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Health and Cultural Change:
Perspectives of a Vietnamese Extended Family

by

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1996

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1996

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Perspectives of a Vietnamese Extended Family

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Hendry Ton

This thesis is dedicated to the Ngos and the Trinhs for offering their time and their experiences so that others might understand. Without their efforts, this endeavor would not have been possible.

Special thanks to Mrs. Hao, who from the very beginning, offered her support, her advice, and her energy to see this come project come to fruition.

And finally, I would like to thank W. Suzanne Eidson, for her love and insight, and for her sometimes wide-eyed appreciation of the Vietnamese culture, which reminds me of the wonders of things that I thought were mundane.

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Chapter 1: Introduction

April of 1975 marked the beginning of a huge immigration wave into the United States of 145,000 Vietnamese fleeing from the communist takeover of South Vietnam (Matsuoka, 1985, p. 39). Most escaped with little more than what they could carry in their hands. Few had time to even say their farewells to family and friends. All had left with little knowledge of what was to lie ahead for them.

After the communist ascent to power in 1975, governmental reforms that were designed to restructure the country also caused economic and social upheavals. Vietnam's economy was thrown into a state of disarray, exacerbated by the economic embargo imposed by the United States. Millions of Vietnamese faced poverty and starvation (Ngo, 1991, p. 53-56). Former South Vietnamese government and military workers were targeted for persecution by the new regime. The ethnic Chinese in Vietnam were likewise victimized in a move to reclaim Vietnam for the Vietnamese. This prompted the massive exodus of the "boat people" across the perilous South China Seas where they faced murder, mutilation, and rape at the hands of pirates (Cartmail, 1983, p. 8). Even after reaching the countries of first asylum, many refugees were forced to wait in overcrowded and unsanitary detention camps, sometimes for several years, until the countries of resettlement agreed to accept them (Wain, 1981, p. 210).

Upon their arrival in the United States, the Vietnamese refugees received assistance under the Indochinese Migration and Refugee Assistance Act of 1975. Included in this was the sponsorship program, in which refugees would be placed with individuals or organizations that volunteered to assume

responsibility for their welfare. The sponsors provided basic needs such as food and shelter so that the Vietnamese would be able to direct their attention to job training. The purpose of this legislation was to promote economic self-sufficiency among the refugees. Using the underlying assumption of the "Melting Pot" as the best model for assimilation, the refugees were dispersed throughout the United States, and encouraged to adopt the "American" way of life (Matsuoka, 1985, p.42). There was also fear that without the dispersal policy, preexisting communities in which the Vietnamese would congregate would become economically unstable. However, the policy prevented the formation of communities and social networks that would assist in maintaining psychological well-being and Vietnamese cultural traditions. The policy ultimately failed, because many Vietnamese participated in secondary migration to form communities in an effort to adjust to life in America while attempting to preserve their own ethnic identity (Matsuoka, 1985, p.45).

The nature of Vietnamese immigration is different from that of many American immigrants in the past. Vietnamese people were forced to immigrate out of their country. The forced nature of their immigration classifies them as refugees. The United Nations in 1951 define a refugee as:

> a person who ...owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership in particular social group, or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country. (Huyck and Bouvier, 1983, p.40).

Whereas immigrants chose to immigrate due to factors of the countries of origin that "pull" them to that country (such as the promise for a better economic future), the refugees are forced to leave their homeland due to factors that "push" them out. Because of this, refugees are often uncertain to which country

they are going to immigrate, and have the intention of returning to their homeland once their persecution stops. Strand and Jones explain that refugees typically exhibit "reluctance to uproot [themselves] and [it is] the absence of positive motivation to settle elsewhere, which characterize all refugee decisions and distinguish this refugee from the voluntary migrant" (Strand and Jones, 1985, p.2). In addition to this, refugees must come to terms with the victimization that they experienced in their country of origin. This may include loss of friends, family, home, country, and other meaningful sources of identity. While voluntary immigrants might see his/her relocation as the beginning of a new and better life, refugees carry apprehension, sadness, and a sense of powerlessness into the host country.

One Vietnamese-American captures this extraordinary sense of loss, confusion, and sadness in poetry:

I Miss You, O Vietnam

When the autumn afternoon came and the autumn breeze gently blew,
I gazed in astonishment at the leaves of grass swaying slowly.
And gloomily I recalled the good old time
Which was being shut off and gradually wiped out from my subconscious.
I don't know whether my homeland is still existing.
With grief, I see months and days passing,
I miss you, O Vietnam, where repose generations of my ancestors.
I miss my small village stretching out amidst the ocean.
Where is my family now? I wonder,
And the old school, when the classes begin,
Are the doe-eyed children still there or already gone?
Some of my friends are probably still in the South,
The others sent to the North.
Tell me, my dear, is homecoming day still too remote?
And there is no more fond and pleasant memory.
O my homeland! Why are you still far away from me?

(Anonymous poet in Freeman, *Hearts of Sorrow*, 1989, p.421)

The Importance of Studying Vietnam

The topic of Vietnam has been the focus of many studies. However, most of the popular literature concentrates on the Vietnam/American war from the perspective of the U.S. military. In addition, although a significant amount of research has been done on Vietnamese-American people, little has been written about Vietnamese people in Vietnam. Most of the research focusing on Vietnamese in Vietnam have been in relation to the Vietnam/American War. Poor diplomatic relationship between the United States and Vietnam made Vietnam a difficult site for research by Americans. Research efforts were focused, instead, on the newly arrived Vietnamese refugees on American soil.

Now that relations between the United States and Vietnam are normalizing, inquiries about the Vietnamese of Vietnam have become easier. It is important to focus on this population now that we have the opportunity to do so for several reasons. First, cross-cultural studies comparing Vietnamese in Vietnam and Vietnamese-Americans will help to elaborate on similarities and differences in the way the two groups have adapted to the changes in Vietnam and to immigration to America, respectively. Second, the increased accessibility that these two populations have to one another will facilitate the transmission of cultural influence between the two. This includes an increasing number of Vietnamese-Americans who are returning to Vietnam to visit. It has become easier to for friends and family across the Pacific Ocean to contact each other by telephone. Third, the Vietnamese in Vietnam should be understood in their own right because of their rich culture and unique and extraordinary history. Vietnam has been a heated topic in the United States. Most American associate Vietnam with war, violence, and a time of ambivalence in American history. However, it is important to also understand that Vietnamese history begins long before the

Vietnam war, and shall continue beyond it. The ambivalence that America feels towards Vietnam can be contextualized by appreciating other aspects of Vietnamese culture and history. Furthermore, Vietnam and much of Indochina is now being viewed as a fertile market for foreign companies and industries (Bonacci, 1990, p.89). It is important to try to understand the impact that these influences will have on Vietnamese people.

Importance of Continuing Research on Vietnamese Americans

Most studies of Vietnamese Americans have attempted to assess acculturation and adaptation of Vietnamese refugees in America (Matsuoka 1985, Favazza 1980, Goza 1987, Rumbaut et. al. 1984, Strand et. al. 1985). Many of these studies employed quantitative methodology to assess adaptational outcomes of acculturation (e.g. education level, SES level, literacy, hospital utilization, health status). Less has been done to describe the *process* in which the Vietnamese have become acculturated in America.

There have also been some work on traditional health beliefs (Ubu 1992, Tran 1980, Moon et. al. 1982). However, these studies describe traditional health beliefs, and do not address how these beliefs have changed as a result of acculturation. While these studies contribute to our understanding of the levels of acculturation and traditional health beliefs within this culture, there remains a paucity of research on how these traditional health beliefs have changed and how the Vietnamese make sense of the changes in these beliefs . It is important to research this aspect of health beliefs for several reasons. The Vietnamese communities in America and in Vietnam are changing rapidly. People in both countries are receiving a multitude of health information from various and

sometimes contradictory sources. While is important to assess *what* health beliefs and practices have been adopted, understanding *how* information and beliefs are transmitted and *how* people make sense of them becomes even more important in the midst of the rapid cultural change that is taking place. What a person knows may change rapidly as new information is being introduced. By addressing the process in which a person receives and makes sense of the information, we will have a better understanding, from a public health perspective, of how to effectively communicate our understanding of proper health practice to this population.

Due to these considerations, I chose to study a Vietnamese extended family with members who live in Vietnam and in the United States in order to understand the health beliefs in the following contexts:

1. How health information is exchanged between family members, and which types of information become incorporated into preexisting belief systems,

2. How individual family members conceptualize and organize the healing systems within their respective countries, and

3. How health beliefs vary between the individuals of the each branch of the extended family.

Theoretical Overview:

Much of the earlier works on acculturation have been based on the models of assimilation put forth by Milton Gordon in his book, *Assimilation in American Life* (1964). Gordon explains that acculturation is the first stage of assimilation, in which a group changes its own cultural and behavioral pattern to match that of the host society. Following this process of "cultural assimilation," a group then proceeds through other stages of assimilation, which includes structural, marital, identificational, attitude receptional, behavior receptional, and civic assimilation.

The ultimate outcome of the assimilation process can be characterized by three models of assimilation. One consequence of assimilation in the United States is Anglo-Conformity. This model assumes that the immigrant group renounces its original culture in favor of the host society's culture (which Gordon describes as Anglo-Saxon), and in turn becomes integrated as a full participant in the host society. The second model, the Melting Pot, postulates that the immigrant groups merge with the host society to form a uniform but novel culture that is a combination of all its ethnic components. Cultural pluralism is the third model that Gordon describes. According to this model, immigrants that come to the host society maintain a significant portion of their cultural and structural values, but participate fully within the political and economic arenas of the host society. Immigrants are able to maintain their own cultural ideas, live in their own communities, and still fully participate as American citizens.

What is problematic about each of these models is that they describe the end stage of assimilation without giving adequate attention to the *cultural conflict* and *cultural discontinuities* that immigrants experience as they strive to find a place in American society. More discussion of the strategies used by immigrants to resolve this conflict is necessary. In addition, the models assume that the

inevitable course of immigrants' adaptation to the host country is towards integration. This conflicts with the observation that while some refugee, immigrant, or minority populations adapt to mainstream American life and become upwardly mobile, others adopt adaptive strategies that impede their integration into mainstream society (Treueba, 1992). Gordon's models of assimilation do not explain these peoples' mode of adaptation.

In order to speak to these issues, acculturation must be redefined. Berry (1987) explains that acculturation is the culture change that occurs when two distinct cultural groups experience long term contact with one another. Cultural change may occur in both groups or just in one of the groups. Implicit in this definition is that cultural change does not necessarily proceed in the direction of one or the other culture. This broad definition allows for the inclusion the experiences of the groups that do not fit Gordon's models. Acculturation must also be understood in terms of *adaptation* to the host society. While acculturation refers to cultural change, adaptation refers to the "process of dealing with acculturation and the outcome of acculturation" (Berry, 1987, p.99). Spindler and Spindler (in Treueba, 1992) describe six adaptive strategies used by people in response to cultural conflict:

> 1. *Reaffirmation*: characterized by a nativistic orientation and efforts to revive native cultural traditions, accompanied by rejection of mainstream culture.
>
> 2. *Synthesis*: a selected combination of various cultural aspects of one group with those of the other in certain domains of life, especially with respect to religious rituals and beliefs.
>
> 3. *Withdrawal:* a position of rejection of both conflicting cultures, and a choice of a transitional stage with no commitment to any specific set of cultural values.
>
> 4. *Biculturalism:* full involvement with two cultures requiring a position of effective code-switching (cultural and linguistic) and permitting individuals to function effectively with members of both the mainstream and the home culture.
>
> 5. *Constructive Marginality:* a position of tentative and superficial acceptance of two conflicting cultural value systems in which one keeps a conscious distance

from both cultural systems. This position is characterized by selective choice of one or another value system (code-switching) as required by the circumstances that permit the marginal person maintenance of personal equilibrium through moderate participation in both cultures.

6. *Compensatory Adaptation:* individuals become thoroughly mainstreamed and may reject, or at least avoid, any identification with, or display of, their native culture.

(Treueba, pp. 1-2).

The adaptive strategies characterized above offer a broader scope with which to understand how individuals and groups cope with cultural change than the models offered by Gordon. Therefore, these strategies will be used as a framework to understand how the participants adapt to the cultural change occurring in their respective societies.

Chapter 2: Methodology

I. Instrument Design (See Appendix A for instruments used.)

Because relatively little is known about how families that are separated geographically and subjected to dramatic but different life experiences compare in regards to these three issues, an inductive approach in which relationships, hypotheses, and theories emerge from the data is required. Qualitative research has traditionally been used to develop an understanding of a previously little known phenomenon and therefore is the method of choice for this study.

Qualitative Interviews

Four one-hour interviews were initially conducted for this study, using an unstructured, open-ended interview schedule as a guideline. The questions asked attempted to elucidate the following issues:

1. The participant's opinions about the healing systems used in their country, including how they use these systems in their own health care,

2. The participant's personal experience with illness,

3. The participant's opinions about popular causes of illness, and

4. The participant's opinion of how effectively s/he had received information regarding medical folklore, how the participant has retained that knowledge, and how effectively the participant has/will transmit knowledge to the next generation.

Open-ended Written Questionnaire

Due to time and funding constraints, the decision was made to use an open-ended, two-part questionnaires for the participants of the extended family. The results of the interviews previously conducted informed the questions asked

in the questionnaire. The first part of the questionnaire approaches the participants' illness experiences. Among the topics covered were:

1. What happened?
2. How did the participant feel during the illness?
3. Who took care of the participants?
4. How did the participant and their caretaker make sense of the illness, both at the time the illness and presently.

Many of the illness experiences of the participants are not discussed in this paper. However, it would be useful to read through the summaries of their illness experiences (found in Appendix C), to contextualize the participants' comments that are discussed in this study. The second part of the questionnaire attempts to access:

1. What are the healing systems present in the participant's country?
2. How are these healing systems organized?
3. How is information exchanged within the family?

In addition, the questionnaire included a quantitative section in which the participants were asked to rate how frequently the given factors caused disease. These factors were obtained from an interview instrument developed by Eisenbruch and Handelman (1989) to measure explanations of illnesses among Cambodian patients. The explanations included natural and supernatural factors. In order to access how culturally relevant these explanation were, I asked the participants to rate how frequently a factor would cause disease from a "traditional point of view" in addition to their own. Also, the participants were asked to describe how the factors that more frequently caused disease (both from the traditional perspective and from their own.) did so. If there was a large discrepancy between the traditional view and the participant's personal view, s/he was asked to explain this difference. Finally, the participant was asked to

describe anything else that s/he believed could frequently cause illness. This section of the questionnaire will be discussed in more detail in Chapter 5.

II. Sample Selection

The participants of this study are part of a Vietnamese/Vietnamese American family that spans three generations. The Vietnamese American participants are currently living in San Jose. All but one of the Vietnamese participants live in Da Nang, Vietnam. The other participant lives in Saigon (Ho Chi Minh City).

I was able to contact the family members after approaching Mrs. Hao, who is my second cousin by marriage (her husband, Mr. Hao shares the same grandparents as my father). She and her husband agreed to participate in a open-ended one hour interview. Afterwards, a focus group was conducted, involving Mrs. Hao (who also participated as a translator), Mr. Manh (her adopted cousin), Ms. Hien (his girlfriend), and Ms. Hien's two children. The rest of the participants were asked to complete the questionnaires. They included Mr. and Mrs. Hao's four children, 8 members of Mrs. Hao's extended family and three members of Mr. Hao's extended family (who only completed portions of the questionnaire). In addition to the interviews and questionnaires, I was also involved in data collection as a participant-observer, both in America and in Vietnam (where I stayed for a two week duration, visiting the participant family many times). The rate of response that I had from the questionnaires has been high, thanks to the generosity of the participant family. Of the 17 Vietnamese invited to participate, 12 responded. Of the 8 Vietnamese-Americans invited to participate, 8 responded.

I decided to apply these research questions to the Vietnamese extended family for several reasons. While previous studies have explored the effects of immigration on different generations of Vietnamese, little has been done to understand the roles of each family member in the health of the family. In addition, studying the family enables one to explore the exchange of health information amongst the family members. The family has traditionally been considered to be a powerful force in the socialization of the individual. This study explores the process through which this occurs, and the role of each family member in that process. By involving a participant family with members both in Vietnam and America, we have the opportunity to study the family as it is diverging into two culturally distinct branches. This helps us look at the social, economic, and political factors involved in each country that contribute to this divergence. Thus, studying the extended family adds new dimensions to our understanding of the health beliefs.

Although there are many advantages to studying a Vietnamese extended family, the process of recruitment can be potentially difficult. The most critical step is gaining entry to the family. This involves more than gaining entry into the Vietnamese community, but also convincing each member of the extended family to become participants. Researchers run the risk of not being able to convince an adequate number of family members to become involved. Since each member offers a unique contribution to the family, obtaining the participation of all the family members would be ideal. This can be difficult to achieve with a large and geographically dispersed family. Despite this, efforts should be made to include as many family members as possible in order to approximate the complete family organization.

Although Vietnamese people have participated in many studies, the Vietnamese family remains a relatively hidden population. The publicly displayed appearance of the family has traditionally been very important. Families strive to project an image of a family that is well-ordered and fully functional, in which the children respect and obey their parents, and the wife defers to her husband. Deviations from this in the presence of an outsider may cause the family members to lose face. While the study of health beliefs itself poses little risk to social embarrassment, any study that looks at family roles and dynamics does pose risk because it may expose power relationships and roles that are not socially approved. It is for this reason that the identities of these participants have been altered to ensure confidentiality. This impetus to maintain an outward appearance of ordered family harmony places a tremendous barrier to the researcher desiring to study the Vietnamese family.

I have been able to gain entry into a Vietnamese family because of my membership in the Vietnamese-American community, and more importantly, because of my established relationship with the participant family as a cousin. As such, I assume the function of a participant researcher. As a participant researcher, I have access to participants and information that would be difficult to obtain were I an outsider. As Lofland and Lofland put it,

> The participant researcher, however, has the advantage of already knowing the "cast of characters." The outside researcher must discover whom to ask or tell, whom to ask or tell first, whether formal permission is required, whether a letter is necessary, and so forth. To the participant researcher, such knowledge is part of the badge of membership and easily (if not always successfully) put to use. (Lofland and Lofland, 1995, p.37)

As Lofland and Lofland suggested, one of the advantages of being a part of the Vietnamese-American culture is that I have insight into how to approach them. One of the most obvious obstacles in recruiting the family was approaching the

people who were one or more generations older than me. Traditionally, the older generations are granted more power and authority than the younger generations. My role as a researcher implicitly involves a power differential in which I am directing the course of the study, whereas the participants' role is more passive. I am essentially reversing the power relationship between myself and the older participants. To obviate their (and my own) discomfort, I asked Mrs. Hao, the matriarch of the family in America and with whom I already had an established relationship, if she would help me to recruit the other older members of the family, both in America and in Vietnam. She thus served as my key informant and the gate-keeper to the family. I felt that it was appropriate for me to recruit her children personally, since I was of their generation. The role of the key informant/gatekeeper was found to be very important in recruitment. This is evidenced by the lack of participation by the extended family of Mr. Hao, the patriarch of the family in America. Although Mrs. Hao attempted to recruit them, they showed little interest, presumably because Mrs. Hao did not have as much "familial clout" with her husband's family as she did with her own family. In addition to recognizing and adjusting my research to the cultural mores of Vietnamese society, as a Vietnamese-American researcher, I am able to contextualize information that is given to me by the participants using my own personal experience as well as my knowledge of Vietnamese culture.

III. Confidentiality

A protocol was maintained to ensure the confidentiality and anonymity of the participants. All materials associated with each participant were labeled by a code. The master list with the participants' name and his/her respective code

was kept separate in a locked cabinet. All questionnaires and audio tapes were kept either with me or locked in a cabinet. Pseudonyms and additional minor changes to the identities of the participants were also made to help ensure anonymity.

It was understood by the participants that materials written in Vietnamese would translated by Mrs. Hao. This decision was reached after collaboration with the participants, who did not wish their questionnaires be translated by someone outside the family. However, Mrs. Hao did not have access to the participants' identities.

IV. Analysis

The interviews were transcribed and translated (when necessary) by myself in order to have first hand knowledge of the participant's responses. Afterwards each interview was coded by labeling the themes in a block of text. Major themes within an interview and between interviews constituted categories within which were placed salient quotations.

The written responses to the questionnaire was translated by Mrs. Hao, and read by myself in its entirety. She was contacted by phone if there were any questions or disagreements as to how the material was translated. Afterwards, the questionnaires were analyzed using question analysis. This involves considering the participants' responses by item number, which generally constituted a thematic category.

In addition, the illness experiences of the participants were summarized, reread, and time for open coding was allocated to elicit themes that were

associated with the informal information gathered during participant-observation and the short answer portions of the questionnaire.

Chapter 3: Introduction to the Extended Family

Forms of address:

Vietnamese people address each other in a way that may be confusing to those who are not familiar with the custom. As I will discuss later, how one addresses a person depends on how one is related to that person, both in terms of family and in terms of generation. In this study, I will address the participants who are in the two generations above me by "Mr." or "Mrs."[1] The participants who are of my generation will be referred to by their given names alone. Another point of confusion is that Vietnamese men are addressed by their given names, preceded by a "Mr.". For example, Mr. Hao's full name is Ngo Duc Hao. While his family name is Ngo, it is expected that he be referred to by his given name, Mr. Hao. For married Vietnamese women, it becomes more complicated. Officially, they retain their maiden name. However, they take on the given name of their husband when being addressed to. Mrs. Hao's full name is Trinh Thuy Hoang, but she is addressed as Mrs. Hao.

Translation of Participants' Responses

The responses of the participants, when used in this paper, are translations from Vietnamese. Furthermore, the responses of Mrs. Hao, Mr.

[1] In the Vietnamese language, the surname for a person one generation above is different than for a person who is two generations removed, but when translated into English, they both become equivalent to "Mr." and "Mrs."

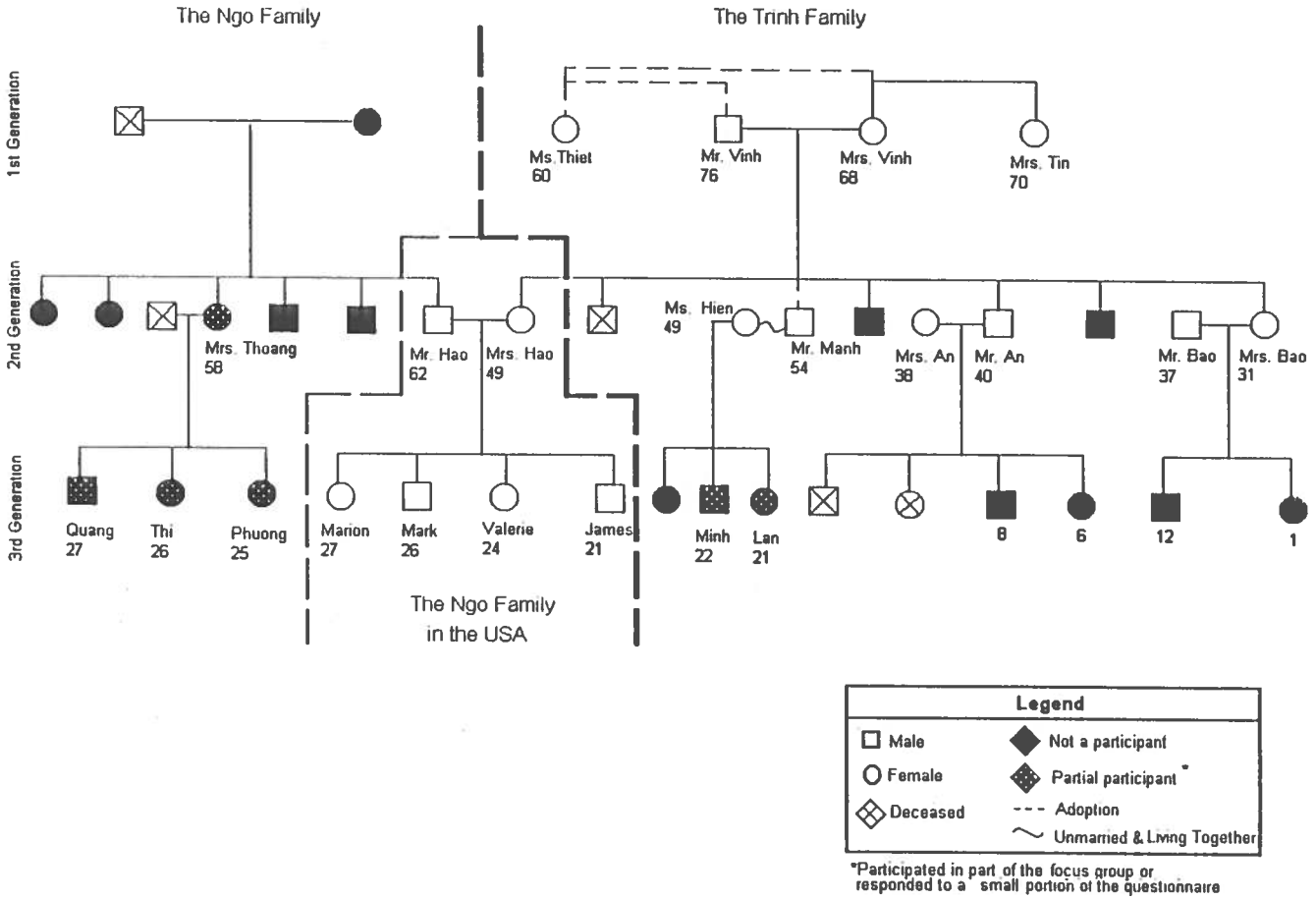
Hao, Mrs. Hien, and Mr. Manh have been corrected grammatically. Furthermore, the passages of these participants that were spoken or written in Vietnamese have been translated into English and enclosed in "<>" to indicate so. I made the decision to correct the participant's grammar when quoting their responses for one major reason. The unmodified responses of the participants may appear to be halting and confused to a reader that is unfamiliar with the English variant spoken by some Vietnamese immigrants. This may wrongly suggest that the participants' thoughts are likewise halting and confused. This is not the case, however. The difficulty that the participants have is not in forming ideas and concepts, but rather it is in translating them into English. Therefore, by correcting the grammar, I believe that I am being more true to what the participants are actually conveying. In essence, I am *translating* these responses for the reader. To ensure the accuracy of my translation, I have given the participants copies of this paper with their quotes included, and have asked them to correct me if I misrepresented them. The responses of the Ngo children have been unmodified as they are easily comprehensible.

History and Background of the Extended Family: The Trinhs of Vietnam and the Ngos of America

Please use Figure 1 on the following page, which illustrates the kinship diagram of the extended family, as a reference throughout this study if the names of the participants and their relationships with other participants becomes confusing.

The Trinh family has resided in Da Nang since the 1950's. Prior to this, Mr. Vinh and Mrs. Vinh lived in a village just outside of Hue. When their first daughter, Mrs. Hao, was born, the couple decided to move to Da Nang. Mr.

Figure 1. The Family Tree



Vinh became employed as a government worker driving various civilian trucks (i.e. construction and fire trucks) while Mrs. Vinh established herself as a supervisor of a French electric company. Mrs. Hao's younger brothers and sisters were born in Da Nang. When Mrs. Hao was 19 years old, she met and married Mr. Hao, a 32 year old Navy officer.

Mr. Hao came from one of the richest and most influential families in Da Nang. As a child, Mr. Hao lived in with his grandparents in another village due to health reasons. This is described in Appendix C. He returned to live with his parents when he was about 10 years old. After marrying, Mrs. and Mr. Hao lived in both Da Nang and Saigon, depending on where Mr. Hao was stationed.

Towards the end of the Vietnam-American War, Mrs. and Mr. Hao lived in Saigon with their children James, Valerie, Mark, and Marion. Several weeks before the Fall of Saigon in April of 1975, Mrs. Hao's extended family fled to her home after Da Nang was overrun by communist troops. Mr. Hao's extended family took refuge with his sister's family. Chaos broke out on the day before the South's impending defeat. Mrs. and Mr. Hao's family was separated from their extended families during the confusion. Being a naval officer, Mr. Hao was able to secure passage in a military ship to flee Saigon. Neither Mrs. Hao nor Mr. Hao knew what had happened to their extended family (nor would they know for several years afterwards.) The ship rendezvoused with a flotilla of other South Vietnamese ships near an island off the coast of Vietnam. There, they waited for orders from their government. When they heard that the South Vietnamese government had surrendered, the ships made their way to the Philippines. In the span of several days, the Ngo's quickly found themselves turned from well-to-do Vietnamese into refugees.

The voyage to the Philippines took 15 days. During that time, Mrs. Hao remembers feeling fearful that no one would help them. Many of the women were left in the dark as the men discussed options amongst themselves. Mrs. Hao was also concerned about the health of her children. Before she left Saigon, she had grabbed a handful of biomedical remedies including antibiotics and aspirin, but they were useless in the face of possible starvation. Fortunately, they arrived before their food supply was fully depleted. In the Philippines, the Ngos were transported to American civilian ships. After a week's journey, the Ngos found themselves in Camp Oroty in Guam. The conditions in the camp were poor. The refugees were given canned corned beef with very little rice, and no vegetables. Although the Ngos were appreciative of the food, it was difficult to eat, as the usual Vietnamese diet consisted of mostly rice and vegetables with little meat. The camps were also crowded and dusty. It was often difficult to sleep because dust would be kicked up as people walked by. In these conditions, Valerie, then 3 years old, developed a severe cough. Unfortunately, no doctor was available. After living there for one month, the family was moved to Camp Asian, also in Guam. The conditions there were much better, and Valerie's health began to improve. Although they were still given little rice, their diet was supplemented with cabbage and oranges. After another month, the Ngos were flown to Camp Pendleton in San Diego. Subsequently, they were sponsored to Modesto, CA in June 1975.

After moving several times during the 1980s, the Ngos currently reside in San Jose, CA. Mrs. Hao, at 48 years of age, is self-employed as a cosmetologist while Mr. Hao is an alarm systems technician at the age of 61. James and Mark currently attend college in California as a social science undergraduate and biology graduate respectively. Both Valerie and Marion are

studying in out-of-state institutions. Valerie is studying in a graduate arts program while Marion is pursuing an MBA. As undergraduates, Valerie studied Sociology, Marion studied Psychology, and Mark majored in Biology with a minor in Anthropology.

While the Ngo's were resettling in the United States, the rest of the Trinh family in Vietnam had moved back to their home in Da Nang when the war ended. Times were hard. Mrs. An explains that rice was in such short supply that what a family normally ate in two weeks had to be stretched out to a month. The economy of Vietnam had been shattered by decades of conflict. Conditions were further exacerbated by the economic embargo placed upon the country by the United States. Whatever resources that were left were mostly directed towards the maintenance of the large Vietnamese army, which was among the largest in the world at the time. Mrs. Vinh was first recruited by the government to translate English documents. When she was finished, however, she was let go. Her son, Mr. An, found her a job selling ice cream from a cart, while he and Mr. Bao found employment as electricians for the government. Mr. Vinh had set up a billiard table outside of their house while his daughter Mrs. Bao sold snacks to the customers. Ms. Thiet raised chickens to help bring income into the family. Mrs. Hao explains the hardship that her family in Vietnam experienced: "Each one had to find a job in order to survive."

Things started to improve in the 1990s as relations with the United States improved. Vietnam was undergoing reforms to improve the nation's economy The Trinh family's condition improved. Presently, Mr. An is still working as an electrician, but the government is also paying for training to become an engineer. Mrs. An found a job working at a bookstore. Mrs. Bao and Mr. Bao are both entrepreneurs. They have been in the business of selling and buying

used mopeds, and are now starting another business of making children's toys. Mr. Vinh and Mrs. Vinh are both retired and help take care of the grandchildren while their parents are at work. Ms. Thiet is still the housekeeper. The family's income is also supplemented by money sent home from their family members in the United States. Mr. An's nuclear family live in an in-law apartment that is connected to the main apartment where the older members of the household live. Mrs. Bao's nuclear family live several blocks away in their own apartment, which also doubles as the workplace where they make the toys. While not as affluent as they were before the war, the Trinh are nevertheless doing well economically.

Chapter 4: Vietnamese Health Care During Colonial Times: A Case Discussion

While very little has been written in English about Vietnamese health care and how it has changed since the early 20th century, the experiences of the elders of the Trinh family give us a glimpse of how illnesses were perceived and treated over the years. Mr. Vinh's illness experiences, described below, illustrates the French influence on Vietnamese health during this time period.

