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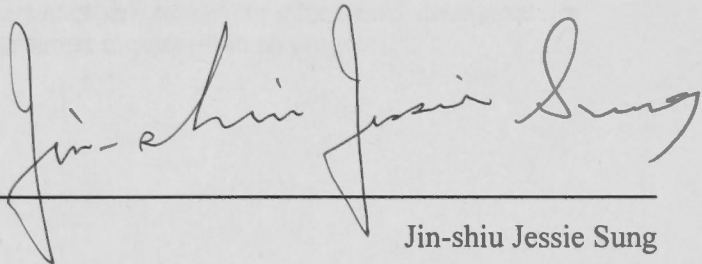
**A STUDY OF HAN TAIWANESE PREGNANCY CULTURES
SURROUNDING HOME DELIVERY**

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A thesis submitted for the degree of Doctor of Philosophy of
The Australian National University

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This work is the result of original research carried out by
the author except where otherwise cited in the text.



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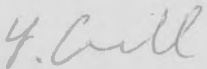
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ABSTRACT

Home delivery in Taiwan, the birthing complex predominating in the decades prior to the 1980s, prescribes the home as the site of birth along with 'natural' childbirth attended mostly by female 'professionals'. This thesis addresses Taiwanese pregnancy cultures surrounding home delivery, and examines the intertwining historical-social processes of the production of knowledge for pregnant women, as well as the associated gender ideology at different levels. I have selected Rural Dajia Community as my fieldwork region, and Sankang Village as the epitome of a typical rural society in Central Taiwan.

This research shows that there exists both continuity and change between Taiwanese pregnancy cultures and classical Chinese discourses in images of 'women', 'illness' and 'pregnancy'. The Chinese discourse on foetus-calming (*antai*) and foetus-nurturing concerning foetal spirits (*taisha*), together have had a great influence on subsequent discourses in rural Taiwan. Accordingly, Taiwanese pregnancy needs to be explored not just within the context of culture and prevailing gender ideology but within the imagined 'cosmic order' as well. I suggest that the gendered hierarchy in the Taiwanese 'ritual complex of pregnancy' was grounded in a broader cosmic order and an associated gender ideology, in which male *hongtuo* priests had absolute superiority over both female spirit mediums *angyi* and male *tangki*.

I further suggest that an exploration of pregnancy cultures must acknowledge the medical pluralism characteristic of Taiwan, and highlight the interaction between textual/authoritative knowledge and oral/embodied knowledge. Medical pluralism is a complex historical product, in which each tradition was informed by certain political associations: traditional Chinese medicine, Taiwanese local medicine and introduced Western biomedicine/Japanese colonial medicine. Among these, the 'modern' midwives' service in the house of birthing women and their flexibility in dealing sensitively with popular beliefs and practices, was an important

episode in the negotiation of 'tradition' and 'modernity'. Moreover, medical pluralism entails power struggles with different models of gendered hierarchy. There are engendered hierarchies between male and female practitioners in both ritual and medical domains.

In conversation with Charlotte Furth's foundational work, this research offers a comprehensive picture of pregnancy cultures in pre-industrialised Taiwan. As shown, the home delivery model conforms to local values of prescribing a conventional site of birth along with valuing the intimate 'cultural comfort' of the mother. However, it also reveals the tight cultural controls of a tradition misrecognised as 'natural', in terms of the practices performed and the personnel involved. For example, the practice of *taishen guanzhan* entails a comprehensive confinement, which reflects the imposition of Chinese patriarchal and paternal thinking on the maternal body. Moreover, the distinctive conceptions of women and pregnancy are like other 'terms' that have *positional* meanings within a broad cosmological order with gendered attributes. It is from these implications that, I contend, the meaning of evil spirits or *sha* emerged. In conversation with Emily Ahern and Arthur Wolf's work, my research examines the role and impact of this cosmology of evil on related fields of scholarship.

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CHAPTER ONE

Research Objectives and Theoretical Concerns

This doctoral research deals with Han Taiwanese pregnancy cultures surrounding home-based delivery. By ‘home delivery’, I refer to a birthing complex predominating in the decades prior to the 1980s, which prescribes the home as the site of birth along with ‘natural’ childbirth,¹ and the inclusion of both affinal family and natal family in the pregnant women’s experience. It also involves practising the conventional ‘ritual complex of pregnancy’.² I have selected Rural Dajia Community in Central Taiwan as my fieldwork region.

The broad topic of my research is the ‘anthropology of birth’ (Kay 1982; MacCormack 1982), a flourishing branch of medical anthropology, and more specifically, the study of reproductive medicine in China (Furth 1986, 1987, 1994a, 1994b, 1999, 2000). In my exploration, I will start with the question of the body of the pregnant woman, then consider how pregnancy has been seen as an illness or a disorder, how medical knowledge and practices about pregnancy and childbirth are produced and transmitted, and how these relate to broader cultural notions of the female gender. My aim is to examine the process whereby a home-based Taiwanese birth was socially shaped in the course of history. I also aim to ponder the concepts of woman and pregnancy as ‘terms’ that have little intrinsic but rather much positional meaning as Claude Lévi-Strauss has proposed.³ By examining the ritual complex of pregnancy with a

¹ ‘Natural’ here simply means childbirth without intervention. For further discussion concerning nature vs. culture, see below.

² The ritual complex of pregnancy covers the period from conception through childbirth, to the postnatal period. Being a very general concept, ‘ritual complex’ refers not only to the rituals performed during pregnancy and childbirth, but also to the related practices, guidelines, customs and taboos.

³ According to Lévi-Strauss, ‘The terms never have any intrinsic significance. Their meaning is one of “position”— a function of the history and cultural context on the one hand, and of the structural system in which they are called upon to appear on the other’ (1966: 55).

focus on calming the foetus (*antai*), which has been practised in rural Taiwanese society for several generations, I suggest foremost that the distinctive conception of women, pregnancy and birthing implies a broader Taiwanese cosmic order with gendered attributes. Meanwhile, exploring Taiwanese pregnancy cultures must be situated in a particular social process and the gendered associations of such, in which the knowledge and practices were entangled with cultural values and the changing power of authorities.

1.1. Prologue

1-1-1. Feminism and the Anthropology of Birth

The anthropology of birth has been an important focus in the burgeoning field of medical anthropology since the 1970s, thanks to the simultaneous emergence of a self-conscious feminist anthropology through a series of challenges to anthropology's androcentric bias (Moore 1988: 1–11), connected to the second-wave feminist movement in the West.⁴ In this section, I will review some crucial insights of the debates in feminism and the anthropology of birth, which are relevant to my research in considering the gendered assumptions of Taiwanese pregnancy cultures surrounding home delivery, and beyond. For example, major debates in challenging Western conceptions of nature and culture have shed light on gender categories and women's position as valued in Taiwanese society.

On the whole, the main approaches in the contemporary anthropology of birth mirror two different, but not absolutely contrasting, perspectives on 'gender' in feminist anthropology. On one hand, Sherry B. Ortner (1974, 1981, 1996), Michelle Rosaldo (1974), Louise Lamphere (1974), and other Marxist theorists saw gender in terms of alleged universal roles of men and

⁴ Generally speaking, the history of feminist movements in the west has gone through three 'waves', beginning from the eighteenth century. The first-wave was focused on the situation of middle or upper-class white women, and involved suffrage and political equality. The second-wave (1960s–1980s) attempted to further combat social and cultural inequalities, such as in arguing for reproductive rights and choice, women's health and lesbian rights. The third-wave of feminism (1990s–) was a reaction to the second-wave, taking a post-structuralist analysis of femininity to argue that there is in fact no all-encompassing single idea of woman. It set itself against essentialist definitions of femininity, which assume a universal female identity, instead emphasising discursive power and the ambiguity of gender (see 'Feminist Movement' online).

women structured by oppositions such as nature and culture, and domestic and public; they even challenged the association of domesticity and motherhood. They stressed that men and women were unequal, and tried to expose the underlying logic of the universal subordination of women. They attributed women's universal secondary status to their greater bodily involvement with the natural functions surrounding human reproduction, as well as their social association with child nurture and domesticity.

In a classical example, Ortner (1974) rejected biological determinism as the basic explanation for the universality of female subordination. Instead she argued that it is all about value orientation.⁵ As she wrote, 'The universal devaluation of women could be explained by postulating that women are seen as closer to nature than men, men being seen as more unequivocally occupying the high ground of culture' (1974: 83–84).⁶ Ortner theorised that it is women's procreative body, and the social roles and their different psychic structure associated with procreation that makes women appear to be more rooted in nature. As a result, women come to represent 'a problematic intermediate position... [while] men seem by contrast less intermediate, more purely "cultural" than women' (Ortner 1974: 74).⁷

On the other hand, Carol MacCormack (1980), Marilyn Strathern (1980, 1981, 1988, 2005), Pauline Kolenda (1988), Judith Butler (1990, 1993), and Margaret Jolly (1994, 2002, 2010) viewed gender as a variable cultural category. Their perspective explores the concept of gender through cultural de/constructionism. Their emphasis is on the deeper symbolic meanings or cultural notions of gender in different cultures that lie beneath the alleged biological characteristics of the two sexes. Such explorations entailed ethnographic fieldwork from a

⁵ 'That is to say, not that biological facts are irrelevant, or that men and women are not different, but that these facts and differences only take on significance of superior/inferior within the framework of a culturally defined value system' (see Ortner 1974: 71).

⁶ In other words, the female is universally associated with nature, the unregulated, and thus is inferior and to be dominated. While, men, linked with culture, the regulated, are universally valued as being superior to women.

⁷ This means women appear as intermediate between culture and nature, lower on the scale of creativity and transcendence than men. Here women's intermediacy may imply their 'middle status' on a hierarchy, and their 'mediating' functions especially with reference to the socialisation of children, and the polarised symbolic ambiguity of women in general— such as between death and life (Ortner 1974: 83–87).

native's point of view, and offered a better understanding of particular cultural traditions and indigenous symbolism. Strathern, Butler and Jolly's works also challenged the notions of nature and culture as Eurocentric projections, and thus the biological basis of Western constructs of both sex and gender.⁸

Strathern (1980, 1988) has long challenged the universality of the Western binary of nature and culture, suggesting that such a binary was a foreign imposition on the conceptual worlds of non-Western Melanesian people (see 1980). In *The Gender of the Gift* (1988), she further questioned the universality of a series of related binaries often taken to be fundamental: public and private, individual and society, subject and object, and male and female as biologically given entities. Strathern found that these dichotomous descriptive categories could not capture the reality she encountered in Melanesia. For example, the social and cultural construction of gender there did not relate to 'the prior or derived sexing of the body' (Strathern 1988: 69); the differences between men and women were not perceived as the outcome of differing biological essences in the indigenous conceptions, but rather ensued from differential involvement with the gift (exchange) economy of Melanesian societies. In contrast, motherhood as conceived by Western missionaries working in Melanesia was 'based on ideals of bourgeois domesticity back home, typically accorded the status of "nature" where biological and social maternity were normatively fused' (Jolly 2010: 157).⁹

This approach to gender offers different ways of thinking about personhood and society. According to Strathern, in the world of Melanesia, 'What is drawn out of the person are the social relationships of which it is composed: it is a microcosm of relations' (1988: 131). That is

⁸ Butler's *Gender Trouble* (1990) proposed that the natural-seeming coherence of the categories of sex, gender and sexuality are culturally constructed through the repetition of stylised bodily acts in time. Core to her theory is 'gender as performance'.

