grandmother didn't speak Taiwanese or Hakka. She used the Jiao-Ann dialect, so I spoke with her in that language. Jiao-Ann belonged to Zang-Zo
 188 Fu, a place [smaller administrative area than a county] in Fu-Jiang province in the Ching Dynasty. Most Taiwanese immigrated from Zang-Zo Fu
 189 and Chuang-Zo Fu. Some were from Fuu-Zo. Fuu-Zo dialect is very o [sounds like Taiwanese meaning black or dirty.] It is very dark [laugh],
 190 meaning very hard to understand.

191 I: I recall that, when I read about people of Zang-Zo and Chuang-Zo seriously fighting with weapons in the history textbook at high school, I asked
 192 my father which group my family was in. My father told me my family's group but indicated that the past was the past. After moving to Taiwan,
 193 the family was Taiwanese. I was impressed your Taiwanese is as fluent as your Mandarin... [I told Amy a joke about food from early Fuu-Zo
 194 immigrants to Taiwan that I learned from my parents; Amy also told me a joke mimicking the Yi-Lan dialect about eating and food.]... Well, let's get
 195 back to our talk about...

196 B: The turn to adulthood! [Laugh aloud.]

197 I: Any particular or special occasions when your family thought of eating MMF?

198 B: Surely, we usually ate them. When we fell down, struck something, or had lesions on muscles, we ate the kind of MMF that functions to remove
 199 blood clots and bruises and enhance blood flow. We would eat it.

200 I: Did you have this MMF for yourself? How about your family members on both sides?

201 B: Yes, we all would.

202 I: Under such occasions, who thought of eating MMF? Who cooked it?

203 B: The master of the family, of course. [Laugh.]

204 I: Does it mean "you?"

205 B: Well, before, it was my mother-in-law. While she lived, she determined what MMF to eat. When I was young, the living conditions were not
 206 good. I recall that every child looked forward to the day of "Beginning Winter" every year. On that day, we ate bu. Not like sesame oil chicken
 207 soup. We had fried sesame oil red-faced female duck. We had a great sense of happiness that we could have duck meat. Often on that day, we ate
 208 dim-mi-ger (Taiwanese), steamed gluten rice. Before serving, we added a bit of rice wine and No. 2 sugar. This isn't brown or refined sugar. It's the
 209 sugar of the second processing from the cane were added to mix.

210 I: I see. When you were a child, on the "Beginning Winter" day, you ate two major MMFs. One was fried sesame oil duck; the other was steamed
 211 gluten rice.

212 B: No, no, no. We were usually able to have one dish, but not both of them. Not that fortunate. And, only on that day could we eat it. We were
 213 unable to eat it on other days.

214 I: Could you recall who cooked it?

215 B: My grandmother gave the order and my mother cooked it according to my grandmother's directions.

216 I: Any specific meaning for having MMF on the "Beginning Winter" day?

217 B: It was said that that day was the best day for eating bu because you could absorb the most essences and energy from the foods you ate. Thus, we
 218 had the most precious food on that day in order to get the best benefits from it. You know that at the winter solstice people eat gluten rice balls. I
 219 didn't know the meaning, but it was for celebrating lunar New Year. Not the same as "Beginning Winter." Gluten rice balls in Mandarin includes a
 220 sound that is the same as [the word for] reunion. That could be the reason and the meaning of eating gluten rice balls for family reunions during
 221 lunar New Year holidays.

222 I: Can you recall when you were young, what your family usually did when someone got injured, had a chronic illness, or suffered a natural disaster
 223 like the floods in summer you mentioned?

224 B: Yes, in summer, we often drank a drink made of cien-tiao-guang.

dietary therapy

family use of MMF

elder influence (grandparents, siblings, relatives, friends)

woman decision maker

favorable perception of bo meat dish

seasonal application

special occasion use

affordability in Taiwan

elder influence (grandparents, siblings, relatives, friends)

woman decision maker

special occasion use

beverage or dessert soup

seasonal application

P 2: Betty -> @Case 2 Size: 100% Text Default

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