Mr. Vinh is the 76 year old patriarch of the Trinh family. He is currently retired, and spends much of his days taking care of the grandchildren, socializing amongst his friends, and helping the poor. He is a man with a strong sense of altruism. While I was in Vietnam, Mr. Vinh often declined to accompany his family to the restaurants located in people's homes, preferring to eat with people who could only afford to eat at the smaller street side stands. Mrs. Hao, his daughter, remarks that her father "has an open heart. He has always taken in people from the streets to our house, even when we were too poor to have them." It is evident that while Mr. Vinh is a strong and independent man, he is considered something of an eccentric among his family. His worst illness experience is described below:

> Although he was generally in good health as a child, Mr. Vinh remembers in 1929, when he was 9 years old, he "died" of diarrhea. The sickness first started during his grandfather's funeral. When Mr. Vinh came home, he began to experience shaking chills. His stomach hurt and he began to have unrelenting diarrhea. At that time, many people in his village (including his grandfather) were dying of diarrhea.
>
> Soon he was so tired that he could barely move his arms and legs. His family became fearful that he had contracted the same sickness that killed his grandfather. Both herbal and European

medicine had proven ineffective against this epidemic. In addition, his family could not take him to the hospital because there were already too many people dying of this disease there. Furthermore, the illness's course was usually so rapid, that it was seldom possible to get the patient to the hospital on time even if there was enough room. Hoping that it was not this illness, his family tried to give him some herbal leaves that were normally used to treat simple diarrhea. The medicine did not help him, however, and he progressively got worse. Tired, Mr. Vinh fell into a deep sleep, and could not be awakened. His family believed that he was dead. As was customary in Vietnam, they dressed him in nice clothes, and placed him on the bed with a bowl of rice (an offering to the dead). They planned to put him in a casket at midnight. The children in his family were not allowed to see him, however, for fear that they might cry and alert the French soldiers. The family was afraid that the French would find out and burn the house down, and imprison all of them. Four o'clock the next morning, Mr. Vinh regained consciousness and stepped out of the casket. Famished, he ate the rice that was offered for the dead, and admired his nice clothes. Afterwards, he ran out to his grandfather's older brother, who was shocked, but very happy to see that he was alive. Mr. Vinh felt completely recovered. Neither Mr. Vinh, his family, nor his neighbors understood why or how Mr. Vinh came back to life again, completely recovered.

While Mr. Vinh's diarrhea may have belonged to well-described categories in many healing systems, I must resort to characterizing his illness according to the biomedical tradition, as it is the one with which I am most familiar. Mr. Vinh's symptoms are suggestive of an enterocolitis such as cholera. Cholera is one of the most rapidly fatal diseases. Its incubation period is only 1 hour to five days and it is acquired by consuming fecally contaminated water or food. Hence, it is can also be very rapidly spread. Of those infected with cholera, only 1 in 8 actually become symptomatic. People who do have symptoms, usually have voluminous watery diarrhea that can reach up to 30 liters a day. In addition, people experience nausea and abdominal cramps. Some people may also have fevers or chills (McNeil, 1976, p. 231).

The family's fear of what the French would do if they found out that Mr. Vinh had died of the diarrhea that was rampant in the village has several implications. Based on Mr. Vinh's description, it seems that the French policy to control cholera at that time was somewhat draconic. In order to keep the cholera from spreading, the soldiers set fire to the possessions of the families that were infected, and quarantined the surviving members[2]. While quarantining people who were possibly infected would help limit the spread of this fecally borne disease, burning people's houses does not. Since 1884, after Robert Koch identified the microorganism that caused cholera, precautions to limit the disease emerged.

> Methods for guarding against cholera became self-evident as soon as the nature of the infection was known. Chemical disinfectants and heat could kill the bacillus. Careful handling of sufferers could guard against passing the disease to others; and by 1893, a vaccine against cholera had been developed. Hence by the end of the nineteenth century, scientific medicine had discovered effective means to counter the dread disease. (McNeil, 1976, p.246)

Almost half a century after Koch's discovery, the French were apparently still trying to control this disease by burning down households. These oppressive policies may have contributed to the spread of cholera. Mr. Vinh's family were too frightened of the French to tell them that Mr. Vinh and his grandfather had died of the diarrhea. Without proper knowledge of how to prevent the spread of this disease, Mr. Vinh's family (and other families who made similar decisions not to report) may have inadvertently spread the disease to others. If instead of burning their houses down, the French decide to implement more humanitarian policies such as teaching the villagers about the mode of cholera transmission and proper sanitation methods, more people might have reported the incidence of

[2]This was confirmed by Mrs. Hao.

disease to the French. However, previous literature indicate that the French were not interested in collaboration with anyone other than the Vietnamese elite during this time period. Their policy on how to increase productivity of the coal mining industry in the 1880s illustrates this:

> The nhaque (pejorative term for peasants) will consent to leave their home villages for work (in the coal mines) only when they are dying of starvation. Therefore, we must come to the conclusion that the way to remedy the present difficulty is to impoverish the countryside (Association Culturelle pour le Salut du Vietnam, quoted from Bonnaci, 1990, p.34).

The French regarded the Vietnamese as social inferiors who needed to be ruled, rather than people who should be dealt with on an equal basis.

Because Mr. Vinh grew up during oppressive colonial times, it is conceivable that he has strong resentments towards the French and their health policies. However, he started a good relationship with a French doctor in 1940. Mr. Vinh describes what happened:

> When I was 20 years old, I was constantly having migraine headaches. At first, I thought nothing of it, until it started becoming too painful to bear. I went to a French doctor. His name was Lambert, a brain specialist. He diagnosed me with a brain sickness, and predicted that I would only live until I was 28 years old. I was very frightened. I went to him frequently for treatment. Although the doctor said that I would only live to be 28, he nevertheless tried hard to heal my sickness--to take care of me. I still have headaches, I still have the doctor take care of me, I'm still working, I'm still living, I still got married--up to now, I still have not died.

Mr. Vinh explains that his headaches occur when he is sad, stressed, upset, or when the weather changes. The headaches are accompanied by the feeling of heat inside his head, and a bad, rotting odor in his nose. He also believes that it inherited this sickness from his father, who also had similar symptoms. While Dr.

Lambert was unable to cure Mr. Vinh of his brain sickness, Mr. Vinh believes that the doctor's skill and effort has enabled him to live as long as he has so far. His experience with the doctor suggests that while French public policy measures could be quite severe, the treatment of Vietnamese patients on a personal level was more humanitarian. It is clear that Mr. Vinh felt that his health was of importance to his doctor. It is interesting to note that while Mr. Vinh was able to obtain the care of a brain specialist, 1945 statistics show that there was only one physician for every 180,000 citizens (Bonacci, 1990, p. 34). Of course, Mr. Vinh was currently living in Da Nang, a major urban center where access to French medicine was easier. It is also possible that Mr. Vinh's treatment by the French in this instance was a reflection of how the French viewed urban in comparison to rural Vietnamese. The Vietnamese who lived in the city were more acculturated to the French presence (or perhaps the French were more acculturated to Vietnamese cities). Regardless of the reasons, his experience with this doctor has contributed to Mr. Vinh's faith in the efficacy of biomedicine.

> With my knowledge today, every time I get sick, I try to find the reason why. If it is not serious, I take (Bio-)medicine. If it is serious, I go to a MD specialist to get checked.....As I already said, during the time that I got sick (with the migraine headaches) only biomedicine was able to heal me.

Chapter 5: Family roles in Health and Illness

The Traditional Confucian Family Roles

A major recurrent theme that emerged in the analysis of the Vietnamese participants' illness experiences is the importance of other family members' involvement in both the treatment of illness and health education.

Before discussing familial roles among members of the Trinh family, it is important to explore the traditional organization of the family in Vietnamese culture. Many features of Vietnamese families today are grounded in the ideals of Confucianism, a philosophy, religion, and social theory conceived by Confucius in the 5th century B.C. and brought over to Vietnam during Chinese occupation starting in 111 B.C.. In the ideal Confucian family, each member is ranked based on which generation s/he belongs to, with the older generations outranking the younger ones. Within the same generation, a person can outrank another person if his/her direct ancestor (i.e. parent, grandparent, etc.) is older than the other person's direct ancestor. Finally, siblings, who have the same ancestors, are ranked according to their birth order. The person in the superior rank is responsible for taking care of the lower-ranked person. Conversely, the person in the inferior rank is expected to show "filial piety" by obeying and showing gratitude to the higher-ranked person. A corollary to these rules is that one cannot correctly address a person without knowing the other person's genealogy *and* how it relates to one's own. Hence, one's identity is very strongly influenced by one's family. I have a personal experience that illustrates this hierarchy. When I was in Vietnam, I met one of my cousins for the first time,

a 17 year old woman. It was obvious to the both of us that I was significantly older than she was. We did not realize that we were related, so I referred to her as "younger sister" and she referred to me has "older brother" (in Vietnam, non-relatives are normally addressed with the same sort of titles that one would address a relative, depending on their apparent age and generation.) In addition, she treated me with the deference that was appropriate for someone who was older than she was. When we found that we were actually cousins, and that her grandmother was the older sister of my grandmother, the roles were reversed. While we were still in the same generation, her direct ancestor was outranked my direct ancestor. It was then more appropriate for her to call me "younger brother" and for me to call her "older sister" and to be deferent to her. These rules of filial conduct are further complicated by the traditionally proscribed inequality between the sexes, in which women are generally expected to take a subordinate role to men.

> The message inherent in the Vietnamese family culture tells women, that they were responsible for the happiness of their families. Further it sees to it that mothers have larger responsibilities in the education and upbringing of their children than fathers. A wife has to submit to the desires of her husband and the wishes of the parents-in-law. The traditional ethics demand of women to make sacrifices for the best of their husbands or the other men in the family. (Liljestrom, 1991, p.23)

As one can see, the familial hierarchy plays a large role in shaping the interactions within a family. How a person behaves, how s/he is treated, what is expected of him/her--in essence who the person is within the family--is largely dependent upon his or her family.

The Confucian family ideals remained strong in Vietnam despite influx of European influences that began to appear in the sixteenth century. The reason for the stability of the traditional family lies in its grounding in the traditional Vietnamese bureaucracy. According to Confucian doctrine, the family is the basic unit of the society. Without an ordered, united family, there can be no ordered, united society. A family unit with strong Confucian values, therefore, was demanded by the government to ensure stability of the country. Likewise, the government was a grand representation of the Vietnamese family.

> Confucianism made no clear distinction between political and State relations, and social and family relations. On the largest scale, the king considered the world-the country and subjects of the king- as a household, while on a small scale, a household included family members and servants as well (Tran, D. H.,1991, p.27).

As the government and the family became structurally and philosophically linked, the roles of the members of each functional group became more clearly defined. If the king was the head of the country, then the father was the head of his family. Hence, the respect and allegiance that the king commanded of his subjects was also expected from the father of his family. Because both the family and the government were based on the same philosophical principles, both served to reinforce the legitimacy of the other.

The Traditional Family in French Colonial times.

The traditional family remained relatively intact during colonial times (starting in the 19th century) despite the new reforms implemented by the French. One might think that, with the French colonialists' ascension to power, the Vietnamese government would have lost power and the traditional family would subsequently lose the powerful legitimizing force. This was not the case,

however. The French relied on a system of indirect rule to control the Vietnamese. The infrastructure of the Vietnamese bureaucracy was still in place. The mandarins, Chinese or Vietnamese officials, still apparently governed the Vietnamese people--even the Vietnamese king remained. Part of France's strategy was to

> cultivate a desire among their colonial subjects for colorful medals, ranks, and titles. If subjects had the outward panoply of power, perhaps they would not feel so bad about lacking the real thing (Marr, 1981, p.67).

Without these traditional figureheads, coupled with a lack of understanding of the customs and language of Vietnam, the French would have had difficulty maintaining control. Catholicism, promoted by French missionaries, also built upon Confucian morality.

> The Church had gradually come to link its own theology with Confucian morality. Many Catholic moral lessons for Vietnamese would be entirely at home in Confucian primers focusing on the five relationships.....Catholic writers had also become quite adept at using Vietnamese folk maxims, traditional literary forms, and choice epigrams from Chinese classics (Marr, 1981, p.82).

Instead of overtly asserting their authority, the French assumed the role of teacher to the Vietnamese pupil. As such, they were still able to demand obedience, gratitude, and allegiance without overtly claiming to be rulers. This is not to say that the French never asserted their power overtly.

> For those Vietnamese who for one reason or another refused to respond properly to indoctrination, petty enticements, and machine-like commands, there was brute force...The French could respond to unrest by tightening the judicial, police, and military controls even further. But a master who locked up his slaves would not get much productive labor out of them (Marr, 1981, p.67).

While the French held the ultimate power and implemented many oppressive policies in Vietnam, they supported the traditional infrastructure that was already

present to enforce their policies. This led to the relative preservation of the traditional family organization that finds its legitimacy in the organization of the Confucian bureaucratic philosophy.

Mrs. Tin's experience as a child illustrates family roles in French colonial times. She describes her worst illness experienced, which happened about in the early 1930s when she was ten years old.

> When I was little, in addition to getting the occasional flu, I had difficulty breathing when the weather changed. I was only 10 years old at the time. Every time the weather changed from being sunny to rainy, the clouds become dark, and the wind starts to blow, my throat becomes dry, making me cough. When I have these coughs, I also start to wheeze so loud that you could hear it if you sit close to me. When I had these attacks, I could not lay down. I would have to sit with a cushion on my back...At that time, my grandfather had many friends and cousins. They would tell him about some herbs or show him ways to heal me. My grandfather went everywhere to find the herbs they told him to get, hoping to heal the sickness...My grandfather was the one who took care of me...my grandmother and mother followed directions from my grandfather on how to treat me.

Her grandfather fulfilled his Confucian role as the patriarch of the family perfectly. He traveled far and wide for ingredients to the remedy that would cure his granddaughter. In doing so, he demonstrated love and concern and an unswerving devotion to his responsibility for his granddaughter. His actions exemplified the role of the head of the household. Likewise, Mrs. Tin's grandmother and mother acted within the boundaries of their roles as caretakers. While her grandfather showed his concern by engaging in social and academic pursuits for a cure, it was her grandmother and mother that actually prepared and administered the cure. In doing so, they were also showing respect and deference to her grandfather, who provided the instructions and ingredients. Despite French presence during this time, Mrs. Tin's family adhered to the Confucian family ideals in the face of severe illness.

The Traditional Family and Communism

While the traditional Confucian family may have been relatively stable during colonial times, the rise of the Communist regime poses a significant threat. After the defeat of the South Vietnamese government, the Communist regime implemented sweeping reforms that have changed the face of Vietnam. Communism replaced the old Confucian ideology in the government. The traditional family could no longer draw from the Confucian bureaucracy. Included in the governmental reforms were policies that weakened kinship ties.

> Socialist Law has abolished all relations bound by law between individuals and their kin, and recognized the equal rights of all citizens before the Law. Relations inside the kinship have gone through great changes and are today upheld by sentiments and a sense of responsibility (Khuat, 1991, p.179).

While the Vietnamese government has abolished legal obligations amongst family members, this has mostly manifested as the abolishment of land inheritance. "The functions of kinship in the way of living, morals, and religion is still existing" (Khuat, 1991, p.180). Although the Confucian family has been an intimate part of Vietnamese culture for almost a millennium, the new reforms have abolished many of the legal and political sources that traditionally reinforce the Confucian family. It is at this point in Vietnamese history that we begin our investigation of the family health roles of the Trinh and Ngo family.

The Subculture: Theoretical Background to Change in Family Culture

In addition to the historical information that gives a background perspective to the structure and functioning of the extended family, the theoretical model of the subculture help explain some of the dynamics that cause changes in family culture. The subculture is defined as the culture that exists in a social group that is part of a larger society. Hence, a subculture can be used to refer to the culture of an ethnic group, a political group, and even a family. Fine and Kleinman (1979) explain that a subculture consists of "norms and behaviors that shape the dynamic of an ongoing cultural system as well as provide ways of doing things in everyday interactions." It also includes

> material elements or artifacts of a culture, including clothing, hairstyle, ritual objects, foods, tools and objects. The complete picture of any subculture consists of a range of components from the physical and visible (artifacts and behaviors) to the "ideational" (values and norms) (Fine and Kleinman, 1979, p. 7).

When used if reference to the family, the subculture is more appropriately termed as the group culture. The dynamics that occur within and between subcultures also occur with group cultures, however (Gordon, 1964, pp. 39-40). In this discussion, therefore, I will use subculture and group culture interchangeably.

Change occurs in a group culture through diffusion of information among different groups. These small groups are interconnected by numerous social connections called *communication interlocks*. These interlocks forms a social network through which a syncitium of cultural information and behaviors is shared amongst the small groups. The role of the social network, therefore, is to provide links between groups in which cultural information can be transmitted. Fine and Kleinman (1979) describe four mechanisms by which these communication interlocks transmit and transform cultural information between group cultures: *multiple group membership, weak ties, individuals in structural*

roles, and media diffusion.

Multiple group membership is one of the most significant ways of spreading cultural information. This assumes that there are people who have memberships in several groups simultaneously. Married people in Vietnam, by default, have strong memberships at least two groups: their own family, and that of their spouse. Additional membership in groups at the work place, and amongst friends. These people serve as a link between several groups in which culture can be exchanged. Information is transmitted rapidly if it is appropriate and functional to the new group.

Weak ties refers to the spread of culture by people who maintain relationships with acquaintances outside their group. These "outside contacts" can be maintained across geographical, occupational, and social boundaries. Information that is not normally transmitted due to these barriers can rapidly spread if it is regarded as important and appropriate to the receiving group. For example, Mrs. Hao, who is a cosmetologist, has numerous weak ties with her customers, some of whom are health care providers. Fine and Kleinman report of studies showing that rumors and news can spread by this mechanism.

The third mechanism of group culture change is through individuals who have a *structural role* in intergroup relations. Even though it may not be the direct goal of these people to transmit cultural information, cultural transmission is a by-product of their interactions with various groups. This category includes spiritualists, singers and musicians, and health care providers.

The fourth mechanism is that of *media diffusion,* in which cultural information is transmitted from a communicator or communicating group to numerous groups simultaneously. The group members take the information disseminated by the communicator and change it to fit the needs of their group.

Examples of cultural transmission through this medium are popular movies that influence youth clothing styles and behaviors.

While this study does not emphasize the examination of these interfamilial mechanisms of cultural change and stability, they are important to consider because they provide background for understanding the intra-familial mechanisms of cultural change and stability. To examine this aspect of cultural exchange, it is necessary to look at member roles within the family, and how these roles affect cultural (specifically health) information exchange.

The Trinh Family

Mrs. Vinh's role

While the role of family remains important in the illnesses experiences of the Trinhs, family members' roles diverge from the traditional Confucian tenets. Filial piety to elders is still emphasized within the family. For information regarding health and illness, however, unquestioning acceptance is not expected of the younger adult generation from the older generation. This dynamic is described by Mrs. Vinh, who is the matriarch of the Trinh extended family, and the only person with the key to the locked medicine cabinet in their household. She explains her role in the health care of her family:

> In my life, I am a mother, a wife, and a grandmother to my family. I am always searching for information relating to health, both from my own personal experience, and from my experiences living in the Vietnamese community. I explain to my husband, children grandchildren, nieces and nephews how to take care of their own health. To me, it is very important to have good health, because it makes for a happy life.

Her role as the primary caretaker fulfills the Vietnamese cultural expectation that women are responsible the happiness of their family. However, this role is not subordinate to that of her husband. This is evidenced by her possession of the only key that holds the family's main medical supplies and valuables. Because of the chronic illnesses that are present within the family, Mrs. Vinh consistently asserts her power and authority as the primary caretaker. This is illustrated in her description of how she takes care of some of her family members:

> My husband has high blood pressure like me. I've been taking care of him, explaining to him how to chose the right foods to eat, advising him how to avoid getting too stressed or upset.
>
> My sister has backaches. I advise her not to work too hard, to avoid carrying heavy loads, not to sit down for too long, and to exercise correctly and regularly each morning.

Her sister acknowledges and legitimates the role that Mrs. Vinh plays as her caregiver, "Since the day I came to live with my sister, my health has been in her hands." Mr. Vinh, however, does not outrightly acknowledge her authority. "My wife is happy because I do what she advises." He phrases his response in such a way that portrays him as the person that has sole power to decide how to treat his disease, and subsequently the person that decides whether or not he should make his wife happy. Despite his assertion of authority over his own health, Mr. Vinh acknowledges that he is not the ranking authority in health matters. "Like I told you, I'm not the person that is in charge of taking care of health and sickness in my family. But I take care of myself."

As alluded to by her husband, Mrs. Vinh's role as wife, mother, sister, and grandmother incorporates the responsibilities for gathering health and illness information, to analyze that information, and then to explain it and carry it out for her family. Mrs. Vinh does not, however, disseminate this information in an

authoritarian fashion. Instead, she uses the "velvet glove" to assert her authority.

> When I try with all my heart, to explain how much I care for their health, they really listen to me. But sometimes, they forget, or they pretend not to remember what I tell them. So I softly remind them again, instead of yelling at them, so that they will agree to do it my way.

Although she expects her family to seriously consider her advice, and subtly asserts herself when she feels that she needs to, Mrs. Vinh is open to the opinions and suggestions of other family members.

> But if they disagree with something I say, that's okay with me, because I may be wrong for what I say. But there is no hard feelings about disagreeing with each other.....All my children are grown up. They have their own experiences and they understand about medical science. So when our family meets together, we discuss ways to heal someone when they get sick, but take them to the doctor if they don't get better. We read newspapers and books. If someone finds a new treatment, we let each other know. I always copy it down on paper and then explain it to others, so that everyone in the family can discuss it.

She understands that the adults in her family have access to various health information gathered from the community and written materials (i.e. books, newspapers, magazines). By allowing for a forum in which the entire family can discuss relevant health issues, Mrs. Vinh ensures the family's well-being. However, she is the one that records the remedies on paper. Thus, she assumes the responsibility for gathering and making sense of information brought in by other family members. In fact, it is very important to her that she does not take the information at face value, but to always try to analyze and then filter the information to others.

> When [family members] tell me their ideas, I have to think and research about it, so that I can determine if it is good or bad. If it is

> good, then I believe it will work right. If it is bad, then I warn myself to be careful because I disagree.

Her ability to read and write in three languages (Vietnamese, French, and English) makes her the ideal person within the family to make sense of information obtained from various sources.

Mr. Vinh's role

Whereas Mrs. Vinh takes charge of her family's health, Mr. Vinh separates himself from these issues. He typically respects his wife's authority in these matters, and only concerns himself with his own health and rarely that of others. The reason why he leaves this responsibility to the wife is because

> I have a lazy attitude towards thinking, so I let my wife take care of [teaching about health]. If sometimes I feel like it, I will sit down and listen to their discussion, and maybe give some of my ideas.

It is interesting that Mr. Vinh not only acknowledges Mrs. Vinh's authority over the health of the family, but that he also does not take part in the discussion of health related topics. By doing this, he simultaneous respects his wife's role, while refusing to take an equal or subordinate role to her and other family members during these discussions. Unlike, Mrs. Vinh who can participate in the discussions and still maintain her authority because of the special skills that she can bring to the discussion, Mr. Vinh, being of "lazy mind", cannot participate as a leader in the discussion. This contradicts his traditional role as the patriarch of the family. Hence, by not participating, Mr. Vinh saves face among the family.

Despite his lack of participation, Mr. Vinh maintains that he is not apathetic towards the health of his family.

> Even though I'm not in charge of the family when it comes to health, it does not mean that I don't care when someone gets sick. I still ask about them when they are sick.

It is still important for him to give the sick person moral support, while letting the people that are more knowledgeable about health matters take care of the person's disease.

Although Mr. Vinh does not actively involve himself in the care of others or the health care discussions, he willingly listens to his family's advice individually.

> My wife and children always give me advice on how to take good care of my health. They explain the reasons for and consequences of sickness, and show me how to take care of it. They tell me to be patient, especially with my skin problem, and that it is not dangerous, but takes time to heal.

He understands that his family cares deeply about him, and are concerned about his health. While Mr. Vinh separates himself from the decision-making processes of the family's health care, his role is nevertheless important within the family. He gives moral support for the members who are sick, and by following the advice of his wife and children, validates the information gathering and processing system that his family uses.

Ms. Thiet's role

Like Mr. Vinh, Ms. Thiet feels that she contributes little to the family's knowledge of health.

> I don't know enough to explain to anyone about health. I only take care of the housework and cooking for my sister's family, making sure that each member of the family eats the right kind of food that is good for their body.

Her role as the family's cook has nevertheless been an important contribution to the family's health. She understands that certain family members have illnesses that require for her to prepare special meals.

> In the house, my brother and sister have high blood pressure. I always prepare food that is appropriate for their illness: not too salty, no fat, no coffee, and no alcohol (such as liquor and beer.)

> The older nieces and nephews work hard, so I provide them with foods that give them enough support and benefit their health so that they have enough energy to work

Despite Ms. Thiet's belief that she does little more than housework and cook for the family, she performs the vital function of making sure that the family has a proper diet. Her modesty belies the creativity it must have taken to ensure that the family was adequately fed under the meager conditions of the 1970s and 1980s. Although food is now more plentiful, Ms. Thiet must still be creative in preparing low-salt diets for her brother and sister while still making them palatable to their tastes (Vietnamese food relies heavily upon pickled foods and salty condiments like fish sauce). While she is modest about her contributions, Ms. Thiet does realize that her family appreciates what she does. "Everyone in the family loves me because I always have the patience to cook healthy foods with enough protein for them."

In addition to ensuring proper nutrition for her family, Ms. Thiet also asserts her authority as an elder by making sure the younger children adhere to proper health behaviors.

> If the small nieces and nephews run outside under the hot sun, I will stop them, so they will not get sick. I make sure they go to sleep if they stay up too late at night past 20 hours, and check on them to make sure they have netting covering the bed to avoid mosquitoes and a blanket to keep them warm.

The responsibility that elders take for the well-being of the children is common in Vietnam. When the parents are away working, the elders assume the care of the children. The children are expected to obey the elders without question, and are reprimanded appropriately if they are not. In this fashion, the care of the children is spread over the entire family, giving the parents time and opportunity to pursue other activities.

Despite the important contributions that Ms. Thiet makes to the family's health, she acknowledges her lack of understanding of medicine, and defers to the knowledge of family members from her generation, and the generation below.

> My sister, nieces, and nephews at home understand that I have a limited perspective in regards to health, so they always make sure to let me know more details about how I can take care of my own health.....I am happy when someone in the family loves me and is willing to help me learn more about things that I don't know very much about.

Her deference to the opinions of her nieces and nephews is a reversal of the traditional Confucian tenets. However this change is necessary for several reasons. While Ms. Thiet is knowledgeable about traditional Vietnamese healing practices, she feels that she has limited understanding of why sicknesses occur and how treatments effect healing. In short, she has procedural knowledge of traditional methods with limited conceptual knowledge. Because of this, she feels that she cannot teach others about health, and feels that she herself understands little about health. In addition, Ms. Thiet is occupied most of the day with housework and cooking for her family. The only times that she goes out, is when she makes her routine trip to the market every morning. This gives Ms. Thiet little time to learn about health issues from the community outside her family. Her nephews and nieces, on the other hand, are actively involved in the community, both professionally and socially. The opportunities for them to learn about health from the community is much greater. As a result, Ms. Thiet is necessarily dependent upon other family members to teach her about health issues. For Ms. Thiet, the importance of learning about health supersedes the Confucian ideal that the role of the older generation is not learn from, but to teach the younger generation.

The Second Generation of Trinhs: Mrs. and Mr. Bao, Mr. and Mrs. An

It is interesting to note that while the elders include the entire extended family when talking about their role in its health care, the younger generation only discusses family in the context of the nuclear family. This is evidenced by Mr. Bao's and Mrs. Bao's comments below about teaching health values, respectively. "I explain about health recommendations to my wife and children." "I have a family with two little kids. I really have to pay attention and always remind them to keep themselves and their things clean and to avoid things that can adversely affect their health." In addition, Mr. An explains that he teaches health values to "my children, cousins, and co-workers." Hence, the second generation, for the most part, feel responsible for transmitting health information to individuals within their own nuclear family. This is in contrast to the elders of the first generation, who include the entire extended family in their concerns about health. In addition to this, the second generation places more emphasis on the individual's responsibility for his or her own health. As Mrs. An puts it, "No one can be better at taking care of your health than yourself. After that you can think about the community." Once more, this is contrary to the attitude of the elders, who advocate the sharing of responsibility of the sick person amongst the family members. Despite this emphasis, the parents are still actively involved in caring for their children, either by directly telling them about proper health behavior, or by encouraging them to learn more about health from other sources such as books and newspapers. Nevertheless, the attitudes of family members of the second generation have come to place greater importance upon the nuclear family and the individual than that of the elders.

While the literature stresses the importance of the extended family in Vietnamese culture, the nuclear family was also found to be of great importance

in the family organization of the participants of this study. Parents are concerned mostly with their nuclear family. Grandparents, on the other hand, are concerned with the extended family. This dynamic may reflect the transition that is presently occurring, from an older family organization which includes the entire extended family to a newer form in which the nuclear family is emphasized.

Physical separation of members of the extended family does not adequately explain the change. While it is true that Mrs. and Mr. Bao live away from the elders, and Mrs. and Mr. An live their own section of the extended family household. Many of the elders in this study had also lived away from their parents. Mr. and Mrs. Vinh, for example, moved to Da Nang shortly after the birth of Mrs. Hao, their first daughter, to seek work. This separated them from their parents, who were living in the outskirts of Hue. Yet, as grandparents, they still put greater emphasis on the extended family. Separation from the extended family does not adequately explain why the younger generation places more emphasis on the nuclear family.

As stated earlier, the governmental reforms aimed at weakening family ties may also play a role in this change. Without its traditional sources of legitimation, the Vietnamese family becomes more vulnerable to the influence of Western culture which is disseminating rapidly into Vietnam in many forms, including cultural icons that are found in movies, music, and fashion magazines. Hence, the concept of family has faced westernization in the wake of communist reforms that undermine the traditional family structure.

In addition to the factors stated above, the perceived role of family members is likely to have the most impact upon their emphasis on the extended family or the nuclear family. Parents are more concerned about the nuclear

family because they are directly responsible for the nuclear family. While the extended family remains a significant aspect of their lives, they look to the grandparents to ensure its livelihood, and only play supportive role in it. Grandparents, on the other hand, are mainly concerned with the extended family, because it is expected of them to assist in the upbringing of their grandchildren, which in essence is simultaneously caring for their children's well-being as well as that of their grandchildren. In addition, the second generation has membership in two extended families, their own and their in-laws, in which they must spread their responsibilities. This dual membership may play a role in their decision to not put as much emphasis on the extended families as on their nuclear family. Hence, it is not a sufficient reason that the elders have a different outlook on family because they were raised with different values. In addition, they have developed this outlook because it more accurately reflects their familial responsibilities.

As one can see, family roles diverge from the Confucian ideals when it comes to issues regarding health. The older generation finds itself in the paradox in which tradition demands that they be the authorities and the teachers of health information, while the rapidly changing society, along with an increased accessibility of health information that comes with modernization, makes it difficult for them to keep up with the knowledge base. Mrs. Vinh, Mr. Vinh, and Ms. Thiet each have their own strategies for dealing with these challenges. Mrs. Vinh maintains her authority position, but is able to do so because she has become a collector/recorder of health information that is brought in by her family members. By stepping away from the Confucian mandate of parent as teacher and child as student, Mrs. Vinh actively tries to learn from other family members. In doing so, she has accumulated a knowledge base that exceeds that of the

other family members. Spindler and Spindler (in Treueba, 1992) refer to this type of adaptation to cultural conflict as *synthesis,*[3] in which the individual selectively combines various aspects of one culture with those of the other culture. In Mrs. Vinh's case, she retains her cultural position as the chief caretaker of the extended family, but relinquishes authoritarian control over the younger generations. Mr. Vinh deals with this situation by distancing himself from health issues almost entirely. This helps him acknowledge his wife's and children's greater command of health knowledge without becoming subordinate to them. This adaptation is characteristic of *withdrawal.* Ms. Thiet, on the other hand, completely acknowledges her lack of command of health knowledge, to the point that she does not take responsibility for her own health, leaving it in the hands of other family members. This represents a reversal of roles in which she has become the "child" in the traditional sense, and the other family members assume the "parent" role. By assuming an inferior position in the hierarchy, Ms. Thiet strives for the ideals that are appropriate to that position: humility, filial piety, and gratitude. Ms. Thiet's example is a variation of *reaffirmation* of the traditional Confucian hierarchy. The younger generation finds itself in a less difficult situation. By defining their family as the nuclear family, the second generation can assume the role of authorities of health information over their children. Their filial obligation to defer to the elders is obviated by the separation of their household from that of the elders. By using various strategies, the Trinh family has been able to keep up with the changing times while still maintaining many aspects of the traditional Confucian family.

