

Enacted Social Support and Cultural Practices among Women and Families Observing a Postpartum Rest in Taiwan

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Abstract: Observing a postpartum rest is a culturally important social practice for women and their family members in Taiwan. Diet, confinement, sanctioning actions that may expose a woman to forces of Yin, or cold, are believed important for the mother to recover health and restore balance. Other family members, most often the mother-in-law, are responsible for providing support. Interviews were conducted with 40 Taiwanese, Chinese, and Southeast Asian participant women and their family members across rural communities of Taiwan. Analyzed through the lenses of the theory of communicating social support and cultural practices, findings demonstrate the dilemmas and positive and negative impacts of this enacted practice. They also demonstrate the dynamics of a Taiwanese, or culturally Chinese, style of communication and social support. [China Media Research. 2014; 10(2): 48-59]

Keywords: Social support; Women; Taiwanese; Southeast Asian; Postpartum; Cultural Practices; Chinese communication

A four character Chinese phrase, “*Sheng lao bing si*” 生老病死, or “Birth, old age, sickness, death,” succinctly iterates life’s four existential problems: all persons are born, become sick, if fortunate live long enough to become old, and then die. Three of these problems—sickness, old age, and death—may be faced as an isolated individual; yet birth is never experienced alone. The newborn must have a mother and—in one form or another—the contribution of a father. In many instances others play an important role: doctors, nurses, and health care professionals may provide physical and medical assistance, friends may offer congratulatory words and expressions of support, the new mother’s mother, or her mother-in-law, may cook meals, help care for the baby, and advise the mother ways to recover her strength postpartum. Birth is invariably a social event involving two or more participants.

The focus of this study is on one place, Taiwan, and talk about the enacted social practices of mothers and their family members observing a postpartum recovery. Similar to many other parts of Asia (Dennis et al., 2007), following birth the postpartum mother is believed to be in a weakened state: to restore her health she is expected to observe a month of confinement, rest, and a diet of special foods. In Taiwan this period of time and set of practices is referenced by the phrase, *zuo yuezi* 坐月子, translated as to “sit the month” (Chen, 2010) or “doing-the-month” (Chen, Tai, Wu, Chiang, & Chien, 2012; Chien, Tai, Ko, Huang, & Sheu, 2006). It refers to both a period of time, usually 30 days (a month in the Chinese calendar is 30 days), and a set of practices, including the confinement of the mother and newborn to the bedroom, the preparation of special foods and soups for the mother to eat, and the rest and recovery of the mother while other family members, most often her

mother-in-law, do everyday household tasks such as cooking, cleaning, washing, and caring for the newborn (Heh, 2004).

While *zuo yuezi* is interesting as a cultural practice (e.g., Chen, 2010; Heh, 2004; Wong, 1994), it also has implications for health outcomes. Based upon a study of postpartum women 4-6 weeks after delivery in Taipei, Taiwan, Chien et al. (2006) found that women who more closely adhered to traditional “doing-the-month” practices indicated less severe physical and depressive symptoms. In a follow-up study involving a different population of women—Mainland Chinese and Vietnamese immigrant women married to Taiwanese men—and using similar survey instruments and methods, Chen et al. (2012) found that for both populations of women, less severe depressive symptoms were reported by those who more closely adhered to “doing-the-month” practices than those who did not. They also measured levels of social support and found this to be “negatively associated with postpartum depressive symptoms” (Chen et al., 2012, p. 546). While findings from these studies indicate that the observance of traditional postpartum practices impact health outcomes, they offer little by way of explanation for the health outcomes reported.

The present study is intended to fill this gap in our knowledge. Meanings attached to traditional postpartum practices and participants’ evaluations are explored through in-depth interviews of women in Taiwan. Two theoretical approaches guide this study: One is Goldsmith’s (2004) theory of communicating social support, and the other is Miller and colleagues’ concepts of cultural practices and folk, or ethnotheoretical, beliefs (Miller & Goodnow, 1995; Miller, Sandel, Fung, & Liang, 2001; Miller, Wang, Sandel, & Cho, 2002).

Goldsmith (2004) argues most studies of social support examine “network ties or perceived available support”; few look at “enacted social support,” the actions and talk of individuals helping one another (p. 13). Less is understood in terms of what people actually say and do to support each other. Likewise, Miller and Goodnow (1995) argue that it is important to look at *practices* as “actions” referencing “what people do—that is, to matters that are open to observation by the researcher and by others in a social group” (p. 6). Practices are situated, that is, cultural, and “not neutral; they come packaged with values about what is natural, mature, morally right or aesthetically pleasing” (p. 6). In addition, practices are guided by what are called “folk” or “ethnotheories” that “refer to local informal belief systems that vary within and across cultures” (Miller et al., 2002, p. 210). Within each cultural system participants have locally defined, or folk ideas about right and wrong ways to carry out practices, and performance is often measured and evaluated against these ideas. In the following two sections I review the relevant literature on each, beginning with an understanding of folk understandings of postpartum practices.