⁹ 'Motherhood' has also been questioned by Margaret Jolly in her successive works on ni-Vanuatu women, since, prior to colonial influence, ni-Vanuatu women were not seen as 'mothers by nature'. As described, the ni-Vanuatu 'models of conceptions and growth often stressed intimate connections between the fertility of persons and of cultivated crops and animals' (2010: 156). 'The lack of biological children was relatively easily redressed through adoption.... and childcare was a collective concern rather than the singular responsibility of biological mothers and older children' (pp. 156–57; and also Jolly 1994 and 2002).

to say, Melanesians were relational 'persons' being seen as composites of prior relations between others rather than isolated, autonomous persons like 'individuals' in the West interacting with 'external' society (Strathern 1988: 66–97, 133–67; see also 1981: 166–191).

Strathern's research on assisted reproductive technologies (ARTs) exposed this individualism inherent in Western models of the person, since, as Jolly put it, 'that individuality is thought to reside in the biological discreteness of the person,' (2010: 170). However, in the context of assisted reproduction, there is an asymmetry particularly between those 'mothers' who are donors of eggs or wombs and those socially recognised 'mothers', since the claims of the first are based on biology and the other on law. Strathern alerted us to the peculiar language of the gift in talking about 'donations' in this context, since gift exchange in Melanesian societies was to establish 'a relation between the exchanging subjects' rather than 'a relationship between the objects exchanged' as in a commodity-oriented economy (Strathern 1988: 143–45).

The recent works of Strathern (2005), Whittaker (2008) and Jolly (2010) evince fascinating new approaches to ARTs. They continue a critical medical anthropology, and a critical research tradition in the study of sex and gender, providing a new way of deconstructing 'nature' and 'nurture' as Western projections. Although my research with specific material is most concerned with home delivery associated with non-interventionist childbirth in the period prior to the 1980s, some basic questions about the gendered body, the foetus and notions of the person, are still relevant and very inspiring for my research on Taiwanese pregnancy cultures.

1-1-2. Pregnancy as a Socio-cultural Construction

Research on the anthropology of birth expanded dramatically after the 1970s. Some researchers emphasised the systematicity of childbirth practices in traditional cultures, with a focus on indigenous interpretations of rituals and beliefs related to pregnancy and birth, so as to examine the Eurocentric impositions on them. While examining changing childbirth experiences with medical advances in obstetrics, some researchers raised questions about the hegemony and

power of the Western model of birth. Most approaches had their roots in Western feminist movements, connecting the huge debates there and elsewhere about contending biomedical and 'natural' models of birth.

In anthropology, research on pregnancy has long been studied as closely as birth because not only are pregnancy and birth connected, they constitute different phases in a supposed 'continuum'.¹⁰ It was only in the late 1970s when Brigitte Jordan published her book titled *Birth in Four Cultures* (1978), reporting on the role of midwives in childbirth and a women-centred communal style of birthing in Yucatan that the notion of 'birth' became a subject recognised by anthropologists as worthy of in-depth ethnographic fieldwork and cross-cultural comparison (David-Floyd and Sargent 1997: 2–3; Byford 1999: 6–7, 55–56). Jordan's 'biosocial' approach worked to counterbalance the medical bias toward 'the physiological, and often pathological' aspects of childbearing in the West (Jordan 1993 (1978): i). Thereafter in the 1980s, more in-depth ethnographic data were collected and published in two classic collections—Margarita Kay's *Anthropology of Human Birth* (1982) and Carol MacCormack's *Ethnography of Fertility and Birth* (1982), thus establishing the 'anthropology of birth' as a new flourishing sub-field in anthropology.

Topics included in *Anthropology of Human Birth* focused mainly on the impact of 'modern' medical advances on obstetrics in tribal or rural societies; the transformations in local systems of midwifery and doctor-patient relations with such social change; and the relationships between power and the culture of pregnancy and birth. The notion of 'birth' was no longer confined within the discipline of obstetrics in Western medicine, but regarded as a cultural phenomenon, which constitutes a significant element in any culture.

The *Anthropology of Human Birth* casts doubt on the scientific approach to defining the phases of 'pregnancy', 'delivery', 'birth' and 'puerperium'. This for me is the greatest

¹⁰ As the cases stand, this 'continuum' can be ruptured by abortion, miscarriage and stillbirth. Pregnancy and birth can even be interrupted by the death of the future father, as observed in local belief in Pamona, Central Sulawesi; see below Section 1-1-2.

contribution of this work. Carol McClain suggested such obstetric categories create ‘artificial boundaries on real continua’ (McClain 1982: 25–59). Kimberly Hubbell pointed out that pregnancy may be counted as beginning with the first day of the woman’s last menstrual period, as is done in scientific obstetrics or, as in the case of Asian Americans, pregnancy may start 120 days later, when they believe that the soul enters the foetus (Hubbell 1982: 305–20). For Malays in Pulau Lankawi, it is not until the end of the sixth month of pregnancy that the foetus is seen to receive a soul (*nyawa*) and become a person (*jadi orang*), having previously been seen rather as part of its mother’s blood (Carrier 1992: 27–28). Such perspectives indicate that the demarcation of these categories varies in different cultures and that cultural differences entail variations in what these categories signify.

Pregnancy

From a cross-cultural point of view, the very concept of pregnancy is culturally defined in relation to: how conception/pregnancy is conceived, how and when a ‘person’ comes into being, and how this becoming is imagined.¹¹ This is where the recent work of Strathern is relevant in pointing to the individualism inherent in Western models of the person, as revealed in her analysis of ARTs, as previously discussed.

As a whole, the assessments of the symptoms of pregnancy as well as the adjudication of the state of pregnancy are specific cultural definitions, which can entail different conceptions of the relation between the foetus and the maternal body. For example, people in Sumba, Indonesia say that ‘pregnancy comes about when the white blood (*wai ria basa*) of a male and the red blood (*wai ria*) of a female combine together.... The sign of pregnancy is a feeling of nausea’ (Kurata 1991: 220–21). It is believed that a child is a gift from their creator Marapu and the

¹¹ This has been finely depicted in cross-cultural ethnographies, particularly in Asia and the Oceania, such as: *Southeast Asian Birth Customs: Three Studies in Human Reproduction* (1965) edited by Donn V. Hart *et al.*; *Childbirth and Childrearing in Western Oceania* (1986) edited by Toh Goda; and *Kinship, Gender and the Cosmic World: Ethnographies of Birth Customs in Taiwan, the Philippines and Indonesia* (1991/1990) edited by Katsuhiko Yamaji. Other research on pregnancy and childbirth in both Pacific and Asian contexts includes: D.B. McGilvray 1982; Pranee Rice and Lenore Manderson (eds) 1996; Kalpana Ram and Margaret Jolly (eds) 1998; Julia Byford 1999; Andrew Whittaker 2000; and Vicki Lukere and Margaret Jolly (eds) 2002.

rebirth of one of their ancestors. Hence, people in Sumba have taboos for both a pregnant woman (and her husband) concerning diet, speaking, activities and rituals in order to prevent miscarriage and ensure the safety of the foetus (Kurata 1991: 213–28).¹² Thus, concepts of pregnancy need to be explored not just within the context of culture and prevailing gender ideology but the imagined ‘cosmic order’.

Toshimitsu Kawai (1986, 1991) pointed out that the concept of pregnancy for Bukidnon people in Mindanao, the Philippines, entails an exchange with spirits, an idea that resembles ‘virgin’ birth.¹³ When a woman becomes pregnant, *magbabaya*—the most important spirit in the spirit world living at the ‘navel’ of heaven, who rules over the spirits in the universe as well as every human being in the mortal world—will send one of his subordinate spirits *gimukod* to be the human soul. This stems from the belief that the *magbabaya* determines a baby’s fate beforehand. All the abnormalities among the newborn are said to be manifestations of a fate preordained by the *magbabaya* of heaven. Hence, from the fourth month onwards, there are a series of rituals for invoking different spirits to protect the foetus and mother-to-be and for driving away evil spirits that may bring harm to them (Kawai 1991: 105–29; 1986: 85–102).¹⁴ Kawai’s ethnographic research on the Bukidnon people also highlights the significance that the pregnancy and childbirth customs of Bukidnon can only be fully understood in the context of their *magbabaya*-centred cosmology. Moreover, to the Bukidnon people, both their living world

¹² In contrast, for people in Bontok, the Philippines, changes in dietary preferences and suspension of menstruation merely indicate that pregnancy is heralded. That a woman is really pregnant (*liton*) is only proven when the beginning of foetal movement is detected. From then on, the pregnant woman has to wear a belt made of rock snakes’ skin around her stomach. It is claimed that such a garment can protect pregnant women from evil *anito*, which are believed capable of causing difficult deliveries (Goda 1986: 55–83).

¹³ Virgin birth is the theological doctrine that Jesus Christ had no human biological father. Many miraculous births in ancient mythology involve the mother being impregnated by a god in either his own form or in an assumed form (see ‘Virgin Birth of Jesus’). Here in Bukidnon’s narrative, the virgin birth is implied since the mother consorts with *magbabaya*-centred spirits.

¹⁴ In addition, after the baby was born and the placenta buried in the ground or hung on a tree, *magbabaya* will then send *gimukod* back to heaven to become the guardian god of the baby. Such beliefs and customs bear close resemblance to the Taiwanese practice of storing and burying the infant’s placenta (*cangyi*) as well as related ideas of foetal spirits (*taishen*) and the concept of personhood, which merits further exploration (see Chapter 6).

and cosmic world are full of good and evil spirits and this cosmic order is reflected in their folk medical categories, such as the vocabulary used for the concept of 'illness'.

In considering culturally defined notions of pregnancy, Megan Jennaway's research (1996) on women's reproductive autonomy in *Punya Wangi*, North Bali, further explored the gender ideology which pregnancy entails. Here, villagers believe that the foetus is specifically constructed of both maternal fluids, such as blood and water, and paternal solid elements, such as bones, flesh, skin and muscles. The confluence of these sexual substances was believed to turn into blood in the womb, forming a ball that was further nourished by the mother's blood. Moreover, the *Punya Wangi* people do not see the process of conception as merely a mechanical union between two complementary contributions from oppositely sexed bodies. Rather, there is one significant element that permits conception to occur: the fact that the male's contribution of semen is already imbued with the divine life-force of the God of Love, *Batara Semara*, and the maternal fluid contains the essence of *Dewi Ratih*, another spiritual conjunction, the female Goddess of Love and consort of *Batara Semara*.

But, in *Punya Wangi*, the constructions of sexuality and fertility define an inverse relationship between uterine blood and the foetus: uterine blood is invested with negative significance, while the foetus is positive. The wombs of women are ambiguously conceived, as presenting a potential risk to male sexual and social integrity: if uterine blood is present it is dangerous, whereas if a foetus is present it is not. Sexual activity is culturally proscribed whenever a woman is menstruating, expelling lochia, or during mid-cycle bleeding. By contrast, sex is actively condoned in relation to a foetus, whether potential or actual. At a conceptual level, the potential for, or realisation of, a foetus implies the absence of blood from the womb, rendering it 'safe' for sex. Not only is sex deemed necessary for conception, it is also thought essential for the healthy development of the foetus and for the reinforcement of paternal identity. Hence the imperative to maintain sexual intercourse during pregnancy seems to be connected with patrilineal claims on the child to establish paternity (Jennaway 1996: 37–59).

Another inspiring discussion comes from Masao Ishii's work (1991) which emphasises the gendered ideologies of complementarity and difference that pregnancy entails in Pamona, Central Sulawesi. On one hand, the Pamona people seem to de-emphasise the difference between male and female and instead assert the identity and complementarity of the two sexes. Pamona people think that social reproduction is a procreative process to which both male and female contribute. It is thought that impregnation occurs when a child is transferred from the father's testicle to the mother's womb, where the flow of man and woman are mixed and form a foetus. It is also believed that impregnation can occur as a result of actions other than coitus, but both male and female must be engaged. Moreover, there is a belief that a pregnancy may be interrupted by the death of the future father, suggesting that the father is necessary for the normal process of pregnancy and parturition (Ishii 1991: 187–211). In view of the abovementioned beliefs, pregnancy and childbirth may incur danger and risk because it is the site where supernatural powers are present. In Pamona society, such an inherent menace poses problems for both men and women since they can both become pregnant or impregnate each other.¹⁵ Nevertheless, without the cooperation of the spouse, regardless of the sex, pregnancy may not bear fruit, ending in stillbirth or miscarriage.