The Ngo Family

[3]The six adaptive strategies that Spindler and Spindler describe are detailed in Chapter 1. p. 8.

Several structural and logistical elements make the Ngo family different from the Trinhs. The Ngos originally resettled in Modesto, CA in 1975, which at the time had few other Vietnamese immigrants. Because of their isolation from a Vietnamese community, the Ngo's found little reinforcement of Vietnamese cultural ideas outside of the family, which was limited to the members of the nuclear family. Moving to San Jose 12 years later, the Ngos now have access to relatives and the Vietnamese community as a whole. The presence of a generation of elders in the family is lacking, however. In addition, whereas the participants of the Trinh family include the grandparent and parent generations (although there are many children in the Trinh extended family), the participants in the Ngo family include the parent and the child generations.

Previous research on Vietnamese refugees have found differential acculturation and intergenerational conflicts within the family. Matsuoka (1985) discusses these observations. Adults generally come to America with already defined identities and well-established cultural ideas and habits. They are less open to experiences in the new culture, and are thus adopt the mainstream American ideas, values, and beliefs more slowly, if at all. The younger generation, on the other hand, have less connection with Vietnamese cultural values and beliefs brought over from Vietnam. Because their identities are less defined than the adults', they are more easily influenced by mainstream American culture. As the children's culture begin to diverge from Vietnamese culture, tension arises between the two generations. The parents fear the loss of Vietnamese identity as the children are gravitating towards American values (Matsuoka, 1985, pp. 71-79).

These issues are also present in the Ngo family, where emphasis on the traditional Vietnamese family values are in conflict with the American ideals of individualism and autonomy. While most members of the Trinh family have clearly defined roles that are interdependent, the Ngos take a much more individualistic approach to family health care. The Confucian ideals are much less emphasized, and members of the family share health information on a less hierarchical basis.

Mrs. Hao's role

Mrs. Hao, who is the matriarch of the Ngo family, enjoys discussion about health, much like her mother, Mrs. Vinh.

> I like to talk about health with my children, cousins, my brothers, sister-in-laws, and brother-in-laws...My children seem very knowledgeable about health, and my cousins too. We all read and see on TV things about health, and we talk about it. Especially when it comes to food. What kinds of vegetables are good for us to eat! Less salt! Drink more water! etc., etc. Those things we like to remind each other all the time.

Her network of discussion includes many relatives in San Jose. While Mrs. Vinh maintains her authority over health care discussions by being the recorder of information and evaluating the information discussed for herself, Mrs. Hao assumes a more equal position in these types of discussions. The talks that she involves herself with is a collaboration of efforts with no single person being in charge. Mrs. Hao also does not maintain the skepticism that her mother has towards new information. "It depends on what sort of subject about health that they tell me, but mostly I accept their idea."

Mrs. Hao also carries an individualistic conception of health. "Sometimes, but not all the time, everyone has their own ideas because they know their body better.....Each person has a different body system." This conception of health is

similar to the ideas of Chinese medicine, in which each person has a unique balance of yin/yang and the five elements. This is in contrast to biomedicine, which assumes that humans have similar biological processes that are affected in consistent ways by environmental insults (such as microorganisms). As such, everyone within a specific diagnostic category receives an appropriate standard regimen of treatments. Mrs. Hao takes this notion further by maintaining that the individual is final authority on his or her own body's health. Thus, Mrs. Hao has taken a traditional, well established notion in Chinese medicine that each body is different, and modifies it with the predominately Western belief that each individual is responsible for him/herself. This fusion of two cultural ideas forms a belief that helps her to accept when other people, such as her children, do not take her advice regarding their own health.

Despite this attitude, Mrs. Hao expresses some frustration because her children have stopped following her advice now that they are older.

> I teach them about "scratching out the wind," I teach them about [massaging the temples] for headaches, but they only listened when they were young. Now that they've gotten older, they're different. Like, I make them wear mittens and a [knit cap], but they don't do that any more. I don't let them take showers when they are sick, but they do it anyways. Because they believe differently than the way I believe.....They didn't get sick when they were babies that much, and now....

Her daughter Valerie also concurs with Mrs. Hao's perceptions. "[My parents] usually 'comment' on their health beliefs, rather than trying to teach them to me....I think they're accustomed to me challenging or questioning their ideas." While she has respect for the efficacy of biomedical remedies, Mrs. Hao feels that her children undervalue what she has learned and brought over from the old country. She believes that the Vietnamese remedy have a place in the family's

health care, because people have found them useful even before biomedicine came to Vietnam.

> If you don't have old people, how do you have young people? How would they exist? There has to be old people to bear young people! They know something, because in those days, there wasn't any [biomedicine]. How did they survive? You see people who are a hundred years old, and they're still healthy!

Mrs. Hao understands that her children live in a different world than the one that she grew up in, however, and so she keeps most of these frustrations to herself.

Although she presently has little more authority than the other family members over the health care of their family, Mrs. Hao assumed a more authoritative position when the children were younger. James recalls his parents teaching him proper health practices when he as a child, "When I was younger, I took what they said to be more or less true....I think they expected compliance, and were glad to have it." While Mrs. Hao and Mr. Hao appear to be less authoritarian towards James' older siblings, his sister, Marion, also describes her mother's influence on her health practices while growing up. "My mother has always instilled good health habits in her kids, especially a healthy diet. I don't recall growing up eating potato chips and Twinkies. We always had fruits in the house instead. " Mrs. Hao also imparted her health knowledge when she took care of her children while they were younger and living with her. James describes an experience he had with illness that illustrates the presence of his mother as his primary caregiver:

> I remember a long time ago, when I was in elementary school I came down with what was apparently the flu. I recall the sickness lasting a few days. I stayed home from school and my mother took care of me when she was home from work. I recall feeling flustered, having a severe headache, and sweating profusely. I ate warm soup or porridge and spent the entire days in bed or on the couch watching TV dressed in warm blankets. I also recall being

> woken up at night by my mother and being given water. After a few days, the illness gradually faded away.

James describes the treatments that Mrs. Hao gave him:

> I was bedridden, dressed warmly, given lemon juice and 7-up for my throat, and a wet towel for my head. I was also given Tylenol for children and [Tiger Balm] for my chest and back....Except for the Cold Tylenol, I assume my mother learned these techniques in Vietnam.....The blankets and clothes were meant to keep me warm and perhaps "sweat out" the cold. The lemon juice and 7-up were meant to help my throat. The balm was meant to keep me warm. The wet towel was meant to keep my fever down.

James explains, that at the time, his mother told him that he "became ill because of a lack of warm clothing during the winter months," which he took to be the truth. Later, James describes that

> I found that other kids were out sick when I returned to school. When I became older, my brother explained how illnesses and viruses spread.

Not only does this demonstrate the influence Mrs. Hao had over James' early concepts of illness, but it also shows the role of siblings in teaching each other about information that parents do not necessarily know. Nevertheless, the concepts of illness that Mrs. Hao taught James during his early years are still with him today. When he thinks back about this illness, James explains

> If I had known, I could've avoided other sick kids. I also could have took better care of myself by dressing warmer in cold weather and eating more properly.

As was suggested in the illness experience described by James, the Ngo children began to scrutinize the practices that Mrs. Hao and her husband as they grew up. James remembers that his parents taught him to

> dress warmly in cold weather, drink 7-up or other carbonated drinks for sore throats, squeeze lemons/limes and drink their juice for sore throats, and get plenty of sleep.

Now that he is older, he no longer takes their advice at face value, but makes his own judgments about them.

> Of the four particular descriptions above, I would only recommend [the first] and [the fourth] but not the others. It has taught me to scrutinize my health methods more and rely less on health care techniques and more on getting rest.

In addition to the increased skepticism that the Ngo children have for their parents' health advice, the Ngo children are no longer living with Mrs. and Mr. Hao. This gives Mrs. Hao even less opportunities to influence their health practices and decisions. Her children have come to depend on themselves and their peers instead. When Valerie became sick with peptic ulcer disease, for example, she looked to herself, her coworkers, and her roommates for care.[4]

Mrs. Hao has changed the manner in which she communicates health beliefs and practices over the years. This may have been due to many reasons. The Confucianistic values that she was raised with may have been modified by American values of individualism as a consequence of acculturation. She and her husband must also deal with the increasing independence of their children who are now attending college away from their parents. In addition, she has come to accept that her children have better access to biomedical knowledge with their college education, and better command of the English language. These factors have led to the equalization of power between the two generations of Ngos. Despite this, Mrs. Ngo is still actively involved in her family's health, perhaps more so than the rest of the family members. While she does not force anyone to follow her advice, she still feels free to express them when she wants to.

> Sometimes I talk too much about sickness that it makes [my family] tired to believe that it may happen. But that's the way I feel, so I try

[4]Valerie's illness experience with this illness is described in more detail in Chapter 6.

> to avoid as best I can the things that may cause sickness, and just keep telling them so they just have to listen.

Mr. Hao's role

Mr. Hao is as quiet as Mrs. Hao is talkative. While he feels that it is important that his children have good health habits, Mr. Hao rarely discusses this topic with them. Instead, he models what he believes to be healthy behavior.

> I don't tell them about <being struck by the wind>, but I show them that if I fix dinner for them, if there is a cold wind, I try to close the door. That tells them how to prevent <being struck by the wind>.

The way in which Mr. Hao communicates health practices to his children is similar to the process that occurred in his family when he was growing up. He recalls that many of the health practices that he learned from his parents were the result of observing his parents rather than discussing them with his parents. When his parents did have conversations with him regarding health, it was typically expected that he obeyed their advice without questioning them. The style in which his parents taught, role-modeling and direct commands, was successfully applied to Mr. Hao because he understood and fulfilled his familial obligation to learn from and obey his parents. Mr. Hao uses role-modeling and direct commands with his children as well. When his children were young, this was an effective way to teach proper health practices because they did not question his beliefs. Now that they are older, however, Mr. Hao's methods have become less effective. His children demand explanations for why they should adopt and /or maintain traditional health practices and beliefs. His role-modeling and succinct instructions no longer satisfy them.

Another obstacle that impedes Mr. Hao's efforts to transmit traditional health beliefs is a language barrier. His children have difficulty with Vietnamese, and he has difficulty with English. While they can communicate regarding

routine and everyday topics, the discussion of health often requires the use of specialized vocabulary that make it difficult for both sides to communicate. Before moving to San Jose, Mr. Hao was closed off from many of the conventional sources of health information. He had difficulty communicating with English-speaking friends, coworkers, and the mass media. This made Mr. Hao much more dependent on the knowledge that he had brought over from Vietnam and that conveyed to him by his family members. Since moving to San Jose, however, he has accumulated many Vietnamese friends and coworkers, some of whom are health care providers. In addition, Mr. Hao is a avid reader. He keeps up with current news, including medical and health issues, by reading the various Vietnamese newspapers that circulate in San Jose. While communication about health issues between Mr. Hao and his children remains difficult, he has many sources from which to formulate his own health beliefs and practices.

Mr. Hao forms his own ideas from both traditional Vietnamese and biomedical sources, using *synthesis* as a strategy to make sense of two conflicting epistemologies. For example, the traditional Vietnamese explanation to why one gets a cold is that one is hit with a bad wind.[5] Biomedicine, on the other hand, explains that the common cold is a result of a viral infection. Mr. Hao, familiar with both explanations, explains that

> <Being hit by the wind, when you see that the body can't stand the wind>, its the same thing, its the same thing. <They both compliment each other, do you understand?--being struck by the wind> and the virus. <It could be that we say "struck by the wind", when the wind may also have the virus in it. When you are healthy, and are "struck by the wind" the body can withstand it. But if your body is weak, and you are cold and trembling, it could be that> the virus has come through your body.

[5]The characteristics of a "bad wind," according to traditional Vietnamese thought are described in Chapter 6.

Mr. Hao has integrated two different explanations for the common cold. In his opinion, the bad wind carries a virus that can only penetrate and cause disease in a weakened body. This example illustrates the way in which Mr. Hao makes sense of the two cultures that he is a part of. Not only does he critically analyze the information he obtains, but he also attempts integrate new information with his preexisting beliefs. This is in contrast to the *bicultural* process in which Mrs. Hao incorporates new information. She usually accepts new information, without actively trying to incorporate it into her preexisting beliefs. Instead, new information replaces older information if they are not congruent or they coexist with contradictory information without modification. As a result, Mrs. Hao's database of health knowledge is more diverse but is also more fragmented than Mr. Hao's. While both strategies allow Mrs. and Mr. Hao to adapt to new information, Mr. Hao's strategy allows for integration and preservation of conflicting information into a schema that makes sense for him.

The Ngo Children

As it was suggested, the Ngo children are critical of the advice that they receive from their parents. In addition to the language barrier that prevents them from understanding in detail what their parents try to communicate to them, the Ngo children are also trying to come to terms with their dual membership in the Vietnamese culture and the "American" culture. Because they all have college educations, they have had much exposure to scientific positivism that predominates in academic institutions. It is against this ideology that their parents must face when attempting to communicate health beliefs. When introducing a remedy, for example, Mrs. and Mr. Hao must be able to explain how it works in scientific terms. This is illustrated by Marion's comments on traditional health beliefs.

> I believe that the actual physical symptoms of an illness can cause/is a factor to consider when one is sick. Such as having an infection is a good sign of an illness. But the psychosomatic things such as an illness caused by a person with evil magic, or being struck by "wind" or by spirits are superstitious thoughts that are not always accompanied by rational thoughts.

Valerie also expresses her belief that traditional health beliefs are not logical:

> I cannot seem to find a logic in how these items cause disease according to traditional Vietnamese culture. Disease is usually explained in terms of the cause and its effects, with little explanation given to the actual causal relationship.

Despite their advanced level of education, the two younger children, James and Valerie, feel that they do not have enough knowledge to communicate healthy practices to their parents. Valerie explains that while she tries to teach what she knows about health to her parents "I'm careful about giving them too much advice because I don't feel I have sufficient experience or knowledge about issues of health." She finds that her parents are very receptive to her suggestions. "They're open-minded and often listen to the advice of their children."

Mark, on the other hand, feels relatively confident talking to his parents about health issues. "I often tell my parents about health information that I learn from TV or books, especially when it contradicts the beliefs that they try to impose on me." While Mark attempts to teach his parents what he believes to be appropriate health practices, he also uses his knowledge of health to assert his own independence from his parents. At the same time, however, he respects his parents' individuality. "But if they don't take my advice, I don't mind because every person has a right to make those choices."

Marion, the eldest sister, is also more confident about her contributions to her parents' health practices than her two youngest siblings:

> I have relayed my beliefs on health issues to my parents, but have never forced them to pick up my habits. Nevertheless, I've noticed that as they increase in age, their diet has been better through reduced fat intake and increased consumption of veggies and fresh produce.

However, she believes that "you can't force someone to be healthy. [My parents] have changed over time at their own pace."

Despite James' and Valerie's efforts to carefully analyze for themselves the health information that are presented to them, they both feel uneasy about trying to teach what they know to others. Even Valerie and Mark, who actively try to teach their parents, acknowledge that they cannot force their beliefs upon their parents.

The most striking thing of where each member stands in terms of family health care is the high value that they place upon individuality. Mrs. and Mr. Hao, despite their frustrations, acknowledge and accept that their children have different health beliefs and practices. Mrs. Hao even goes further and believes that each person has a unique body that the person understands best. The Ngo children critically analyze the health beliefs and practices that they adopt, but are hesitant to pass it on to others. This reflects their belief that each person is responsible for their own health. While other family members can give advice, it is ultimately the sick person that determines the course of treatment.

Summary

In comparing the two branches of the extended family, several differences are observed in the roles of the family members and the dynamics by which health information is shared. Although the Trinh family organization has diverged from the traditional Vietnamese family, the hierarchy between the

generations remains relatively intact. Although unquestioning deference that is expected by the older generations has been replaced by collaboration between the family members in an effort to find practical health information, the traditional hierarchy still exists. Even while the second generation of Trinhs encourage their children to seek out health information, it is they and the first generation who ensure that the children engage in appropriate health behaviors. It will be interesting to continue to follow the family in order to observe how the attitudes and roles of the third generation Trinhs, who were not participants of this research, will evolve over time under the influence of the social changes that are occurring in Vietnam. Nevertheless, the Trinhs currently have an effective system by which to communicate health information with one another.

The Ngo family organization has diverged significantly from the traditional Vietnamese family. The role of parent as teacher and child as student no longer holds. In fact, these roles are reversed in many cases, in which the children teach the parents as well. The two generations of the family draw from different sources for health information. Mrs. Ngo participates in discussions with extended cousins, in-laws, and clients at work to inform herself. Mr. Ngo gathers information from Vietnamese friends and Vietnamese newspapers. The Ngo children get their information from the media, friends, and reading material. In addition to having diverse sources of information, knowledge is not diffused among the members as easily as in the Trinh family. A significant language barrier is in part responsible for this. In addition, the younger children do not feel comfortable advising others about health, although they are comfortable with their responsibility for their own health. This reflects the high value placed upon individuality. While the older children and the parents do communicate health information to other family members, they are not insistent that the others

heed their advise, again due to the value placed upon individuality both by the giver and the recipient of the advice. The lack of pressure to adopt other family members' health values significantly slows the process in which health beliefs and practices are transmitted. Finally, the Ngos are in the difficult situation in which they are forced to make sense of two different cultures: Vietnamese and Mainstream American. Mrs. Ngo's strategy involves replacing new information with old and allowing contradictory beliefs to coexist. Mr. Ngo attempts to integrate and modify new and existing information. Both these strategies suggest an openness to new information. The Ngo children, on the other hand, analyze the information conveyed by their parents using the biomedical model. If their parents present new information that is consistent with the principles of modern science, then it is incorporated into their health beliefs. If it is not, then the information is regarded with skepticism. Since many traditional Vietnamese beliefs cannot be explained in scientific terms, there is little chance for them to be incorporated into the health practices of the Ngo children. However, this seems to stem less from their belief in the validity of the biomedical model, for the Ngo children use other healing systems in their everyday life.[6] Instead, they use the biomedical model as a tool to assert their own individuality and autonomy from their parents and Vietnamese culture as a whole. Thus, not only does the family organization diverge significantly from Vietnamese tradition, the process in which information is transmitted from the second to the third generation suggests that the Ngo children have health beliefs and practices that are significantly different from their parents.

[6]The healing systems that the participants use are discussed in Chapter 6.

Chapter 6: Perceptions of Healing Systems

Healing systems of Vietnam: Background

The traditional Vietnamese healing system has two components: Southern medicine (*Thuoc Nam)* and Northern medicine (*Thuoc Bac).* As with most indigenous medical systems, traditional Vietnamese medicine finds its origins in popular folk remedies derived from the native flora and fauna. During Chinese Feudalist occupation of predominately Northern Vietnam, from 111 BC to 937 AD, the indigenous medicine became heavily influenced by Chinese thought, brought in by Buddhist, Taoist, and later Confucian scholars who were also avid students of medicine. Popular remedies became incorporated into the Chinese model of health and illness, and their efficacy was explained using principles of Chinese medicine. Although a detailed discussion of the principles of Chinese medicine is beyond the scope of this thesis, a brief overview of the essential basics will be helpful in characterizing traditional Vietnamese medicine (Tran, T. M., 1980, pp. 130-132). According to the principles of *Thuoc Bac,* like Chinese medicine,

> Health is but a facet of life in the Universe, which is said to function under terms of a unified, comprehensive scheme. In tune with nature, the human body operates with the assumptions of a delicate balance between two basic opposite elements: *Am* (Yin) and *Duong* (Yang).....Any excess in either direction, leading to disequilibrium, means deranged physiology, discomfort and illness (Tran, 1980, p.13).

The Five Elements, wood, fire, earth, metal, and water, are subclassifications of the Yin and Yang, and also represent a cycle of subjugation (Yin) and production (Yang). Hence, wood conquers earth, earth conquers water, water conquers

fire, fire destroys metal, and metal destroys wood. Conversely, metal creates water, water creates wood, and so forth. Every organ in the body is composed of a balance of the Five Elements, disequilibrium in the balance will result in the dysfunction of the organ. Also integral to this healing system is the concept of *Chi*, which is the essence of the Cosmic Soul from which all things are derived. Chi circulates through the meridians of the body, and activates the energy of the circulatory system . Respiratory exercises such as those found in Tai Chi Chu'an and other martial arts, stimulate the flow of Chi (Tran, 1980, p.20 & Chow, 1984, pp. 114-117).

Although *Thuoc Bac* is founded upon the same basic principles as Chinese medicine, it has undergone changes over time to become characteristically Vietnamese:

> Chinese medicine practiced by Vietnamese physicians in a Vietnamese environment has slowly but surely been Vietnamized step by step down through the centuries, consciously or unconsciously being modified to suit Vietnamese physical and physiological characteristics as well as those of Vietnamese pathology, which in a hot, humid tropical climate is very different from that of northern China (Le, 1977, p.131).

Hence, Chinese medicine was modified to act more effectively with what was perceived to be the distinctly different Vietnamese physiology and environment.

Thuoc Nam, unlike Northern medicine, is an entirely indigenous collection of popular remedies. While it lacks a theoretical base and instead constitutes a healing system based on the indigenous origins of the remedies, it nevertheless comprises a vast range of internal and external remedies, including methods for minor surgery (Le, 1977, p. 131). Southern medicine was derived from the ethnic, social, and geographical pluralism that existed in Vietnam

> Indeed, there is no one popular medicine for the whole of Vietnam, but rather many popular medicines belonging to different regions

> where natural, sociological, and even ethnological conditions--more than 60 ethnic groups from North to South--constitute distinctive factors of differentiation (Le, 1977, p. 131).

As Northern medicine became popular during and after the days of Chinese occupation, the two branches developed in parallel, and eventually became indistinguishable, fused together to form one medical system, in the minds of most people. Even scholars and traditional practitioners regard the two systems as the two branches of "traditional Vietnamese medicine" (Hoang, 1977).

French colonialism institutionalized biomedicine in Vietnam. Although this healing system became the officially recognized medicine, traditional medicine was still actively used by the Vietnamese. With only one biomedical doctor per 180,000 inhabitants during Colonial Vietnam, most people were still unfamiliar with biomedicine. This was especially true in the countryside, where French presence was less felt. Hence many people relied on traditional cures for illnesses (Hoang, 1977, pp. 9-11).

After the First War of Resistance in 1954 (that ousted the French from Vietnam), Vietnam was divided into two countries: The communist North Vietnam, and the capitalist South Vietnam In the North, socialist reconstruction integrated traditional medical practices with biomedicine. Hence, traditional medicine was officially recognized. Following the consolidation of North and South Vietnam after the defeat of the Southern government in 1975, these policies were also applied to the South (Hoang, 1977, pp. 8-13). The 4th National Congress of the Party issued the following resolution:

> We must steadily raise both the working capacity of our health system as well as the quality of its prophylactic and therapeutic care; and in order to do so we must combine modern and traditional medicines, and develop the latest achievements of world medicine while paying due attention to the development of our

> national medicine, and gradually build up identifiably Vietnamese medical science (Hoang, 1977, p.13).

As of 1977, there exists three national centers for the study of traditional medicine: the Traditional Medicine Institute was founded in Hanoi in 1957, the Materia Medica Institute in 1961, and the Institute of Traditional Medicine and Pharmacy in 1976 at Ho Chi Minh City (Saigon). The purpose of these institutions was to advance both theoretical and practical understanding of traditional remedies (Hoang, 1977, p.15). In addition, traditional medicine has been integrated into biomedical school education, along with the establishment of schools that emphasized traditional medicine (most notable is the Tue Tinh School). The Traditional Medicine Association, established in 1957 and consisting of 10,000 members, also organized refresher courses, seminars, and workshops in traditional medicine for all practitioners, including biomedical personnel (Hoang, 1977, pp. 16-17).

Healing systems of Vietnam: Perceptions of the Trinh

There is an overwhelming similarity with which the members of the Trinh family separate and define the healing systems in Vietnam. The participants categorized biomedicine as the most predominant system used, followed by traditional Vietnamese medicine, traditional Vietnamese medicine in conjunction with Western medicine, and Magic/Shamanism, respectively. In addition, their rankings also tended to correspond with the frequency in which they used the system. An exception to this is traditional medicine, which the Trinh family tended to use less often than would be associated with how they ranked it in terms of societal popularity.

Table 1, on the following page, summarizes how the participants perceive the four healing systems, including its strengths, weaknesses, and major applications.

Biomedicine

Biomedicine was ranked by the six out of six members of the Trinh family as the most popular healing system. While there are eight members of the Trinh family considered in this study, two of the participants, Mr. An and Mrs. Tin may have misunderstood this section of the questionnaire. These participants ranked what they believed to be the most predominant illness instead of healing system. Hence, they have been excluded in defining and ranking healing systems according to their popularity. However, both included a biomedical remedy for each of the illnesses that they ranked, suggesting their support for the popularity of the biomedical healing system. Below are some descriptions that characterize the participant's personal experience with this system.

Mr. Vinh, a staunch advocate of biomedicine, describes his experience with this system.

> In my life, from a very young age to 76 years of age, I've always been healed by biomedicine when I've been sick....When I was young, I almost died from diarrhea because we did not have enough biomedicine. When I had the brain disease in my middle age, I was well healed by Dr. Lambert. So I am still living in good health even up to now. To me, biomedicine remains on the top of my list.

While Mrs. Vinh does not share Mr. Vinh's absolute certainty in regards to biomedicine, she is a firm believer nevertheless.

> Biomedicine is the top method of choice that I usually use to treat my family when they get sick...My own sickness, I always check on my hypertension, using a blood pressure machine to check. Under the doctor's care, I know exactly the dose of my medicine that I must have daily. Even for sicknesses such as headaches and

Table 1. Major Healing Systems as Perceived by the Trinh Family

Healing System	Major strengths of the system	Major Weaknesses of the system	Which illness the system usually treats
First most popular Biomedicine	"Biomedicine heals many sicknesses." " There are hi-tech medical equipments that surgeons can use."	"Biomedicine will not cure sicknesses caused by spirits, things other dimensions, or brought over from another life." "Biomedicine as also not been able to cure things for which it cannot find a cause of such as cancer and diabetes."	"Biomedicine is good for internal illnesses such as heart, liver, kidney, lung disease, etc." "It is effective against infections, blood loss, difficult births, and broken bones."
Second most popular Traditional Vietnamese Medicine	"Herbal drinks can help cool the body inside. Its effects are slow, but it is of health benefit." "Traditional medicine provides a lot of energy for old people when they are recovering from sicknesses" "Traditional medicine is of high quality."	"It is not effective when patients have serous illnesses like hemorrhaging after an accident, heart attacks, or blood clots."	"Old people need protein and vitamins to make their body stronger, just like a dry plant needs water to live." "A woman who has just delivered a baby, people who are recovering from illnesses--using Traditional medicine helps them have healthy bodies in the long run"
Third most popular Traditional Vietnamese plus Biomedicine	"This method works fast also, but only to heal simple illnesses or skin problems."	"Same weaknesses as the first and second systems"	"Arthritis, brain disorders, skin diseases, pimples on the skin, hit by the wind"
Fourth most popular Magic/Shamanism	"They don't know about medical science, so generation by generation, they teach each other to have faith." "I know nothing about this method, because I've never used it yet."	"I don't know how long it takes to pray for healing of illnesses." "Praying to nature and spirits will not heal sicknesses like infection, hemorrhages, or internal illnesses."	"Sicknesses caused by spirits or due to the disturbance of a family member's grave." "Magicians may use magic to put something bad inside your body."

> stomachaches....I use the biomedical method. Although in my life, I still do not forget traditional medicine and combination medicine when healing sickness.

Mrs. An also puts much of her faith in biomedicine. In addition, she places much importance on finding a doctor that is specialized in healing the particular illness. This suggests not only her experience with the specialization within biomedicine itself, but also suggests that she places high value on technologically advanced equipment that are the typical armament of specialists.

> If sickness shows up, go to the doctor right away. Don't wait until it gets worse and then go to the doctor. Find a specialist so that the sickness will heal correctly and stop recurring.

Traditional Vietnamese Medicine

The second most popular healing system was traditional Vietnamese medicine, with no distinction between the Northern and Southern Variant. Five out of six participants believed it to be second most prominent. Mrs. Bao, instead, ranked the combination of traditional and biomedicine as the second most popular. However, she maintains that Vietnam only has two healing systems: biomedicine, and traditional Vietnamese medicine plus biomedicine.

Mrs. An does use traditional medicine in her life, but it is always subordinate to biomedicine:

> If the sickness does not involve an infection, or is not lifethreatening to you, you can go to a traditional medicine practitioner to ask for an herbal prescription. Cook the herbal leaves, and drink regularly. It will give good results.

Mr. Vinh and Mrs. Vinh, while rating traditional medicine as the second most popular, have actually had little experience with it. Part of the reason is that their particular illnesses are more appropriately treated with biomedicine or the combination method. In addition, traditional medicine alone, according to the

participants, has better effects when applied to older people. This would also explain why Mr. and Mrs. Vinh have not had very much experience with it while they were younger. Their perspectives are described below, respectively:

> I don't use [traditional medicine] very much, may be because most of my sicknesses do not agree with traditional medicine.

> I have never yet used traditional medicine alone to heal my illness, because the illnesses I have require the use of traditional and biomedical methods. So aside from biomedicine, I use the combination method more than the traditional method. With my knowledge about health in my old age, however, I would like to use traditional remedies to gain more energy or to get stronger after being ill.

This implies that the Trinhs perceive that traditional medicine is less curative than biomedicine for many diseases, but that it is used to bolster the body's own healing processes

Combination Healing

The combination of traditional and biomedicine were thought to be the third most prominent medical system by four of the five remaining participants (recall that Mrs. Bao divided Vietnam's healing systems into only two categories). Biomedical and traditional remedies are not haphazardly combined however. The participants describe specific illnesses that require the use of certain biomedical and traditional remedies in combination to achieve the best results. Mr. Vinh, for example, finds that using biomedical pills, along with acupuncture, ointment, and herbal baths help his skin disorder.

> Right now, I'm using both [biomedicine and traditional medicine] for my skin disorder. Take pill and use ointment, but also use acupuncture, and clean with herbal bath.

Mrs. Vinh also uses the combination method for various illnesses.

> My high blood pressure: I use [biomedicine] and also cook a [certain flower] and mang cau giai [certain fruit] and then drink the

> juice. This does not make the illness go away, but keeps it from getting worse.

The combination system represents a group of remedies, both traditional and biomedical, that have better efficacy when used in conjunction than when used apart. While the participants do not describe how they reconciled the different cosmogonies espoused by biomedicine and traditional medicine, it is possible that some constructed a hybrid cosmogony to explain the efficacy of some combination of remedies, much like Mr. Hao explained the cause of a cold and similar to how some of the participants explained supernatural causes in biomedical terms.[7] It is also likely that mixed therapies were adopted because they were observed to be empirically better than biomedical or traditional therapies alone. This phenomenon as also been observed by Tran (1980)

> The man-in-the-street, though possibly drawn into the controversy [between biomedicine and traditional medicine] by his emotions, rarely chooses sides when he is ill. The duality, as he often sees it, works to his advantage as he remains forever a pragmatist, always eclectic in his approach and choosing to go "Western" or Oriental" route for his treatment not out of any intellectual loyalty, but depending on what he thinks his disease is.... (pp. 41-42)

Thus, the formation of this hybrid system of healing is likely a result of bicultural adoption of two conflicting epistemologies rather than a true synthesis and integration of the two systems. An explanation that helps to tie these two strategies is that two epistemologically different remedies may have originally been used in combination because they were observed to be more efficacious. Eventually the question of "Why the remedy works?" is considered and an theory is constructed using elements from the original cosmogonies. If this is the case, then the combination healing system is an empirical system that is becoming conceptually abstracted.

[7]This is discussed in the following chapter.

While the rest of the members rank the combination as third most popular, Mrs. An defined as the acupuncture as the third category, separating it from traditional medicine in general.