Folk Understandings of a Postpartum Rest

Postpartum practices in Taiwan are based upon a traditional Chinese belief in the forces of Yin and Yang (陰陽) and how they impact health. Yin is associated with properties such as wet, cold, dark, the earth, quietude, and femininity, and Yang with dry, hot, the sky, activity, and masculinity; in a healthy person these forces are in a state of balance (Dennis, et al., 2007; Lin, Wang, & Chung, 2007). Pregnancy, birth, and the postpartum period each mark a disruption in the balance of the body. During pregnancy the mother accumulates blood, interpreted as an excess of heat or Yang; the act of giving birth is marked by the release of blood and other bodily fluids, meaning the body becomes cold or tilted toward Yin. Balance is restored by observing a proper rest, consuming a prescribed diet, and following certain behaviors during the month after giving birth, all parts of what it means to *zuo yuezi*, or “sit-the-month.” This is a cooperative practice, involving both activities observed by the mother, and done for the mother by family members—usually her mother-in-law. For example, the postpartum mother consumes foods prepared by her mother-in-law who also washes clothes, cares for the newborn infant, and manages the household so that the mother can rest properly. This is understood as a “traditional” postpartum rest. Recent years have witnessed the rise of professional “postpartum rest centers” (*zuo yuezi zhongxin* 坐月子中心) where mothers and babies go to receive the same kind of diet and care as would be provided by a mother-in-law at home (see Chen, 2010).

Studies conducted in Taiwan indicate the percentage of women who participate in “sitting the month” is high. In a study of two villages Wong (1994) found that in one 95% of the women observed this practice, yet in the other only 60% did so, claiming that economic factors and lack of nearby relatives accounted for the lower rate. In a more recent study Chen (2010) found that all women of a younger generation reported “doing the month.” Yet among older woman, a few did not, and some said that their observance of the practice was not done well or cut short due to a lack of family members available to help and/or the need to return to work. There appears to be a link between economic resources and security, as families with greater wealth may be able to take time off from work to observe a postpartum rest.

Data from this study include women originally from Southeast Asia who ascribe to similar folk practices. Vietnamese believe the body to be affected by forces of *Am* and *Duong*. The woman who has given birth is in a state of imbalance through the loss of blood and energy, that is, she is *Am* or “cold” and needs to eat foods which are *Duong* or “warm” to restore her balance (Thi, Pasandarntorn, & Rauyajin, 2004). Likewise, Cambodian women believe a postpartum woman is “cold” and must rest, follow a prescribed diet of salty foods, beware of ghosts, and avoid “strong emotions” in order to avoid developing “*toas*,” an illness that may follow childbirth, or “*pruey cet*,” a “sad heart” (White, 2004). Perhaps most remarkable is the practice of “roasting” the mother’s body for three or more days, whereby she lies on a bed heated with firewood “to make the blood liquid and to make their skin hot and to make the women feel good” (p. 184).

In sum, a review of the literature demonstrates that across Taiwan, China, and Southeast Asia, a widespread folk belief is that a postpartum mother is in a state of imbalance, who requires restoration accomplished through cultural practices involving rest, diet, emotional control, and the modification of behaviors. Variations involve the kinds of foods consumed to restore the mother’s body to health and some practices, such as “roasting” the mother.

Theory of Communicating Social Support

Goldsmith claims that most studies of social support examine either social network ties and/or outcomes (positive or negative), while less attention is paid to the communicative behaviors that link the two (Goldsmith, Bute, & Lindholm, 2012). The theory of communicating social support looks at “enacted social support, ... what individuals say and do to help one another” (Goldsmith, 2004, p. 13). The process of moving from enacted social support to individual well-being is analyzed according to a four part model: (1) examine how social support is enacted in conversation,

(2) consider how participants evaluate support, (3) look at coping with stressors, and (4) evaluate participants' physical and psychological well-being. Research using this model has thus far focused on the first two components—what participants say in conversation, and how they evaluate such talk.

In a series of studies Goldsmith and colleagues (Goldsmith, Bute, & Lindholm, 2012; Goldsmith, Gumminger, & Bute, 2006; Goldsmith, Lindholm, & Bute, 2006) applied the theory to studies of patients who recently experienced myocardial infarction, coronary bypass surgery, or both, and their partners. In one they examined how patients and their partners talked about lifestyle change, analyzed the frequency of talk, speech events and conversational style (Goldsmith, Lindholm, & Bute, 2006). Talk about health issues ranged from frequent to infrequent and the ways such talk was framed varied, including such forms as praise, acknowledgment, and argument. Finally, the meanings participants attached to talk were described by some as supportive and others as controlling. These demonstrate that frequency of talk is not uni-dimensional, that partners exhibit a range of styles, and that partners actively participate in a range of roles as they seek to adapt to the stresses of health.

A second study explored how participants interpreted talk about lifestyle changes, identifying dilemmas of talk and meanings, both positive and negative, associated with these dilemmas (Goldsmith, Gumminger, & Bute, 2006). Three themes emerged: nagging, caring, and “not dwelling” or refraining from talking at length about the issue. These were often linked to the partners' relationship: “[A] couple's conversation about what to do, what to eat, and how to change can have powerful implications for partner identity as well as patient identity and for their views of the relationship” (p. 2088). The meanings and implications of talk are cooperatively constructed, can mean multiple things simultaneously, and are linked to “broader cultural discourses and dilemmas” (p. 2087). A third study analyzed linkages between the form and meaning of troubles talk, the communicative strategies employed by participants; they found that social support and control are intertwined phenomena (Goldsmith, Bute, & Lindholm, 2012). For instance, one spouse supported her husband's dietary changes by controlling the foods he ate and keeping them out of the house, yet she also would sometimes let him indulge in less healthy food.