On the other hand, despite the prevailing stress on the complementarity of gender in Pamona society, a difference between male and female is acknowledged. For example, a Pamona man has eight *tanoana* (the essence of life or the soul) while a woman has nine. During pregnancy, a boy remains in the womb for eight months, while a girl stays in the womb for nine months. After death, a man's dead soul *angga* remains in the world for eight days before going to the netherworld, while that of a woman remains for nine days. Moreover, there are gender differences concerning the foetus with the pregnant woman experiencing foetal movements on different sides of the abdomen, differences in tenderness of the abdomen and differences in

¹⁵ In Pamona society, pregnant men are thought to exist. The Pamona people believed that 'men could become pregnant in the calves of their legs by the drifting hair of a woman in a stream which would twine around their calves,' and thus a pregnancy is perceived (Ishii 1991: 197).

foetal behaviour and character during pregnancy (Ishii 1991: 187–211). Thus, to the Pamona people, gender difference has little to do with the relative status of men and women, but it seems to be of crucial importance in the cosmic order.

Masao Ishii (1991) and Megan Jennaway's (1996) works offer ethnographic illustrations of the gendered ideologies of complementarity, difference, tension and even subversion, which pregnancy may entail. They are inspirations for my research in dealing with gender ideology apropos the fundamental concept of 'pregnancy' in Taiwan, that is, *fujing muxie* (in which a mix of the father's semen and the mother's blood creates a foetus).

Birth

As can be seen from the rich cross-cultural ethnographies considered above, pregnancy is socio-culturally constructed, in terms of an imagined cosmic order and of gender ideology and gendered power between men and women. We see various gendered ideologies of difference, complementarity, and reversal in the constructions of pregnancy as reported in the compelling work of Toshimitsu Kawai (1986, 1991), Megan Jennaway (1996) and Masao Ishii (1991).

Like pregnancy, the concept of childbirth is also a socio-cultural construct. 'Childbirth is an intimate and complex transaction whose topic is physiological but whose language is cultural.... There is no known society where birth is treated as a merely physiological function. On the contrary, birth is everywhere socially marked and shaped' (Jordan 1993 (1978): 3–5). Medical anthropologists join feminists in arguing further that constructions of pregnancy and childbirth have been an especially powerful source of gender ideology (see below).

Considerations of birth inevitably include the following dimensions: (1) the sites of birth; (2) birth attendants; (3) birthing postures; (4) ideas about the stages of birth; and (5) ideas about postpartum care (see Davis-Floyd 1988; Davis-Floyd and Sargent 1997). For example, in all known societies, access to births is limited to a restricted specified group of people; only the customary personnel are seen as appropriate attendants at birth (Davis-Floyd 1988: 9–11,

19–55). It is noteworthy that the constitution of ‘authoritative knowledge’ about birth is ‘an ongoing social process’ that both builds and reflects contested power relationships and cultural value in communities (Jordan 1997: 56; Davis-Floyd and Sargent 1997: 18).¹⁶ However, ‘authoritative knowledge is persuasive because it seems natural, reasonable, and consensually constructed’ (Jordan 1997: 57). The constitution of authoritative knowledge in the techno-medical model of birth—such as is typical during American hospital delivery—is rather hierarchically distributed, in which ‘other potentially relevant sources of knowledge’ such as the birthing woman’s prior experience and her bodily knowledge were superseded and de-legitimatised (Jordan 1997: 61–69).¹⁷

As Sherry Mallett (2002) pointed out, birth is not only a physical event, but it should be seen as ‘an emotional, bodily, spiritual experience that expresses relationships between people’ (p. 129). And further, she argues that by prescribing the sites of birth, the way to be born and the significance of the place to birth are prescribed (Mallett 2002: 139–45). Hence, the ‘safety’ of the sites of birth concerns not just the relative cleanliness and survival rates, but the embodied identity and cultural comfort of the mother. It also situates birth attendants like the birthing mother in a terrain of choice, which is charged with intense moral values which are historically constructed.

The contributors to *Birthing in the Pacific: Beyond Tradition and Modernity?* (Lukere and Jolly 2002) also witnessed the powerful corporeal and cultural processes of the ‘confinements’ of birth from the diverse contexts of birthing in the Pacific. Meanwhile, they attested to the need to re-examine the conjugation of confining terms—tradition and modernity—which failed to

¹⁶ By ‘authoritative’, Jordan (1997) implies a way of organising power relations within a particular social group which maintains the group’s definition of morality and rationality in a particular situation, and is considered as ‘legitimate’. Thus, ‘the power of authoritative knowledge is not that it is correct but that it counts’ (pp. 55–61).

¹⁷ In some African cultures, control of authoritative knowledge related to birth becomes ‘a potent site of cultural preservation and renewal,’ reinforcing the emphasis on ‘reproduction as a site of defence of cultural identity (see Davis-Floyd and Sargent 1997: 23).

admit the permeability and fluidity of past-present and present-future relations. This is particularly in relation to three dimensions:

- (1) Birthing postures and practices: distinctions are regularly made between 'passive' and 'active' positions, or non-interventionist vs. interventionist;
- (2) Sites and safety: differences are constructed between the village and the hospital;
- (3) Birth attendants: can be mothers, kin, midwives, traditional birth attendants or local birth practitioners, or [female] native obstetric nurses/male native medical practitioners, which raises issues about the gendered specialization of the medical domain (Jolly 2002: 8–23).

Jolly suggested that the encounter between the tight cultural controls of a tradition misrecognised as 'natural' and the biomedical preoccupations with the 'safety' of sites, are saturated with a politics whereby the 'modern' and the 'traditional' reinscribe a contest between the continuing power of colonialism and resistance to it (Jolly 2002: 1–30).

These insights from the politics of birthing in the Pacific are very useful for my research. In particular, the picture of birthing in the Pacific resembles Taiwanese birth in the period of 'home delivery' as practised in Japanese colonial Taiwan. Here diverse components of this birthing complex were mutually accommodated by the attendants and practitioners involved, reconciling 'tradition' and 'modernity'.

Perceiving a Female Reproductive Body

Contemporary studies of medical knowledge have often been inspired by Michel Foucault (1973/1963, 1981/1976) and his followers, in relation to the history of medical science, the construction of health and illness, and the gendered body. Foucault saw medicine as one of the disciplines that has imaged the human body as a crucial site for the articulation of social relationships and power. This Foucauldian perspective has had a great impact on subsequent research on medicine and gender. For example, Carole H. Browner and Carolyn Sargent (1990) stressed that the concept of 'reproduction' should be broadened to include all the social

relationships associated with maintaining society's political and ideological structures (pp. 219–234).

Emily Martin (writing as Emily Ahern before the 1980s) sees science as more like a 'hegemonic system', where 'women are not only fragmented into body parts by the practices of scientific medicine, as men are; they are also profoundly alienated from science itself... a male-biased model of human nature and social reality' (1987: 21–22). Contrasting the views of medical science, her *Woman in the Body* (1987) uncovered the metaphors of economy and production through which women's reproductive processes are perceived. Through examining depictions of menstruation, childbirth, and menopause in medical texts and comparing women's bodily experiences with these descriptions, Martin revealed that current medical imaging of reproductive processes is based on Western metaphors of production that alienate women from their bodies. The female cycle is seen as a re/productive enterprise. Menstruation is seen as failed reproduction (the uterus has failed to produce a foetus); childbirth is presented through metaphors of the baby as 'product', the women as 'labourer', the uterus as 'machine', and doctors as the 'management team' responsible for the efficient production of the body; menopause, since it signals the end of 'productivity', is described in characteristically negative terms.

In another work (1991), Martin asserted further that the current 'scientific' literature of biology is gender-biased, and that this bias has become entrenched in Western language, which in turn sustains the perceptions of male/female bodily processes in a sexist way, to the disadvantage of women. Thus, menstruation is described as a chaotic disintegration of form, as 'failed' production, while, spermatogenesis is a 'remarkable' process, whereby, for example, 'the sperm can forcefully penetrate the egg'.¹⁸ As revealed, the productive/destructive,

¹⁸ Such metaphorical descriptions include: 'The normal human male may manufacture several hundred million sperm per day.' 'The egg is seen as large.... It does not move or journey, but passively is transported or even drifts along the fallopian tube' while 'sperm are small, streamlined and invariably active.... With a whiplashlike motion and strong lurches, they can burrow through the egg coat and penetrate it' (see Martin 1991: 486–87, 489).

active/passive comparison of reproductive physiologies is explicit. This parallels the stereotypes central to Western definitions of male and female. Even new research replicates elements of the gender imagery of older accounts, reiterating the aggressive-sperm metaphor despite the facts which point otherwise. Thus, apart from suggesting alternative descriptions of fertilisation which give the egg a less passive role, Martin proposed 'to wake up sleeping metaphors in science.... by becoming aware of their implications' (1991: 501). This act of 'demystifying' the social production of medical knowledge is also apparent in Margaret Lock and Allen Young's work.

In dealing with menopause in Japan and North America, Lock's works (1993a, 1993b) bring us to a key concern in the dialectic between biology and culture in the production of medical knowledge. Lock proposed that the medicalised female body is not only the product of changing medical knowledge and practice, but is a manifestation of potent, never settled, partially disguised, political contests. The female body is a contested site of symbolic representation and medical practice. The contrasting approaches in North American and Japan to menopause are thus seen as evidence of two 'local biologies' (1993a: 331). In other words, subjective experience associated with physical changes in the body at the end of menstruation appear to be significantly different in Japan and North America, and are profoundly connected to the construction of the two divergent discourses.

For example, many Japanese women do not identify the end of menstruation with menopause, and the physical symptoms usually associated with menopause in North America—hot flashes and night sweats—are not a focus of concern. An explanation for these differences is found in the evaluation of women's place in society, as well as in what is accepted as 'authentic' knowledge by the medical profession in each location (Lock 1993a: 330–63; 1993b: 78–170, 202–32).¹⁹ Divergent aging discourses are produced from 'local biologies':

¹⁹ In both, the politics of aging dwells upon biological change and its associated risk of suffering and distress. However, in North America, the aging female is seen as a biological anomaly and a target for medical intervention, whereas in Japan, the anatomy of the middle-aged women is of less concern than her potential inability to care for

specific, historically shaped knowledge and situated social exigencies. This contrast reveals how scientific discourse is permeated by culture. This process is also very clear in the seeming 'facts' of pregnancy and childbirth.

As a whole, there has been general agreement among Foucauldians that medicine is no unitary thing: different practices produce different kinds of knowledge; medical knowledge of all kinds is created in particular contexts and in changing arrangements of power (see Lindenbaum and Lock 1993). This is also the key point that Allan Young asserts: all knowledge of illness is socially determined and what we need is a critical understanding of how medical 'facts' are predetermined by the process through which they are conventionally produced in different settings. Thus, the task at hand is not simply to demystify knowledge, but to critically examine the social conditions of knowledge production (Young 1982: 277; see also Young 1993: 108–28).

The Chinese definition of illness can be seen as an example of how medical knowledge of illness was constructed. Anthropologists are convinced that concepts of illness are not biological universals, but culturally patterned and socially taught ways of understanding normality and abnormality. 'Illness' here refers to psychological or socio-cultural behaviour derived from disordered conditions, implying contingent cultural meanings. However, the tripartite division of illness, disease and sickness proposed by some sociologists has since been challenged; in part, the division between physical and mental illness corresponds to a Western cultural division between mind and body, which is philosophically and historically very problematic (Turner 1995: 2–5).