Magic/Shamanism

Four of the five participants rated magic/shamanism as the fourth most popular system. The four also state that this sort of healing is extremely rare, being practiced only by people who live in remote forests and mountains and "believe in the nature gods, spirits who command the forests. So they pray to these spirits when they get sick." (Ms. Thiet) None of the participants in the Trinh family have experience with sicknesses caused by spirits. Most have just heard stories about "wild" people using this kind of healing system. The participants' ranking of magic/shamanism may also reflect the Vietnamese government's policies that prohibit the organized practice of this form of healing.[8] However, Mr. Hao and Mrs. Hao also believe that this system is the least popular in Vietnam, suggesting that there are reasons other than political pressure for ranking this system least. Once again, Mrs. An diverges from the main group and puts down "rubbing the skin with ointment" as the fourth healing system, again separating it from traditional medicine.

The consistency that the Trinhs have in how they organize the healing systems in Vietnam can be understood in several contexts. In a larger context, conceptual systems of healing are rooted in the socioenvironmental climate of a society. As Unschuld describes,

> Conceptual systems of medicine are legitimized, first of all, through environmental symbolism. A system of health care concepts and practices is plausible and acceptable when its ideas concerning the emergence, nature, and appropriate treatment of illness

[8]While I was in Vietnam, some individuals expressed a reluctance to talk about magic for fear of punishment from the government.

> correspond to the sociopolitical ideas concerning the emergence, nature, and appropriate management of social crisis adhered to by a social group or by an entire society (Unschuld, 1992, p. 45).

The concept of environmental symbolism is elaborated by Berger's and Luckman's social constructionist theory (in Munch, 1994), which explains that the process of legitimation of an institutional order can be understood in terms of *symbolic universes*. Symbolic universes represent the ideas and concepts that a society or group holds to make sense of its world. A society's symbolic universe is predominately defined by what Berger and Luckman refer to as *intellectuals*, the specialists of legitimation. These specialists, who include religious leaders, philosophers, scientists, and in the case of Vietnam, political leaders, are essential for the continuity of the institutional order because they link it back to "the most general ideas of a prevailing symbolic universe" (Munch, 1994, p. 162). How influential the intellectuals are depends on how much they can monopolize the interpretation of the world in a society.

The Trinh's concept of the hierarchy of healing systems are influenced by the health care policies put forth by the Vietnamese government. As was mentioned earlier, the government has sought to promote both biomedicine and traditional medicine as valid and complementary forms of healing. In order to increase the legitimacy of traditional medicine, both in Vietnam and worldwide, Vietnamese scientists have attempted to evaluate the efficacy of traditional remedies using the biomedical models of research. In doing so, they are linking traditional medicine to the western scientific positivism, which dominates the symbolic universes of many societies. This strategy was similar to the process of legitimation that biomedicine gained with its link to positivism starting in the days of the Flexner Report, which will discussed later. Being so connected to positivism, traditional medicine becomes more valid. In addition, the government has also sought to revive traditional medicine in the context of Vietnamese

Nationalism. Vietnamese people have historically had a strong sense of national pride despite occupation by various foreign powers. In fact, this has been demonstrated repeatedly with covert and overt uprisings directed at the Chinese, French, and Americans in the past. By promoting traditional medicine as the medicine specifically developed by and for Vietnamese, traditional medicine gains the support of the popular nationalist movements. Despite its many sources of validation, Vietnamese medicine must still compete with biomedicine in many areas. Biomedicine has become a powerful healing system in Vietnam due to its solid and unrivaled link to the positivistic scientific model, which, as alluded to before, has been adopted by Vietnam as it is becoming more modernized.

Traditional medicine and biomedicine are strongly legitimated by the sociopolitical environment in Vietnam. While the Trinhs consistently rated biomedicine as the most popular healing system, it is important to keep in mind that their views may not reflect that of other families. Mrs. Thoang, part of the Ngo extended family in Vietnam, for example, cites acupuncture, herbal steam baths and herbal ointment rubs as the three most popular forms of healing, all of which originate from traditional Vietnamese medicine. Mrs. Hien, a friend of Mrs. Hao, ranks herbal steam baths and traditional medicine higher than biomedicine in popularity. This illustrates that both traditional medicine and biomedicine are powerful healing systems in Vietnam. The Trinhs may view biomedicine as more popular because of their personal connections to Western culture. Mrs. Vinh once worked for the French, and is literate in both English and French. Mr. Vinh has also had personal experience with the French, one of which involved a French doctor whom he admired very much.[9] Thus, the Trinhs may have been

[9]This was discussed in Chapter 4.

more influenced by Western culture than other Vietnamese. This is also suggested by their tendency to use the combination method more often than traditional remedies alone, despite their perception that traditional medicine is more popular than the combination method. This indicates that the Trinh are aware of their own preference for biomedical remedies, both when used alone or in conjunction with traditional medicine.

In addition to the sociopolitical influences that help to define the categories for the participants, the efficiency in which health information is transmitted among family members also plays an important role in the consistency of the categories. The discussions about health that the Trinhs have facilitated communication within the family. Mrs. Vinh's active role in recording and transmitting health information is also important. In addition, each family member's appreciation of and openness to the health advice of others assures that health information is effectively shared. Due to these factors, family members have a database of health information and experiences that is similar to each other with which to form categories of the healing that takes place in their society.

Healing systems in America: Background

The healing system that predominates in America is biomedicine. Biomedicine's popularity is largely due to its link to positivist science, which has served to bolster its position within American culture and society. One can trace back biomedicine's attempt to ground itself in the traditional (positivist) scientific model to the Flexner Report in 1910. The Flexner Report was the AMA's attempt to "legitimize medicine." Before the Flexner Report, medical schools

varied in what they taught. Some incorporated nontraditional medicine into their education (i.e. homeopathy, naturopathy, and osteopathy). The Flexner Report evaluated the majority medical schools in the United States based on the Johns Hopkins medical school as a model. The Johns Hopkins curriculum represented the marriage of basic science (the traditional scientific model) with clinical medicine. It required that all students come in with baccalaureate degrees, and used members of the scientific community as its faculty, rather than clinical practitioners. Students were required to spend two years studying the sciences before moving on to clinical education. Those schools that failed to compare with the Johns Hopkins model were put into disrepute, due to Flexner's recommendation:

> The first class schools had to be strengthened on the model of Johns Hopkins, and a few from the middle ranks had to be raised to that standard; the remainder, the great majority of schools, ought to be extinguished (Flexner, in Starr, 1982, p. 120).

Flexner's evaluations were supported by the AMA and also by the general public, who was enamored with the accomplishments of science. As a result, schools that were not grounded in the positivist scientific tradition quickly demised. This effectively reduced the competition between the biomedical model and other health systems, and left biomedicine as the most legitimate authority on the health care of Americans (Berliner, 1984).

Biomedicine continues to draw from the positivist tradition for legitimacy as the ultimate authority on health in American culture and society. American institutions are still very strongly grounded in the traditional scientific model. The products of science and technology are everyday occurrences in the United States. When asked how something works, the most authoritative explanations are in scientific terms. Biomedicine is at the intersection of many of the

scientific traditions (i.e. physics, biology, physiology, chemistry, etc.) By using a positivist framework, biomedicine reinforces the legitimacy of these sciences, and more importantly, draws legitimation from them. The argument, therefore, is that biomedicine must be legitimate because it comes from science, which is the most respected means of knowledge production in American society.

The positivist model also confines health to dimensions in which biomedicine can be effective. According to Lyng (1988), the biomedical model "reduces concepts of health and illnesses to the anatomical and physiological dimensions (p. 109)." It defines health as a state of being in which a person can either be healthy or not healthy. Since health is seen as an absence of disease, medicine needs only to eliminate disease in order to achieve health. This is, according to Lyng, in contrast with the "holistic health perspective," which views health as a process. "One may pursue health, but it is not considered an achievable 'condition'" (Lyng, 1988, p.105). Biomedicine's definition of health enables it to draw from its tradition of positivism. Studies using the scientific model can easily measure the health of a population under study since health is an all or none condition. Hence, the definition of health allows biomedicine to be further integrated into America's powerful positivist character.

Likewise, biomedicine defines illness as coming from organic causes, while the holistic approach would also incorporate "metaorganic" processes that can cause illness. Moreover, the holistic perspective asserts that the relationship between health and the metaorganic process is bi-directional (i.e. good health can prevent emotional problems, and emotional problems can precipitate poor health). The biomedical approach implies that there is a unidirectional causal relationship between organic factors only and health (i.e. parasites can cause illness). This has the effect of labeling causes that the

medical model can treat as "diseases," while the classifying the metaorganic causes that the biomedical model cannot treat as "psychosomatic" or "all in one's mind." Thus, biomedicine's claim to be best able to treat "diseases" more effectively than other systems becomes difficult to dispute based on its own definitions (Lyng, 1988).

Medicine's positivist tradition also reduces antagonism from powerful political interests. Lyng suggests that its model of health and illness as organic states diverts attention from the social and environmental factors that can adversely affect health, and therefore does not threaten the mega-industries that precipitate these factors. Despite this, the American Medical Association and American Heart Association has initiated a campaign against the tobacco industry because studies have shown that smoking may lead to cardiovascular disease, America's #1 cause of death. Research by medical scientists have also implicated various environmental and social factors as disease-precipitating agents. In light of these examples, it is difficult to believe that medicine has not completely avoided changing the "prevailing system of privilege" as Lyng puts it. Nevertheless, its inherent tenets do contribute to the status quo. On a public health level, changes can more feasibly be made to proximal causes of disease, such as sanitation and nutrition, than to change distal causes such as social factors that might precipitate the antagonism of powerful American industry. The use of the medical model enables policy makers to conscientiously try to improve public health without having to confront powerful interests.

Despite biomedicine's hold on American culture and society, many people outside of medicine define health and illness differently. The *New England Journal of Medicine* (Eisenberg et. al., 1993) released a study stating that "roughly 1 in 4 Americans who see their medical doctors for a serious health

problem may be using unconventional therapy in addition to conventional medicine for that problem" (p.251). The study also reports that "for medical doctors currently caring for patients with back problems, anxiety, depression, or chronic pain, the odds are greater than one in three that a patient is simultaneously using unconventional therapy for these medical problems" (p. 251). This suggests that many people are beginning to define health and illnesses differently than biomedicine does. Berger's and Luckman's social constructionist theory, again, can help explain why people are beginning to favor biomedicine less. According to this theory, the reason people are using alternative health systems is because the positivist tradition that legitimates medicine is coming under fire. In the past, scientists in the positivist tradition have had almost complete monopoly over the sciences. These powerful intellectuals gave medicine the legitimacy it needed in order to out-compete other health systems that did not use a positivist model. With the influx of new theoretical and ideological perspectives recently, especially alternative and New Age healing, there is a proliferation of intellectuals that espouse these ideas who compete with positivist intellectuals for influence. As these new theoretical/ideological ideas diffuse into American culture, the medical model will lose more of its legitimacy. Additionally, the increase in multiculturalism has also brought about new theories and symbolic universes that compete against positivism. This, again, reduces the legitimacy of biomedicine, and increases the legitimacy of alternative health systems (i.e. homeopathy, herbalism, acupuncture, and Chinese medicine). As a result, people are beginning to adopt alternative models of health and illness.

In addition to the theoretical explanations, people are turning to alternative medicines because there are health problems that biomedicine does

not treat as well as other health systems. The same *New England Journal of Medicine* reports that more than 1 in 3 patients seek alternative treatment for back problems, anxiety, depression, and chronic pain (Eisenberg et. al., 1993). Medicine offers inadequate therapy for chronic pain. Commonly treated using pain medications, chronic pain patients must cope with side-effects such as sedation, gastrointestinal upset, nausea, and addiction among other symptoms. With the proliferation of alternative health systems (due to the processes explained above), people have more options for pain management. Anxiety and depression are also conditions that are commonly beyond medicine's ability to treat effectively. Once more, the patient must often cope with adverse side effects of drug therapy. Alternative health systems may provide other options for the patient that are more amenable. Thus people are starting to use alternative models of health because the symbolic universe of positivism is losing influence and because alternative health systems are becoming more prevalent, giving patients viable alternatives to biomedicine.

The Ngos have settled and established themselves in America during a time when biomedicine remains the undisputedly most prominent medical system, but is nevertheless being undermined by numerous other healing systems that generally fall under the rubric of "Alternative medicine."

Healing Systems in America: Perspectives of the Ngos

While the Trinhs view the organization of the healing systems in Vietnam in a manner that is consistent with each other, the Ngos of the United States present with diverse views of the organization of the American healing systems.

Mrs. Hao's perspective

Mrs. Hao believes that biomedicine is predominant in America. One of the main reasons she describes is due to its efficacy.

> Biomedicine is still better--to me, its still better. There's no way you can prove otherwise. It is improving a lot. That's why people now live longer lives, and they don't die from things like being <struck by the wind>

Despite these convictions, however, Mrs. Hao also sees a lot of overuse of biomedical treatments, especially surgery.

> The only thing that I disagree is--everything has to be operated on! Some things you really don't have to have operations for. Like people who have cancer. Sometimes, they don't need the operation, people still live longer....The doctor always wants to operate, and say "Well, you have a chance to live." But then after the operation, the cancer spreads more.

Under the biomedical system, Mrs. Hao explains that medications are more popular than hospital based services because they are easy to buy and require little knowledge to use. Hospital care, on the other hand, is expensive and reserved for serious illnesses. However, she believes that hospital care represents the best sort of healing available in America.

In addition to her preference for biomedical remedies, Mrs. Hao uses several other remedies in her personal and family's health. She does not describe these as healing systems however, but rather refers to them as discrete treatments. Below, she ranks these treatments from most to least frequently used.

> -Headache-use [Tiger Balm] and massage both sides of my forehead.
> -[Colds/flu]-put my body in a blanket with herbs in boiling water [herbal stem bath]
> -[Colds/flu]-Use a coin dipped in [Tiger Balm] ointment and scrape on the back and both sides of my upper chest.

-Use a glass sterilized by flame with 90% alcohol put on the skin in the affected area. Then puncture with a sterilized needle so the bad blood comes out. (This method treats skin diseases or infections)
-[Last resort]-Take medicine under a [biomedical] doctor's recommendation. We mostly like to use antibiotics.

Mr. Hao's perspective

Like his wife, Mr. Hao maintains that biomedicine is the one and only predominant healing system in America. This system has achieved such a high degree of efficacy in the US that it makes other healing systems insignificant. "Modern medicine, that's the only system." The drawback of this system, however, is that treatments may also cause long-term harm to the body, as in the case of cancer from radiation and resistance to antibiotics. While Mr. Hao feels that Americans do not acknowledge the predominance of any other system besides biomedicine, he personally uses other healing systems in his own health care. Nevertheless, Mr. Hao uses biomedicine most frequently. For example, when he has headaches, he takes a Tylenol. For stomachaches, Mr. Hao uses Pepsid AC. While Mr. Hao distinguishes Chinese medicine (which corresponds to Thuoc Bac) and Vietnamese medicine (which corresponds to Thuoc Nam), he uses the two with equal frequency, after modern medicine. He explains that Chinese and Vietnamese medicine have long term benefits, and is good to use for the maintenance of health and the prevention of sickness. Mr. Hao believes, however, that Chinese and Vietnamese medicine does not have the degree of efficacy and ability to treat a broad spectrum of diseases that biomedicine has. In addition, its side effects are unknown and its therapeutic effects are hard to prove However, he has read that Chinese medicine has been seen to help stomach sicknesses, hemorrhoids, and asthma. He recalls a recent experience he had with this healing system. Mr. Hao used acupuncture for his back pain after pain medications failed to bring adequate relief. Several weeks after his

last acupuncture session, Mr. Hao began to feel better. However, he is not sure whether this is due to the acupuncture, or his body's own healing faculties. Like Chinese medicine, Vietnamese medicine does not have clearly proven therapeutic effects. However, Mr. Hao believes that it can help with a small number of diseases, such as diarrhea, asthma, and fever. In addition, Vietnamese medical remedies are cheap and easily accessible, even in the United States.

James' perspective

James reports the pharmaceutical drugs as the most popular healing system. The advantages of this system are that it works quickly, has readily noticeable effects, and requires little active participation. The disadvantages include side effects that can be harmful to the body and drug dependency. In addition, pharmaceutical drugs are less accessible than his preferred method of mind-over-body healing. Illnesses that are typically treated by pharmaceutical drugs are colds, coughs, pain, and fevers. James also talks about his own use of this system.

> This is what I commonly use now for colds, fevers, and headaches. It is quick, easy, and accessible. However, I always feel uncomfortable using pharmaceutical drugs.

Because of his concerns about the adverse side effects of drugs, James uses them second to mind-over-body healing.

The healing system that he ranks as second most popular encompasses positive thinking, mind-over-body healing, and psychic or energy healing. He maintains that this system does not require the use of drugs, which may be harmful to the body, but that it is dependent on the individual's own mental strength. Another disadvantage to this system is that it has not been proven by

doctors. The illnesses that this system typically heals are headaches, pain, and fatigue. James describes his own experience with this healing system:

> When I had headaches, I used this system. Also, in martial arts, I've used this technique to regain the energy and maximize the efficiency of my resting. However, this technique requires a lot of time and concentration.

As he alluded, the time and concentration it takes limits its usefulness to him. "I've had some training, but [it] takes too much time and concentration with more subtle physical results." Despite this, James chooses this healing method over any other that he describes. This suggests that James values personal involvement in illness care and safety over the speed and observable efficacy of biomedical drugs.

The third most popular healing system that James cites is herbal medicine. He does not describe this system in relation to a specific culture, but rather characterizes it as the use of natural resources. A disadvantage of this system is that it requires a large amount of time and knowledge to appropriately use herbs. The illnesses that are typically treated, according to James, are coughs and colds. However, James states that he uses this method least often.

> I've never had much experience with this system. If I had, I would've ranked it higher. However, I ranked it so low because it is so inaccessible to the common populous--a major weakness.

Despite his lack of experience with this system, James recognizes the complexity that is involved in learning about and using herbal remedies.

Valerie's perspective

Valerie's views also diverge from that of her parents. She rates over-the-counter (OTC) drugs as the most popular healing system, explaining that fast and effective relief are its major advantages. Valerie shares similar concerns that James has about medications , she maintains that drug dependency in

addition to other side effects are major disadvantages, along with the potential for overdose. OTC's are commonly used to treat common ailments and minor problems. Valerie explains her own usage of OTCs. "Whenever I have colds or headaches, I usually take over-the-counter drugs to relieve the symptoms." Her use of this system is second only to lifestyle changes which will be discussed further.

Valerie defines the second most popular system as "Physician-prescribed medication and the medical exam." The advantages of this system the patient gets "'expert' knowledge and advice about treatment , scientifically proven to treat particular illnesses." Disadvantages include possible side effects, overdose, and the potential for misdiagnosis. Valerie explains that this system is typically used to treat more serious physical conditions and chronic illnesses. While she considers this to be America's second most popular healing system, it has only played a small role in her own life. Valerie ranks this fourth in terms of the personally most often used system. She explains that

> I have a lot of faith in medical diagnoses, but have learned to feel a bit guilty in seeking medical attention because it is often too expensive.

Valerie indicates that guilt of spending too much money limits her use of this biomedical treatment. While she is currently enrolled in her university's health care system, and therefore does not have to pay for most doctor visits, she still maintains an attitude that involving a physician is excessive. This attitude has been carried over from her childhood living with her parents. The Ngo family's insurance plan in the past has typically covered only very high cost medical care, and therefore carried a large deductible. As a result, most visits to the doctor required out -of-pocket spending. In addition, there have been several occasions when the Ngos went without any medical insurance. Due to these

factors, Valerie has grown up with the attitude that visiting the doctor is too costly. Despite this attitude, she has gone to the doctor when her symptoms are severe enough, albeit still feeling guilty. Valerie describes one experience.

> Recently, I went to see a doctor for a bladder infection and was prescribed antibiotics (sulfumethox-TMP) and sedatives (phenazopyridine). The medications relieved the symptoms in a matter of days.

Lifestyle changes and preventive measures represent the third most prominent American healing system. It is safe, has no chemical side effects, and gives the individual feelings of empowerment. However, it also "requires much patience, discipline, and sacrifice of old habits." She explains that this category, out of all the healing systems, has had the most impact on her life, both in her day to day activities and her long term plans. She explains its role in her life.

> I believe the way we live our lives will ultimately reveal themselves in our physical condition, so its important to treat our bodies well now...For the past 3 years, I made a serious effort to exercise regularly and to eat a low-fat, low-calorie diet to maintain a healthy mind and body. This last year, however, I've lost much of my discipline and motivation--which has been partly a result of re-focusing my energy and attention to my studies....

Valerie's statement reflects her belief that one's lifestyle is inextricably tied to one's health. This is a notion that has been emphasized in the holistic health movement, and many other healing systems. It has also been given increasing recognition in the biomedical field. In fact, the dietary prescriptions that she mentions are biomedical. Despite the difficulties with maintaining a healthy lifestyle, Valerie believes that lifestyle changes are becoming more popular as a way to maintain health and as preventative measures for cancer and chronic health problems.

> I think people in general are becoming more aware of health issues and the importance of maintaining a healthy lifestyle. They are

> taking an active role in preventing future medical problems and, in the process, empowering themselves by the benefits of a well-balanced mind and body.

Valerie believes that traditional or "ethnic" healing constitutes America's fourth most popular healing systems. This involves belief in family traditions and healing practices. The major disadvantage to traditional/ethnic healing systems is that treatment and effects are not easily explained in scientific terms. Consistent with the her familial role and attitudes described in Chapter 3, this healing system is not among the four systems that Valerie personally uses most frequently. However, she has had some personal experience with traditional Vietnamese healing.

> About 5-6 years ago, I came home from the beach with an extremely painful sunburn on my face. The surface of my skin began to crack and peel excessively. Noxema, lotions, Vaseline, cold water--nothing seemed to relieve the burning and dryness of my skin. My mother treated my skin with tea leaves covered by a warm and wet towel on my face for a few days, which seemed to find better results.

In addition to healing sunburns, Valerie reports that traditional healing can also be used to treat common ailments and minor problems.

Although not a popular healing system (she does not rank this among the four most popular), Valerie personally uses what she calls "mind-over-body healing, " in which "I often trivialize symptoms I experience and hope that they'll eventually subside if I concentrate hard enough." She ranks this as third most frequently used on her list of personal healing systems. While she uses this healing method, she perceives that the American society does not recognize the intimate relationship between the mind and the body, unlike James' perceptions.

Valerie's illness experience with peptic ulcer disease illustrates her own personal hierarchy of treatment choices that she describes above:

In 1994, I experienced unusually severe stomach discomfort which lasted for approximately 2-4 days and which occurred once in the month of August and once in October. The symptoms that I experienced were similar both times, except they seemed to worsen the second time.

In August 1994, as I began my morning shift at [the restaurant I worked at], I began to feel a bit of nausea and shortness of breath. I figured it was nothing; perhaps I was just tired and feeling a little groggy from lack of sleep.

I began to feel worse as the day progressed. I felt light-headed; my muscles ached (especially in my upper body); I began to have shivers and cold sweat periodically; and I had sharp pains at the side of my stomach.

Various co-workers attempted to diagnose my condition and recommended several combinations of food and beverages--I vomited, within minutes, anything I consumed. I was physically exhausted by the time I came home (around midday) and slept until the next afternoon, taking no medication, food, or water.

The next day, aside from feeling a bit dizzy and fatigued, I felt a lot better. I still could not eat much, but I managed to have a light meal and drink plenty of fluids without vomiting. I felt completely recovered the morning after--and famished!

In October 1994, I woke up in the middle of the night because I felt a stabbing pain at my side and lower abdomen. I figured it might be menstrual cramps, but it wasn't. I began to vomit and to sweat profusely. I took Maalox, but the pain and discomfort continued. I tried other antacids, but none of them seemed to work.

My stomach pains (accompanied by nausea and vomiting) seemed to occur erratically. Some days, my symptoms lessened and other days, they worsened. My condition lasted for 4 days before I finally decided it was serious enough to see a doctor. I was prescribed Zantac for the treatment of peptic ulcer disease. The symptoms subsided in a matter of days.

I haven't experienced anymore occurrences of the "stomach flu," though I occasionally feel mild stomach discomforts, such as cramping and bloatedness, after I eat or drink.

When Valerie began to experience the first symptoms of the ulcer, she explained that it was due to being tired and lack of sleep. After her condition progressed, she tried various foods and drinks on the advice of her coworkers. When she got home, Valerie tried to treat herself with rest, light meals and fluids. These

treatments all fall under what Valerie considers lifestyle changes (sleep, rest) and proper diet (light meal, food/drink combination, and fluids). This illustrates the emphasis that she places on this method as the first resort when treating illnesses. During her second episode with the illness, Valerie could not adjust her eating or drinking pattern to treat her condition, nor could she try to rest by sleeping. The treatments that had been effective previously could not be implemented because the symptoms precluded it. She could not eat or drink because she was vomiting too much and she could not sleep because the pain. Thus, Valerie resorted to her second treatment method of choice. She took some Maalox, an over-the-counter medication. Despite the lack of efficacy of the OTCs, Valerie delayed seeing a doctor for four days. During these four days, all other treatments failing, Valerie was probably trying to minimize the significance of her symptoms in hopes that they would disappear. This is an example of her use of "mind-over-body" healing. Finally, she decided that it was serious enough to go to the doctor, her fourth healing option. Valerie's experience suggests that the hierarchy of healing systems that the participants construct is not artificial, but rather has practical implications for their health care.

Mark's Perspective

Mark ranks "modern medicine" as the most popular healing system in America. He explains that modern medicine is fast and effective, being able to treat a wide range of illnesses. In addition, it places less emphasis on the patient to heal themselves. However, modern medical healing techniques are often too expensive, too invasive, and have too many side effects. While it may be popular, Mark explains that he uses it third out of the four healing systems he describes.

> Getting my wisdom teeth pulled out was really nerve racking because I had to trust someone to go inside me and take my teeth out. The surgeon prescribed some strong pain medications for after the surgery. I only took them for a day, afterwards, I relied on visualization to control my pain. Medications are just too invasive for me. They don't work with my body, they work in spite of it.

While Mark believes in the efficacy of modern medicine, he is not comfortable with being vulnerable to the actions of outside forces, be it a surgeon or exogenous medications. To him, use of modern medical remedies represents a loss of self-control.

Mark ranks alternative herbal remedies as the second most popular healing system. He explains that herbal remedies may heal some diseases that biomedicine cannot. However, like any other medication, herbs are exogenous and may disturb the body's own equilibrium. He has had little experience with herbal remedies, using this form of healing least frequently, and maintains a degree of skepticism towards them.

> I don't remember if I've ever been treated with herbs before. But it is getting to be a popular fad now because people say that it is "natural." I am still skeptical about that, because it is still a drug that your putting into your body. Marijuana is an herb, for example, but definitely has bad side effects for your body.

Mark describes the same resistance to exogenous forces that he talks about in reference to modern medicine.

Mark describes the third healing system as psychic healing/visualization, which he uses most frequently. For him, this sort of healing is natural and uses the individual's own resources to heal him/herself. Moreover, he explains that "psychic healing not only heals the body, but it reestablishes and strengthens a person's ties to the energies around [them]." Mark also maintains that psychic healing is an inexpensive form of healing. He describes one experience he had with this form of healing.

> One time, while playing basketball, I sprained my ankle really badly. It was so painful that I couldn't even walk off the court. When I got home, I spent all night visualizing. By the next morning, my ankle was a little stiff, but the pain had dramatically decreased, and I could walk on it with only a slight limp.

For Mark, psychic healing not only represents a way to treat illnesses, but also serves as a medium for spiritual development. In addition, the technique that he describes, visualization, allows him to treat his illnesses himself, thereby obviating the discomfort of having someone else be in control of his health. Despite the advantages the this system affords him, Mark explains that this form of healing takes practice, consistency, mental discipline, and time. In addition, its effects have not been adequately proven scientifically.

The least popular healing system that Mark recognizes is traditional healing. He explains that this involves remedies passed down from generation to generation, and also remedies that are unique to a specific culture. The benefits of this system is that it is economically feasible, not very invasive, and provides some relief for minor ailments. The disadvantages of this system is that it cannot heal complicated sickness, and its efficacy overall remains scientifically questionable. Mark gives an example of a time when he used this form of healing.

> When I was little, my mom used to scrape my back with a coin dipped in ointment whenever I had a bad cold. She apparently did this to release the bad wind. I remember afterwards, feeling very relaxed and less congested, and being able to fall asleep comfortably.

Mark maintains that he uses this system with the same frequency as he uses modern medicine. "Even though it is less invasive, it often requires that someone else treat me, which is hard because my roommates don't know how to do this kind of treatment. In addition the ointment is not readily available."

Thus, while this healing system is not invasive, it requires the involvement of another person and is relatively inaccessible to the common person.

While he believes that modern medicine has a firm hold on American society, he also observes that there is a trend going towards less invasive and more holistic forms of healing.

> Despite the proven effects of modern medicine, people are looking for more cost-effective and less invasive forms of healing. There is also a movement towards natural health and prevention.

Marion's Perspective

Like Valerie, Marion believes that the use of oral medications constitutes the most popular healing source in America. However, she does not make the distinction between physician prescribed and nonphysician prescribed medications. Marion describes the popularity of this system both in American society and in her own life. The use of oral medication

> is popular and done almost subconsciously. Being raised in a society which teaches us to "pop a pill" in order to relieve pain, its no wonder I instantly "pop a pill" to relieve any type of pain.

She observes that "pill popping" is a well established method to control pain--one that she does not dispute. Her statement suggests American society's strong influence on her health practices. Valerie cites this system as the second most frequent method that she uses, next to having a good diet. She believes that the major strength of oral medications is that they are inexpensive and widely available. However, slow results, "relief doesn't occur overnight per se," is its major weakness. While most of the participants agree that biomedical medications work quickly, Marion's opinions differs. Oral medications fail her expectations for quick relief. It is interesting that she cites this as a major weakness whereas the other Ngo children list adverse side effects instead. This

suggests that Marion has confidence in the safety of biomedical drugs. Valerie describes her experience with oral medications.

> During a common cold, cold tablets reduce the running nose, and headaches that accompanies a cold. Usually, if the tablets does not cure the cold in a week, a different medication is taken. At such time, penicillin pills are used/consumed orally for the next 3-4 days. This method has provided satisfactory results for me.

Despite believing in the safety of oral medications, the method that Marion describes above is generally thought of by the biomedical profession as being dangerous. Antibiotics are used to kill bacteria and are useless against viruses. The common cold is caused by a virus and so is not cured by antibiotics. In addition, indiscreet use of antibiotics can cause the proliferation of resistant strains. However, Marion has observed "satisfactory results" from this method. This indicates that there are other factors inherent in her method that speeds her healing. One factor may be what is often described as the "placebo effect." The healing process be increased by virtue of her belief in the efficacy of these biomedical drugs. Another explanation is that the illness has actually gone through its natural course, but that Marion attributes the healing to the antibiotics because of her confidence in them. In addition to helping with the common cold, Marion states that oral medications are also useful for headaches and stomach upsets among other things.

Marion characterizes the second most popular healing system as needle injections, pointing out that it gives fast relief. She describes an experience she has had with needle injections.

> Once when I consumed a contaminated sushi/sashimi piece during lunch time, the next morning, a rash broke out on my legs, arms and neck areas. The rash did not itch but its appearance was an eye sore. These bumps were small but reddish-pink. The doctor gave me a shot to relieve the symptoms. I could've taken tablets,

> but the relief would have taken two weeks, whereas the injection got rid of the rash in only a couple of days.

While injections provide rapid healing, Marion avoids using them,. She ranks this form of healing as her fourth most frequently used system. She explains that the needle injection "is usually avoided due to my personal fears of needles. Also with the AIDS epidemic, I'd rather reduce my chances of catching the deadly disease." Despite these fears, Marion chose to receive an injection instead of oral medications in the case that she describes above. While the rash did not make her physically uncomfortable, the rash affected her appearance enough that Marion was willing to risk an injection. This example illustrates the importance of physical appearance in defining health and illness. In addition her fears, Marion also explains that needle injections, unlike oral medications, are expensive and not easily accessible.

The third most popular healing system Marion describes is herbal medication. She explains that although the effects are not yet clearly known to the common population, new studies are beginning to provide positive results. Her own experience with herbal medication has been small.

> The closest "herbal medication" I've ever taken was herbal tea to cure my mood swings on a bad day. The result was positive...I usually feel better and more relaxed.