Goldsmith's theory of communicating support draws attention to the ways support is framed and interpreted. Social support cannot be simply reduced to a formula of counting frequencies of talk, as for some couples less talk is preferable. What may be considered a friendly, supportive reminder of a healthy behavior by

some may be seen as nagging and controlling talk by others. Furthermore, support both shapes and is shaped by the nature of the relationship. The couples in Goldsmith's studies actively framed and reframed talk about everyday, lifestyle changes in a variety of ways. Yet while there are hints that the framing of social support is linked to broader cultural constructs, this line of research is left unexplored.

The present study investigates cultural patternings and how they impact the discourses and meanings of social support. It examines how social support is enacted and participants' evaluations of such support. The study also extends Goldsmith's work by including Miller and colleagues' understanding of cultural practices and associated folk theories by addressing the following research questions:

RQ1: How are practices associated with observing a traditional postpartum rest evaluated?

RQ2: Can a traditional postpartum rest become a cultural stressor? If so, how do participants cope?

RQ3: Is a sense of physical and psychological well-being enhanced through a postpartum rest?

Method

Data were collected by the author and co-researchers in Taiwan during three periods of research, the summers of 1998 and 1999, and a 10 month span from August 2007 to May 2008. These studies involved in-depth interviewing and ethnographic observations. Earlier studies focused on understanding belief systems about childrearing and cross-generational advice giving and talk (e.g., Sandel, 2010; Sandel & Liang, 2002), while the last was a study of the phenomenon of “foreign bride” families: a woman, from Southeast Asia or China, was married to a local Taiwanese man in a marriage arranged, most often, through a professional marriage broker (Sandel & Liang, 2010).

The total number of participants interviewed in previous studies is 194. However, for this study I include only interviews where the topic of a postpartum rest was discussed. Based upon this criterion, I examine interview data involving 40 participants of whom 10 were interviewed for the earlier 1998 and 1999 studies, and 30 for the 2007-2008 study ($M = 36.0$, $SD = 14.6$, Range = 22 to 74). All participants in the 1998 and 1999 studies ($n = 10$) were native born Taiwanese; six were mothers, one was a husband, and three were grandmothers. Participants in the 2007-2008 study ($n = 30$) were members of transnational families in which the woman/mother was originally from a country/region outside Taiwan and the spouse and other family members were Taiwanese, including 25 mothers, 2 fathers, 2 grandmothers, and 1 grandfather. All were currently married, with the exception of one widowed grandmother. Mothers ($n = 25$) were from the

following countries: Vietnam, Cambodia, China, the Philippines, and Indonesia. Their family members ($n = 5$) were native born Taiwanese, including two husbands, one grandfather, and two grandmothers.

Most participants for the 1998 and 1999 studies either lived in, or had family members who lived in a rural community in central Taiwan (see Sandel, 2002). Some participants in the 2007-2008 study were recruited from the same location. A larger number, however, were recruited from surrounding rural and agricultural communities of Taiwan's central western counties, similar in terms of economy, and family composition (see Sandel & Liang, 2010). All but six lived in the "traditional" Chinese pattern of an extended family—common in Taiwan's rural communities—whereby the married son lives with and supports his parents. Locations for recruitment were chosen on the basis of the author's long-term contacts through family and friendship ties with members who lived in a particular community. At the end of each interview the participant was thanked and offered a small gift for her child, such as pencils or stickers. She was then asked if she knew others who may be interested in participating in the study and would make an introduction.

In the earlier 1998-1999 studies, the topic of observing a postpartum rest emerged in response to questions about family relationships and practices involving newborns. For example, participants discussed the practice when comparing traditional beliefs about childcare with more modern ones, responding to questions about toilet training and questions about conflicts across the generations. The 2007-2008 study of marriage migrant families included questions about a postpartum rest. Women (and other family members) were asked if during pregnancy they had regular prenatal care, if they had any problems during pregnancy and giving birth. Then they were asked, "Did any other people, such as your mother-in-law, help you with health matters? This general question was followed with the probe, "Did your mother-in-law give you *zuo yuezi*?" "Did your husband or other family members give you *zuo yuezi*?" (婆婆, 丈夫, 或家人, 有没有给你坐月子?) [The protocol was written and developed in Mandarin Chinese, checked for accuracy and appropriateness by a team of researchers.] Interviews ranged in length from 15 minutes to two hours, averaging 45 minutes. Comments about *zuo yuezi* ranged from brief to an elaborate account of several pages of transcript. In most accounts women talked about their own experience as either a postpartum mother or support provider; in others family members talked about their spouse or daughter-in-law. Data were collected until either contacts were exhausted, or a "saturation point" was reached (Bowen, 2008), as responses given by further participants were the same or similar to those given by previous participants.

Furthermore, interviews were designed with Briggs' (1986) call to modify interview procedures to conform to local forms of talk. Thus, we framed the interview as a "chat" or open-ended conversation of everyday practices, rather than formal investigation for which we were seeking researcher-defined answers (see Miller et al., 2002).

Economic resources of family members were often mixed, as many owned and farmed small plots of land. Some women in the 2007-2008 study had jobs in the service industry, such as grocery shopkeepers, hair stylists, and marriage brokers—introducing friends and relatives from their country of origin to marry men in Taiwan. Others worked as laborers in small manufacturing plants, and many assisted the family with agricultural and household chores. Given the varied nature of employment, and the way resources would often be pooled among extended family members, it is difficult to assess the wealth of these participants. While some were apparently quite wealthy—based upon observations of the homes and automobiles they owned—most were on the middle to lower income end of the spectrum. Most owned their own homes, had property, and enough disposable income to meet their needs. Due to Taiwan's national health system, none of the participants faced financial hardship due to the cost of medical care.