In this thesis, the term 'illness' denotes what is commonly known as *bing* among the Han Taiwanese. *Bing* denotes a condition of imbalance according to Chinese biology, and is better

elderly family members in a three-generational household (the *ie*). The dominant image of a woman in Japan has been that of nurturer, a quality with which all women are assumed to be 'biologically' endowed (Lock 1993a: 346–47). Thus, while the condition of the aging woman is subject to ideological elaboration and disparagement in both North America and Japan, in the former her physical symptoms are medicalised, while in the latter her symptoms are ignored or suppressed in favour of a display of self-control and behavioural discipline designed to be of service to others.

translated as illness (or disorder) than disease. In some tribal and rural societies, ‘illness’ is saturated with morality and has implications of punishment, shame and guilt, as in the case of the Taiwanese woman described in Section 4-3-2. Still, ideas of punishment and guilt can even be seen in Western biomedicine. Moreover, spirits can also be seen as sources of illness as in one of the explanatory models of kidney deficiency (*shenkui*): a single Taiwanese man was seen ‘being attacked by the ghost of a girl who died unmarried and who is pursuing him and causing his problem’ (Kleinman 1980: 121–33).

Arthur Kleinman’s discussion of ‘kidney deficiency’ is an example of ‘somatised’ syndrome, as a cultural syndrome peculiar to Chinese. This echoes the standpoints of cultural constructionism.²⁰ I suggest in this research that the relationship between Taiwanese pregnancy and illness can be fully understood only through understanding the definition of illness and broader Chinese assumptions about a female body (see Section 3-1-2). For example, in Chinese biology as observed in the classic discourses of medical texts, emphasis was put on regenerating women’s blood (since women’s energy lies in their blood); this constructed pregnancy according to patriarchal and patrilineal thinking.

1-2. Pregnancy and Birth in Taiwanese Society: Research Questions in the Context of Past Literature

But what does ‘pregnancy’ mean in rural Taiwanese society? What are the essential elements of Taiwanese pregnancy and birth? To what cultural category do ‘women’ and ‘pregnant women’ belong? My research attempts to examine further the topic of pregnancy and birth and its relation to ideas of the female gender by examining the ‘ritual complex of pregnancy’ through Han Taiwanese eyes. Since pregnancy culture is deeply embedded in the contexts of Taiwanese

²⁰ In Kleinman’s model of somatisation of dysphoric affects and affective disorders, culture constitutes illness experience and behaviour. On one hand, culture models the affective experience. On the other hand, culture yields characteristic types of somatisation and models of affective styles in language (see Kleinman 1980: 119–78). Tseng Wen-shing (1975) further suggests, we can understand the syndrome of kidney deficiency only if we contextualise it within the theory of *qi* in Chinese medicine, since the kidney was regarded as the place in which *qi* (vital essence) and *jing* (seminal essence) were stored in the body (pp. 237–45).

folk religion, my research will more broadly consider cosmology, rituals, taboos and local medical knowledge. My discussions emphasise not only the cultural construction of pregnancy and pregnant women, but also attempts to propose a *sha*-centred cosmology of pregnancy. In the light of the ‘social landscape’ model developed by Arthur Wolf (1974) where the Taiwanese supernatural world was modelled on the three categories of gods, ancestors and ghosts, this research explores further the fourth category of evil *sha* spirits, which epitomise pregnant women and social disorder at different levels. My analysis of the cosmology of pregnancy explores questions of gender, culture, authority and power. My focus is on examining the ritual complex of pregnancy as a micro-system within the entire ‘cultural system’ of rural Taiwan.

One of the important objectives of my research is to disclose the cultural contexts and social settings in which the Taiwanese knowledge of pregnancy and childbirth was and is produced, transmitted and reproduced. I will consider the dialectical process whereby religious-medical constructions and gender ideology, often authorised by classical texts, are mediated in practice and articulated with power relations. This raises questions about the production of medical knowledge (Lock 1993a, 1993b), and inevitably entails an interrogation of the relation between the so-called ‘great tradition’ and local knowledge—between texts, oral traditions and embodied practice in knowledge about pregnancy and birth (Furth 1999).

My key concerns about pregnant women and pregnancy cultures as mentioned above can be presented as a series of research questions. First, why should pregnant women be classified as a separate cultural category apart from other women and so considered a menace to others (Ahern 1975a: 211–12)? How do we relate the image of ‘vulnerability’ to ‘danger’ in the concept of a ‘tabooed woman’? Second, how have pregnant women come to be classified in this way and how does this relate to the broader cultural notions of gender, pregnancy and ‘disorder’? Finally, how were these concepts culturally constructed and reconstructed in Han Taiwanese society, from the period of the localisation of immigrant communities established in the mid-Qing Dynasty (the late eighteenth century), through the Japanese Colonial Era, to

contemporary rural Taiwan? All these questions apropos Taiwanese pregnancy cultures and the related gender ideology are closely linked and merit full exploration. In my examination, I especially engage four prominent authors: Emily Ahern (later Martin), Arthur Wolf, Charlotte Furth and Margaret Lock.

1-2-1. My Starting Point: Ahern's Female Pollution

To begin with, the twin foci of gender and medicine meet in the body. To answer the first question, it is imperative to consider the most dominant point at issue associated with pregnant women in rural Taiwan—the concept of female pollution, a topic which Emily Ahern (1975a) has long discussed.

First of all, Emily Ahern's discussion of the nature of 'pollution' with reference to women's menstrual discharge and postpartum lochia is in line with the classical Chinese concept of pregnancy that 'a mix of the father's semen and the mother's blood creates a foetus' (*fujing muxie*) (see Section 3-1-1). Moreover, the blood that surrounds the foetus and emerges during childbirth has great power, in terms of female pollution. Apropos parturition, there is a belief in the potentially dangerous power of this superfluous blood, which relates to a belief in the spiritual aspect of the foetus, called *tai shen*, also regarded as the child's soul (Ahern 1975a: 196–98).

In general, women in Taiwanese society are regarded as 'polluting' or as an 'unclean substance' (*bou chiengkhi* Hokkien/South Fukien dialect [H]) not only in a physiological sense, but also from the social structural and ritual symbolic perspectives. Ahern saw a polluting substance in Chinese society as one which prevents those who come in contact with it from associating with the gods, and thus, the prohibition is most rigorous for those who come into closest contact with women's menstrual and birth fluids (1975a: 202–04). In particular, a logical necessity connects female pollution and sacred danger, which potentially threatens others. Married and fertile women are thus considered 'more polluted' than those who are single or

postmenopausal. The menstrual blood of married and fertile women possesses the dangerous power of fertility, which will cause ‘disorder’ not only in the human body, but also within the patrilineal social structure and the sacred order which links mortals and divine beings.

‘Disorder’ here has two specific meanings: (1) anything that pierces the boundaries of entities is unclean, whether it is something that enters or something that leaves; (2) anything that tends to undermine the tenets of order, any external threat to orderly entities, is unclean (Douglas 1966: 207). That is, ‘the polluter becomes a doubly wicked object of reprobation, first because she crossed the line and second because she endangered others,’ as Douglas claimed (p. 139). Married and fertile women (and especially pregnant women) pose a potential threat or a destructive force to the existing order of a social body, which is conceived as masculine and patrilineally transmitted.

Ahern also pointed out when women are ‘in certain states’, they are considered dangerous and vulnerable, but not ‘polluting’. For example, pregnant women are often considered a menace to brides. Hence, for weddings in Sanxia, North Taiwan, there is a ritual called sifting four eyes (*shai si yan*) performed before the bride’s dowry is sent to the groom’s house; four eyes here refers to the two beings in one that a pregnant woman represents—two eyes for her and two for the foetus. All items in the dowry are passed over a large sieve so that pernicious influences can be sifted out (Ahern 1975a: 211). In Hong Kong, pregnant women can make children fall sick and cause difficulties for brides (Topley 1970: 427). Pregnancy and childbirth are classified with a group of disorders considered poisonous (*du*); and a pregnant woman is temporarily like a poisonous entity: forces pulling in opposite directions are contained in one body. She is described as ‘four eyes’, having two eyes in her head and two in the belly (Topley 1974: 234, 237), similar to Sanxia, North Taiwan.

However, pregnant women are, at the same time, vulnerable. In Hong Kong, if a pregnant woman encounters a child with measles, the woman will fail to give birth (Topley 1970). It was also believed that pregnant women should avoid all places of worship (Topley 1974). In Sanxia,

North Taiwan, pregnant women will be warned to stay away during funerals, when nails are about to be hammered into the coffin; otherwise harm will befall upon them (Wolf 1974).

Similar taboos were recorded in ethnographies from the Japanese Colonial Era in Taiwan. They include that: it is inauspicious for a pregnant woman to witness 'rituals towards the dead during a funeral period' (*zuo gongde*); it is inauspicious for a pregnant women to touch the coffin, since the foetus will die an early death; pregnant women should not go out at night, since this would offend the black-tiger spirit (*heihu shen*) and the foetus will be injured. If pregnant women put their foot-washing tubs in the courtyard during the Mid-July Festival for the commemoration of the dead (*zhongyuan jie*), it would offend hungry ghosts, *laodagong*,²¹ or other unusual spirits, and the foetus will be injured (Iwao 1921: 2, 492–93).

Ahern thus suggested that pregnant women, widows, brides, grooms, mourners and children can all be categorised into a class of anomalous, marginal or transitional people, since they are all vulnerable and dangerous to others (1975a: 211–12). Further, Ahern asserted that pregnant women and widows are women who are dangerous and vulnerable because of their very condition: pregnancy and widowhood are states known only to women. In this sense, the danger or vulnerability associated with pregnant women and widows is sex-linked in a way that pollution more broadly is not (pp. 211–12).

My criticism of Ahern's work comes from three angles. First of all, Ahern did not provide any evidence through related ethnographic data on the common nature of these six groups (pregnant women, widows, brides, grooms, mourners, children) or why they should be grouped into one category, but simply asserted their common categorisation. Nor did Ahern elaborate on why a pregnant woman, as a two-faced entity of vulnerability and danger, might then be considered more polluted.

²¹ *Laodagong* is a category of ghosts that are seen as elders or leaders to people and usually worshipped during the Mid-July Festival.

Second, I am not inclined to agree with Ahern that there is only a sex-linked reference to the danger and vulnerability of pregnant women. We cannot overlook the general medical notions of blood according to the framework of a Chinese body (see Section 3-1-2), and how pregnant women are seen as ‘polluters’ in relation to the dangerous nature of their reproductive power more generally.²² The politics of classical medical knowledge is imposed on pregnant women. As Furth (1986, 1987) pointed out, female biology in Chinese gynaecology was conceptualised, not around the symbolic poles of purity and pollution, but around those of vitality and loss. While in the medical imagination being female implied being the source of great power, Chinese medical texts represented blood as an essential source of life and vitality whose inevitable loss condemned women to weakness and bodily vulnerability. Thus, threatening symbols of female sexual power were replaced by benign symbols of female generativity and weakness which moderated pollution taboos. Around these two themes—women’s negative sexual power and their socially acceptable weakness—Chinese male medical authorities thus wove an analysis that asserted the destabilising and debilitating nature of pregnancy (Furth 1986: 43–66; 1987: 7–35). Accordingly, pregnant women are classified as ‘not-quite-well’ and often experience disorder in the form of a restless foetus or frightened foetus (*taidong buan*), for example (see Sections 3-1-1 and 3-1-2).