Marion explains that while she rarely uses this method (ranking it third most frequently used), she would like to incorporate it into her own health care. Herbal medication "is hardly used because this method is expensive and difficult to obtain. I've read several literature on herbal medicine and have a desire to integrate this type of medication in my life."

The fourth most popular healing system in America is maintaining a nutritious diet. Valerie explains that if a person is consistent in maintaining a good diet, he or she will benefit from long term healthy habits. However, busy

schedules prevent people from choosing appropriate meals. This method is good in controlling obesity, heart attacks, and hypertension. While it's prominence is low in American society as a whole, a healthy diet is Valerie's first choice for maintaining good health. A good diet

> is preferred as a preventive measure to good health. A healthy diet gives me energy and keeps my mind clear and positive. When I'm depressed, I consume foods that are bad for me and such behavior worsens my mood. Therefore, a healthy diet with appropriate exercise keeps me motivated.

> This is the most popular health choice I chose for myself. As one gets older, one realizes that certain types of food no long compliment one's lifestyle. For instance, Mac Donald's hamburger was the best treat when I was younger, but now, that kind of fast food productions makes me physically ill. The grease affects my stomach too quickly. The "bad" greasy, buttery, and creamy foods result in a stomachache after its consumption. Psychologically, I "feel" better eating fresh, steamed veggies, so to avoid the grease.

Marion's description illustrates the importance of the symbolic meaning attributed to certain foods in influencing one's perceived health, and hence adds another dimension to one's conception of health and illness. The symbolic dimension of health and illness is particularly lacking in biomedical thought. However, her dietary prescription of eating a low fat diet most likely biomedical of origin. As one can see, Valerie and Marion appear to have adopted their parent's emphasis on maintaining a healthy diet, as was alluded to in Chapter 3.

In reference to the changes that are potentially occurring in America's healing systems, Marion explains that

> in general, I don't believe that the systems I've talked about have changed too drastically. Perhaps more emphasis have been made for herbal medicine studies, since conventional oral medication is not always as effective.

What is most notable about the Ngo family's perspectives is that they are so diverse. Yet within the diversity, there are some consistencies. All the Ngos recognize the popularity of biomedicine. Mrs. and Mr. Hao both use category of Western or biomedicine to describe America's predominant healing system. In their view, biomedicine is so firmly entrenched in the American way of life that they maintain that Americans do not recognize other medical systems Contributing to this perspective is their own belief that Americans do not recognize or understand other cultures, including the Vietnamese culture. In their own lives, Mr. and Mrs. Hao have felt discrimination by other Americans because of their race and culture. This has led them to view the American society as being less open and knowledgeable about other healing systems. In addition to this, Mr. and Mrs. Hao have also brought their own preconceived notions about America with them from the old country. Included in this notion is the strong association of American's and biomedicine. The only Americans that the Ngos knew were GI's from the Vietnam-American War, who predominantly used biomedicine for injuries and sicknesses. Hence, their unique personal experiences, in addition to biomedicine's historical dominance, contribute to their strong association of American society with biomedicine.

The Ngo children also recognize biomedicine as the most dominant system. James, Valerie, and Marion all ranked biomedical drugs as the most popular method of healing illnesses. While they did not use the category "biomedicine," the pharmaceuticals they describe are of biomedical origins. It is interesting that Marion makes the distinction between oral medications and injections as two different healing systems, despite the two being traditionally classified under "biomedicine" category in the literature. Valerie makes a similar distinction between OTC medications and the physician visit and prescriptions. Their

classification suggests that the biomedical healing system have become so integrated into their belief systems that the biomedicine category has become a background in which they are able to recognize the more detailed subcategories within this larger category. Mark, on the other hand, does recognize the biomedicine as a category. This may be due to his undergraduate minor in Anthropology, within which such categories are part of the academic language.

In addition, the Ngo children ranked low cost biomedical remedies high, and did not even include high-cost biomedical procedures (i.e. surgeries and CT scans.) in the four most popular list. Moreover, James did not even include this at all (he only ranked three systems, and therefore had room to list a fourth category but did not). This initially surprised me, since biomedicine has often been praised (and criticized) for its high tech medical therapies. However, the Ngo children are still young adults. Most of the illnesses that affect people in this age group (20-30 years old) are relatively minor acute illnesses. Figure 2 shows that the days of hospitalizations (which is indicative of serious illness) increase with age.

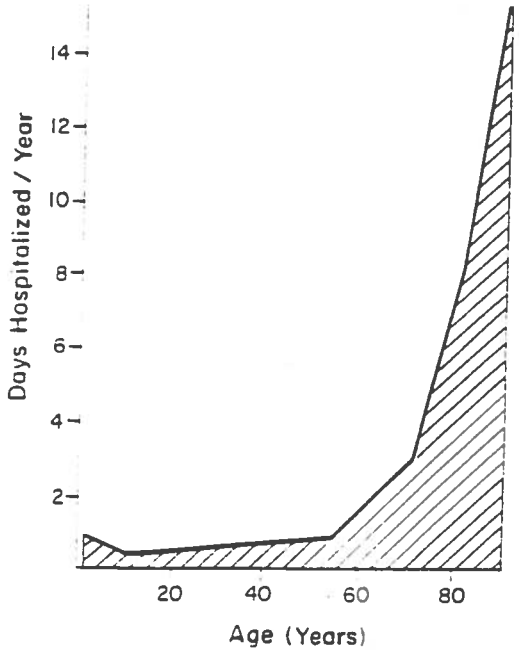


Figure 2. Days spent in Hospital according to age. Source: Timiras 1988, p.34.

The lack of familiarity that they and their same age peers have about serious illnesses and the high-cost, high-tech procedures used to diagnose and treat them may explain why they do not consider this a popular healing system.

Another theme that persists within the Ngo family is the importance of non-biomedical self-care, despite their opinions that most Americans favor biomedical remedies. They believe that their personal preferences differ from that of the majority of Americans. Mrs. Hao uses several traditional remedies before she uses biomedicine. Valerie and Marion both emphasize healthy lifestyle and dietary habits as their major healing system. James and Mark also de-emphasize biomedicine, using mind-over-body healing instead. Each individual has reasons for relying on these methods, including the belief that their preferred method is efficacious. Mrs. Hao also uses them because she is more accustomed to these therapies. Valerie maintains her health with what she believes to be proper eating and lifestyle habits partly due to the cost of biomedical treatment, adverse side effects, and her belief that the body is intimately tied to one's lifestyle. Marion also believes her lifestyle and diet are intimately tied to her health. James uses mind-over-body healing because it represents a safe and natural alternative to biomedical drugs. While Mark also prefers this method, his reasons for using it are different. He places a very high value on self-determination, such that he does not trust exogenous therapies. Use of these therapies represent a loss of control to him. Thus, Mark has extended the archtypical American values of individuality and self-determination into his own health care choices.

The Ngos perceptions of the organization of healing systems as well as their preferred healing systems are, at a larger level, influenced by the American

society and their own experience within this soćiety. The dominance of biomedicine is palpable to the Ngos, and their ranking of the biomedicine, or some component of biomedicine reveals their awareness of this. However, American society is also rich with other less popular healing systems. Again, the Ngos mirror this diversity when they describe and categorize the healing systems that come after biomedicine in popularity, and in the healing systems that they choose to use in their personal life. This is in contrast to the Trinhs who exhibit considerable degree of consistency, both in the systems they perceive to be popular and the systems they use in their own health care. Their views are, in part, influenced by the policies set forth by the Vietnamese government , which seeks to make biomedicine and traditional Vietnamese medicine complementary and equal systems. Thus, the general pattern by which the branches of the extended family characterizes healing systems is a reflection of the values and prevailing thoughts of the respective society that they live in.

Chapter 7: Comparison of Health Beliefs

The categories that the participants form to help make sense of the culture of healing in their respective country and information processing infrastructure of both family branches that is described in the previous chapters contextualize the health beliefs of the Trinhs and the Ngos. As was suggested earlier, the family infrastructure influences how health information is transmitted among family members and the likelihood that the information is incorporated into the individual members' belief system. Likewise, the participants' perceptions and preferences of the healing methods in their society also help to shape their health beliefs. The findings illustrated in the previous chapters predict that health beliefs are communicated and incorporated more easily within the Trinh family than within the Ngo family. The following chapter assesses this prediction by considering the health beliefs of each participant. The participants were asked to rate specific causes of illness based on their personal beliefs of how frequently each cause resulted in disease and also what they perceived as the "traditional" Vietnamese view. This was intended to assess the participants' personal health beliefs and how they perceive traditional health beliefs. The consistency with which the participants agree with each other concerning how they characterize health beliefs according to traditional Vietnamese culture is an indicator of how effectively health information of Vietnamese origin disseminates among the members. In addition, comparisons between a participant's personal health beliefs and how they characterize traditional beliefs can be made to assess how much of the traditional beliefs they consciously incorporate into their own belief system. Finally, comparing how they rate their own health beliefs with

1. Humoral imbalance
2. Humoral problem such as having "wind"
3. Hot/cold imbalance
4. "Vital organ" disruption, as defined by Chinese medicine
(Eisenbruch and Handelman, p. 246)

From these categories and field testing, the researchers developed the *Manual for Explanatory Model Questionnaire (Cambodian Version)* for future use as a research tool and as a tool for health workers (Eisenbruch and Handelman, p.248).

The items used in this study were derived from Eisenbruch's and Handelman's' questionnaire. While the original researchers used the questionnaire for a Cambodian population, the literature demonstrates enough similarities between Cambodian and Vietnamese health beliefs (Moon et. al. 1982 and Tran 1980) for most of the items contained in Eisenbruch's and Handelman's questionnaire to be used in my study. Items that referred to Cambodian-specific terms were excluded, however. In addition, causes that were specific to women's health (i.e. pregnancy, birth control, menstruation, etc.) were not included due to the potential of embarrassing the female participants, who would be disclosing this information to a younger male researcher. This decision was made from the experience that I have had with the Vietnamese community and my initial interview with Mrs. Hao. This constitutes a significant weakness of the study, however, for this decision results in the exclusion of an potentially important contribution to our understanding of Vietnamese and Vietnamese-American concepts of women's health. This discussion illustrates the importance of considering the characteristics of the researcher when considering the Vietnamese as a study population.

It should also be noted that the inventory on health beliefs contained in this study uses a sample size that is too small to determine if the results are statistically significant. Moreover, the participants are all from one extended

Figure 3. Traditional Health Beliefs as Perceived by the Ngos

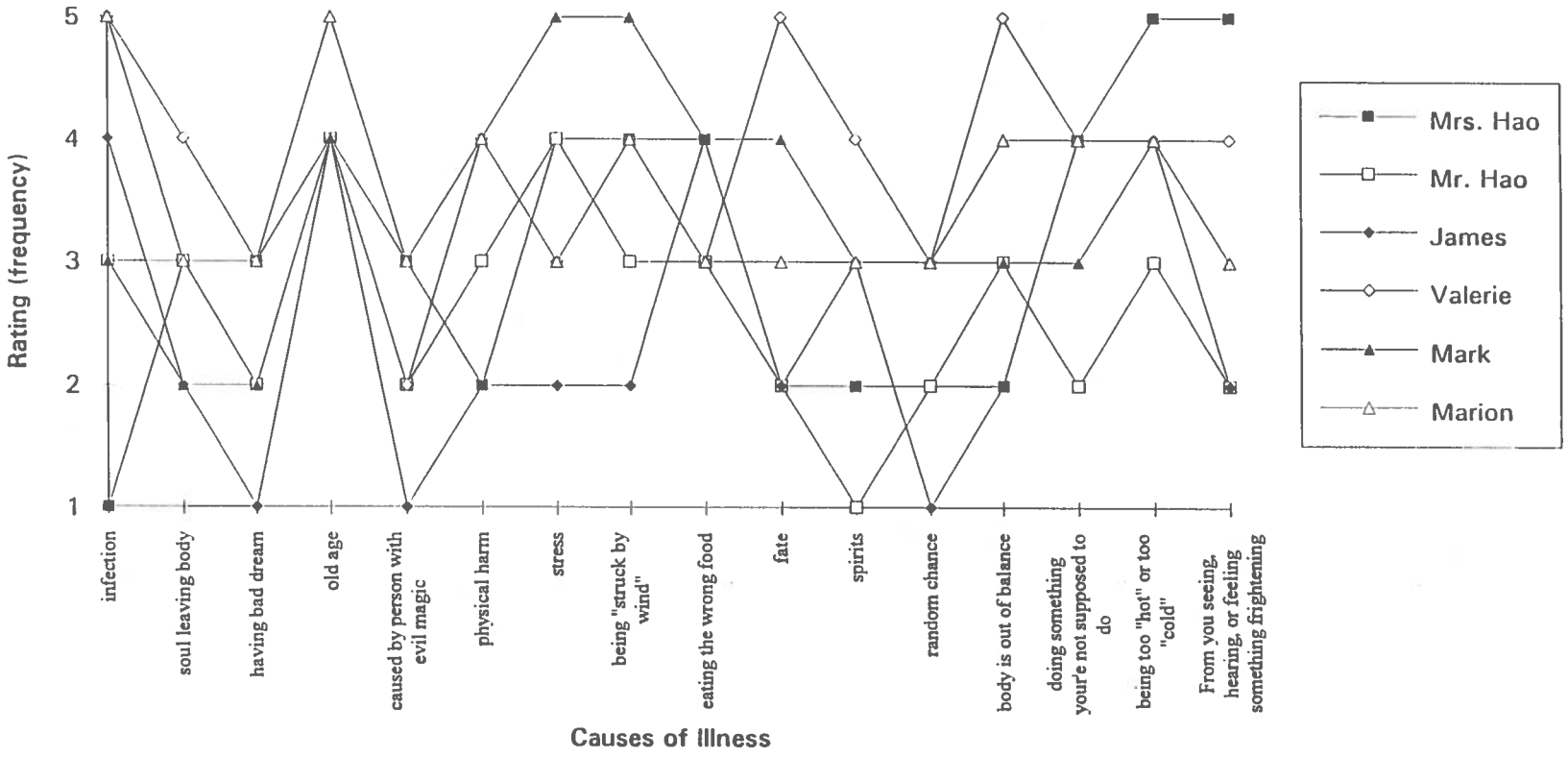


Figure 4. Traditional Health Beliefs as Perceived by the Trinhs

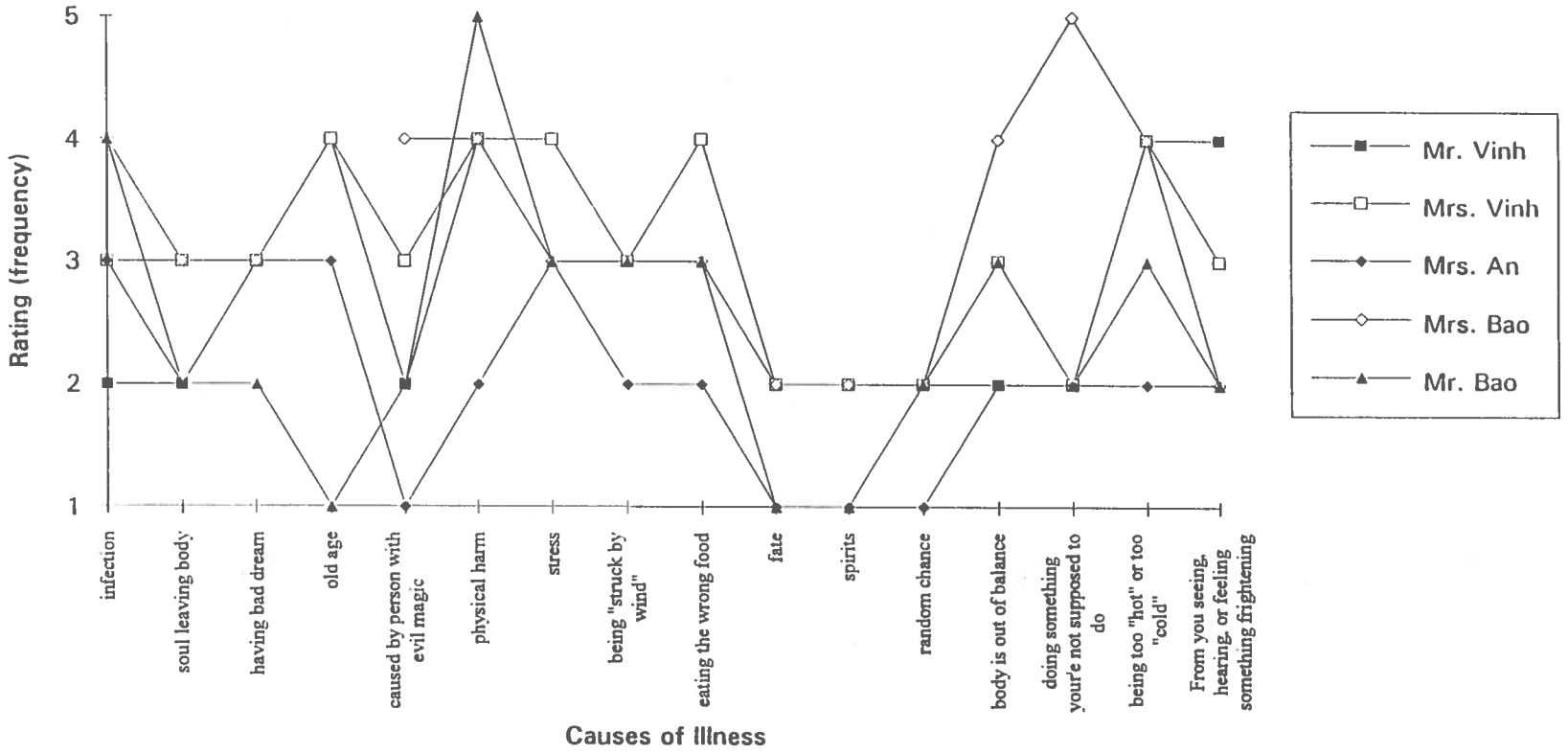


Figure 5. Traditional Health Beliefs as Perceived by the Trinhs (Excludes Responses of In-laws)

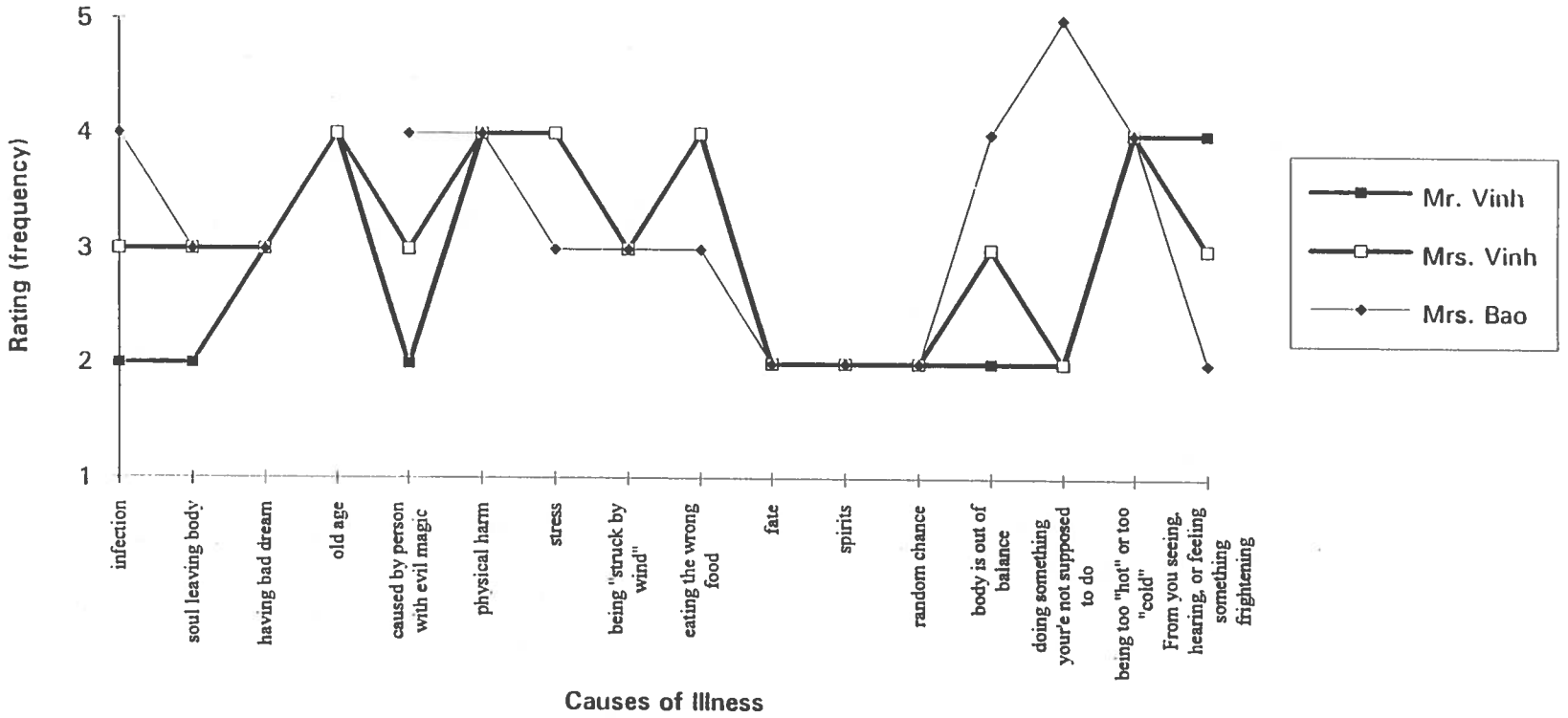


Figure 6. Personal Health Beliefs of the Trinhs

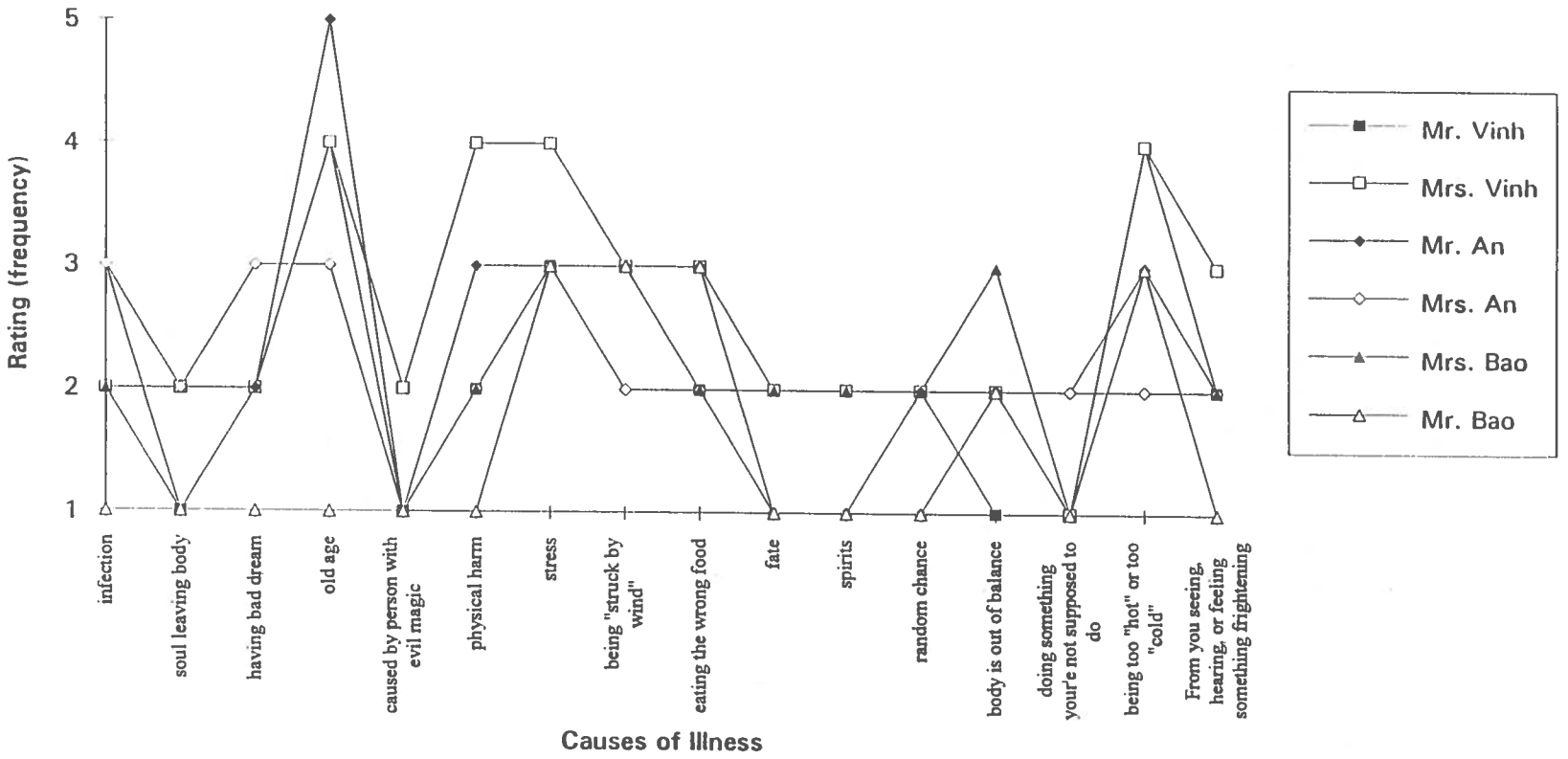


Figure 7. Traditional Health Beliefs as Perceived by the Ngos (Excludes Responses of Valerie, Mark, and Marion)

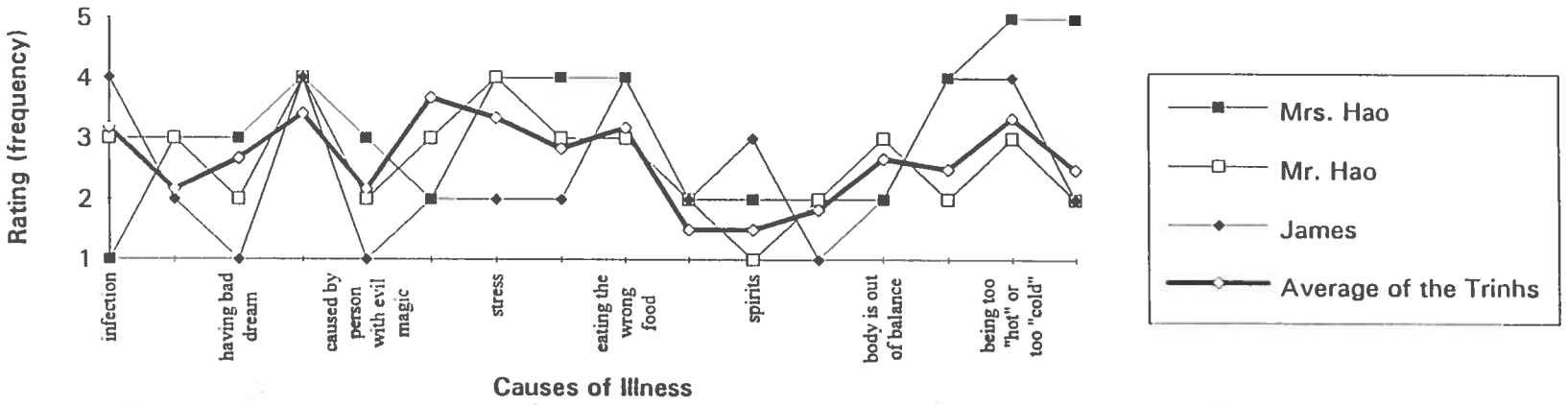


Figure 8. Traditional Health Beliefs as Perceived by the Ngo Children (Excludes Responses of James)

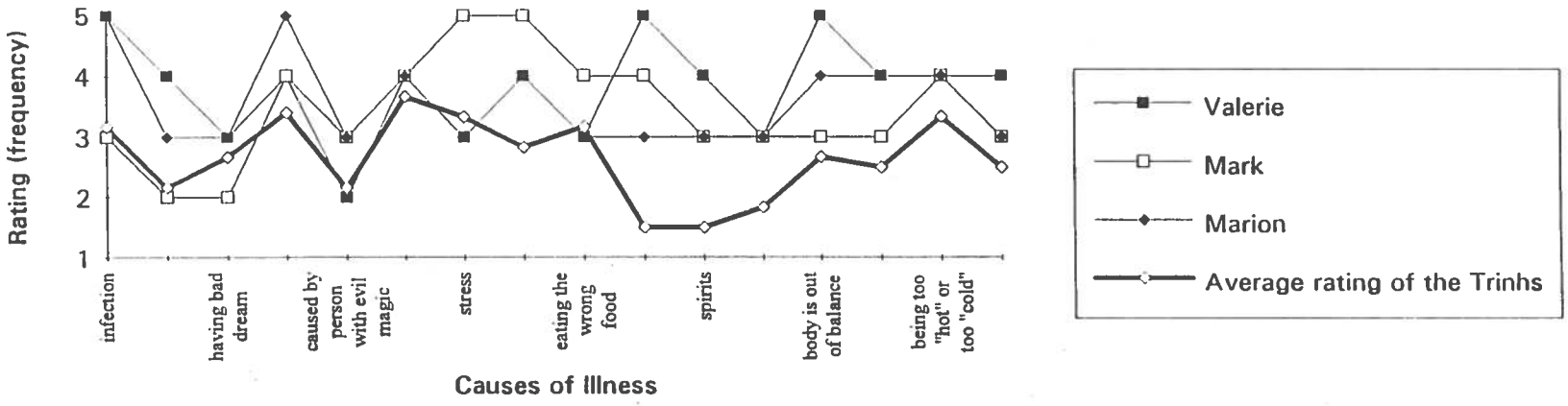
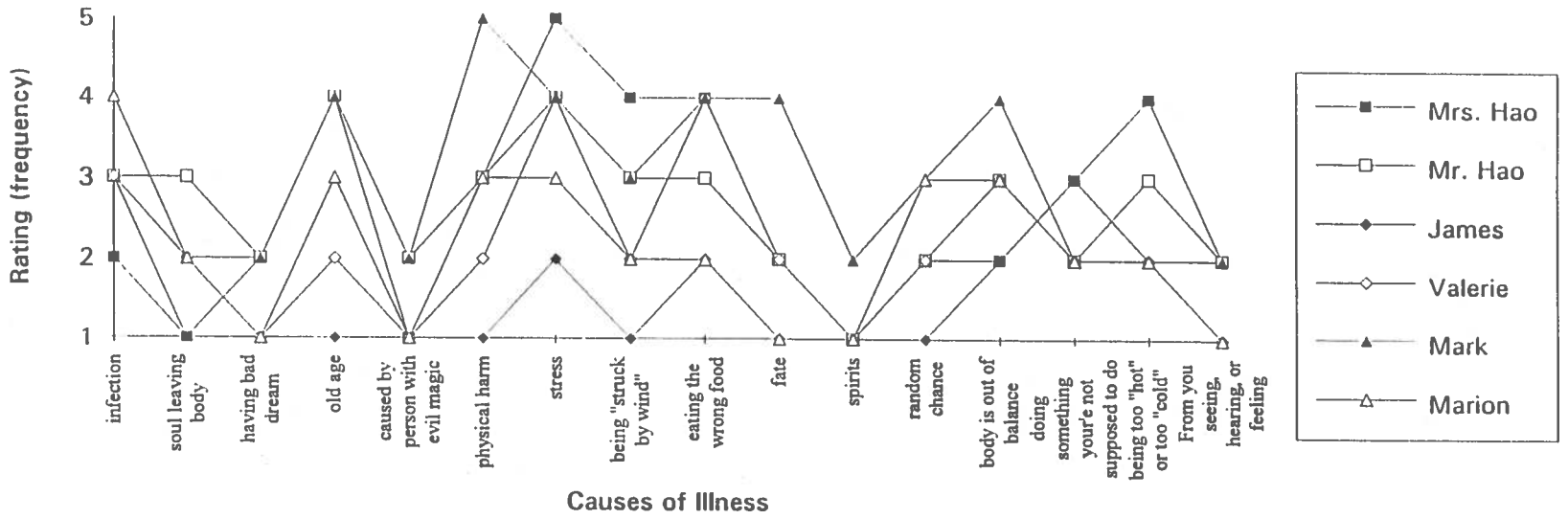


Figure 9. Personal Health Beliefs of the Ngos



use the "natural" and "supernatural" categories in the interpretation of the participants' responses.[11]

While understanding how the participants rated items that they considered to be natural versus supernatural would have yielded interesting results, comparing how the participants respond with respect to one another is also useful. Figures 3 and 4 illustrate the Ngos and Trinhs perception of the "traditional" Vietnamese health beliefs. Both figures show a striking degree of variability with which each member of the respective families rates causes of illnesses, although there seems to be a greater diversity of ratings observed in the Ngo family. While graphs will be used in this chapter to illustrate general trends of how the Ngo and Trinh participants rated the causes of illness, the ratings of all the participants are presented in tabulated form in Appendix B. As I stated earlier, it is beyond the scope of this study to find statistically significant results. However, the results are useful within the context of the findings of the entire study.