Interviews were conducted in Mandarin Chinese and Tai-gi (also called Taiwanese, Hokkien, Southern Min, see Sandel, 2003), with one in English. Interviews were transcribed verbatim using Chinese characters and checked for accuracy by a second person. Transcripts were then read and analyzed in the original languages, organized using an Excel chart and Word documents. (See Sandel, 2002; 2010, for further information about data analysis.) Excerpts presented in this paper were translated into English by the author. Those interested in seeing excerpts in the original languages may contact the author.

Results

The following are organized to display Goldsmith's four-part model and the cultural expectations that guide these practices. I begin with an overview of the enacted practices associated with providing a postpartum rest. This is then followed by talk about these practices, designed to show how such practices are evaluated, how they impact relationships, and how participants cope with stressors. The fourth part of the model, a sense of physical and psychological well-being is not evident directly, but implied throughout these data, and will be discussed in the conclusion, along with implications. An important caveat is to note that these data do not capture conversations between young mothers and their mothers-in-law. They thus differ from Goldsmith's studies that examined conversations between health

patients and their care and/or support providers. Instead, these data display the evaluations of a postpartum rest period, *zuo yuezi*, by care recipients (mothers) and care givers (mothers-in-law or other family members) as told to the researcher(s).

Enacted Postpartum Support: Tasks and Activities

In line with other studies of Asian and Southeast Asian women's postpartum rest (Dennis et al., 2007), these data indicate the practice of *zuo yuezi* (sitting the month) is universally understood, widely practiced, involves 30 or more days of confinement, requires the consumption of specially prepared foods which "boost" the body, places restrictions on bathing and clothing for both the mother and child, and involves a number of other practices, as seen in Table 1. Not a single mother or family member was unfamiliar with the practice. Nearly all ($n = 37$) indicated that they, or their family member—spouse or daughter-in-law—observed 30 or more days of rest following birth. Most participants ($n = 32$) stated that

the mother's mother-in-law was the one tasked with caring for the mother and her newborn, as one woman explained, "Our custom is like this: *Zuo yuezi* is the mother-in-law's responsibility."

Table 1 summarizes the kinds of activities associated with a postpartum rest among both Taiwanese and transnational families. When comparing the two populations, there was no difference in the expectation that the mother would or should observe a postpartum rest. A number of women, including both Taiwanese and those from other countries, spoke of the prohibition against washing hair, believed to protect them from getting "cold" and the problems of an excess of Yin (cold due to loss of blood). The consumption of a special diet, such as "Sesame Oil Chicken," was mentioned by nearly all mothers. (Sesame oil and chicken meat are considered "hot" foods.) In most cases the mother-in-law was the one who most often provided support during the postpartum rest.

TABLE 1. Postpartum Activities.

Topic	Item	Number of times mentioned*
Period of Rest/Confinement	Less than 1 month (30 days)	2
	30 days, stated explicitly or implicitly	28
	More than 30 days	3
Activities/ Sanctions	Mother not wash hair	4
	Not use Air-conditioner/fan	1
	Caregiver washed dishes	1
	Baby bundled with clothing	1
	Caregiver washed clothes and bathed baby	2
Foods Prepared and/or Consumed	Sesame Oil Chicken	7
	Kidney, Pig's liver	1
	Special Fruits	1
	Snacks " <i>Dian Xin</i> " 點心	2
	Food that "boosts" 補 the body	2
	Unspecified special foods	9
Primary Caregiver	Mother-in-law	21
	Mother (of postpartum mother)	2
	Husband	3
	Father-in-law	1
	Sister-in-law	1
	No one (self)	2
	Unnamed others	3
Mother's land/country of origin (1998, 1999, and 2007-08 studies)	Taiwan	9
	Vietnam	14
	Cambodia	5
	China	4
	Indonesia	2
	Philippines	1

*Totals do not match as some interviews involved multiple participants

Evaluations and Expectations of a Postpartum Rest

While there was universal agreement that a postpartum mother should observe a period of rest, variation was expressed in talk evaluating the quality of the care and support they received, or provided for others. These are summarized in Table 2. They include such differences in the support received when observing a postpartum rest in Taiwan versus

another country/region, support provided by family members other than the mother-in-law, support that was insufficient, support that was controlling and misguided, and evaluations of provided support. For each the overall assessment of this support is indicated as evaluated by the participant—expressed directly or indirectly— as negative, neutral, or positive.

TABLE 2. Evaluations and Expectations of Postpartum Rest.

Evaluations Expectations	Assessment*	Participant(s)	Content
Evaluating Differences	-	Cambodian Woman	More difficult in Taiwan: Cannot wash hair
	0	4 Vietnamese Women	Food differences: Sesame Oil Chicken
	+	Vietnamese Woman	Taiwan is better and simpler: Mother does not have to be “heated”
	-	Chinese Woman	Taiwanese mother-in-law’s postpartum support inferior: Returned to China for three months supported by mother and natal family
Other Family Members	+	Chinese Woman	Mother-in-law not alive: Father-in-law prepared foods
	+	Cambodian Woman	Mother-in-law not alive: Sister-in-law prepared foods
	+	Taiwanese Husband of Indonesian Wife	His parents not alive: Husband cooked and supported wife
Insufficient Support	-	Taiwanese Grandmother	When young her mother-in-law did not provide proper support
	-	Vietnamese Woman	Husband supported a few days only
	-	Chinese Woman	Mother-in-law supported a few days only
Controlling and Misguided	-	Taiwanese Woman	Disapproved of mother-in-law’s care for her child: premasticated food
	-	Taiwanese Couple	Felt controlled by elder’s advice: Bundling of baby led to heat rash
Evaluating Providers	-	Taiwanese Grandmother	Felt unappreciated for care given to daughter-in-law and her children
	+	Taiwanese Grandmother	Because was not given care by mother-in-law gave special support to her daughters-in-law; proud of her actions
	+	Taiwanese Grandmother	Bought special foods for two Vietnamese daughters-in-law based upon their likes