Finally, I think that the potentially dangerous power with which pregnant women are endowed is precisely the rationale for the ‘sifting four eyes’ ritual. However, this ritual is not just for pregnant women. It is a necessary part of a bride-taking ceremony regardless of whether a pregnant woman is present or not. The critical point here is the bride herself, not only the

²² Arguments about men’s intentional and self-serving perpetuation of pollution beliefs can be found in the work of Emily Ahern (1975a) and Gary Seaman (1981). It is particularly noteworthy that Charlotte Furth (1986, 1987) revealed that Chinese medical texts highlighted the dangerous nature of female reproductive power, drawing on a ‘medicalised’ version of folk beliefs about the polluting power of female blood. In this way, medicine bound women to their children as both nurturing creators and as a toxic source of childhood disease and death. This was most graphic in concepts of ‘foetal poison’ (*taidu*) which posited the legacy of foetal pollution during gestation and infancy. However, for a woman, the power of pollution could not be translated into a social power she might exercise, subversively, in support of her own interest. Only if she bore children and if those children lived, would the world have proof that she was truly a ‘good woman’.

pregnant woman, since my informants report that ‘the sifting ritual is designed to sieve the evil spirits that a bride, as an outsider, might bring into her marital household’. ‘If a pregnant woman is present at a bride-taking ceremony, the sifting ritual can prevent the sacred danger existing both in the bride and the pregnant woman, from opposing or even injuring each other.’²³

This evidence clearly shows that the category of ‘pregnant woman’ should be understood in terms of the broader context of Taiwanese popular beliefs or folk religion, rather than the one-sided concept of ‘female pollution’. Indeed, this might echo Ahern’s own words that ‘when women are in certain states, they are considered dangerous and vulnerable, but the sense here is not polluting,’ as previously noted. At a symbolic level, the bodily disorder of pregnant women is the result of their traversing boundaries, which refer to the ‘cosmological disorders’ (Ahern 1975b) caused by the unruly power or evil spirits during pregnancy.²⁴ Hence, a full understanding of pregnant women and pregnancy can only be acquired in the light of this cosmic order.

For Han Taiwanese, pregnancy can only be sustained if there is balance and an orderly state of certain supernatural powers. Pregnancy is a constant process of dialogue and negotiation, between the pregnant woman and related supernatural forces. This cultural phenomenon is best manifested in Taiwanese beliefs and taboos concerning foetal spirits (*taishen*) as well as the foetus-calming rituals practised in rural society (see Chapters 6 and 7). In this thesis, I intend to propose that ‘the countering power of offending’ derived from the supernatural is much more capable of revealing the root of the multi-faceted character of pregnant women in Taiwan.

²³ Fieldwork research in Taichung County, Central Taiwan, conducted between October 1998 and September 1999 (see J. Sung 2000b).

²⁴ For important research on this topic, see Li Jian-min 1994a: 101–48; and Wu Yi-li 1999.

1-2-2. Rethinking Wolf's 'Social Landscape' Model of Taiwanese Religion and Furth's Female Gender

My second question in this research concerns how pregnant women have come to be classified by a single category and how this relates to the cultural notions of gender, pregnancy and 'disorder'. To answer this question about how pregnant women were culturally constructed, I explore first the interpenetration that occurs between gender and division of labour in Taiwanese practices of pregnancy and childbirth surrounding home delivery (see below Section 1-2-3). I argue that the gendered division of labour between male and female ritual specialists reflects the Taiwanese 'social landscape'. I suggest that the gendered ideology inherent in Taiwanese pregnancy and childbirth is grounded in a broader cosmic order, in which pregnant women were epitomised as unruly evil spirits with potential powers which transgressed and transcended the conventional structure and social order.

To argue this, it is imperative to consider Taiwanese folk religion in which pregnancy culture is deeply embedded. The 'social landscape' model of Chinese religion proposed by Arthur Wolf (1974) is one of the paradigmatic models of Han Taiwanese folk religion. I make the connection to pregnancy and explore how it is re-inscribed through the cosmology of pregnancy.

Wolf saw the supernatural in rural Taiwanese society as a detailed reflection of the social landscape of traditional China, a society in which bureaucratic hierarchy prevailed. 'Prominent in this landscape were first the mandarins, representing the emperor and the empire; second, the family and the lineage; and third, the more heterogeneous category of the stranger and the outsider, the bandit and the beggar' (Wolf 1974: 175). The supernatural bureaucracy and the human bureaucracy were 'parallel systems' (Wolf 1974: 144), thus the supernatural world of spirits was modelled on the imperial bureaucracy (gods), on senior kinsmen (ancestors), and on strangers (ghosts). In general, the ancestors and the gods were associated with productive social

relationships, while their spiritual opposites, the ghosts, represented those social forces that were dangerous and potentially destructive.

In a framework like this, it is easy to understand the given functions of, for instance: the Sanqing Daoren (Three Pure Lord), Shengren (the sages), Wu Lei (Five Thunder Gods), and Jiutian Xuannu (Primordial Women of the Nine Heavens) involved in the cosmology of pregnancy; they undoubtedly belong to the category of gods. Moreover, the distinction between gods and ghosts can be also better clarified, showing that ghosts are deemed as inferior and marginalised spirits in a bureaucratic hierarchy and the position of the ghosts is ambiguous and dangerous, roaming beyond the ordered parameters of Chinese patrilineages (see L. Lü 1990). This can shed light on those ‘ghostly spirits’ in the cosmology of pregnancy.

However, the social landscape model has its limitations (see Chapter 8). My major concern is that the fixed three-category model of gods, ancestors and ghosts falls short in two ways: (1) of including all the divine powers in Taiwanese folk religion; and (2) of exploring the relationship between the production of identity and the deity. Moreover, the category of *sha* spirits was overlooked entirely in Wolf’s paradigmatic model. *Sha*, which draw strength from a variety of the sources of power are even more dangerous than ‘ghosts’, in epitomising social disorder and cosmological chaos. This new fourth category of the spiritual powers of *sha* is one of the major foci in my research, and thus an original contribution to this field of scholarship. There exists great symbolic similarity between the distinctive representations of ghosts and *sha* in Taiwanese folk religion and of pregnant women in the Chinese patrilineal social structure. This symbolic similarity merits further exploration, as this thesis argues in detail.

In considering Chinese cultural notions of the female gender, it is inevitably necessary to review Furth’s work (1986, 1987) on the ‘medicalised’ female gender for Chinese women. As previously noted in Section 1-2-1, Chinese medical accounts stressed vitality and its loss rather than purity and pollution in female biology. What emerges then is a positive model of female generativity, symbolised by the menstrual function, but seen still as an entropic economy that

condemned women to bodily depletion and loss. In the course of elaborating this model, Chinese medical experts developed stereotypes of female illness and emotionality that contrasted with the power of pollution inscribed in folk taboos. That is, the blood of life and generativity was also the substance whose disorders and depletions made women the 'sickly sex' (Furth 1986: 43–44, 48–50). In this elite medical view, Chinese reproductive medicine was seen to tame the powers of pollution by replacing them with natural symptoms controlled through a system of treatments. This generated a particular view of gender relations, implying the subordination of women, legitimising female dependence and male paternalism. Images of the female body were thus not only medical, but also masculinist images of the feminine, in which being the 'sickly sex' was basically a way of embracing one's place as a proper woman in the complex web of Chinese social structure (Furth 1986: 63–66).

By connecting gynaecological texts with paediatric texts and, in particular, the concepts of foetal poison (*tai du*), Furth (1987) further proposed that Chinese reproductive medicine offered a dual Confucian model of gender. On one hand, pregnancy and childbirth were socially organised to support the forms of gender subordination required by Confucian familism and to reinforce its 'moral value'. Thus, women were physical weaklings benignly dependent on a paternalist social order. On the other hand, women were also sources of the destructive emotions and pollution that could kill babies (emblematic of their capacity to disrupt the family). This reproductive medicine thus offered a model of female health and illness that entailed conflicting gender ideologies—between 'negative sexual power' and 'socially acceptable weakness' (pp. 7–35).

As a whole, the dual Confucian model of gender proposed by Furth (1986, 1987) is very persuasive, and offers a foundational argument for my understanding of Chinese women from a viewpoint which links scholarly medicine and grassroots traditions in local medicine. But, my research suggests a slight amendment to Furth's twin poles of gender imagery.

As seen in the medical literature reviewed, the blood of life and generativity was also the substance whose disorders and depletions made women the 'sickly sex'. The holistic bias of Chinese medical theory thus pushed all diagnoses towards the assumption that disorders of reproductive function played a key role in the aetiology of almost any illness in women (Furth 1986: 48–50). Among these, the polluting power of female blood was also 'medicalised' by Chinese male authorities, which contributed to Confucian familism in a patrilineal and paternalist society. This shows again that the concept of 'female pollution' is too limited to explain the categorisation of pregnant women in the Taiwanese culture of pregnancy, as mentioned at the start of this section. Moreover, Furth's analysis raises the broader issue of the production of medical knowledge, which connects to my third question in this thesis.

1-2-3. Martin and Lock's Medical Knowledge, Language Practice and Power

My third question concerns how Taiwanese (medical) knowledge of pregnancy and notions of gender were culturally constructed and reconstructed/re-contextualised in rural Taiwanese society throughout history. That is, I explore how medical knowledge and notions of gender were culturally constructed in different key texts and how they were passed on for generations, particularly by and for women, in the context of daily practices around pregnancy and birth.

This concern springs from the elder female interlocutors in my fieldwork research in Rural Dajia Community. They were mostly illiterate and mainly aged over eighty years when I interviewed them. They were engaged in manual labour throughout their lives either in domestic or field contexts in the small-scale farming economy of Sankang Village. All knowledge from interviews was created through interactions between the interlocutors and myself in the course of fieldwork. However, despite their first-hand experience of pregnancy and childbirth in their life history, from which I learnt much, I found they had few explicit ideas on how they had managed their own pregnancies and childbirth surrounding home delivery. They seemed to suggest that they had no control whatsoever over the processes and tended to situate themselves

as merely passive participants of all these practices and knowledge. Rather than resist or challenge it, most of my female interlocutors seemed to defer to the domestic authority of my male interlocutors and the male hegemony involved in pregnancy and childbirth.

In light of such fieldwork, my research thus probes into the production and reproduction of Taiwanese knowledge of pregnancy and birth, showing how women learnt such knowledge when they were pregnant and how that knowledge was passed down. As previously noted, this involves the issue of power relations between men and women and the gendered division of labour in Taiwanese birthing whereby general attendants, medical practitioners and ritual specialists of both sexes were involved.

As reviewed earlier, Martin and Lock's works are both creative reference points in my exploration of medical knowledge and birthing practices by and for women in Taiwan. Put together, they show that medicine is not hard science. Medical 'facts' are predetermined by the historical-social processes through which they are conventionally produced. Medical 'facts' are re-contextualised by the processes that shape the changing medical knowledge, practice and illness experience in any society. Medicine is nothing but a socio-cultural construction, engaging cultural values and social contests between authority and gender. In this, language is crucial in linking textual-based knowledge with oral/embodied experience, as previously observed in Martin and Lock's works.

In respect of my third research questions in Chinese and Taiwanese society, Furth's book, *A Flourishing Yin: Gender in China's Medical History, 960–1665* (1999), is another influential work. By analysing the relations between texts, language and practice, Furth suggested that the cultural production of the body has necessarily been a dialogical process in which both sick people and medical practitioners participated in the contexts of clinical practice (pp. 224–300; see also Farquhar 1994). Furth located the relationships of male and female healers and their clients in the domestic context, where knowledge was not just the monopoly of the learned physicians. Women participated in medical practice as both patients and as healers, including

female doctors (*nuyi*) and those medical grannies such as shaman healers (*shipo*), medicine sellers (*yaopo*), and traditional midwives (*wenpo*). Such healers joined the dominant medical culture and sheltered a female sphere of expertise centred on, but not limited to, pregnancy and childbirth. This analysis of gender specialisation in medical labour thus advances the study of the social relations and power structures which are involved in medicine (see also Turner 1995).