The Trinh Family

While the Trinhs appear to show a high degree of inconsistency in their perceptions of "traditional" Vietnamese health beliefs, a closer look reveals that Mrs. An and Mr. Bao tend to rate the items with more disparity compared to the rest of the Trinhs. It is likely that Mrs. An's and Mr. Bao's perception of traditional beliefs diverge from the rest of the Trinhs because they are in-laws of the Trinh and their views of traditional health beliefs may be influenced by their upbringing within different families. The responses of Mr. Vinh, Mrs. Vinh, and

[11]The descriptions of these items will be given. in the participants own words. later in this chapter.

Mrs. Bao show a high degree of consistency.[12] Figure 5 demonstrates the similarity with which the three rate the causes of illness when Mrs. An's and Mr. Bao's responses are excluded. This consistency supports the observation that the Trinh diffuse information within the extended family network efficiently, such that everybody is exposed to similar information about health.

The Trinhs also rate their personal health beliefs with a large degree of consistency. This is illustrated in Figure 6. As the graph shows, most participants rated items within one point of each other. Even Mrs. An and Mr. Bao are relatively consistent with the rest of the Trinh family. This indicates that despite having been exposed to different views while growing up in their respective families, the two in-law participants are now integrated into the Trinh family network and are exchanging health beliefs with the other Trinhs such that they now share similar health beliefs. This demonstrates the efficiency of the information processing and disseminating system used by the Trinh family. While they generally rated their own health beliefs lower than what they perceived traditional beliefs to be, most of the Trinh do not feel that this is due to a difference between their own and traditional health beliefs per se. Rather, it reflects a difference in the living conditions between the Trinhs and most other Vietnamese families. As Mrs. Vinh explains,

> Living in my family and within a small community, I see less illness. But in the larger community of Vietnam, there are some illnesses that don't occur in my family, or if they do occur, they are not too worrisome. I should put it this way: some sicknesses never happen in my family, but in the larger community of Vietnam they occur. Some sicknesses occur in my family, but they do not occur often, but in the community it occurs often. I think the way that I take care of my family is good.

[12]Mr. An did not rate what he thought was the traditional Vietnamese view of how often the causes resulted in disease, and therefore cannot be included in this discussion.

While Mr. An did not rate what he thought was traditional Vietnamese health beliefs, his comments suggest that his own personal beliefs are derived from people in his community. He explains that he learned about his health beliefs "by my own experience and by living in the community today." His wife, Mrs. An, goes further to say that "my ideas are no different from the traditional ideas." Hence, for most of the Trinhs, their health beliefs are the same as that of the traditional Vietnamese culture. The reason why they rate the frequency with which many of the items cause disease higher is because they believe that most people live in poorer conditions than they do and are, therefore, more susceptible to these causes of disease.

Their attitude is different from that of Mr. Bao, however. He maintains that his beliefs are indeed different from that of the traditional culture, primarily because he places higher value on biomedical science:

> If I do have a difference with traditional beliefs, its because I believe in the foundation of biomedical science today, both in my country and in the entire world.

Mrs. Bao also shares similar views:

> In life, the situation is different for people who are poor--not enough knowledge, not enough education, their living is poor. These kinds of people are a lot in number.

Although she believes that the environment of other people contribute to the differences in the attributable causes of illnesses, she also shares her husband's belief that these people lack appropriate knowledge, specifically knowledge in biomedical science. Mr. and Mrs. Bao's attitudes may stem from their occupations. Both are entrepreneurs who are very interested in learning about Western products, not only in order to produce and sell similar items in Vietnam,

but to also stay fashionable.[13] This enthusiasm for Western culture may also make them more inclined to identify with Western culture and less with what they perceive to be the "traditional" Vietnamese culture.

The Ngo Family

Unsurprisingly, many of the Ngos strongly differ from each other in terms of their perception of traditional Vietnamese beliefs and their personal beliefs. Mr. Hao, Mrs. Hao, and James rate traditional health beliefs similar to the way the Trinhs rate them, however. As Figure 7 shows, the three Ngos generally rated the frequency with which the items cause generally within one point of how the Trinhs rated them on average. While it is likely that Mr. and Mrs. Hao rate traditional health beliefs similar to the Trinhs in Vietnam because they had lived in Vietnam for a large portion of their lives, James was only several months old when he left Vietnam. A possible explanation for why James seems to be more aware of traditional Vietnamese health beliefs than his siblings is that he is more receptive to his parents' views. This explanation is supported by James' comment about his reaction to his parents attempts to teach him about proper health practices:

> When I was younger, I took what they said to be more or less true...I think they expected compliance and were glad to have it.

In addition, James was the last child to leave the Ngo household to go to college. Not only did this give him more recent exposure to his parents ideas, but he also lived alone with his parents for one year while the rest of the Ngo children were at college. His parents may have concentrated more of their

[13]While I was with Mrs. Bao. she remarked that what is 6 months passe in America is cutting edge in Vietnam.

attention on him during this year, perhaps imparting more of their knowledge upon him as a consequence. Despite his awareness, James admits that he is not confident about his knowledge of traditional health beliefs:

> I get this impression from what my parents tell me. However, I must emphasize that these are generalizations and vague impressions due to the fact that my parents are virtually my only connection to these traditional views and may not be representative of mainstream traditional thought.

The older Ngo children rated traditional health beliefs greater than the Trinhs did in general, as Figure 8 indicates. In essence, they "overshot" what they thought was the traditional view. This suggests that they have polarized stereotypes about traditional health beliefs, due to their superficial familiarity with these beliefs. Valerie supports this observation.

> I cannot seem to find a logic in how these items cause disease according to traditional Vietnamese culture. Disease is usually explained in terms of the cause and its effects, with little explanation given to the actual causal relationship.

The Trinhs contradict Valerie's observations, however, by suggesting explanations for many of the causes to Valerie refers. The older Ngo children's perception of traditional health beliefs are based upon the assumptions that they make from the limited information that they have about Vietnamese culture.

Like the Trinhs, the Ngos tended to score their personal health beliefs (Figure 9) lower that what they perceived traditional health beliefs to be, with Mr. Hao and Mark being exceptions to this The comments that the Ngo children make about the irrationality of traditional health beliefs suggest that they perceive their own health beliefs and traditional health beliefs as fundamentally different. They rated many of the items that I had originally considered to be "supernatural causes" with a 1 (never causes disease), again indicating that these items are not a part of their belief system, despite giving these items a

much higher rating according to what they perceived to be traditional beliefs. James, for example, personally felt that spirits never caused illness but believed that Vietnamese culture traditionally considered them to sometimes cause illness. Also, Valerie and Marion do not believe that having bad dreams, spirits, and seeing, hearing, or feeling something frightening can cause illness, but maintain that traditional Vietnamese people believe that these things sometimes or often cause disease. Marion also thinks that traditional Vietnamese culture attributes many illnesses to evil magic (she gives this item a rating of 3) although she does not believe it herself. These examples lend support to the idea that the Ngo children attribute a much greater degree of supernatural thought to traditional Vietnamese beliefs than to their own. In addition to this, the Ngo children's rate their personal beliefs of the frequency with which being struck by the wind and being too "hot" or "cold" caused disease lower than the ratings that their parents give. This suggests that the children have less conviction about humoral causes of disease than their parents.

While Mrs. Ngo shares many of the same beliefs in the causes of illnesses with what she perceives to be the traditional Vietnamese culture, she does disagree with some causes. While she believes that evil magic and the soul leaving the body is sometimes attributed to illness by traditional Vietnamese culture, she personally feels that these things never cause illness. Despite her disagreement with some supernatural causes of illness, Mrs. Hao still believes strongly in certain humoral causes of disease, such as being struck by a bad wind and being too hot or cold. This is in contrast to the Ngo children mentioned above who believe that these humoral factors rarely, if ever, cause illness.

Mr. Hao is similar to most of the Trinh family in that he believes that his personal beliefs are traditional Vietnamese beliefs. In fact, he makes no

distinction between his own and traditional beliefs. The only factor on the inventory that he believes does not cause disease is spirits. This attitude reflects his belief that he is still very connected to traditional Vietnamese culture. Mr. Hao's strategy of careful integration of the new information that he obtains with older information seems to contradict this observation, however, for this strategy would suggest that Mr. Hao changes his belief system to accommodate new information. However, it is likely that Mr. Hao believes that traditional Vietnamese culture is also changing as he is changing, by integrating new information with older, more traditional information. Of all the Ngos, Mr. Hao is possibly the most informed about the changes taking place in Vietnam, prolifically reading Vietnamese newspapers that circulate in San Jose.

It is interesting to note that Mark believes that most of the items in the inventory can cause disease. In general, he personally rates items higher than other participants give do their personal beliefs or for traditional beliefs. This is not because he has adopted the beliefs from his parents, however. As was suggested by his high rating of traditional health beliefs, Mark is not as well informed about traditional Vietnamese health beliefs as his brother, James. Instead, Mark has come to believe that many of the factors can cause illness based on his own personal interest in reading about alternative health:

> When I was growing up, I always read books about healing; i.e. psychic healing, hypnosis, acupressure, alternative medicine books, etc. This has given me the perspective that there are many dimensions to illnesses besides the physical.

Thus, the Ngos show a high degree of diversity when it comes to health beliefs. Part of the reason for this is that there is a less effective network of communication between the family members. This was obviated to some degree when the Ngo children were younger because their parents were more

authoritative then, especially with James. In addition, the Ngos live in a society where there is a plethora of biomedical and alternative medical sources, as Mark attests to, that also influence their health beliefs.

Descriptions of the Causes of Illness

In order to better understand what the health beliefs that were rated are, the sixteen primary causes of illnesses are described by the participants below. In addition to these factors, the participants were asked to discuss other causes of illness that they felt were not addressed in the questionnaire but were significant in their lives. The participants' comments are followed by a brief discussion of their description of the cause in question.

Infection:

> Illnesses like infection very rarely happens in our family because the number of members living in the house is not overloading. We help each other on how to be clean so we are often able to avoid infection. But living in a big community, we know that there are so many, many people. Its not sanitary--clean enough--dust is all over, the air is not clean. There is a lack of ways to prevent sickness so this illness often occurs. (Mrs. Vinh)

> An infection is a true physical sign that questions the strength of one's immune system. In turn, such indications that one can become ill if his immune system is weak/weakened. An infection, in hindsight, can be a good indicator which tells you that perhaps your lifestyle and habits should be changed. On the other hand, an infection does not always cause illness. If treated quickly, an infection may not cause any kind of serious illness. (Marion)

Soul leaving body, becoming unbalanced, bad dreams, seeing, hearing, or feeling something frightening:

> Illnesses like "spirit leaving the body", bad dreams, body becoming unbalanced, hearing and seeing scary pictures or imagining them, those sicknesses happen in the Vietnamese community to people who have "the nerves", heart problems, insanity, and stress, because they have poor living conditions so that they have so much to worry about: money, not enough food to eat, but they have to work very hard or overwork sometimes, not enough medicine. Those things make them feel very hopeless, so it affects their mind too much, creating bad dreams, or in the case of "the spirit leaving the body" its because something bad happens to them that "shocks" them. (Mrs. Vinh)

> I'm a worrywart. If I hear or see something scary, I picture that in my mind, like an accident caused by a car, people die for that or getting burned by a house on fire, getting drawn under a river and dying. Those accidents make me nervous and scared. Then I start thinking about what if it happens to someone in my family, then I start worrying more and more. (Mrs. Vinh)

> Those bad things, scary things make my mind confused, worry, and imagine all the time in my mind. If I don't find a way to stop that condition, or listen to others' advice, these things can cause illness. (Mrs. Thoang)

These comments suggest that the factors that I had originally thought to categorize as supernatural are not considered supernatural by the participants in Vietnam. Instead, they explain that these factors cause disease by psychological means.

Having bad dream, old age:

> In Vietnam, as people get older, their brains start to have weaker nerves. They don't sleep as long at night time. As the body gets tired, they have bad dream in their sleep. It can also be caused by having a weak heart. (Mr. Vinh)

> I think Vietnamese people think people die of "old age." (James)

James' comment suggests that he does not believe that old age per se causes death. This thought is relatively prevalent in the American society, especially in the medical community. A person no longer dies of "old age." Rather, they

succumb to discrete diseases such as heart attacks, strokes, kidney failure, etc. that are the result of the deterioration of normal bodily processes and environmental insults.

Mr. Vinh's comment also suggests the notion of the body deteriorating as it gets older. However, he combines the traditional idea that older people have more bad dreams with the biomedical concept of nerves and neurons in the brain. He comes up with a novel theory of how the deterioration of nerves, a natural result of aging, causes one to have bad dreams. This supports the notion that like Mr. Hao, other Vietnamese people are combining biomedical and scientific paradigms with traditional ones to form novel hybrid concepts. As was mentioned earlier, Spindler and Spindler characterize this adaptation as *synthesis.*

Caused by person with evil magic

> "Caused by person with evil magic" is an illness that occurs in groups of people who live in the mountains, or rivers deep in the forest. They believe that a person who has already died and becomes a god or spirit. Then they worship these spirits, and make things so that they can use their magic to harm their enemies. You can die if they use their magic to harm you. Only a person who knows more can cure you. We call this person a "master of magic." (Mrs. Vinh)

Mrs. Vinh characterizes magic as a force that, while real, only exists among topographically isolated people. Magic and shamanism is discussed in more detail in the previous chapter.

Physical harm, random chance:

> Accidents happen by drinking to much and getting drunk, and neglect. Bad things can happen without warning. (Mrs. Tin)

Stress

> I have a lot to worry about in my life: work for my own life and my family, taking care of and teaching my kids for their future, remaining competitive in the community so that I don't feel left behind or less than other people. Those things cause my mind to have a lot of stress. When I was young, it was easier to handle, but now in my old age, stress has gotten higher. (Mr. Vinh)

Stress is experienced to be a major cause of illness for the Ngos. On average, they personally rated stress as a 3.7, close to "often a cause" of disease. While the Trinh personally characterize stress with a 3, it seems to indirectly cause disease by causing things like bad dreams, soul leaving body, etc. which are considered to be causes of disease.

Being "struck by the wind:"

> Getting hit by a bad wind happens a lot in the Vietnamese community. People working at a farm sometimes get hit by a bad wind during work time and die right there. At home, you may get it when a bad wind travels from a hole from the window or when you open the door. (Mrs. Vinh)

> This sickness occurs very often in Vietnamese life. We don't know how biomedical science will explain this condition, but with our experience, we explain it this way: when the body gets weak, tired, or not enough energy, and you go out and get hit by a bad wind, it makes you dizzy and you may pass out. This case often happens to older people, people who have skin problems, or people who work at the ranch or field (if they don't wear a shirt). (Mr. Vinh)

> The difference between a bad wind and a good wind is that a bad wind is goes through cracks in the walls or under the door, not the one that you get when you open the door to let in some air. (Mrs. Hao).

Eating the wrong foods:

Food poisoning (Mr. An)

> Another sickness that happens in military life in Vietnam. They're out in the forest to fight, sometimes, they should not eat rats or snakes or some kinds of leaves or animals that they know could cause [poison] to kill them or give them a bad sickness, but they still have to do so because they are hungry for food and cannot let their body die of hunger. (Mrs. Hao)

As was mentioned earlier, I had expected the participants to address their concerns about food taboos here. However, it seems that they conceptualize this cause of disease in more biomedical terms.

Fate:

Vietnamese people have often been described as having a fatalistic attitude towards life. However, the participants in this study seem to disagree with this perception. The Ngos personally rated fate low (2) as a cause of illness on average, while the Trinhs rated it as a 1.5 on average. None of the participants described this cause.

Spirits:

> A long time ago, the story says, when you die very young (before you turn 18) [of a violent or unexpected cause] they think your spirit is still alive even though your body has died. That spirit will stay around your family and sometimes someone in your family will die. They think that the young spirit loves that person so much and makes something happen so that person will die to be near the young spirit. (Mrs. Hao)

> I guess the Vietnamese believe harmful spirits can affect the body and disease it. (James)

The fact that Mrs. Hao frames her discussion about spirits in a story suggests that she has doubts about the validity of spirits as causes of disease.

Doing something you're not supposed to do:

> This can include coming in contact with something dangerous [this includes catching viruses], not dressing warm or cool, not treating potential infection, etc. (James)

Being too "hot" or too "cold:"

> Fever or cold, [caused] by working outside when the weather is hot, rainy, or cold. (Mr. An)
>
> There are two that people think of, hot blood and cold blood. For instance, one person may like to eat something, but when we eat it we see that we feel hot...get pimples all over the face...and they say its because the blood is hot. (Ms. Hien)
>
> I think Vietnamese people think not dressing warm or cool causes illnesses. (James)

Ms. Hien characterizes hot/cold in terms of humors that are found in the body and in foods. On the other hand, Mr. An and James explains that extreme environmental temperatures can cause illness. This suggests a divergence from the traditional Vietnamese model of illness.

Other causes as described by the participants:

> This is an extra idea that I would like to share with you. I don't know if this is the right answer to [the question] that you want to ask. If it is not, its still one more idea for you to know about how we should take care of our health.
>
> Example: A person, does not matter whether male or female, during young adulthood (18-25) has good health, a good family, a good marriage. One day in life, they play too hard and cannot stop. They become an alcoholic, drug addict, have unsafe sex. They keep on doing this too often and forget that its time to stop. In time, these things destroy their health. Alcoholism causes serious problems for their stomach, liver, lungs, etc. Using too much drugs slowly destroys their body. Unsafe sex gives them dangerous illnesses such as AIDS, infection, etc.,

> So, in my opinion, from a person that has enough energy and a good family, but they want adventure with all those ugly toys above will get bad results such that they create their own sickness and they destroy their own life by themselves? (Mrs. Vinh)
>
> A person that comes from health-conscious parents, but grows up living in a bad community: like partying too much, and develops drinking and drug problems. (Mr. Bao)

Mrs. Vinh and Mr. Bao stress the importance of moderation as a way to prevent health problems. In addition, it is interesting how Mrs. Vinh characterizes alcoholics and drug addicts. Unlike in the United States, where addicts are usually seen as immoral and fundamentally different from the "normal" unaddicted population, these two participants see them as good people who have fallen down the slippery slope of excessiveness. They suggest that the such things can happen to anybody, and that it is not a reflection of a fundamental character flaw or a kind of deviant person.

> Sickness is also caused if you work in an unsanitary area, or live in a poor family located near a lake or river that is dirty or unhealthy, or a farmer who does not have enough food that is kept clean before eating. (Mr. Bao)
>
> Growing up in a time of modernization may cause a lot of pollution. (Mr. An)

Mr. An and Mr. Bao both emphasize the significance of an unclean environment as a cause of illness.

> I do not have any mental disorders, but my worry sometimes makes my head hurt in my old age. Perhaps I should avoid any emotions when I get upset so my brain can rest. But since I could not avoid getting upset, so I get headaches, my blood pressure rises, and my heart gets tired. Maybe I created my own illness? If I knew how to avoid those properly, Maybe I wouldn't have any illness? (Mr. Vinh)

Once again, the theme of stress, emotional stress in this case, as a cause of disease appears.

Genetic predisposition and family history of disease (Marion)

A significant observation of the participants descriptions of these causes of illness is that while some of these items were asked in order to assess the participants' belief in what is usually considered to be "supernatural" etiologies, the participants frequently explained these concepts using biomedical terms. For example, when the participants were asked about eating the wrong foods, it was intended to assess the participants' views about food taboos. However, Mr. An explains that one can become sick by eating the wrong foods due to "food poisoning." The framing of what has been traditionally thought of as a supernatural concept in biomedical terms, a theme that occurs often in the participants' descriptions, suggests the strong influence that biomedicine is having on how Vietnamese and Vietnamese Americans are conceptualizing health and illness.

Chapter 8: Conclusions

Limitations of the Study:

In addition to the limitations of the quantitative inventory discussed in the previous chapter, the study's other limitations must be addressed when considering the findings.

Despite my efforts to keep the questionnaires open-ended, they are subject to several disadvantages. If the space allocated for each answer was too long, it may have proven intimidating and made the questionnaire seem to take too much time to complete. On the other hand, too little space may have limited the amount of information shared by the participant (Lofland and Lofland, 1995, p. 105). In order to reduce this possibility, I completed the questionnaire myself in order to determine how much space I needed to answer the questions appropriately. In addition, I attached a blank page at the end of the first part of the questionnaire and also encouraged the participants to write on the back of the page if they should need more room.

Moreover, a written questionnaire cannot report the unwritten/nonverbal language that a researcher gathers during the course of an interview. This is an important aspect of data collection that helps to contextualize the participants' responses. Another advantage that an interview has over a questionnaire is that researcher and participant are engaged in an interaction which allow for the pursuit of unanticipated topics that emerge and the clarification of areas of confusion during the course of the interview.

An additional disadvantage of an open-ended questionnaire is that it requires that the respondents be literate and comfortable expressing themselves in writing. This limits the type of participant that is likely to respond (Lofland and Lofland, 1995, p.105). In this study, three potential participants who were invited to fill out the questionnaire declined to do so because they did not feel like they could adequately respond in writing.

Also, the questions in this questionnaire have the potential to be misunderstood. Indeed, this happened with at least two participants.[14] In order to reduce this potential, I asked several people, both Vietnamese and English-speaking, to read the questionnaires. In addition, for those participants who returned their questionnaires personally, I asked them directly if they had any points of confusion. I also used follow-up interviews to clarify their responses if it was unclear to me what they were trying to convey. However, follow-up interviews were not conducted with the participants in Vietnam due to logistical constraints.

Despite these shortcomings, open-ended questionnaires have the distinct advantage in that there is more freedom (i.e. less pressure from the researcher) and time to respond to the questions, which increases the likelihood that the information written is more meaningful and valid (Lofland and Lofland, 1995, p. 105).

In addition to the small size of the participant population, The Trinhs and the Ngos are by no means representative of all Vietnamese living in America and in Vietnam. The Trinhs are a relatively well-to-do southern urban family, whose matriarch is fluent in Vietnamese, English, and French. Their connection to family in America also differentiates them from many Vietnamese families.

[14]Mrs. Tin and Mr. An misinterpreted my question about healing systems. Please refer to Chapter 6 for details.

The Ngo family immigrated to America in 1975 with an intact nuclear family. Their experience is not necessarily reflective of refugees who immigrated after 1975, or whose families have been fragmented as a result of war, migration, or resettlement. Due to the narrow sample characteristics, care must be taken not to overgeneralize to other Vietnamese families that do not necessarily share the same social and demographic characteristics of the participant families.

In addition to the limitations of the sampling characteristics, problems can also arise as a consequence of translation. With any translation, there is the potential of losing meaning through the translation process. This could have occurred while translating the questionnaire into Vietnamese and while translating the participants' responses into English. The potential for error was reduced because the translator, Mrs. Hao, was familiar with the context of the research by virtue of her involvement as a participant. In addition, my personal familiarity with spoken Vietnamese helped to inform me in the translation process. Also, Mrs. Hao was readily accessible by phone in case there was a disagreement as to how a passage had been translated. Despite our precautions, an error did occur in translating into Vietnamese one question in the quantitative section of the questionnaire.[15]

My own bias presents another potential weakness of this study. Being a participant observer of this extended family, I not only have privileged insight but also bring my own preconceived notions about these families. Hence, the interpretations that I have made in this study may not necessarily represent the true views of the participants. To mitigate this, I have conducted as-needed follow-up interviews to clarify points of confusion and have distributed drafts of

[15]This is discussed in Chapter 7.

this study to the Vietnamese-American participants. They were requested to comment on my interpretations of their questionnaire responses as well the comments of other participants (including those in Vietnam).

Summary of Findings

Pressures from Western cultural influences are noticeably observed in both the Trinh and the Ngo families. Each family has changed its culture as a result of these pressures. Some of these changes can be characterized by the adaptive strategies described by Spindler and Spindler (in Treueba, 1992) and detailed in Chapter 1. For the Trinhs, the greater wealth of health information and the increasing modernization that allows for more efficient dissemination of this information have placed the most strain on the elders who are traditionally the leaders of the extended family. The Trinh elders have modified their traditional familial roles in the face of the increasing amount of information. Mrs. Vinh maintains her position of authority by mediating the health information processing and transmission structure that exists within her family. This adaptation is characterized by Spindler and Spindler as *adaptive synthesis*, in which Mrs. Vinh merges the traditional authoritarian role with Western egalitarian values. Mr. Vinh uses *adaptive withdrawal* in which he almost completely isolates himself from the discussion of health. A form of *adaptive reaffirmation* is used by Ms. Thiet, in which she subordinates herself to the other elders and the second generation in the traditional Confucian fashion. The second generation of the Trinhs are less threatened by the changes occurring in Vietnam. Nevertheless, they also use *adaptive synthesis* strategies that modify their roles as children and as parents. While significant changes have occurred

in the family roles, the basic traditional hierarchy remains to facilitate the exchange of information within the family. This results in a greater degree of homogeneity in the type of new health information that the Trinhs incorporate into their belief systems.

In addition to the family structure, the type of medical pluralism that exists within Vietnam facilitates a greater degree of consistency of the type of health information that is integrated into the Trinhs' health belief systems. Biomedicine and traditional Vietnamese medicine are both promoted as legitimate healing systems. To this extent, the Vietnamese health system is a bi-dominant system in which two different cosmogonies consistently prevail. Very little else exists in the health arena besides these two systems, with the exception of magic or shamanism which is only practiced in isolated regions of the country. This pluralism is evident at the level of policymaking (in which both systems are officially recognized), and at the individual level (as is described by the Vietnamese participants). At the interface of these two healing systems, a third method of healing, which is a hybrid of the two systems, has emerged. While it is unknown how the participants make sense of this system, it is possible that it is a *biculturally* derived healing system that has some elements of *synthesis*. The bi-dominant conception of health in Vietnam helps to reduce the diversity of epistemologically different ideas about health and illness. This reduces the potential conflict within the family because there is greater epistemological homogeneity of the information that is being brought in by family members.

Consistency was indeed observed in most of the health beliefs of the Trinhs. They also closely identified with traditional Vietnamese culture as a whole, indicating that they shared the same health beliefs as most of the population. This suggests that the Trinhs perceive that the changes that have

occurred in their belief systems have also occurred in the general population of Vietnam. These changes are mostly characterized by replacement of supernatural mechanisms that explain how diseases are caused with more biomedical explanations. This does not entail the complete replacement of traditional health beliefs with Western health beliefs, however. The cause of illness remains the same (e.g. having bad dreams). It is the mechanism by which the cause leads to disease that has usually changed.

In contrast to the Trinhs, the Ngo family have diverged significantly from the traditional Vietnamese family ideology. Individuality and autonomy are emphasized much more greatly. The parents feel less able to communicate their opinions about health with their family, for they are not regarded with the deference that the elders of the Trinh are accorded. The situation is further complicated by a language barrier, which prevents more abstract discussions about health. While the transmission of health information from parents to children did occur when the children were young, and transmission between siblings has also occurred, most of the Ngos tend to form their health beliefs from sources outside the family. An exception to this are the Ngo parents, who seem to be more open to the ideas of their children, mostly because their children are "more educated" and have more access to health information. Mr. and Mrs. Hao also share information between each other, as is evidenced by their similar conceptions of healing systems and similar health beliefs.

Like the structure of the Ngo family, the medical pluralism in the United States also serves to diversify the health beliefs and concepts of the Ngos. While biomedicine remains the dominant medical system in America, a large number of "alternative" healing systems exist as well. This diversity is also reflected in the health practices of the Ngos. While all agree that biomedicine is

the most popular system, Mark and James both uses mind-over-body healing most often. Valerie and Marion, on the other hand, prefer to stay healthy with dietary and lifestyle considerations.[16] Marion also emphasizes her faith in oral biomedical drugs. Mrs. Hao, while believing in the efficacy of biomedical remedies, also values traditional Vietnamese remedies. Mr. Hao, however, is a staunch believer in biomedicine and remains skeptical about other forms of healing, including traditional Vietnamese medicine.

The resistance that the Ngo children have in adopting information put forth by their parents is reflected in the way that they perceive traditional Vietnamese health beliefs. All the children, except for James, overestimate what Vietnamese people believe can cause disease. This suggests that they have superficial knowledge about traditional health beliefs and form more extreme stereotypes of these beliefs. In addition, the Ngo children, as a whole, did not share their parents' belief in the humoral causes of disease. James demonstrated a greater degree of awareness of traditional health beliefs than his siblings. This may reflect his more recent departure from his parents house and the increased attention to health that he may have received as the youngest child.

Each member of the Ngo family demonstrate a consistent adaptive strategy throughout the major areas of inquiry into their health conceptions. Mr. Vinh uses *adaptive synthesis* to make sense of the conflicting healing epistemologies present in his life. Mrs. Vinh, on the other hand , maintains a high degree of *biculturalism* that enables her to maintain traditional healing practices while also keeping well informed about biomedicine. Mark and James

[16] It is possible that the differences between brothers and sisters are due to gender differences. Mind-over-body healing may be perceived as a "masculine" effort to control one's body (although many women are participants and leaders in the New Age movement.) Further research into this issue can provide more insight.

have adopted a *withdrawal* strategy, in which they reject, to a large degree, the tenets of traditional Vietnamese medicine as well as those of biomedicine. While Spindler and Spindler maintain that this strategy puts the individual in a transitional stage between the two cultures, this is not the case with Mark and James. Instead, they have embraced the epistemology of an alternative healing system: mind-over-body healing. Marion and, to a lesser degree, Valerie are using *compensatory adaptation* to deal with the health cultural conflict. They both have adopted the mainstream American health culture that include biomedically-sanctioned "healthy" diets and exercise patterns as well as the use of biomedical drugs.

It is important to note that the acculturation that these participants experience is multidimensional (i.e. health, economic, psychological, political, etc.) and may be quantitatively and qualitatively different in each dimension. Mr. Hao, for example, has largely chosen social and linguistic reaffirmation of his Vietnamese identity, as is evidenced by his reliance on the Vietnamese language and his tendency to stay within Vietnamese social circles. However, he chooses adaptive synthesis when approaching health conflicts. Mr. Vinh, who is an active participant in his community, as a leader and as a philanthropist, withdraws from the health arena almost entirely. Mark, who is a biology graduate student, is academically immersed in the scientific tradition, yet he chooses to reject the biomedical model in his own health care. An adaptive pattern used one dimension may also necessitate the use of a different strategy in another dimension. In the social dimension, for example, Mark has chosen to embrace the American values of individuality and self-determination over the traditional Vietnamese family values. The *compensatory adaptation* that he chooses in the social dimension causes him to also mistrust biomedicine and

traditional Vietnamese medicine in the health dimension, hence, leading to his choice of *withdrawal* from the two health systems. This illustrates the importance of considering acculturation and adaptation on many levels, and attests to the folly of assuming an adaptational strategy observed within one dimension can be generalized to other dimensions.

The findings of this study suggest the importance of the family culture as well as the mainstream culture in shaping health beliefs. In the Trinh family, where the disruption to the traditional family structure is less obvious, health information is shared among all the members. The bidominant organization of healing systems that is officially recognized in Vietnam provides the ideological "lens" with which individuals make the decision about what information is valid, what is not, and what must be modified. There are few other medical systems that are legitimate enough to challenge the perspective derived from these two medical systems.

Family culture and mainstream culture are also important in shaping the health beliefs of the Ngos. The Ngo family dynamics are characterized by "American" ideologies of egalitarianism, individuality, and self-determination in struggle with "traditional" ideologies of deference, obedience, and conformity. Health beliefs are a part of this struggle. The Ngo children resist adopting their parents' health beliefs because it symbolically entails relinquishing their autonomy, a highly prized possession. The same values of individuality are what enables each family member to feel comfortable having different health beliefs. The Ngo family dynamics are fertile soil for the pluralistic healing systems in America to take root. While the American medical system is dominated by biomedicine, many other healing systems are becoming more popular. The selection of medical systems are much greater in America than in

Vietnam. In the setting of the Ngo's family culture, this results in diverse ways in which each individual chooses and modifies health information.