*(-) = negative; (+) = positive; (0) = neutral

Talk about Differences

Talk about differences emerged in interviews conducted with women who came originally from Southeast Asia or China. While most gave birth for the first time in Taiwan, knowledge of what this experience would be like if they were in their natal country impacted expectations against which current practices were evaluated. A number simply commented on differences in diet without evaluating it as qualitatively better or worse. For instance, two women, one from

Vietnam and another from Cambodia, said that in Taiwan they ate sesame oil chicken (*mayouji* 麻油雞) and foods cooked with Chinese herbal medicines designed to “boost” the body. These differed from the kinds of food, such as lean pork, that they would have consumed in Vietnam or Cambodia. One Vietnamese woman said the experience was better in Taiwan: “Taiwan is better than our Vietnam. The food is better. [I] also think that *zuo yuezi* is simpler in Taiwan than Vietnam. Because we in Vietnam, [there] they use that fire, it’s like you’re

baked, like we bake things and makes you really hot. And then we lie on the bed and it is so hot . . . [So for] us [in] Taiwan it is simpler. We don't have to do that." Others said that it is more difficult to *zuo yuezi* in Taiwan. A Cambodian woman said: "Over here, I feel that it is really toilsome [*xinku*] to *zuo yuezi*. . . . [You] can't wash your hair."

One woman from China's Fujian Province talked at length about differences, and evaluated her experience in Taiwan as not meeting expectations of what *zuo yuezi* should involve. "Zuo yuezi is better in mainland China. . . . Really. We over there, when we *zuo yuezi*, [we] are really great, every day [we] eat seven meals. . . . [You] don't have to do anything, [just] eat and sleep, eat and sleep. . . . And [you] don't have to care for the baby." She then commented on differences as they impacted her individually, and other women like herself from China.

But we who marry here to Taiwan [*jia lai* 嫁來台灣: there are two verbs "to marry" in Chinese, gendered and directional: (1) *jia* 嫁 a woman marries out, and (2) *qu* 娶 a man marries in], like a group of us who have married here, when they give birth to a child, no one will give them *zuo yuezi*; all just use a rice cooker and stew a chicken, and then that is what they eat all day. . . . Cook a pot of rice and stew a chicken. Or do something like that and for one month do things yourself; [you] have to bathe the child yourself. We who *zuo yuezi* here encounter things like this.

She explained that because support in Taiwan was insufficient, and was much better in China, that after giving birth she went back home to Fujian Province where her mother took care of her for three months. She returned, and her baby stayed in China with her mother until she was one year old, and then was brought back to Taiwan. We can interpret this woman's postpartum experience, seen through a cultural lens, as creating expectations that were unmet. She coped with the stress not by receiving support from her Taiwanese mother-in-law, but instead seeking support from her mother and family at her natal home in China.

Other Family Members

While a common expectation is that a woman's mother-in-law will "give her" *zuo yuezi*, for a number of women, whose mother-in-law had passed away, this was not possible. How did such women and her family members cope? Three women explained what happened. One woman from China, when asked who "gave her *zuo yuezi*" said animatedly: "Zuo yuezi [was] my father in-

law [laughs]. My father-in-law helped me do it!" He cooked the requisite special foods. A Cambodian woman said her sister-in-law helped her with food and infant care and provided other physical assistance during the early years of her marriage. Finally, the husband of an Indonesian Hakka (Chinese) woman, whose mother had passed away, said that he helped his wife with her postpartum rest: "Every day I used that pig's liver, and pig's kidneys, and sesame oil chicken, and gave her these things to eat, so that her body would be healthier." Each of these cases indexes the cultural expectation that it is the responsibility of family members to provide for the postpartum mother, and that if her mother-in-law is unable, they cope by seeking support from another family member.

Insufficient Support

In a few cases, however, the mother-in-law could have provided care, but the care was either not provided or evaluated as insufficient. One woman from China worked in the family's small retail store in a rural community in central Taiwan and said that her postpartum rest was difficult. Her husband lived and worked in a factory in the northern part of the island, and her in-laws owned and operated the small store:

She [mother-in-law] only cooked some food for me. . . . But after a week, I had to bathe the child myself, and I had to wash the clothes myself. . . . She was busy with the store. . . . There was nothing she could do. And so we just felt, it's no problem. . . . And so at that time I was full of self-confidence. And prayed every day.

We see in this woman's account a reframing of the issue. Her mother-in-law helped her for a week, but then "There was nothing she could do." External circumstances did not allow her mother-in-law time to provide additional support. Thus, this woman coped by praying, relying on her own self-confidence, and reframing it as "no problem."

In a different community in central Taiwan I was assisted by a graduate research assistant who made contacts with participants in her hometown. We interviewed women and their family members in a community with a high concentration of Taiwanese men recently married to women from Vietnam. While in other interview settings the questions and responses were brief, in one there was an extended exchange between the research assistant and participant. This was in the case of one woman who said that no one helped her.