My third research question thus distils several issues from such theoretical concerns.

However, the ‘picture’ my historical ethnography presents is distinct from that of Imperial China as depicted by Furth and has a different story to tell. First of all, I must acknowledge that the links between Taiwanese pregnancy cultures and traditional Chinese medicine are important and that the relations between different traditions of knowledge—great tradition vs. local knowledge, textual-based knowledge vs. oral/embodied practice, merit close exploration.²⁵ I thus emphasise in this thesis how Chinese Confucian medical experts created ‘authoritative’ discourses in the course of history and how Taiwanese women experienced such ‘authentic’ knowledge through different practices. The ritual of calming the foetus (*antai*) associated with charm-making designs is the major example of linguistic practices in this study of Taiwanese birthing. It shows that some folk categories/vocabularies embedded in local Taiwanese medicine—such as ‘frighten the foetus’ (*tungtai* or *tungte* [H])—have been of great importance. The local practice of soliciting prescription divinations (*yaoqian*) is also explored as a demonstration of such. Here the dialectic between biology and culture in the production of medical knowledge (Lock 1993a, 1993b) is evident, as observed in women’s framing their cosmological disorders (*suibing*) as experienced, but also as inscribed in *yaoqian*.

Another background in my drawing of the ‘picture’ of rural Taiwanese medicine is the medical pluralism unique in Taiwan which, for example, enabled the coexistence of granny doctors/midwives *xiansheng ma* and the colonial modern midwives *chanpo* (*sanba*), from the

²⁵ For example, the practice of foetal-calming (*antai*) related to foetal spirits (*taishen*) which stemmed from Chinese tradition, is the most dominant subject in the cultural constructions of pregnancy in Taiwan and this will be elaborated throughout the chapters, particularly in Chapters 3, 6 and 7.

1920s to the late 1970s. It also entailed ‘modern’ midwives accommodating their home delivery service to Taiwanese tradition. These facts suggest that the complex of Taiwanese pregnancy cultures is a result of a certain convergence of Western midwifery practices with Oriental medical thought—a confluence of the purportedly ‘scientific’ and ‘traditional’ domains. Again, dichotomies such as ‘modern’ and ‘traditional’, or ‘scientific’ and ‘magical’ are far too simplistic in describing the great range of medical thought, practices and practitioners in Taiwanese society.

As observed in my fieldwork, the medical pluralism of Taiwan is a complex historical product, in which each medical tradition was entangled with certain political associations: traditional Chinese medicine, local Taiwanese medicine and introduced Western biomedicine/Japanese colonial medicine. I explore aspects of ‘intracultural pluralism’ and ‘intercultural pluralism’ (Jacobson-Widding and Westerlund 1989: 170–73) to ascertain how there was both contest and complementarity of power between these traditions. ‘Pluralism’ is not benign but entails power struggles between different models of gendered hierarchy. The division of labour and power relations between diverse practitioners are thus explored: granny doctors/midwives *xiansheng ma*, modern midwives *chanpo*, modern male obstetricians, female spirit mediums *angyi* and male *hongtou* priests.

1-3. Chapter Structure

My arguments in this thesis are structured in eight chapters. Chapter 1 has detailed my research objectives and theoretical concerns, offering a review of relevant literature in feminist anthropology and the anthropology of birth within the broader context of medical anthropology and then a more specific review of the literature relevant to pregnancy and birthing in Taiwan. The latter entailed revisiting Ahern’s concept of female pollution, Wolf’s social landscape model of Taiwanese religion, Furth’s inspiring works on the Chinese medicalisation of the female gender, and Martin and Lock’s concern for language in the production of medical knowledge.

Chapter 2 details the approaches employed in this research and the historical ethnographic background of my fieldwork sites, justifying my fieldwork choice of Sankang Village of Waipu and Rural Dajia Community, Central Taiwan.

Before exploring Taiwanese pregnancy cultures, I begin by examining the medical constructions of women associated with diverse social processes in Taiwanese history, and the configuration of 'medical pluralism'. Chapter 3 focuses on the concepts and practices that Chinese medicine and Taiwanese local/religious medicine have adopted in birthing. This aims to show how diverse medical knowledge for pregnant women was produced, the interaction between textual/authoritative knowledge and oral/embodied knowledge, and the gendered associations of such. Chapter 4 primarily explores the institutionalisation of birthing practices from the late nineteenth century when 'modern' licensed midwives were empowered by Japanese colonialism. It sheds light on the cultural confrontation inherent in that historical moment, and further, how the medical pluralism unique to Taiwan was shaped by the power engaged in that confrontation. It highlights how, although the relation between medical traditions was politically inflected, the contents of these traditions were culturally rooted. This made local medicine a strong alternative in rural Taiwan, which meant that 'modern' midwives accommodated their delivery service to popular cultural practices between the 1920s and 1970s.

Chapter 5 further explores local medicine associated with pregnancy-related illness, through examining the local practice of soliciting prescription divinations (*yaoqian*). This reveals a framework of illness/disorder in terms of a balanced body, human temperament, morality, and cosmological order. It relates pregnancy to female illnesses and evokes the 'gendered' body assumed in traditional Chinese medicine. Moreover, the practice of *yaoqian* offers an example of the production/reproduction of medical knowledge whereby the authority of certain *yaoqian* had been historically established as a local practice, and whereby women were subject to such knowledge apropos pregnancy and female illnesses.

Chapter 6 sketches the image of women, illnesses and pregnancy from the mid-Qing Taiwan, through the Japanese Colonial Era, to contemporary rural Taiwan. It also presents a variety of ritual practices for a Taiwanese birth, focusing on the social setting surrounding home delivery. It shows that pregnancy was regarded as a cultural complex, including the critical ritual of foetus-calming (*antai*) with the central belief of foetal spirits *taishen*, that forms the most important part of Taiwanese pregnancy cultures. The connotations of *taishen* are further explored, tracing its dynamic roots in Chinese tradition and Han Taiwanese folk religion. I thoroughly review the divergence between cultural discourse and women's embodied experience on *taishen*, thus seeing *taishen* from several perspectives—textual and oral, scholarly and popular.

Chapter 7 further explores how pregnant women experience *taishen* spirits through ritual practices. First, it details the ritual of calming the foetus performed by *hongtou* priests, with a special emphasis on the role of charms and further suggests, following Ahern, that making a charm resembles the exercise of socio-political control in an earthly Chinese bureaucracy. I offer a textual analysis of the charms used, and find the structure and the form of the markings serve as testimonies of bureaucratic authority. I propose from this textual analysis that there is an elaborate system of foetal spirits, which is related to an embracing cosmology for pregnant women. My contextualised analyses from Taiwanese folk religion and local culture in this chapter shed light on how people know *taishen*, as well as on how the Taiwanese concept of *sha* derived mostly from *taishen* and *tushen* spirits, which underlie the *sha* consciousness of Taiwanese folk religion.

Following the cultural complex of pregnancy and the cosmology of pregnancy discussed, I explore in Chapter 8 the interpenetration between gender and the division of labour in local practices of pregnancy and childbirth surrounding home delivery in Taiwan. In this concluding chapter, I aim to illustrate that there is a gender boundary between medical and ritual

practitioners and general attendants involved in the culture of pregnancy; and that this division of labour reflects Taiwanese gender categories as constructed in the course of history.

Moreover, in Chapter 8 I revisit Wolf's classic 'social landscape' model of Chinese religion, focusing on the new category of evil *sha* spirits, which are so vital to the cosmology of pregnancy. These spirits resemble pregnant women in a patrilineal society like Taiwan. This link reveals the gendered cultural categories of Taiwanese folk religion, and is related to the cultural significance of both male and female ritual specialists in birthing practices. I explore further the issue of gender, order and spiritual powers and argue that the gendered division of labour between male and female ritual specialists reflects the Taiwanese 'social landscape', and further suggest that the gendered ideology of Taiwanese pregnancy and childbirth is grounded in a broader cosmic order.

At the end of this Introduction, it is important to acknowledge the sources and information presented in this research. First of all, most translations in this thesis are the author's—including various texts from traditional Chinese medicine, divination prescriptions, magic charms, as well as Chinese research literature, unless where otherwise cited or specified. Secondly, some information given by individuals in this research has been identified, while some has been de-identified. I use pseudonyms to keep identities confidential except in those cases where certain individuals or collectivities in general wish to be acknowledged as the source of the knowledge. The source of figures, ethnographic images and narratives is quoted in brackets following the annotations, including those photos cordially provided by my key interlocutors.

CHAPTER TWO

Methodology and Historical Ethnography: Rural Dajia Community in Central Taiwan

My research questions were detailed in Chapter 1. The approaches employed in this study and the historical ethnographic background of my fieldwork sites in Central Taiwan will be presented in this chapter.

I have selected Rural Dajia Community, Taichung County, Central Taiwan as the region for my fieldwork. From the west to the east, Rural Dajia Community comprises the following townships: Daan, Dajia, Waipu and parts of Haoli, which coincide with contemporary administrative divisions. Sites of my intensive fieldwork include a small business circle around Zhenlan Gong (Zhenlan Temple) in Dajia, and the Sankang Village in Waipu,¹ as well as the village temple Fuxing Gong (Fuxing Temple) in Sankang.

Section 2-1 introduces the methodology and fieldwork practices used in this research. Then, an overview of the past and present composition of my fieldwork sites is presented. Section 2-2 provides historic-ethnographic descriptions of Rural Dajia Community while Section 2-3 offers descriptions of the fieldwork setting in Sankang, including the history of Fuxing Temple and the lineage and household structure of Sankang. Besides describing the historic-ethnographic background, the details presented also serve to justify my fieldwork choice and to offer a framework of my fieldwork sampling in Sankang.

¹ As my main fieldwork site, Sankang Village of Waipu was made up of a total population of 31,597 at the time of my fieldwork study in 2002; see Section 2-3 for more details.

As can be seen in Section 2-2 and Section 2-3, Sankang Village is selected as the epitome of a typical rural society in Taiwan, in terms of its distinctive features. First, the immigrants established a shared identity with reference to their common new beginning in Taiwan, rather than their collective point of departure from China, with an emphasis on 'the forerunners/ancestors of Taiwan' (*kaitai zu*) rather than 'the remote ancestors of China' (*tangshan zu*). Second, a territorial basis, rather than a consanguineal basis, has become the more important principle for associating different ethnic groups and villages centred on temples, making up social organisations of different levels, contributing to the division of labour (Maasuda Hukutarou, n.d.; J. Xu 1973: 165–90; Z. Shi 1973: 191–208, W. Lin 2002: 93–151). Third, village temples, local temples or regional temples still function as cultural and socio-political centres, coordinating pilgrimages or mutual activities centred on the religious sphere (*jisi quan*) at different levels (Z. Shi 1973: 191–208; M. Lin 1987: 53–114). Fourth, the prevalent family structure in the period prior to the 1970s is the extended family, rather than the nuclear family, still with the father-son dyad as its focus. Finally, the means of livelihood is small-scale subsistence farming handed down through generations. Both residential mobility and the overall population growth had been very low for generations, even till today.

2-1. Methodology and Fieldwork Techniques

The main approach employed in this research is essentially intensive ethnographic fieldwork combined with an historical approach. The research materials I have collected also include oral histories, local documents and texts, as well as documentary evidence that spans several historical epochs after Han immigrant communities became localised in Taiwan. More specifically, I have collected local monographs, survey records, census data, statistical data, folk songs, ritual texts and mystical charms. By focusing on conventional Taiwanese cultures of pregnancy, I explore the gendered discourse of illness and rituals surrounding home delivery in rural Taiwan, using an approach which emphasises dialectical interactions between ethnographic

fieldwork and historical materials. Insights from literature on birthing in the Pacific (Lukere and Jolly 2002) illuminated my fieldwork research when I dealt with the issue of 'tradition' in the cultures of rural Han Taiwanese society. My research aims to bring to light the contexts in which the materials were extracted and the process through which knowledge was produced, especially by and for women.

