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**UNDERSTANDINGS OF FOOD AND HEALING
SYSTEMS AMONG CHINESE MIGRANTS
IN NEW ZEALAND**

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of the requirements for the degree of**

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Abstract

Health and illness are a major concern of peoples' lives in the contemporary western world. The understandings and practices of health and illness vary across cultures and societies. Food and healing systems, among the most important characteristics of culture, are closely related to health and illness. People seek various ways to deal with food and healing to maintain health and treat illness. In modern western cultures, western scientific knowledge dominates peoples' understanding of health and illness, and also their health-related practices. Migrants to western societies from non-western cultures bring with them their traditional understandings and ways of dealing with food and healing systems that may differ from the prevailing knowledge of health and illness in western culture. Living in a new culture and society, migrants are faced with the challenges of making sense of the multiple meanings of health and illness available, and making sense of the ways that they practice health and illness in a different social context. The current study provided an analysis of how Chinese migrants discursively constructed their understandings of dietary practices and healing systems use in New Zealand. Semi-structured interviews were used to produce accounts for analysis. Foucauldian discourse analysis was adopted to examine the relationships between discourse and practice, and between discourse and subjectivity. The analysis shows that Chinese migrants draw upon both traditional Chinese knowledge and western scientific knowledge in complex ways to make sense of their mixed practices of traditional Chinese diet and western diet, and also their mixed use of traditional Chinese medicine and western medicine in New Zealand. The notion of balance in traditional Chinese knowledge is key to their understandings and practices of health and illness. "Balance" is used not only to retain their traditional ways of dealing with food and healing, but also to resist the dominant status of western scientific knowledge in understanding health and illness in western culture. Meanwhile, Chinese participants position themselves as being able to hold a balance between different cultures, suggesting that they practice a traditional Chinese way of being -- living a harmonious and balanced life with their social and natural environments within a new social context. Further, as an ethnic minority group, Chinese migrants draw upon the dominant discourse regarding race relations in New Zealand to understand themselves (Chinese people) as inferior to others (white European people) as a social group. However, traditional Chinese understandings offer them possibilities to resist being positioned as inferior through exercising power discursively. The findings from this research raise questions about how health promotion programs in western countries should address migrants coming from non-western cultures. The implications of the research are also discussed in terms of how discourse health research with ethnic minority migrants should be conducted in western countries.

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