- 1 Research Assistant: So who helped you *zuo yuezi*, when you just gave birth to your child?
- 2 Vietnamese woman: No one helped me.
- 3 Research Assistant: No one helped you *zuo yuezi*?
- 4 Vietnamese woman: Yeah.
- 5 Research Assistant: So did you eat sesame oil chicken and things like that?

- 6 Vietnamese woman: No.
 7 Research Assistant: You didn't eat any? So did you, did you rest after giving birth to your child?
 8 Vietnamese woman: Yeah. Right
 9 Research Assistant: And then did you start working?
 10 Vietnamese woman: Yeah. Right.
 11 Research Assistant: No one [helped]. No one [helped].
 12 Vietnamese woman: After a little more than a month I went back to work.
 13 Research Assistant: No one helped you cook anything?
 14 Vietnamese woman: No. Only my husband. He helped me cook for only a few days. But I cooked for myself.
 15 Research Assistant: Oh. And so for the rest [of the time] it was just you who cooked for yourself?
 16 Vietnamese woman: Right. I cooked for myself.
 17 Research Assistant: And did you then take care of the child yourself?
 18 Vietnamese woman: Right. I took care of [the child] myself.

The above exchange is remarkable as it serves as a counter-example of what should be the expected practice of care for the postpartum mother. The research assistant responded in an incredulous way, that a woman in this community would not receive the requisite care.

In lines 1 and 2, the research assistant posed the general question, "So who helped you *zuo yuezi*?" followed by the response, "No one helped me." After this, in four instances the researcher repeated the same phrase, "No one" (*dou meiyou*), lines 4, 13, and 15, indicating the researcher's strong reaction and surprise. She then queried each of the tasks that should occur with *zuo yuezi*: (1) special diet: "So did you eat sesame oil chicken and things like that?" (line 6), (2) a period of rest: "did you rest after giving birth to your child?" (lines 8 and 9), (3) resumption of work after rest: "And then did you start working?" (line 11), (4) other family members prepare meals: "No one helped you cook anything?" (line 15), and (5) other family members care for the newborn: "And did you then take care of the child yourself?" (line 21). Apart from the mother's time away from work (line 14), for each of these other activities of a postpartum rest, the mother did not properly observe them. What we cannot see in the above is the woman's self-evaluation of the experience. Yet an underlying sense of unease and unmet expectations was

Grandmother: My mother- and father-in-law disrespected us. So I often tell people, it doesn't matter how much parents ill-treat us, we cannot become angry, hate them. If we are good to our elders, and resolve to treat them well, there are other people who are watching us.

Grandfather: She said, "If I am able to marry in a daughter-in-law [*chhoa simpu* 娶媳婦], I will not treat her unfairly." She is very good to her daughters-in-law.

This grandmother coped not by confronting her mother-in-law for the ill-treatment she received, but by resolving that in the future she would treat her daughter-

apparent during this interview, evident in nonverbal expressions and the woman's tone of voice.

The last account comes from a 65-year-old Taiwanese grandmother. She was identified by others in the community as a "model grandmother," a woman known in the community as someone who embodied the right way to be a grandmother. This grandmother, whose story has been discussed elsewhere, but not with the present topic and analysis (see Sandel, 2004), had three married, adult sons and daughters-in-law, and many grandchildren. When we interviewed them they were prosperous, healthy, and content with their lives and family relationships. Yet as this grandmother and husband co-narrated, the early years of marriage were quite different. After the birth of her second child, after "only a few days," when she was "still observing the one month post-partum rest. My mother-in-law didn't care. She didn't fix breakfast for me. And I had to work in the fields . . . I never slept. My two legs had to run here and there working, cooking, and there wasn't anything to eat. Just thinking about it makes me angry." She explained that despite feeling mistreated by her mother-in-law and harboring deep seated feelings of hurt, she lived with her mother-in-law, cooked the family's meals and managed household chores, until her mother-in-law's death. Her coping strategy is seen in the following co-narration of this couple:

in-law well. She framed the matter in terms of a cultural understanding that others are watching her actions, evaluating how she treats her elders. Thus the immediate problem of her own insufficient postpartum rest was resolved by taking the long-term view, that if she did what was deemed right, in the end she would be evaluated well by others. Thus, she proudly told us that for each of her three daughters-in-law's births, she provided support for 40 or more days; she bathed the babies, cooked special foods—a lot of chicken—and washed all the clothes and dishes. She recounted with pride a comment uttered by her second daughter-in-law's coworker after returning to work following a postpartum rest: "How did you take care of your

daughter-in-law? She is so shapely, she is beautiful.” In the village she is spoken of as a “model grandmother.” And she told us: “I am very considerate when taking

care of my three daughters-in-law. Everyone says that I really take good care of them like no one else does.”

Controlling and Misguided

Some participants talked about the postpartum rest experience as difficult because they perceived the care to be controlling or misguided. The first account came in response to the researcher’s question if she had conflicts with her in-laws about raising children. She said yes, and then was quiet for a moment. Her mother-in-law often says: “*Chhin-tsai chia, Chhin-tsai doa*” (隨便吃, 隨便大), a Taiwanese saying which roughly translates as, “Eat in whatever way you want, defecate in whatever way it comes out.” Her mother-in-law is not careful in terms of hygiene; she does not wash and clean well; and when feeding her child will pre-masticate it, put the food in her mouth, chew on it, then spit it out and feed the child. She said she and her husband are uncertain what they will do when they have another child. They feel constrained by local norms to let the mother-in-law be responsible for the child’s care, and would rather have the maternal grandmother care for the child.