My research on Rural Dajia Community spans several centuries, from the late eighteenth century to contemporary rural Taiwan. Among these, the 1770s (reign of Emperor Qian-long, mid Qing Dynasty) was selected as a new era because a regional temple Zhenlan Gong, of considerable size and elaborate design, was constructed in Dajia during that time. On one hand, this indicates that the 1770s was the period when the Han Taiwanese immigrant community became well established in the local Rural Dajia Community (see Section 2-2). On the other hand, the 1970s was seen as another critical era in this research because it was around this time that male obstetricians were gradually replacing midwifery practitioners, mainly female, in childbirth and delivery. This marked the end of the then conventional home delivery, in contrast to the emerging hospital delivery, assisted by midwives. Midwives, including traditional granny midwives (*jiesheng po*) and granny doctors/midwives (*xiansheng ma*) of the early days as well as the emerging 'modern' licensed midwives from the 1920s, were the sole medical practitioners involved in pregnancy and childbirth until the late 1970s to early 1980s. The 1970s marked the turning point for medical practice in the culture of pregnancy and childbirth in Taiwan. It shows the transition from home delivery to hospital delivery in which the social conditions for supporting Taiwanese pregnancy cultures sank into oblivion (see Sections 3-3-2, 4-2-2, and 8-1-3).

In short, this research targets the cultural practices of pregnancy surrounding home delivery, in particular, with a focus on the period from the 1770s to 1970s in rural Taiwan. The change in sites of birth and birth attendants over time seems to mark the distinction between 'tradition' and 'modernity'; home-based delivery is seemingly the epitome of 'tradition', while

hospital-based delivery represents Western 'modernity', in terms of the medical practices involved. However, we must acknowledge the permeability and fluidity of past-present and present-future relations (see Lukere and Jolly 2002), as revealed throughout this thesis. That is, the politics of the medicine adopted and rituals performed during Taiwanese pregnancy and childbirth are basically value oriented, whereby home delivery has been deemed the privileged and predominant birthing practice for several generations.

My fieldwork research was conducted over more than eighteen months, mainly from September 2002 to February 2004, at several locations and social settings. In fieldwork, I undertook 'participant observation' in daily activities that occurred at various sites, including rural households, local temples, Taoist shrines and Chinese herbal medicine stores. The focus of my observation was the 'ritual complex of pregnancy' and the use of classical and local medicine by and for women in the broader Dajia Community. I also interviewed male and female elders, pregnant women and people involved in the practices surrounding home-based delivery. The key informants included senior women aged above sixty-five years (born before 1937, Japanese Colonial Era), village headmen, temple executives, ritual specialists, medical practitioners and female professionals. As can be seen, the informants in my fieldwork research are mostly knowledgeable, reflective and thoughtful, and sometimes influential social actors who are respected proponents of local practice. However, I first selected female elders as key informants by random sampling at the household and village levels in Sankang and interviewed most of the elders aged eighty to ninety years (born between the 1910s and 1920s), focusing on their life histories and childbirth experiences.

Other sources of information come from private collections, archival work in libraries in Taipei and Taichung County, audio recording and visual-data collection; and the census and statistical data archived in government institutes, such as the Bureau of Civil Affairs in Taichung County, Administrative Divisions of Census Affairs (Huzheng Shiwu Suo) in Dajia and Waipu. Among these, the official household registration books (*hukou diaocha bu*) of local

residents in the era of Japanese rule, post World War II and contemporary Taiwan are crucial to my fieldwork research.² These household registration books kept in local government offices include the records concerning birth, death, marriage, occupation, education and migration of inhabitants, unveiling individual life histories in detail. What my fieldwork in Rural Dajia Community has taught me is best described by C. Tuan, 'Thanks to a particular fact of the situation in Taiwan, that the rural population seldom move from place to place [in the colonial era], complete family histories can therefore be found in household registration books' (1958: 40). For example, many informants in Sankang Village could trace their family histories to between 1860 and 1880, as shown through lineage connections with other cognate families (see Section 2-3-2). Since the quality of the registration system after World War II seems high and the mobility of residence in rural areas is low, my research uses mainly information extracted from contemporary household registration books for sampling survey and data analysis.

With regard to Taiwanese pregnancy cultures, I focus on the key ritual of calming the foetus (*antai*), the most important and popular ritual practice especially in Japanese colonial Taiwan, 1895–1945 (S. Xin 1902; Kataoka Iwao 1921; Seiichiro Suzuki 1934; J. Zeng 1939; A. Lü 1941; D. Tian 1941; Hirohiko Kaidoh 1943; Toshio Ikeda 1944). The *antai* ritual is a local practice intended to calm the foetus, prevent miscarriage and, in particular, to counter evil and dangerous foetal spirits (*taishen*). It forms the most important part of conventional Taiwanese pregnancy cultures. The details of *taishen* were (and are) not only recorded in a huge number of mystical texts and charms performed by male *hongtou* priests (the red-head priests), but also prevalent among the populace since they were and are recorded in all sorts of farmers' almanacs written as '*liujia taishen yueri guanzhan fangwei dingju*', which specifies certain objects, spaces or relevant directions that foetal spirits *tai shen* might occupy either by monthly or daily cycles.

² The system of household registration in Taiwan can be traced back to 1905 in connection with the first census held by the Japanese colonial government and came into effect in 1906. The Japanese launched seven censuses, each carefully designed in cooperation with the police authorities, and used the census as an island-wide recheck of the registration system. After World War II, the Nationalist government (KMT) adopted successfully this established system as the basis for general mobilisation, tax regulation and national education.

Moreover, these data seem to suggest the existence of an elaborate system of foetal spirits and an embracing cosmology for pregnancy.

In addition, to enrich our understanding of the concept of *taishen*, the notions of pregnant women, the social and bodily boundaries in pregnancy, and the cosmic order involved, I also examine relevant ritual practices performed by local practitioners throughout the pregnancy of a Taiwanese woman. These include the ritual of exploring the flowery palace for a prospective son (*tan huagong*), the special exorcism of driving off dangerous spirits *Liuxia* (*song Liuxia*), and the practice of storing and burying the infant's afterbirth (*cang taiyi*). Moreover, I explore the roles and functions of local practitioners involved in this complex, including male *hongtou* priests, female spirit mediums *angyi*, female soul-retrieving practitioners (*shoujing po*), male fortune-tellers (*suanming shi*), as well as traditional granny midwives (*jiesheng po*), granny doctors/midwives (*xiansheng ma*), and modern licensed midwives (*chanpo*). Other practices, such as dietary and corporeal taboos coordinated by general attendants or family members—including the pregnant woman's affinal family and her natal family, such as her mother-in-law and her own mother—are also examined as indices of cultural assumptions about health care and female illnesses during pregnancy.

The other focus of my fieldwork research is the selection of classical and local medicine by and for pregnant women, which relates Chinese assumptions about the female body and local perceptions of illnesses and disorders to the cultural definition of pregnancy. It entails a historical review of Chinese classical medical texts to adjudge the cultural continuity or changes in the images of 'health', 'illness', 'disorder', 'pregnancy' and 'women' as compared with those prevalent in Han Taiwanese society. The texts sampled in this research come from typical collections owned by Chinese herbal shops or circulated among private collectors around Taichung County, which offer an eclectic framework of medical knowledge in Rural Dajia

Community.³ I also attach importance to the local religious medicine for women in Rural Dajia Community, especially prescription divinations on bamboo slips, called *yaoqian*, that local worshippers draw from the temples dedicated to the Gods of Medicine (*yi yao shen*) or the Goddess of Heaven (Mazu), such as Zhenlan Gong at Dajia and Fuxing Gong at Sankang Village, Waipu.

Yaoqian is a prescription divination offered by temples on bamboo slips, particularly for illnesses, disorders and health problems, in contrast to general divination on bamboo slips concerning individual fate and fortune, called *yunqian*. As a religious medical treatment, *yaoqian* has been of great significance in Taiwanese local medicine for women, but has been overlooked by scholars for decades. The collection of *yaoqian* is well established as a local practice. In particular, the gynaecological prescription divinations have great implications concerning pregnancy and female illnesses. They refer not only to cultural constructions of gender, but also to illnesses prevalent among Taiwanese women, and to local perceptions of ‘cosmological disorder’ (Ahern 1975b) during pregnancy. Moreover, knowledge of these prescription divinations sets guidelines for the everyday lives of women during their pregnancies.

2-2. Rural Dajia Community: 53 Han Villages (*zhuang*) in Dajia as a Socio-Religious Unit⁴

In this research, I use the concept of ‘community’ when referring to the region covered in my fieldwork. It is a socio-religious unit composed of ‘53 Han Villages in Dajia’ (*Dajia wushisan zhuang*), so-called Rural Dajia Community. ‘Community’ here is my construct, rather than a

³ They include: Z. Chen, *All-Inclusive Good Prescriptions for Women* (*Fujen daquan liangfang*; Sung Dynasty), Q. Wu, *Imperially Sponsored Golden Mirror of Medicine* (*Yuzuan yizong jinjian*; Qing Dynasty), D. Xu, *Treatises on Origins and Development of Medicine* (*Yixue yuanliulun*; Qing Dynasty), Zhulin Temple, *Medicine for Women by Symptoms from the Bamboo Forest Temple* (*Zhulin nüke zhengzhi*; Qing Dynasty), and S. Fu, *Master Fu’s Medicine for Women* (*Fuqingzhu nüke*; Qing Dynasty).

⁴ Unless otherwise specified, the data mentioned in this Section come mainly from the author’s fieldwork conducted in July–August 2000 and January–June 2001, as well as from the following reports: Zhang Sheng-yan (ed.), 1989, *Taichung xianzhi* (*Monograph of Taichung County*), vol. 1; Z. Wang, 2002, *Hanren kaituo pian* (*Chapter of Hans’ Exploitation*), in *Waipu xiangzhi* (*Local Monograph of Rural Waipu Area*), ed. Zhang Sheng-yan, pp. 221–41.

pre-existing administrative concept of a local territory. It is the specific consequence of successive historic-geographical conditions that certain social groups shared their mutual experience that was rather different from that of other local territories (T. Shi 1995: 39–71; H. Chang 2002: 78–106).

Since the early Qing Dynasty, Rural Dajia Community has been a socio-religious unit in Central Taiwan.⁵ More certainly, during the reign of Emperor Qian-long (1736–1795), a regional temple Zhenlan Gong (Zhenlan Temple) of considerable size and elaborate design was constructed, signifying the establishment of a localised Han Taiwanese immigrant community in Rural Dajia Community. Today, Rural Dajia Community comprises the contemporary administrative divisions of Daan, Dajia, Waipu, and parts of Houli, from the west to the east.

In terms of its politico-economic importance and the size of its population, Dajia should be considered a town, rather than a rural area. The area of Dajia is 58.5192 square kilometres, accounting for 3 percent of the total area of Taichung County. It lies along the coast to the west of Central Taiwan and the north of Taichung County. To the east of Dajia is Dajia Tableland where Daan River flows in the north and Dajia River, in the south. These two trunk streams are 3000 metres apart, with the tributary Shuiwei River meandering between them toward the northwest. Thanks to these geographical conditions, Dajia had been a fertile well-irrigated land with abundant water resources, and had become an inhabitable region for aboriginal peoples ever since the Prehistoric Era. Prior to Han immigration, Dajia was the residence, the farmland, and the hunting territory of the Taokas, one of the Plain Aborigines (*Pingpu Zu*) in contrast to the Mountain Aborigines (*Gaoshan Zu*).