Future Research:

Although this study attempts to achieve a more complete understanding of Vietnamese health beliefs, there are many dimensions that remain to be researched. The illness experiences elicited from the participants contain a wealth of information that, due to time constraints, remains largely unexplored. Some of the themes that arise from these illness experiences are:

1. The importance of religion in defining health and illness,
2. The significance of chronic illnesses in the conceptualization of health, illness, and the body,
3. Attitudes towards health care providers as an extension of Confucianistic ideals, and
4. Specific treatments and recipes used to treat certain illnesses: where they come from, how they effect healing, and how efficacious they are perceived to be.

In addition to the themes that have emerged from the data collected in this study, further exploration of similar issues in other families and quantitative studies involving larger population samples will determine the generalizability of these findings. Additionally, exploration of the changing health culture in Vietnamese and Vietnamese American populations from the perspective of health care providers will contribute another dimension to our understanding of Vietnamese/Vietnamese American health beliefs and practices.

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Appendix A

Interview Questionnaire
Written Questionnaire (American Version)
Written Questionnaire (Vietnamese Version)

Interview Topics

Purpose: To examinine how knowledge and belief in Vietnamese folk medicine changes as a result of intergenerational transmission, immigration, and growing up in America.

I. The participant's personal experience using, or being administered traditional or western medicine and the participant's confidence in the treatment:

1. Do you recall having any childhood illnesses?
   - Can you describe them?
   - How were they treated?
   - Were you satisfied with the way they were treated?
   - Knowing what you know now, what else do you think should have been done?
   - What do you think the illnesses were caused by?
   - Was there anything you could have done to prevent them?

2. Do you recall having any illnesses while living in Vietnam?
   - Can you describe them?
   - How were they treated?
   - Were you satisfied with the way they were treated?
   - Knowing what you know now, what else do you think should have been done?
   - What do you think the illnesses were caused by?
   - Was there anything you could have done to prevent them?

3. Do you recall having any illnesses while living in the United States?
   - Can you describe them?
   - How were they treated?
   - Were you satisfied with the way they were treated?
   - Knowing what you know now, what else do you think should have been done?
   - What do you think the illnesses were caused by?
   - Was there anything you could have done to prevent them?

II. The participant's system of health beliefs and participant's perception of his/her parents and (prospective) children's system of health belief, respectively.

1. In light of our discussion, what do you think are the possible causes of poor health in general? *
   - Is it from:

natural causes
1.infection
2.old age
3.physical harm
4.stress
5.chance
humoral
1. eating wrong food (hot/cold concepts)
2. body being out of balance
3. being "hot" or "cold"
4. being "struck by wind"
fate
1.being astrologically destined to happen
animistic
1. spirits (what kind?, what provokes?)
2. the soul leaving the body

Taboo and contagion
1.eating wrong food
2. doing something forbidden
Sorcery
1. a person with evil skills
Ominous sensations
1. from having a bad dream
2. from you seeing, hearing, or feeling something ominous

*Causes obtained from Eisenbruch and Handelman, "Development of an Explanatory Model of Illness Schedule for Cambodian Refugee Patients," *Journal of Refugee Studies*, Vol. 2., No. 2, 1989

2. Do your parents believe in these causes also? Are you aware of any causes that they might believe in, but that you do not? Are you aware of any causes that you believe in, but that they may not? (to be asked concurrently with question 1)

3. Do your children believe in these causes also? Are you aware of any causes that they might believe in, but that you do not? Are you aware of any causes that you believe in, but that they may not? (to be asked concurrently with question 1)

III. Participant's opinion of how effectively she/he has received information regarding medical folklore and how effectively participant has/will transmit knowledge to the next generation.

1. Which of the beliefs discussed above do you feel have been passed down to you by your parents? If not by your parents, then how did you come to believe in them? (to be asked concurrently with question 1, section II)

2. Which of these beliefs do you feel you would want to pass down to your children? How effectively do you feel you have done so? For the causes that you think your children do not believe in, do you think they are at least aware of these causes? For the beliefs that your children have but that you did not teach them, from whom do you think they learned? (to be asked concurrently with question 1, section II)

3. Which beliefs do you think your children have taught you? How do you feel about your children teaching you about these beliefs? (to be asked concurrently with question 1, section II)

4. Which beliefs do you think you have taught your parents? How do you feel about teaching these beliefs to your parents? (to be asked concurrently with question 1, section II)

IV. The participant's opinion of traditional medicine as compared to western biomedicine, and how they use these two approaches in their own healthcare.

1. What things do you think a person should do to remain healthy?

2. If you came down with —illness*— what would you do to treat it? What would you do if this treatment failed?

3. What is your opinion of traditional Vietnamese medicine?

4. What is your opinion of western biomedicine?

*Type of illnesses has not been determined yet, but will include mild illnesses such as the common cold, severe illnesses such as cancer, chronic illness such as arthritis, and acute illnesses such as broken bones.

While you are completing this questionnaire, please remember that questionnaire is not designed to determine how much medical knowledge you have. My hope in asking you to fill out this questionnaire is to find out about what *your* experience with being sick and healthy has been. The more honest you are with your responses, the more this research study will benefit. Therefore please do not talk to other people about how you or they answered this questionnaire until you have complete. It is very important that these answers reflect only *your* experiences and beliefs.

(If you need more room to write, please use the back of the page)

I. Illness Experience

1. Please think about your worst experience as a child with being sick. Please describe to me, in as much detail as possible, what happened:

The following questions are designed to help me understand, in more detail, about the illness you described above. If you have answered some of these questions while describing your illness above, you do not need to answer them again:

2.How did you feel during your illness, both emotionally and physically?

3. Who took care of you while you were ill?

4. At the time that you were sick, what did you think caused the illness?

5. At the time you were sick, what did the person who took care of you think the illness was caused by.

6. Knowing what you know now, what do you now think caused your illness?

7. If your opinion of what caused your illness has changed, what made it change?

8. How was your illness treated?

9. How did you or others find out about each of the treatment(s) you described above?

10. Please explain how each of the treatment you described above is supposed to work.

11. Were you satisfied with the way your illness was treated? If you were not, why not?

12. Was there anything you could have done to prevent the illness?

II. Illness Experience

13. Please think about your worst experience with being sick as an adult. Please describe to me, in as much detail as possible, what happened:

The following questions are designed to help me understand, in more detail, about the illness you described above. If you have answered some of these questions while describing your illness above, you do not need to answer them again:

14. How did you feel during your illness, both emotionally and physically?

15. Who took care of you while you were ill?

16. At the time that you were sick, what did you think caused the illness?

17. At the time you were sick, what did the person who took care of you think the illness was caused by.

18. Knowing what you know now, what do you now think caused your illness?

19. If your opinion of what caused your illness has changed, what made it change?

Part II

II. Please answer each of the following questions

25. Please list 4 of the most popular kinds of systems of healing in your country, in the order from most popular to least popular. Please also describe the major strengths and weaknesses of each system. Finally, describe what sorts of illnesses the system is mostly used for in your country.

Healing System	Major strengths of the system	Major Weaknesses of the system	Which illness the system usually treats
1. First most popular			
2. Second most popular			
3. Third most popular			
4. Fourth most popular			

26. Four each of the healing systems you described above, please describe in as much detail, one experience (if any) you've had with that healing system.

Healing system I:

Healing system II:

Healing system III:

Healing system IV:

27. In your opinion, which of the systems you mentioned above works best for:
    a. back pain

    b. cancer

    c. common cold

    d. broken bone

28. Which healing systems do you use most frequently (list four, from most popular to least popular)? Please explain what you use each system for and why you ranked them in that order.

29. In general, have the health systems that you talked about in Questions 25 and 28 changed , and how have they changed?

Please answer the following questions if they apply to you.

30. Have you tried to teach what you know about health to any family member (please specify who)?

31. Please describe four things concerning health or illness that you have tried to teach them.

32. What was their reaction to you trying to teach them?

33. How did you feel about their reactions?

34. In general, do you think that they will believe and remember what you teach them about health?

35. Have your family members (please specify who) ever tried to teach you about health?

36. Please describe four things concerning health or illness that they have tried to teach you.

37. What was your reaction to them teaching you?

38. How do you think they felt about your response?

39. What role do you think this information has on your life? (i.e. do you believe this information, and teach it to others?)

III. Can you indicate, on a scale from 1 to 5, how often the following things can cause illness:

1----------	----------2---------	---------3----------	---------4---------	----------5
never a cause	rarely a cause	sometimes a cause	often a cause	almost always a cause

In the first (TRADITIONAL) column, please indicate how often the item causes disease according to "traditional Vietnamese culture." In the second (YOURS) column, please indicate your own opinion of how often these items cause disease.

TRADITIONAL	YOURS	
		infection
		soul leaving the body
		from having bad dreams
		old age
		caused by a person with evil magic
		physical harm
		stress
		being struck by "wind"
		eating the wrong food
		fate
		spirits
		random chance
		body is out of balance
		doing something your not supposed to do
		being too "hot" or too "cold"
		from you seeing, hearing, or feeling something frightening.

For each item that you answered 3 or above in the "TRADITIONAL" column, please describe answer the following questions (40-42):

40 Please describe what you know about how these factors can cause illness.

41. Please tell me how you came to know about these beliefs.

42. If you did not answer 3 or above in the "YOURS" column, to any of the above items that you have been describing, please describe why you do not believe those items to be a significant cause of illness yourself. Please also include whether or not you have ever believed these items to be a significant cause of illness.

Please answer the following questions.

43. For each question that you answered with a 4 or above in the "YOURS" column, please explain how that factor can cause illness.

44. Please describe anything else that was not mentioned above that can commonly or almost always cause illness.

Thank you for your time and energy.

Trước khi hoãn tất nhứng câu hơi dưới đây-tôi xin ân-cần nhắc-nhỡ quí-vị chĩ cần nhớ lại những gí xảy ra rõ-ràng khi quí-vị bi bình. Không cẫn phải so-sánh với sư hiểu biết cũa y-hoc. Và không cẫn ảnh-hưởng dến ý-kiên cũa ngừôi khac. Tôi rất kinh trọng và cám ơn.

(Nếu quí-vi có thêm ý-kiến, xin cứ viết thêm ở trang sau.)

I. Thơi thơ-ấu

1. Xin vui lòng kể rỏ-ràng cho tôi biết quí-vị đã qua 1 cơn đau mõi-mệt nhất như thế nào khi cõn nhỏ.

2. Khi bị bịnh như quí-vị đã nói trên, quí-vị có cãm nghĩ và thân-thể bãi hoại ra sao, xin quí-vị cho biết.

3. Ai là người sản-sóc khi quí-vị bị bịnh?

4. Khi đau, quí-vị có biết nguyên-nhân nào gây ra?

5. Trong thời-gian người mà săn-sóc quí-vị (đã chi ra trong câu hỏi thứ 3) đã nghĩ về nguyên-nhân nào gây ra bịnh?

6. Khi nhớ lại đau lúc nhỏ, cãm-nghĩ cũa quí-vị ngày hôm nay như thế nào?

7. Nếu sư hiểu biết bây-giờ đã làm cho quí-vị nghĩ được nguyên-nhân khác với lúc đang bịnh-lý do nào dã giúp cho quí-vị thay đổi, sự hiểu-biết đó?

8. Khi đang đau dó, quí-vị đã đùợc chùã-trị như thế nào?

9. Nhờ ở đâu hoặc ai chĩ bày mà quí-vị biết từng cach chữa-trị?

10. Lối chùã-trị cũa mỗi một người đã đùợc diến-tiến như thế nào? Xin quí-vị giải-thích.

11. Sau khi bình-phuc, quí-vị có hài lòng với sư chùã bịnh dó không? Xin cho biết rõ về cãm nghĩ cũa quí-vị.

12. Khi quí-vị nghỉ lại, quí-vị có thể tìm cách dề-phòng cho khõi bị bịnh?

II. Tuổi thành-niên và trưởng lão.

13. Xin vui lõng kể rỏ-ràng cho tôi biết quí-vị đã qua 1 cơn đaumõi-mệt nhất như thế nào khi tuổi lớn và tuổi già.

14. Khi bị bịnh như quí-vị đã nói trên, quí-vị có cãm nghĩ và thân-thể bãi hoại ra sao, xin quí-vị cho biết.

15. Ai là người sản-sóc khi quí-vị bị bịnh?

16. Khi đau, quí-vị có biết nguyên-nhân nào gây ra?

17. Trong thơi-gian người mà săn-sóc quí-vị (đã chi ra trong câu hõi thứ 3) đã nghĩ về nguyên-nhân nào gây ra bịnh?

18. Khi nhớ lại đau lúc nhỏ, cãm-nghĩ cũa quí-vị ngày hôm nay như thế nào?

23. Sau khi bình-phục, quí-vị có hài lòng với sự chữa bình đó không? Xin cho biết rõ về cảm nghĩ của quí-vị.

24. Khi quí-vị nghỉ lại, quí-vị có thể tìm cách đề-phòng cho khỏi bị bịnh?

Phần 2

III.25. Xin vui lõng viết ra 4 cách trị-binh thông đụng cũa quê hùởng qúi-vị, theo thư-tư thông dung nhiều nhất và yếu nhất-cũng xin quí-vị ghải-thích hìêu-lực manh nhất và yếu nhất của mỗi phương-pháp chưả tri-cúôi-cũng xin quí-vị cho biêt loaì bịnh nào mà đươc chữa trị bởi phương-pháp thông-dụng nhất taị quê nhà.

Phương-pháp chưả bịnh:	Hiêu-lực mạnh nhất cũa từng phương-pháp dươi dây:	Hiêu-lực yếu nhất cũa phương-pháp dươi dây:	Kể vài căn-bịnh tiêu biêũ theo càc phương-pháp dươi đây:
1. thông-dụng nhiều nhất	1.	1.	1.
2. thông-dụng thứ nhì	2.	2.	2.
3. thông-dụng thứ ba	3.	3.	3.
4. thông-dụng thứ tư	4.	4.	4.

27. Theo ý-kiến cũa quí-vị nên dùng-phương-pháp naò để trị bịnh sau dây:

a. đau lưng:

b. ung-thư:

c. căm-cúm:

d. gãy xương:

28. Phương-pháp nào mà quí-vị thường dùng để chữ-trị (kể ra 4 phương-pháp, kể cả phương-pháp rất thơng-dụng và ít thông -dụng.) Xin vui lòng kể cho biết 4 phương-pháp chuã bịnh mà quí-vị dùng nhiêù nhất-và taị-sao quí-vị dùng?

29. Trong thời-gian taị Viêt-Nam, nêú có sự thay đổi những phương-pháp (đã trã-lời ỡ câu hõi 2 và 4, Xin giải-thích về sự thay-đổi đó.

Xin vui lòng trả lời những câu hỏi sau dây nếu hữu dụng cho quí-vị.

30. Quí-vị có giải-thích về sức khỏe với con cái và họ-hàng? (Cho biết họ là ai.)

31. Xin vui lòng kể ra 4 điêù làm quí-vi lo-lắng về sức-khỏ và bệnh hoan mà quí-vị muón chĩ dặn cho họ.

32. Phản-ứng của họ như thế nào khi quí-vị chỉ vẽ?

33. Quí-vị nghĩ sao về ý-kiến cũa họ?

34. Quí-vị có nghĩ ràng họ sẽ ghi nhớ và tin-tưỡng ở quí-vị vế sư chỉ vẽ dó?

35.Con Cái và họ-hàng có bao-giờ muốn giãi-thích về tài-liệu sức khõe với quí-vị không? (Cho biết họ là ai)

36.Ý-kiến cũa quí-vị như-thế nào sau khi nghe họ nói?

37. Xin viết ra cảm nghĩ cuã họ như thế nào về ý-kiến cũa quí-vị.

38. Quí-vị cơ công-nhận và tin-tưỡng vào ý-kiến cũa họ không?

IV. Đánh dâú theo con số tùy ở cãm-nghĩ cũa quí-vị:

1----------	----------2--------	----------3----------	----------4----------	----------5
không bao giờ xãy ra	rất ít xãy ra	thĩng thõang xãy ra	thường xãy ra	luôn luôn xãy ra

Ý-kiến chung theo sự suy xét truyền thống cũa dân-tôc Viêtnam phần kế bên là ý-kiến cũa riêng quí-vị.

Ý-kiến Truyền Thống	Ý-kiến quí-vi	
		nhiễm-trùng
		phần hồn rời khõi phần xác
		cơn mê ác-mộng
		tuõi già
		bị bùa ngãi
		tai-nạn
		căn-thẳng
		bị trúng gió
		trúng thực
		thiên-mênh
		linh-hồn xấu
		yếu-tố bất-ngờ
		người không cân bằng
		làm một việc mà không nên làm
		bị sốt hay bị lạnh
		thấy, nghe và tưởng-tượng bõi hình-ãnh ghê-sợ

Nếu tứng cãu hõinàm trong mục cuã ý-kiến Truyền Thống mà dánh dấu số 3 (Thĩnh-thoãng mơi xãy ra) xin quí-vị giãi-thích tiếp các câu hỏi dưới đây (từ 39-41).

39. Xin kể nguyên-nhân những cản bệnh đó (mục Truyền Thống mà dánh số 3).

40. Giải-thích tại sao quí-vị biết những sự kiện đó tạo nên bịnh.

41. Nếu ý-kiến của quí-vị dánh số khác với ý-kiến của Truyền Thống, xin giải-thích căm nghĩ khác biệt đó.

Xin trả lời thêm hai câu hỏi sau đây.

42.Ngược lại, nếu quí-vị đánh dấu số 3 trong mục ý-kiến quí-vị, xin giải-thích các căn bịnh đó.

43. Xin vui lòng cho thêm ý-kiên cũa những sự-kiện xãy ra thông-thường mà gần như gây nên bênh, mà quí-vị biết thêm (ngòai các đề-tài này).

Xin cám ơn sư hợp-tác cũa quí-vị.

Appendix B:

Results of Health Beliefs Inventory

Traditional Health Beliefs as Perceived by the Ngos

cause	*Mrs. Hao*	*Mr. Hao*	*James*	*Valerie*	*Mark*	*Marion*	***Average***
1. infection	1	3	4	5	3	5	3.5
2. soul leaving body	3	3	2	4	2	3	2.8
3. having bad dream	3	2	1	3	2	3	2.3
4. old age	4	4	4	4	4	5	4.2
5. caused by person with evil magic	3	2	1	2	3	3	2.3
6. physical harm	2	3	2	4	4	4	3.2
7. stress	4	4	2	3	5	3	3.5
8. being "struck by wind"	4	3	2	4	5	4	3.7
9. eating the wrong food	4	3	4	3	4	3	3.5
10. fate	2	2	2	5	4	3	3
11. spirits	2	1	3	4	3	3	2.7
12. random chance	2	2	1	3	3	3	2.3
13. body is out of balance	2	3	2	5	3	4	3.2
14. doing something you're not supposed to do	4	2	4	4	3	4	3.5
15. being too "hot" or too "cold"	5	3	4	4	4	4	4
16. From you seeing, hearing, or feeling something frightening	5	2	1	4	3	3	3
total	50	42	39	61	55	57	50.7

Personal Health Beliefs of the Ngos

cause	*Mrs. Hao*	*Mr. Hao*	*James*	*Valerie*	*Mark*	*Marion*	***average***
1. infection	2	3	3	3	4	4	3.2
2. soul leaving body	1	3	1	2	2	2	1.8
3. having bad dream	2	2	1	1	2	1	1.5
4. old age	4	4	1	2	4	3	3
5. caused by person with evil magic	1	2	1	1	2	1	1.3
6. physical harm	3	3	1	2	5	3	2.8
7. stress	5	4	2	4	4	3	3.7
8. being "struck by wind"	4	3	1	2	3	2	2.5
9. eating the wrong food	4	3	2	4	4	2	3.2
10. fate	2	2	1	2	4	1	2
11. spirits	1	1	1	1	2	1	1.2
12. random chance	2	2	1	2	3	3	2.2
13. body is out of balance	2	3	2	3	4	3	2.8
14. doing something you're not supposed to do	3	2	3	2	2	2	2.3
15. being too "hot" or too "cold"	4	3	2	2	2	2	2.5
16. From you seeing, hearing, or feeling something frightening	2	2	1	1	2	1	1.5
total	42	42	24	34	49	34	37.5

Traditional Health Beliefs as Perceived by the Trinhs

cause	*Mr. Vinh*	*Mrs. Vinh*	*Ms. Thiet*	*Mr. An*	*Mrs. An*	*Mrs. Bao*	*Mr. Bao*	*average*
1. infection	2	3	n/a	n/a	3	4	4	3.2
2. soul leaving body	2	3	n/a	n/a	2	3	2	2.4
3. having bad dream	3	3	n/a	n/a	3	3	2	2.8
4. old age	4	4	n/a	n/a	3	n/a	1	3
5. caused by person with evil magic	2	3	n/a	n/a	1	4	2	2.4
6. physical harm	4	4	n/a	n/a	2	4	5	3.8
7. stress	4	4	n/a	n/a	3	3	3	3.4
8. being "struck by wind"	3	3	n/a	n/a	2	3	3	2.8
9. eating the wrong food	4	4	n/a	n/a	2	3	3	3.2
10. fate	2	2	n/a	n/a	1	2	1	1.6
11. spirits	2	2	n/a	n/a	1	2	1	1.6
12. random chance	2	2	n/a	n/a	1	2	2	1.8
13. body is out of balance	2	3	n/a	n/a	2	4	3	2.8
14. doing something you're not supposed to do	2	2	n/a	n/a	2	5	2	2.6
15. being too "hot" or too "cold"	4	4	n/a	n/a	2	4	3	3.4
16. From you seeing, hearing, or feeling something frightening	4	3	n/a	n/a	2	2	2	2.6
total	46	49	n/a	n/a	32	48	39	43.4

Personal Health Beliefs of the Trinhs

cause	*Mr. Vinh*	*Mrs. Vinh*	*Ms. Thiet*	*Mr. An*	*Mrs. An*	*Mrs. Bao*	*Mr. Bao*	*Average*
1. infection	2	2	n/a	3	3	2	1	2.2
2. soul leaving body	1	1	n/a	1	2	1	1	1.2
3. having bad dream	2	2	n/a	2	3	1	1	1.8
4. old age	4	4	n/a	5	3	n/a	1	3.4
5. caused by person with evil magic	1	1	n/a	1	1	1	1	1
6. physical harm	2	2	n/a	3	2	2	1	2
7. stress	3	3	n/a	3	3	3	3	3
8. being "struck by wind"	3	3	n/a	3	2	3	3	2.8
9. eating the wrong food	2	2	n/a	3	2	2	3	2.3
10. fate	2	2	n/a	1	1	2	1	1.5
11. spirits	2	2	n/a	1	1	2	1	1.5
12. random chance	2	2	n/a	2	1	2	1	1.7
13. body is out of balance	1	1	n/a	2	2	3	2	1.8
14. doing something you're not supposed to do	1	1	n/a	2	2	1	1	1.3
15. being too "hot" or too "cold"	4	4	n/a	3	2	3	3	3.2
16. From you seeing, hearing, or feeling something frightening	2	2	n/a	2	2	2	1	1.8
total	34	34	n/a	37	32	30	25	32.6

Traditional Health Beliefs as Perceived by Other Participants

cause	*Mrs. Tin*	*Mrs. Thoang*	*Ms. Hien*
1. infection	n/a	2	3
2. soul leaving body	n/a	2	1
3. having bad dream	n/a	3	2
4. old age	n/a	n/a	4
5. caused by person with evil magic	n/a	4	3
6. physical harm	n/a	5	4
7. stress	n/a	2	3
8. being "struck by wind"	n/a	4	4
9. eating the wrong food	n/a	4	3
10. fate	n/a	n/a	2
11. spirits	n/a	5	2
12. random chance	n/a	4	2
13. body is out of balance	n/a	4	2
14. doing something you're not supposed to do	n/a	3	3
15. being too "hot" or too "cold"	n/a	4	3
16. From you seeing, hearing, or feeling something frightening	n/a	3	3
total	n/a	48	44

Personal Health Beliefs of Other Participants

cause	*Mrs. Tin*	*Mrs. Thoang*	*Ms. Hien*
1. infection	4	4	3
2. soul leaving body	2	2	1
3. having bad dream	2	3	2
4. old age	5	n/a	4
5. caused by person with evil magic	2	2	2
6. physical harm	3	4	4
7. stress	3	4	3
8. being "struck by wind"	3	3	4
9. eating the wrong food	2	3	3
10. fate	1	n/a	1
11. spirits	1	2	1
12. random chance	2	3	2
13. body is out of balance	2	3	2
14. doing something you're not supposed to do	2	2	3
15. being too "hot" or too "cold"	2	3	3
16. From you seeing, hearing, or feeling something frightening	2	3	2
total	38	39	40

Summary of Participants' Responses

Participant	Traditional	Personal
Mr. Vinh	46	34
Mrs. Vinh	49	42
Mrs. Thiet	-	-
Mr. An	-	37
Mrs. An	32	31
Mrs. Bao	46	30
Mr. Bao	39	25
Mrs. Hao	50	42
Mr. Hao	42	42
James	39	24
Valerie	61	34
Mark	55	49
Marion	57	34
Mrs. Tin	-	38
Mrs. Thoang	48	39
Mrs. Hein	44	40

healthy 9 year old. His grandparents attributed his health to the traditional Vietnamese remedies that he had used while growing up. Being healthy, Mr. Ngo then moved back to his parents.

After being reunited with his parents, Mr. Ngo rarely used Chinese medicine again. If he became ill, his father would treat him with European medical remedies. Mr. Ngo never thought to disagree with his father's treatments because he felt that as a son, he was supposed to obey his parents.

In America, Mr. Ngo, like his wife, does not recall being seriously sick. He recounts of recently having lower back pain that radiated to his right buttock and down his right leg. He believes that it was caused because he routinely sat with his thick wallet in his right back pocket for prolonged periods of time. At first, he went to an MD friend who gave him some medication. Mr. Ngo was afraid to use too much of the medication, however, because it would make him "hot". His friend also warned him that it might be harmful for his stomach. The medication only slightly alleviated his pain. Mr. Ngo subsequently went to an acupuncturist. 10 days after his treatment, the backache disappeared. Mr. Ngo is not sure in the acupuncture or the medicine made the pain go away, or if the pain just went away on its own regardless of the treatments that he pursued.

Ms. Hien:

Ms. Hien is a 49 year old South Vietnamese woman who recently immigrated to the United States with her three children. This interview was conducted 4 months after her arrival.

Ms. Hien does not recall being seriously ill as a child. When she was 37, however, she found herself unable to bend her neck up or down while walking home one day (later Ms. Hien says that this happened when she woke up from bed.) She remembers that it was so stiff and painful that she had to call her

Mr. Manh is a 54 year old man who was adopted by Mr. Vinh and Mrs. Vinh. He is currently living with his girlfriend Ms. Hien and her three children.

Mr. Manh had not been seriously ill until the sixth grade when he developed severe abdominal pain that persisted for about one week before his father, who worked at the hospital, sought help from the doctor. The physician examined Mr. Manh at home because he was in too much pain to be moved. A diagnosis of appendicitis that required prompt surgery was made. Just before his operation, Mr. Manh noticed that the pain had suddenly disappeared. The operation was canceled.

Many years later, while in a reeducation camp, the abdominal pain reappeared again. The pain was erratic, becoming exacerbated for 3-5 minutes, and then subsiding. It was so intense that Mr. Manh and his fellow inmates thought that he might die from the from the sheer severity of the pain, not from the sickness itself. The guards saw that he was clenching his stomach, and let him go see the prison doctor, whom Mr. Manh described as being very good. He was given Theline. Mr. Manh explains that this drug expands the tubes in the body, including the tubes that carry urine. Thus, it allows for the kidney stones to drop. However, Mr. Manh also describe of a side effect that the drug produced in his body. The heart has the same type of muscle that these tubes have, and so using Theline can cause one to have an enlarged heart. When asked about how he knew that he had an enlarged heart, Mr. Manh explains that sometimes he has trouble breathing, especially at night while he is sleeping.

While in the reeducation camp, Mr. Manh also developed intestinal tuberculosis. His doctor friends inside the prison recognized what Mr. Manh describes as the cardinal signs of TB (of any localization): unexplained weight loss, profuse sweating, and inability to sleep. He also wrote to his aunt about his symptoms. She wrote back saying that he might have TB of the lungs that

had spread to his intestines. He was referred to the prison doctor at the time (who was "lower" than a doctor but "higher" than a nurse.) The doctor heard something unusual in Mr. Manh's lungs, and diagnosed respiratory tuberculosis. He was given streptomycin and isoniazid, the standard treatment for TB of the lungs. Mr. Manh took this for 10-15 days, but steadily became weaker. He remembers being unable to do anything besides eating and sleeping. He became very afraid. Mr. Manh's friend, who was permitted to go outside of the prison to work, tried to look for a doctor on the outside. Fortunately, they found a young doctor who had graduated in 1975 from medical school. The doctor had tried to escape from Vietnam earlier, but was caught and imprisoned for three years before being released. He was hiding in a nearby poor neighborhood waiting for an opportunity to escape. While waiting, the doctor also treated illness from the local people in return for anything the patients could afford to give him. Fortunately for Mr. Manh, the doctor's older brother had trained in the 26th division of Da Lac--the same division that Mr. Manh had trained in. Although Mr. Manh had never met either one of them, he knew that the doctor would help another " Da Lac." "<That has to be that way.>"

Unfortunately, the only way that Mr. Manh could leave the camp was by pretending to go out to work. "<If you're sick, they won't let you go out.>" After he got out of the camp, his friends helped him walk 8 km to the doctor. When he first met the doctor, he noticed that the doctor was young--only 30 years old. They talked for a while. Then the doctor told him that although others may believe that Mr. Manh had respiratory TB, he believed that it this was not so. This is because his skin was not pale or bluish. The doctor then instructed Mr. Manh to eat some noodle soup that his mother had made. Afterwards, the doctor examined him. With the history that Mr. Manh gave him and the physical

examination, the doctor concluded that he had intestinal TB. Mr. Manh was given some medications for that. In a short time, he was healed.

During his service in the South Vietnamese Army, Mr. Manh has had the opportunity to see folk healers use magic to heal others first hand. In addition, he has studied magic under a teacher, such that he can control spirits. He explains that it is possible for him and others who know magic to curse their enemies, no matter how far away they are. In light of his experience (both personal and from books) with traditional herbal remedies, Western medical remedies, and magic, he believes that magic is the most effective. However, he feels that Chinese medicine is better than Western medicine because Chinese medicine is older than Western medicine and Western medicine borrows many treatments from its Chinese counterpart. Unfortunately, Chinese medicine in America is scarce and whatever is available is inferior to that found in Asia. However, this does not frustrate him, because he does not place very much importance in the role of sickness in his life.

Some of the practices that he uses to promote health is to control his breathing and fast to purify his body. If he were to get a cold, Mr. Manh would leave it alone for 3 days to see if his body can take care of it. If his body cannot heal itself, he would go to a Western doctor (because of the scarcity of Chinese doctors of good skill). If he had cancer, he would go to a Western doctor first. If this was ineffective, he would find some other ways, including magic. He explains that he would not use magic first because his proficiency in it is not well-advanced. If he were in Vietnam, however, he would consult masters of magic first because their knowledge of magic is much more extensive Unfortunately, there are very few practitioners of magic in Vietnam. Mr. Manh has so much confidence in his teacher of magic, that he would always go to his teacher for health problems if his teacher were in the U.S.

When asked if he would teach his beliefs to his children, Mr. Manh replied that he would if they were willing to listen (He would not teach magic to his children because he is not skilled enough to teach). However, he feels that if his children were to be raised in America, it would be difficult, because Americans like to take pills at the slightest sign of illness.

James:

James is a 21 year old Vietnamese American male. He immigrated to America when he was less than 1 years old. He is the son of Mrs. Ngo and Mr. Ngo.

James had his "worst experience with being sick" when he came down with "the flu" while in elementary school. He recalls having had to stay at home for a few days, feeling "flustered, having a severe headache, and sweating profusely." He had a sense of frustration and despair because of the fever and the inability to sleep comfortably. His mother, Mrs. Ngo took care of him when she came home from work. James remembers eating warm porridge and spending the entire day lying down sleeping or watching TV. To treat his illness, James remembers that his mother kept him warm with warm clothing perhaps to "sweat out the cold", gave him lemon juice and 7-up to help his throat, put a wet towel over his head to keep the fever down, and used Vietnamese rubbing oil (like Tiger Balm) also to keep him warm. He was also given Cold Tylenol for children, the only therapy that James believes his mother did not learn in Vietnam. He recalls feeling satisfied with the therapies he was given. At that time, James and his mother thought that he had fallen ill because he did not dress warmly enough while playing outside in the cold weather. When James became older, his brother told him how illnesses and viruses spread. Piecing that with the observation that other kids were also sick with the flu, James now believes that he had caught the flu virus from one of the other kids at school. Thinking back on that experience, James believes that he could have avoided

the flu by avoiding other kids who were sick, and by dressing warmer and eating more properly.