The second was co-narrated by a young couple who live with the husband’s parents. They had a three-month-old son, and at the time of the interview, the mother had recently finished her month of confinement. While in many ways they were satisfied with their living arrangement, as new parents they also felt constrained. It was the height of summer and they had recently taken their baby to the doctor to treat him for heat rash. “We didn’t know why our baby kept crying. The doctor, after taking him, just removed layer by layer [of clothing]. We almost fainted, and asked, ‘Won’t this make him too cold?’ The doctor said, ‘It won’t. This is all that he should wear.’” The mother then explained it was her mother-in-law who bundled him, reciting a folk saying as the reason: “*Lak-goe thi bo lak-goe i*” (六月天無六月嬰), translated literally: “The sixth month’s weather does not have a sixth month’s baby.” That is, you do not dress the baby any differently just because the weather is hot; you must still bundle the baby and keep him/her warm. The couple then explained the dilemma.

- Husband: Is the method for *zuo yuezi* followed by today’s young generation the same as it was for the older generation? To what degree do you think you can accept it? What do you think of the older generation’s method? Like you can’t wash your hair, the belief that you can’t bathe? Can you accept this?
- Wife: You can’t accept it. But you must do your best to follow it, do your best to endure, try your hardest to not wash your hair for a month. So I didn’t wash my hair. Because they—how do you say it—they want us to do it for the good of the body. Right? They are afraid that if we reach a certain age, the body will be bad, become sick.

They felt the grandmother’s advice for both mother and baby to be not only difficult, but controlling, and harmful to the baby’s health. When they received help from an outsider, a doctor, whose advice conflicted with folk practices, this in turn may have increased their sense of stress and led them to question the wisdom of their elders, and to what extent they should follow. Resolution came by focusing on the intent of the practice—to protect the long-term health of the mother—and to this extent they could do their best to “endure.”

section looks at the evaluations of providers, which in each of these cases is the mother-in-law. One account of evaluating a provider was given above, namely the “model” grandmother who felt mistreated by her mother-in-law, and at the time resolve to treat her daughter-in-law well. She enacted this good treatment with her three daughters-in-law, and was proud of the reputation she has in the community.

A second account is from the Taiwanese mother-in-law mentioned above whose two daughters-in-law are cousins from Vietnam, married to her two sons, and who live in adjoining houses. We visited the household on two occasions, first interviewing the daughters-in-law, and then later interviewing the mother-in-law. The following exchange about *zuo yuezi* transpired.

Evaluating Providers

The above accounts are seen primarily from the point of view of the postpartum mother. This last

- Researcher: When your daughters-in-law *zuo yuezi* did you help them do it?
Grandmother: Yes. Did it for forty days.
Researcher: Did it for 40 days!
Grandmother: I gave them, gave them those things to eat, kidneys, fruit, star fruit. We bought a lot of star fruit for them to eat.

Researcher: You bought star fruit?
Grandmother: Yeah. Star fruit, jujube [Chinese dates]; If they liked to eat something we would buy that kind of thing. Fried kidneys, cooked snacks, like that.

Two matters stand out in this account: One is the time of the postpartum rest and the other is the types of food proffered. The usual period for a postpartum rest in Taiwan is 30 days. This grandmother did it for 40 days. Giving her daughters-in-law an extra 10 days demonstrated care and concern for them. The foods this mother-in-law prepared included one “hot” and culturally familiar food item, kidneys—presumably pork. The others were fruits, including jujubes and star fruit, unexpected food items. Star fruit, like most other fruits, is considered to be “cold” (Yin) and not one that would “boost” a woman’s postpartum body (see Chen, 2010). Yet because they “liked” these foods, she bought them for her daughters-in-law. The implication is that giving her daughters-in-law a postpartum rest beyond the customary 40 days, and letting them eat star fruit and other snacks that they liked, demonstrated that she treated her daughters-in-law well, not as “outsiders” from another country, but as well-treated “insiders.”

A final account shows another kind of evaluation, the sense that acts of providing a postpartum rest were not appreciated. The participant had two adult, married sons, and when we visited was caring for her second son’s children while the parents were at work. When asked to talk about her role as a grandmother, and how she helped care for her grandchildren, she spoke softly, complaining about her older son and his wife. She felt her efforts unappreciated.

From the time he was little my oldest son was very bad, [he] would often fight with people. . . . I helped care for her kids until [the oldest was] 13 years old. But then after the household was separated, they didn’t address either me or my husband [call them with the appropriate kinship term]. I don’t know why. When she was observing her one-month postpartum rest, at that time I did as always, washed the clothes, and prepared meals for her.

This account is in many ways the obverse of the grandmother’s account noted above, who felt that her mother-in-law mistreated her. This grandmother did all the expected things for her daughter-in-law when observing a postpartum rest, and provided child care for many succeeding years. Yet when they separated the property (it is common practice among farming families to divide property among adult sons—this is a way to avoiding paying property taxes and obligates sons to care for their parents until death), this son and daughter-in-law took the property, but did not address their parents with the proper kinship terms, a violation of an important cultural practice (see Sandel, 2002). She cannot understand why this has happened, feels hurt, and has a poor relationship with this son and daughter-in-law.

Discussion

Findings from this study demonstrate how Goldsmith’s (2004) theory of communicating social support can be combined with Miller and Goodnow’s (1995) conceptualization of cultural practices to better understand one kind of health practice in Taiwan, a postpartum rest. A postpartum rest is based upon folk understandings of health and well-being, and these folk beliefs guide not only practices, but evaluations of this practice. Performance is evaluated by the new mother, her family members, and potentially many other members of the community, as a sign of care and level of support. Nevertheless, support provided, or perhaps withheld, can become a personal and/or cultural dilemma freighted with interpretive questions: How does this care compare with that provided by others and in other contexts? If the mother-in-law is unable to provide care, do other family members provide it? If support is not provided, or is limited, what does this imply about family relationships? Can support become misguided, controlling, and potentially harm the mother and child? Is a support provider’s actions appreciated by her recipients? Answers to these questions can be positive or negative. They affect family relationships, especially the relationship between the mother-in-law (provider) and her daughter-in-law (recipient).

This study adds to our understanding of Goldsmith’s previous work by pointing toward the ways participants cope with the stresses of this health issue. Reframing is one way of coping, such as the woman who vowed to treat her daughter-in-law well in the future, or the woman who decided there was nothing to be done, and prayed and did her best, presumably faulting the situation rather than her mother-in-law. Others decided to avoid the situation, such as the woman who returned to her natal home in China to observe a postpartum rest. Perhaps most interesting is to see how a number of participants invoked a cultural belief as part of their coping strategy, such as the belief that you must treat your elders well and that others in the community are watching. These data point to coping strategies that appeal to, invoke, and are in dialogue with broader cultural discourses about what it means to be a young mother in a multigenerational family. Future research could explore this further.

This study also draws attention to the importance of actions, expanding Goldsmith’s work to encompass not only conversations, but also enacted practices. It should serve as a reminder to health care professionals and providers that culturally-based, folk understandings of health may play an important role in participants’

actions: the act of “bundling of the baby” that led to heat rash is one example from this study. Folk understandings are not uniform within a given culture, as participants often negotiate and evaluate cultural meanings. These are often negotiated within the context of relationships, not only with spouses, but across the generations with in-laws and members of the community at large.

One implication of this study is to consider how it speaks to our understanding of a Taiwanese, or culturally Chinese, style of communication. The emphasis participants place upon enacted support—actions over words—supports a body of literature that claims that Chinese, in contrast with westerners, place more emphasis on actions than talk and that these actions play an important role on the quality of family and interpersonal relationships (e.g., Gao & Ting-Toomey, 1998). Yet, as argued by Chang (2001; 2010), the appearance of harmony and agreement among interactants may exist only on the surface level: underneath there may be a great deal of “turbulence” and disagreement. We see evidence of this in a number of instances: (1) the couple who disapproved of the (paternal) grandmother who prechews the child’s food; (2) the grandmother who harbored resentment against her mother-in-law for decades because she did not let her rest after giving birth to her second child; (3) the grandmother who described her son as “bad” because he did not appreciate the support she provided; and (4) the young mother who did not want to go an entire month without washing her hair, but decided that this is something she could endure. Furthermore, we see that a person can publicly exhibit pride in her deeds, such as the grandmother who was proud of her reputation in the community for the support she gave to her postpartum daughters-in-law. Gao & Ting-Toomey (1998) claim that a Chinese person is modest and humble: “To grow up as a Chinese, one learns not to take credit for one’s behavior or be boastful in any situation” (p. 47). These data call this claim into question, supporting Chang’s (2010) argument that the “humble Chinese” perhaps is more myth than reality.

A second study implication is to consider the intercultural communication patterns of the families from the 2007-2008 data. While all the women originally from countries of Southeast Asia or provinces of China expected to observe a postpartum rest, they voiced some differences as to the foods to be consumed (e.g., fruit instead of oily meat), and sanctioned behaviors (e.g., refrain from hair washing, or “baking” the mother). Participants displayed a degree of accommodation to the others’ cultural practices, such as the mother-in-law who provided star fruit for her Vietnamese born daughters-in-law, and some behaviors not transferred from one context to another, such as the Vietnamese mother who was glad she did not have to be

“baked” postpartum. Yet when the option is available, not all women in Taiwan will follow local practices, as we saw the case of the Chinese mother who observed her rest at her natal home in China’s Fujian Province. While there is robust support for the practice of observing a postpartum rest, specific behaviors associated with this practice may change across time. Women and their family members are mutually negotiating and shaping this practice.

A third implication is to consider how observing a traditional postpartum rest may impact health outcomes. As noted at the outset, Chien et al. (2006) and Chen et al. (2012) found in studies of both Taiwanese women and Vietnamese and Chinese marriage migrant women, that observance of a traditional postpartum rest is linked with lessened physical and psychological symptoms. This corresponds with the fourth step in Goldsmith’s model, namely the impact of social support on well-being. Findings from this study do not speak directly to this issue, yet they do indirectly point to some reasons why. A postpartum rest is a joint activity, involving both the resting mother and her care provider, usually her mother-in-law. Thus, the mother may have better health not only because she can rest, but because she becomes the object of her mother-in-law’s attention. The relationship may be improved and strengthened through this experience. (There are, however, instances when a mother-in-law’s care may be controlling and unhelpful.) Future research should look more explicitly at how this practice is interpreted as affecting a mother’s health and family relationships.

Note. This research was supported by grants from the Spencer Foundation awarded to Peggy Miller, and grants from the Chiang Ching-kuo Foundation and Fulbright awarded to Todd L. Sandel. I wish to thank National Chiao Tung University, Taiwan and Chung-Hui Liang for hosting me. A heartfelt thanks to the many families in Taiwan for their willingness to participate in this research. Finally, I thank Chris C.J. Koenig and anonymous reviewers for helpful comments on earlier drafts.

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