Although most of his dramatic sicknesses occurred during his childhood, he recalls being sick during his freshman year in college. He first showed signs of a cold or fever during Dead Week, the week of school directly preceding Finals Week. He felt dizzy, weak, and tired. He had difficulty concentrating and his mind felt dull. As his sickness worsened, he began to feel constantly flustered and not yet shivering while sweating. He also had a sore throat and coughed a lot. The worse part of the sickness for James was having to deal with a constant headache, Which inhibited his ability to sleep or study. He also lost his appetite. After the semester ended, James returned home and stayed well rested. His mother, Mrs. Hao, made sure that he had food readily available, and that he took his cold medication (Coricidin) consistently over a period of about one week. He believes that the cold medicine suppresses his symptoms, but explains that his mother believes that it cures the illness. James was concerned about taking too much medicine. By the time school was out and he had come home, his illness had already started to subside. James attributes his sickness to a virus that was going around the dorms. He also believes that the stress may have lowered his physical resistance to illness. He reports that his mother thought that it was due to him not having eaten enough or keeping warm enough. Looking back, he believes that he should not have stressed over finals.

Mark:

Mark is a 26 year old Vietnamese-American male who immigrated to the US with his family when he was six years old. He only describes his worst childhood illness.

Mark recalls the time when he had chicken pox. It started when the neighborhood kids that his mom was babysitting had the chicken pox. Their

mother told his mother that the kids were no longer contagious, and that his mother could babysit them. About a week later, Mark came down with the chicken pox. He recalls feeling feverish and tired. Afterwards he broke out with itchy rashes all over his body. He remembers that his mother gave him some 7-up, which "was good when you're feeling nauseated and tired." He also recalls having creme applied to his rash. The illness lasted for several weeks. Afterwards, the rashes scabbed over. Mark believes that he still has some of the scars. Thinking back about his treatment, he remarks that it is common sense that one should not be too active when one is sick. He does not know how the 7-up works, but believes that it has something to do with the carbonation. The creme that he received, to his recollection, was an anti-itching creme.

Valerie:

Valerie is a 23 year old Vietnamese-American female who immigrated to the US with her parents Mrs. Ngo and Mr. Ngo when she was 3 years old. She talks about her worse adult illness.

Valerie's worst illness occurred in 1994 when she experienced severe stomach discomfort lasting several days. It began when she was working her usual morning shift at an Italian restaurant in the month of August. She began to feel nauseated and shortness of breath. She figured that it was nothing--that perhaps she was just tired and feeling a little groggy from lack of sleep. As the day progressed she began to feel light-headed, her muscles ached, and there were sharp pains at the side of her stomach. She also had shivers and a cold sweat periodically. Her co-workers attempted to diagnose her condition, and recommended several combinations of foods and beverages. She vomited whatever she consumed within minutes, however. By the time she came home, around midday, she was exhausted and slept until the following afternoon, without taking any medication, water, or food.

Valerie began to feel much better the following day, although she still felt a bit dizzy and fatigued. She still could not eat much, but managed to have a light meal and drink fluids. The next morning, Valerie was completely recovered.

Several months later, Valerie woke up in the middle of the night with a stabbing pain at her side and lower abdomen. She began to vomit and sweat profusely. She took some Maalox, but the pain and discomfort continued. Other antacids that she tried were likewise ineffective. Her stomach pains, nausea, and vomiting seemed to occur erratically for the next few days. On some days, her symptoms lessened, while on other days they worsened. After the fourth day, Valerie finally decided that her condition was serious enough to see a doctor. He prescribed Zantac for the treatment of peptic ulcer disease, and also recommended a bland diet and plenty of fluids. Valerie believes that the Zantac helps fight the acid in the stomach, which helps the inflammation inside the stomach or intestines heal. The bland diet was nonirritating to the stomach. With this regimen, the symptoms subsided within a matter of days. She was satisfied with how this treatment helped her illness. Although she has not experienced subsequent recurrence of what she refers to as the "stomach flu," Valerie occasionally feels mild stomach discomforts such as cramping and bloatedness after eating or drinking.

During her illness, Valerie felt emotionally annoyed and inconvenienced because she had to miss work in August, and a Pearl Jam concert in October. Her primary caregivers were her two roommates. At the time she was sick, Valerie believed that she must have caught some kind of virus or bacteria. Now, she believes that a combination of things lead to her illness, perhaps an improper diet, a family history of ulcers, and a viral infection. Valerie believes she could have avoided all this if she had changed her diet and eating habits.

She feels that she eats too much spicy foods, drinks too much coffee, and eats too irregularly.

Marion:

Marion is a 27 year old Vietnamese-American female who immigrated with her parents, Mrs. Ngo and Mr. Ngo, when she was 6 years old. She describes an experience with illness that occurred when she was 26.

Marion's worst experience with illness occurred in 1994, when she began to have several painful headaches. She took aspirins "as would any normal person under the circumstance," but the headaches only escalated. Her friends began to notice that Marion was constantly "popping a pill." The pain got to the point were she was unable to stand or sit up without swaying. She was unable to think clearly or make conversation because she was extremely sensitive to the pain pounding in her head. Later, Marion found herself unable to get out of bed. She had a fever of 103, and was "sweating buckets and freezing at the same time." She lost her appetite, and could only drink juice and eat grapes. She rarely went to the bathroom or changed her clothes. During this time, she continued to treat her illness with aspirin. By the end of the week, her condition had not changed. Her boyfriend became concerned and took her to the hospital. The doctors saw her immediately. After the medical examination, Marion was told that her condition was not deadly, and that she was expected to recover soon. She apparently had a virus that was spreading around the area (she notes that one of her professors at school had a similar experience). The hospital intern prescribed some medication for her headache and recommended sleep. This regimen was only to help alleviate the symptoms. Marion did not feel like she had much choice other than to wait patiently for the virus to run through its cycle. Several days later, Marion made a complete recovery. "It was

as if nothing happened." She felt the experience was bizarre because it happened without warning and was so painful.

Marion recalls being frustrated emotionally because she was unable to do even the most simple tasks because it caused too much pain. Her boyfriend acted as her primary caregiver. Marion believes that he took great care of her, make sure that she was fed, cleaned and comforted. Because she slept so much and so long, her boyfriend would wake her up occasionally to make sure that she was "still conscious." "He acted as my personal nurse." At the time that she was sick, Marion had no idea what caused her illness. The illness came as a surprise to her, because she had been taking good care of herself--eating healthy, using vitamins, and exercising. Her boyfriend thought that the fever was the result of the flu, although he became concerned when the temperature rose so high. He had no idea what was causing the headaches. Now, Marion believe that she had caught a virus that was transmitted through person to person contact, or was just "in the air." Her doctor explained that it was an easy virus to catch. Marion emphatically believes that there was no realistic way to avoid her illness, without completely avoiding interactions with others--something she was unwilling to do.

Mrs. Tin:

Mrs. Tin is a 70 year old Vietnamese woman living in Saigon with her children and grandchildren. She is the sister of Mrs. Vinh.

Mrs. Tin's worse childhood illness started when Mrs. Tin was 10 years old. She remembers getting "asthma" whenever the weather became bad:

"<Every time the sunny days become rainy; clouds become dark, wind begins to blow, and then rain comes, my throat becomes dry and I begin to cough.>" In addition, she also starts to wheeze so loud as she breathed that people around her noticed. Her symptoms become so bad that she could only lay with 3-4 cushions beneath her. Mrs. Tin remembers being so affected by the cough that she could not eat, drink, or sleep. She was so tired that she did not want to talk with anybody, and disliked for people to visit her. The episodes would last for three to five days before getting better. When asked about what she thought caused her illness, Mrs. Tin writes that people told her that she inherited it from her grandparents--even her father had it.

Mrs. Tin's grandfather took an active role in her care. Mrs. Tin's grandfather sought advice from herbal doctors, friends and cousins on how to treat his granddaughter. Afterwards, he would travel far to find the ingredients necessary to cure her. After gathering the ingredients, he would give them to Mrs. Tin's grandmother and mother with instructions on how to prepare them. Mrs. Tin writes of one instance when she was given an herbal medicine: "<I remember the lung of an elephant was put into a ceramic pot and cooked under a charcoal fire until it had become black. Then, they grounded it up and mixed it with ginger and honey that was fresh from the bee hive. This mixture was then ground to small bits.>" Her asthma was treated with so many different therapies, that she does not know which one worked best. She does remember that none of her therapies used Western medicine, since her family lived in the country, where Western medicine was rarely available.

Mrs. Tin feels that she has still not completely recovered from her illness. Whenever she remembers about her illness, she begins to have difficulty breathing--sometimes to the point that she almost passes out. She tries to be careful with the food that she eats or drinks in order to keep herself healthy.

Mrs. Tin also writes about several illnesses that she had as an adult. Two and a half months after giving birth to her fifth child, Mrs. Tin had unusually heavy menstrual bleeding. She believes that this was do to her having an important position in her husband's niece's wedding, in which she had to run around during the wedding while wearing high heels. She believes that this weakened her uterus, hence the bleeding. She recalls that while she had the heavy bleeding, her body was also very tired. Her shoulders, arms, flanks, and legs ached. Mrs. Tin went to a reputable gynecologist who lived near her. The doctor gave her some medicine and shots. The doctor also advised Mrs. Tin to stay in bed, and not to go anywhere unless it was to the doctor's office to get medicine and shots each day. Mrs. Tin remained bedridden for nearly one weak before recovering.

When Mrs. Tin was 50 years old, she worked for the phone company. Because she had to sit for 8 hours during each shift for a total of five consecutive years, she developed a chronic recurrent headache. The severity was such that she felt that her brain hurt. Her headache was also accompanied by back pain. Furthermore, she would have difficulty getting out of bed, and needed assistance to walk and change clothes. To treat her headache, Mrs. Tin's family took her to an herbal clinic to have acupuncture. She also drank herbal medicine daily for two months. She writes that her herbal doctor agrees with her belief of what causes her illness.

Mrs. Tin has also recently developed hypertension. Before, her blood pressure was only 11 or 12. Now, it can rise up to "14, 16, 18, even 80." Her high blood pressure gives her headaches, and makes her dizzy when she walks. "<I walk like a person that just got out of the sick bed.>" Mrs. Tin monitors her hypertension using a blood pressure cuff, and takes medicine that an MD gave her at a nearby clinic. Currently, her medication is not working for her. Mrs. Tin

is still looking for a good MD to manage her hypertension. She believes that her high blood pressure is due to being too stressed from worrying. She also writes that this illness is particularly prevalent in older people. Although good medication is available to manage the illness, it is hard to cure. As is the case with her headaches, Mrs. Tin writes that her MD concurs with her explanation as to why she has high blood pressure.

In regards to the treatment of her illness as a whole, Mrs. Tin believes that Western medicine, herbal medicine, and acupuncture have all contributed to her healing. Each method has its good points. She writes that she is happy with the way that all her caregivers have treated her illness: "<although each one has a different way of healing, they all have benefited me, and in my heart, I feel like I owe them very much.>" Mrs. Tin has tried to use her personal experience with illness to teach her children and grandchildren how they can avoid sickness.

Mr. Vinh:

Mr. Vinh is a 76 year old Vietnamese man who is currently living in Da Nang with his wife, children, and grandchildren.

Although he was generally in good health as a child, Mr. Vinh writes of one time, when he was 9 years old, in which his "<heart stopped and died.>" He recalls that at the time, many people in his town were dying of a diarrhea that neither European nor herbal medicine could heal. One of those people was his grandfather. After attending his grandfather's funeral, Mr. Vinh became sick with diarrhea. His family tried to give him some herbal leaves that were usually given to people who had a simple sickness. The medicine did not help him, however, and his condition progressively worsened. Tired, Mr. Vinh fell into a deep sleep, and could not be awakened. His family, believing that he was dead,

put nice clothes on him, and placed him on the bed with a bowl of rice (an offering to the dead). They planned to put him in a casket at midnight for burial. All the children in his family were not allowed to see him for fear that they might cry and alert the French soldiers. The family was afraid that the French would find out and burn the house down, and imprison all of them. Four o'clock the next morning, Mr. Vinh awakened famished. He ate the rice that was offered for the dead, and admired his nice clothes. Afterwards, he ran out to his family, who were shocked, but very happy to discover that he was alive. Mr. Vinh felt completely recovered. Nobody understood why or how Mr. Vinh came back to life again, without any signs of sickness.

Ever since Mr. Vinh was 20 years old, he has suffered from migraine headaches. The pain was so bad, that he decided to go to an French MD who specialized in the brain. The doctor told Mr. Vinh that he had a serious brain sickness, and predicted that he would only live to be 28 years old. Mr. Vinh became very frightened, and went to this doctor frequently for treatment. Although his sickness has gotten better, and he did not die from it, it has not completely gone away. When the weather changes, or when he thinks or worries too much, he gets headaches. His head becomes hot and uncomfortable, making him forgetful.

Mr. Vinh complains of additional illnesses recently. When he was 70 years old, he got a skin rash that still bothers him now. He went to the clinic to see an MD for this. The doctor told him that the sickness was not contagious, and gave him a prescription. However, Mr. Vinh believes that skin rashes (as well as headaches) can be caused by hotness inside one's body. In order to compensate, Mr. Vinh has found that hot water mixed with salt and an herbal remedy helps. In addition to the skin rash, Mr. Vinh often has headaches, runny nose, and sneezing. He has also had hypertension since he was 72 years old.

He believes that the high blood pressure is caused by the worry that has built up since the time he was young.

Because of he has escaped death twice in his life, Mr. Vinh believes that he will live a long life. He realizes that he is not in perfect health, but believes that for a 76 year old man, he is undoubtedly in good health. He writes that when he gets sick, he tries to find the reasons for why. If it is not serious, he generally uses biomedicine. Mr. Vinh is confident that, with his experience with sicknesses and the ways to heal them, he generally knows what kind of medication to take. If the illness is serious, he will proceed to an MD specialist to have it checked. Although he generally uses biomedicine for most illnesses, Mr. Vinh occasionally finds acupuncture and herbal medicine helpful, as the case with his skin rash. "<Both ways of healing my illnesses are good in their own ways.>"

Mrs. Vinh:

Mrs. Vinh is 68 year old Vietnamese woman living in Da Nang with her husband, Mr. Vinh, her children, and her grandchildren.

Mrs. Vinh worst childhood sickness was due to a long worm infection. It started with a high fever that was followed by severe stomach pain. The only way her parents and grandparents could ease her pain was to press their shoulders into her stomach. That would help the pain, and stop her from crying and yelling. Treatments implemented by the herbal doctor, and even at the hospital did not cure her. She remembers that the M.D.s gave her some medicine to expel the worm. Her family also tried rubbing ointment (like Tiger Balm) on her stomach and put a warm rubber bottle of salt water on her stomach. Both methods alleviated her illness, but the worms would come back and she would be just as sick as before. Nothing seemed to help permanently.

drunk, and pushed out of her body--"from head to toe.>" Throughout her life, Mrs. Vinh has had to battle with the recurrence of worms, whom she has grown to fear and hate. She believes that they have ravaged and weakened her stomach, liver, and entire digestive system.

Mrs. Vinh believes that her knowledge about health and illness has become broad due to growing up in the world that she lived, the experiences she got from being a mother and wife, from reading books and newspaper, and from people who know more than her, especially people older than her. When she is able to understand what is causing her illness, she can better prevent the illness. Furthermore, she will be able to explain to her doctors better so that they can more easily find a way to heal her. Mrs. Vinh thinks that trust in your MD doctor is key to healing. Although she frequently uses biomedical therapies, she feels strongly about keeping some of the techniques of the herbal doctors--what the Vietnamese call "people medicine," and medicine passed down from generation to generation. Mrs. Vinh also attributes her health to God, and the spirits of those already dead. She worships them "<all [her] heart>", and prays that they help her when times become difficult. Sometimes, she hears them tell her about all the good things that she should remember. "<this helps to heal all the sickness and gives my mid a sense of peace.>"

Ms. Thiet:

Mrs. Thiet is the 60 year old adopted sister of Mrs. Vinh and Mr. Vinh. She currently lives with her brother and sisters, and works as their housekeeper.

When Ms. Thiet was 10 years old, she lost both of her parents, and came to live with her aunt and uncle. She does not recall having any serious childhood illness, although she has had the measles, chicken pox, bouts of the flu and stomach aches. In the case of minor ailments, Ms. Thiet refused bedrest,

insisting on doing her household chores. When she had measles and chicken pox, however, she had to stay away from the water and the wind. This meant that she could not go outside to wash clothes or dishes. With these restrictions, Ms. Thiet accepted bedrest. Because she lived in a village in those days, biomedicine was difficult to find, and so most of her ailments were healed using herbal remedies. When Ms. Thiet came down with the flu or had headaches, She would pick lemon leaves and put them in a pot of boiling water with onions and lemon grass. Then she would sit with the pot under a blanket to hold in the steam. She also used acupuncture needles on both sides of her forehead. Then she would use ointment ("Tiger Balm") on her skin. Ms. Thiet would also eat a special leaf grounded with onion, and cooked in a rice porridge. Alternatively, she would occasionally soak a cloth in a solution containing the special leaf and onions grounded, and alcohol. She would wrap the cloth around her forehead.

Whenever she had fevers, she would drink a special herbal medicine. Afterwards, Ms. Thiet would cover her body with a blanket so that she would sweat. When she had the chicken pox and the measles, she drank a mixture containing cilantro seeds and dau sang ("blue beans") cooked in water. She also avoided wind exposure and getting wet. After a time, the sickness would disappear. She recalls her aunt making her eat ginger when she had stomachaches. She would rub liquid fuel (like lighter fluid) around Ms. Thiet's stomach as well. After a while, Ms. Thiet would then start to flatulate, and then have a bowel movement and vomit. Afterwards she would feel that her health was back to normal again.

Ms. Thiet's primary caregiver was her aunt. Her aunt healed Ms. Thiet using her own personal experience and, most commonly, knowledge that had been passed down from generation to generation within the family. Ms. Thiet does not

know how biomedical science would see and analyze these remedies, but she has seen that it has helped heal the people living in her village, often working fast. After being sick, Ms. Thiet remembers always feeling that she was lucky that she received the right medicine and that her aunt was willing to take care of her so that she was able to go back to work.

When Ms. Thiet was 18, she met Mr. Vinh and Mrs. Vinh, who adopted her as their younger sister. From then on, she has lived with them and their family and worked as their housekeeper. Ms. Thiet was in relatively good health until she 30 years old. After that age, she began to get more headaches, stomachaches, and joint pain. She also became more susceptible to the side effects of Western drugs (like the development of a red pruritic rash) and to being <struck by the wind>. Ms. Thiet also has high blood pressure. She believes that her sicknesses are more serious and persistent now because she is older.

As an adult, her primary caregiver is her adopted sister, Mrs. Vinh. Ms. Thiet feels that since the day she came to live with her sister, Ms. Thiet has put her health in Mrs. Vinh's hands. When Ms. Thiet becomes sick, her sister usually uses biomedicine. Sometimes, however, Mrs. Vinh will use herbal remedies similar to those used by Ms. Thiet's aunt. Ms. Thiet speculates that her body might react more favorably to herbal medicine because she has used it since she was a child. In any case, if the illness does not get better within three days, her sister refers her to a doctor.

Ms. Thiet also talks about how her sister treats some of her illnesses. If she gets the flu, Ms. Thiet will take some Western drugs. In addition she, would take a steam bath with a pot of lemon grass and lemon leaves boiled in water. She also uses ointment ("Tiger Balm") on her joints. If she does not feel better after three days, she knows that she should go to the doctor. However, Ms. Thiet has always felt better with these remedies, and has never had to go to the doctor

for this. When she is <struck by the wind>, which is a sickness that is very common for Vietnamese people, her sister usually gives her Western medicine. Ms. Thiet believes that there is another method which helps to heal her quickly. She <scratches the wind out of her body> with a coin and ointment on her back, neck, and chest. If the area of skin that is scratched turns purple-red but is not painful then she knows that a bad wind is responsible. If the area does not turn this color or it hurts, then another illness is responsible, and this method will not work. She realizes that Western medical science probably does not accept this method of treatment, but it has worked well for her.

Ms. Thiet has had trouble with swollen legs as she got older. People in Vietnam say that she has "arthritis" (phoung thap). She describes a sensation of heaviness in her legs that sometimes becomes so bad that she is unable to walk. Her sister gives her B1 vitamins, but Ms. Thiet has not found this to work. The only method that worked well for this condition in the past had been acupuncture combined with herbs, despite her sister's suspicion of the method. Ten years ago, an herbal doctor administered to her an herbal remedy that had been in his family for many generations. This remedy was supposed to purge her of "all the bad stuff in her body." Ms. Thiet does not know what the medicine was called, but remembers it having a strong fishy odor. She took the medicine over the course of three. During this time, she remembers having diarrhea. She continued to take this medicine on two more occasions for 6 days at a time. Afterwards, he used acupuncture. He placed many needles from her heel all the way up her leg. Then, he used moxibustion to remove purple-red colored blood ("bad blood"). Within several weeks, the swelling and pain had gone, and she was able to walk again. Now, Ms. Thiet feels that the heaviness has come back. She feels that another course of this treatment will greatly help her, but has

been unable to find this doctor again. She feels that she has no choice but to use western remedies, which have been relatively ineffective thus far.

Ms. Thiet and Mrs. Vinh agree on the causes of many of the illnesses that afflict Ms. Thiet. Her headaches are caused by changing weather, reactions to certain foods, high blood pressure, or eye problems. Her stomachaches are caused by worms, eating the wrong foods, an abnormal monthly period, or weak digestive system. If her arms and legs ache too much, Ms. Thiet knows that it is because she was hit by a bad wind or because of the changing weather. Her swollen joints are caused by the physical stresses of her work. Her sister also thinks that they might also be due to eating a diet that is too simple and low in calories, making her have low energy. Ms. Thiet has been told that her high blood pressure was due to having too much fat in her blood, but she truly believes that it is due to stress. She also wonders if being a virgin may predispose her to some nerve disorder.

Overall, Ms. Thiet tries to take good care of her health. She is trying to be more careful with her diet, listens to what her sister tells her to do, and goes to the doctor when she needs to.

Mr. An:

Mr. An is the 40 year old son of Mr. Vinh and Mrs. Vinh. He lives with his own family in an apartment that is connected to his parents' apartment.

When Mr. An was young, he was always proud of the fact that he was healthier and more physically fit than his brothers and sisters. He was very active in sports and exercise. He does not recall ever being seriously ill as a child, although he remembers sometimes being tired for short periods of time (occasionally with headaches, sneezing, and runny nose). This would occur due to a change in weather or after participating in sports tournaments in which he

expended too much energy. He also attributes these symptoms to the changes in his body as he was growing up. However, Mr. An had never regarded them as being particularly significant, and so has never tried to analyze their meaning seriously. To treat this, his family would give him "regular medicine" such as Western cold/flu remedies and vitamin C. Mr. An also felt that eating well and resting adequately was important to his recovery. He remarks that "sleeping good is the best medicine in the world."

Mr. An became significantly ill when he was in his 30s. Mr. An noticed that he lost much of his energy after playing sports for just a short period of time. He also found it hard to eat and sleep. He also lost 14kg, slipping from 74kg to 160 kg. This prompted Mr. An to visit the doctor, who found that he had a weak liver. Mr. An attributes this condition to having eaten a diet high in meats and fats with little vegetables when he was young, wasting too much energy when playing sports, and drinking too many beers. He also believes that drinking coffee and smoking has also played a role in his sickness. Mr. An writes that the care that the specialist gave him was crucial to his recovery. The doctor "<diagnosed the right sickness, and gave me the right medicine to take to cure the sickness quickly.>" After 3 months of treatment, Mr. An gained back the weight that he had lost, and felt healthy again. Since then, Mr. An has tried to change his lifestyle. He now eats more healthy, refrains from drinking milk and coffee, and has cut down on drinking beer and smoking. He hopes that he will be able to quit smoking and drinking entirely in the future. Mr. An also tries to relax (in part by avoiding hard physical and mental work) and exercise regularly and sensibly.

Mrs. An:

Mrs. An is the 38 year old wife of Mr. An.

When she was 10 to 12 years old, Mrs. An recalls being sick with stomachaches for 3-5 days at least once a month. Her body ached all over, and her arms and legs felt tired and heavy in addition. All she wanted to do was lay in bed. She relates that the illness did not manifest with watery diarrhea, although she had to use the bathroom at least 4 times in one day. She recalls that eating certain foods could cause this sickness to reappear. Foods with high fat content, seafood, milk, or sour fruits were among them. Her doctor explained to Mrs. An that her digestive system was weak. Her intestines did not have enough acid, so it could not digest food appropriately.

Whenever Mrs. An came down with this illness, she tried to watch what she ate, and ate less in general. Sometimes, however, the sickness was severe enough that she used Ganidan, a western medical remedy commonly used to treat this sickness. This would stop the sickness for a time, but if Mrs. An ate "incorrectly" again, the stomachache would come back. Mrs. An explains that the lack of attention that she paid to her diet was a reflection of the times. In those days, there was a general lack of knowledge about healthy eating. Furthermore, living was so difficult that no one could afford to pay attention to how they ate. Today is different. The world that she lives in has become much better, so that she can pay more attention to her eating habits, which are communicated through reading material, television news and commercials. This helps mitigate her stomachaches.

Mrs. An also remembers that the stomachaches recur sometimes when the weather changes (from hot to cold)--even when she only eats and drinks cold things. One time, when she slept without a blanket in the winter time, the sickness came back.

Because her doctor, a specialist, has been unable to heal her completely using western medicine, he believes that this sickness is psychosomatic

("attitude sickness.") Mrs. An is not very satisfied with the remedy that she has been given because she believes that there is another more effective method out there, but her doctor does not know it yet. Presently, Mrs. An pays more attention to what she eats, exercises frequently, participates in healthy sports to keep her life "normal and easygoing" in order to prevent her stomachaches.

When Mrs. An has only been able to get 3-4 hours of sleep since she was 18 years old. She describes when this first happened. She recalls having to wake up every 15 to 20 minute to run to the bathroom to urinate. The following morning, her urine took on a whitish color similar to the color of rice water. As this condition persisted, Mrs. An lost weight and became very fatigued--her body ached and all she wanted to do was lay in bed. Her skin also took on a bluish color. After a while, her body became used to the sickness. Her weight stabilized, and she no longer felt fatigued. In fact, she was able to carry out housework at home and duties at her job effectively. Even to this day, Mrs. An only sleeps about 4 hours a night.

Mrs. An explains that no one has ever treated her because the sickness had not visible symptoms that would be cause for worry, especially because she was still eating normally. She believes that there is something abnormal inside her body. To this day, she has not been able to find out a way to heal this sickness.

Mrs. Bao:

Mrs. Bao is the 31 year old daughter of Mr. Vinh and Mrs. Vinh.

Mrs. Bao remembers being sick many times as a child. Most of these sicknesses were typical for children such as stomachaches, toothaches, measles, etc. She will never forget one sickness that she had when she was 12 years old however: <malaria.> It started first with a fever that reached 40

degrees. After three days, Mrs. Bao began to feel tired and ached all over. It was as if her bones were separating from each other. She remembers crying inconsolably, and being cranky. She became too dizzy to get out of bed, and had red spots all over her body. At the time she was sick, she did not realize what the sickness was, being only 12 years old. However, she remembers hearing the adults say that she was bitten by a mosquito that carried a bad sickness.

Her mother and brothers took care of her during her illness. At the beginning of her sickness, they gave her medicine to bring down the fever, and mixed vitamin with lemon juice and sugar for her to drink (this was to give her a dose of Vitamin C). After three days, Mrs. Bao's condition did not improve. Her family took her to the hospital (apparently just in the nick of time). At the hospital, doctors administered a blood test, and then gave her 12 bottles of IV fluid infused with medicine. Mrs. Bao stayed in the hospital for 1 week. Afterwards, she was completely healed. She remembers that her family learned what to do in terms of treatment from people who had experience healing this sort of sickness, such as the doctors, people who had this condition previously, and from reading books and newspapers.

When Mrs. Bao was 15 years old, she had a similar incident. She was competing in a Ping-Pong tournament in another city when she became tired and noticed red dots had appeared all over her body as had happened when she was 12. This time, however, there was no high fever, and she was not so seriously fatigued. She knew that this was serious, and told her coaches about it. They then took her to the hospital. Mrs. Bao remembers being scared at the hospital because she was far from her family. There were many sick people around her, most of them were trauma patients--"<blood was everywhere, they

were crying, yelling. I couldn't take it any more.>" She requested to be taken to her aunt's home in Saigon after staying in the hospital for one day.

In Saigon, her aunt, uncle, and their boys took care of her. Fortunately, both her aunt and uncle were nurses. They gave her injections of medicine and lemonade+vitamin C to drink under the supervision of a doctor who saw her at home. Soon afterwards, she recovered from the illness.

To date, she is still not sure if this illness was caused by another mosquito bite, or if the doctors had not healed her sickness completely the first time, and that it had been dormant for three years.

Mrs. Bao feels that her experience with this illness has made her realize the importance and danger of this sickness. She feels very lucky that her family took her to the hospital in time in the first incident. As a mother of two, Mrs. Bao feels more confident that if the same thing were to happen to her children, she would know how to take care of them. As a precaution, she carefully makes sure the mosquito netting is placed on the bed properly to prevent mosquitoes, and gives her children plenty of lemonade to drink in the hot summers.

Mr. Bao:

Mr. Bao is the 37 year old husband of Mrs. Bao.

When Mr. Bao was young, he had a sickness that made his life miserable. This illness ("arthritis") caused the skin on the soles of his feet to be thin and fragile. There would be a lot of broken skin there such that one could see the underlying dermis ("red skin") underneath. In addition, the joints in each of his toes and the back of his feet hurt very badly every time he moved. If he ran or walked very fast, the skin would break and start to bleed. It was so debilitating that Mr. Bao feared one day he might never walk again. This made him worried

and depressed. The emotional stress from this disease caused headaches, limited his activity, and made his body tired and heavy.

His parents and grandparents took Mr. Bao to numerous doctors. From their consultation, Mr. Bao and his family found that he was born with this condition, and that it had never totally healed. This condition was also exacerbated because Mr. Bao walked barefooted on the street when it rained or during hot weather. Although he saw many doctors, the treatment, which he was satisfied with, was very much the same. Everyday, they would clean his feet with alcohol, put some yellow colored ointment (betadine?), and bandage his feet up. He also took a pill daily, but does not recall what sort of medication that was. Some of the elders also instructed him, using their experience, to soak his feet in warm salt water. Overall, he was pleased with the treatment. He was especially pleased with a German doctor, who treated him last, and apparently cured him without charging him any money. Now, for prevention, he takes his doctors' advice to keep his feet away from damp places. He always makes sure his feet are totally dry after showers. Any time the weather is hot, or when it rains, he makes sure to wear shoes outside and reminds others to do so as well.

As an adult, Mr. Bao feels healthy, and believes that people who are well are 100% different from people how are seriously ill (meaning that he now feels 100% different from when he was seriously ill) , even though healthy people occasionally get common illnesses such as headaches or colds. Mr. Bao himself, sometimes gets headaches or the "sneezes", but feels that they are not really important enough to talk about. However, sometimes he sneezes so hard that his head starts to hurt, his limbs ache, and his body becomes "tired all over." He believes that he gets headaches and sneezes because he goes out under the sun or the rain without wearing his hat, or because he does not wear enough warm clothes when it is cold outside.

When he gets a really bad headache or cold, Mr. Bao takes a few cold tablets that a doctor recommended to him. He always makes sure that he does not take it on an empty stomach, and drinks plenty of pre-boiled water with it. His wife, who usually takes care of him when he is sick now, feeds him some hot rice soup with plenty of onions. He also covers himself with a blanket so that he starts to sweat. After sweating, he wipes himself dry with a towel. Mr. Bao believes that this method is fast and effective. To prevent this sort of sickness, he always tries to wear a hat when he goes out under the sun, and relaxes for a moment before taking a shower or washing his face. He also tries to wear the right clothes to protect himself against the rain and cold.