In contrast to Dajia, Waipu is a rural area of 42.4099 square kilometres, which occupies about 2 percent of the total area of Taichung County. To the west of Waipu, lies Dajia, and to the

⁵ From the viewpoint of historic-political divisions, there are six key periods in the history of Taiwan. They include: (1) Prehistoric Era/Non-literature Historical Era, from Palaeolithic Period to the end of Neolithic Period; (2) Spanish Occupation Era, 1626–1641, and Dutch Occupation Era, 1624–1662; (3) Late Ming (Zheng Chenggong) Era, 1662–1684; (4) Qing Era in Taiwan, 1684–1895 (Emperor Kang-xi 23rd – Emperor Guang-xu 21st); (5) Japanese Colonial Era, 1895–1945; and (6) post-World War II, from 1945 till now.

east, another rural area, Haoli. During the Prehistoric Era, Waipu had been occupied by Mountain Aborigines (the Atayal) from the Central Mountain Range, the local group 'Baifan' of Plain Aboriginal Bazai, and the local group 'Dajia dong' of Plain Aboriginal Taokas. Thus, the former name of Waipu known among the local inhabitants was Dajia Dong due to their geographical proximity. In both Chinese and Taiwanese languages, 'Waipu' literally means 'outside the cultivating plains'. However, to the Han immigrants, it denotes a very vague area, since Waipu is both outside the cultivating plains and beyond local villages occupied by the Plain Aboriginal Taokas in the west (Dajia) and another Plain Aboriginal Bazai in the east (Houli).

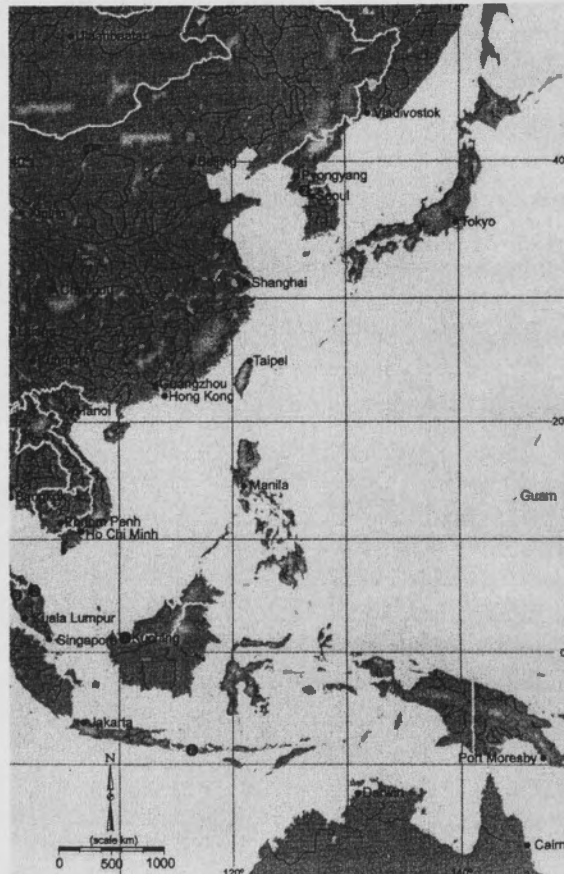


Figure 2.1. Location of Taiwan in Asia and the Pacific Region.

Besides the Dadu area in the south, Dajia is one of the earliest locations in contemporary Taichung County where Han immigrants developed and cultivated in the late Ming era, thanks to the encampment of Zheng Cheng-gong's troops from 1665. It was around 1669 when Han people migrated into Dajia and started to come into close contact with local Plain Aborigines. Sites of Yingpan kou around today's Dajia Junior High School and Jianjing (also known as Guoxingjing named after Zheng Cheng-gong) near Anvil Mountain (see Figure 2.3) still house ruins of land cultivated by the Han during the late Ming era.⁶

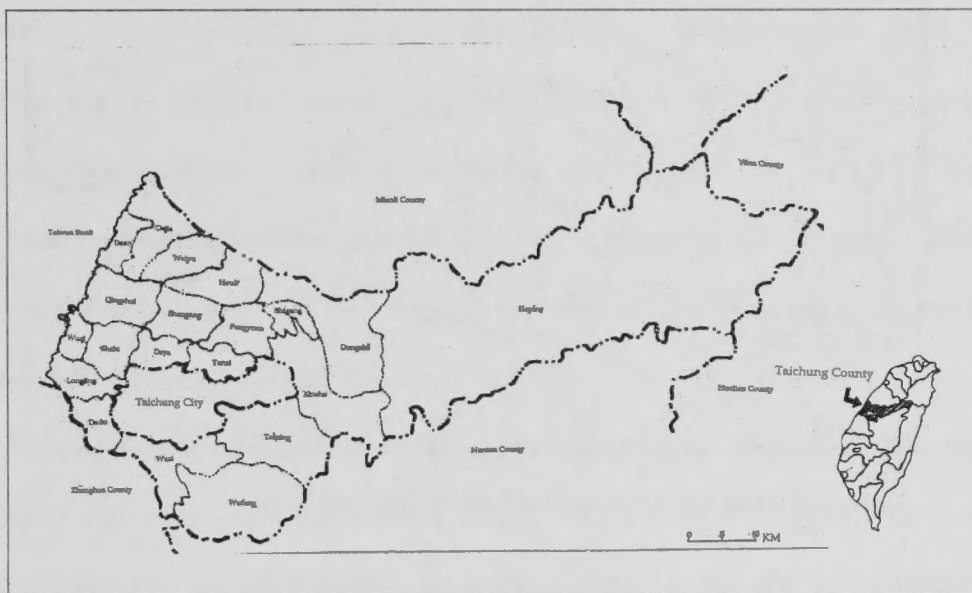


Figure 2.2. Rural Dajia Community (yellow marked), Taichung County, Central Taiwan.

From 1684 onwards, Taiwan came under Qing rule. Cultivation by the Han had been restricted in the early years owing to a legal ban against Han immigration to Taiwan. The ban remained until 1701 (Emperor Kang-xi 40th), after which there was a large influx of Han people from South Taiwan and mainly from Mainland China into the Dajia area to open new land for cultivation through renting farmland from Plain Aborigines. Immigrants from Mainland China were mainly from Fukien Province, especially from Quanzhou State. They often landed at two ports: one was Lugang, a key port in Central Taiwan in the distant south of Dajia, the other was

⁶ Among these, only the details of the settler Li Zhi-chun can be found on record. Li was a Han immigrant from Quanzhou State, Fukien Province, Mainland China.

Daan, just five kilometres northwest from Dajia. The Han immigrants cultivated farmland and gradually established their villages, moving on to Daan, and then across Dajia to the foot of Anvil Mountain in Waipu. The rural area in North Dajia housed the fast-growing villages established by Han immigrants at that time.

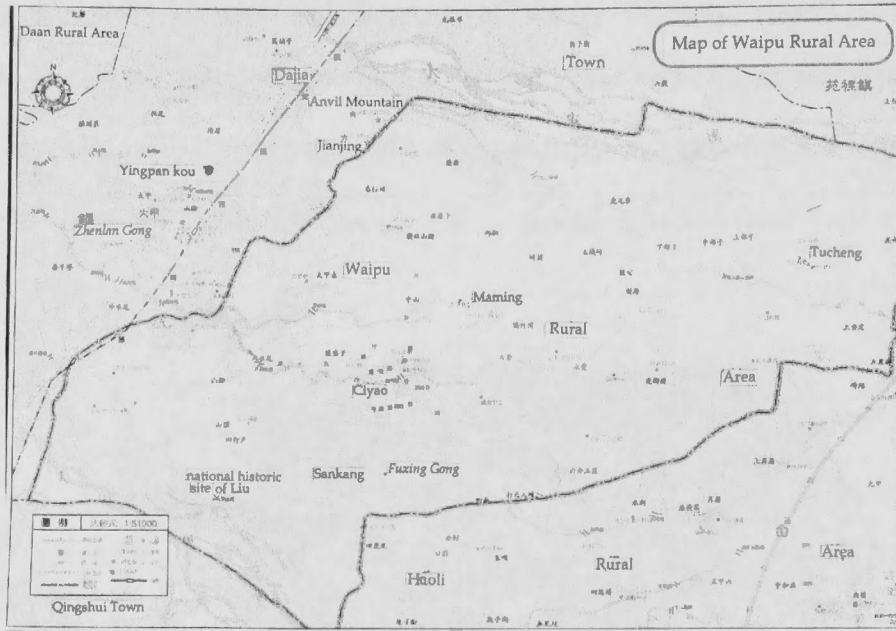


Figure 2.3. Waipu Rural Area situated between Dajia and Haoli.

In 1702, the Han immigrants extended their territories by establishing villages in Daan and Dajia all the way to a village at the foot of Anvil Mountain between Dajia and Waipu of today. These Han settlers belonged mainly to the Lin and Zhang families who spoke the South Fukien dialect and the Hakka-speaking Qiu family. In other words, by 1702, Han immigrants had greatly advanced their frontier in Dajia, and were moving towards Waipu. By taking Waipu as a base of operation, the Han people fought against the Plain Aborigines of Baifan for farmlands. In 1706, a small-scale 'street-town' was established in Dajia by the Hans of both South Fukien and Hakka origins. They then moved eastwards to Waipu, and finally established Tucheng (see

Figure 2.3) by constructing ramparts for the village.⁷ Thus, Waipu soon became a place of strategic importance for further expansion by the Hans.

After 1731, with the formal opening of Daan Port, immigrants coming directly from both Fukien and Guangdong Province to Dajia further increased. In this early stage, development of Han villages and their farming was closely related to and dependent on the implementation of irrigation works and water conservation projects. In 1734 (Emperor Yong-zheng 12th), Lin Cheng-zu, a great agricultural magnate from Zhangzhou State, Fukien Province, began exploration and launched his irrigation projects in Dajia. At the same time, the Zhou clan from Quanzhou State, Fukien Province, also migrated to Dajia. In 1780 (Emperor Qian-long 45th), Wang Wen-qing began digging irrigation ditches in Huyan, Dajia. The irrigation system of Huyan covered a farming area of thousands of square kilometres. Other irrigation ditches were soon also under construction. Consequently, the influx of Han immigrants to Dajia increased markedly between 1776 and 1795.

Beyond doubt, establishing and maintaining irrigation systems served to agglomerate social capital and local manpower. In so doing, it promoted greater social integration and fostered the development of villages on the basis of territory, rather than consanguinity, for example, territorial affiliation with the ancestral homeland of Zhangzhou or Quanzhou from Fukien Province, or the majority of Hakka-speaking people from Guangdong Province. Consequently, a division of labour became far more apparent, with markets, stores and commercial streets in villages gradually developing. Moreover, after their immigrant community became well established, villagers put together funds for building temples to pray for future security and to remember their new homeland with gratitude. Han immigrants to Taiwan established village temples, local temples and regional temples which soon became social centres of religion,

⁷ 'Tucheng' got its name because the city walls were made of clay.

self-defence, education and public entertainment for villagers, serving the same functions as temples in Mainland China.

As mentioned, Han immigrant villages mushroomed in Dajia between 1776 and 1795, which was also the later period of the reign of Emperor Qian-long (1736–1795). Both Guoxing Miao (Guoxing Temple; a temple named after Zheng Cheng-gong) and Zhenlan Gong (Zhenlan Temple) were constructed in the same period. The formation of a ‘traditional’ Han Taiwanese society is thus implied—insofar as the defining characteristic of a Taiwanese community in Late Imperial China comes from the establishment of a major temple (Maasuda Hukutarou, n.d.; Hiroshi Ishida 1981: 454–597). In the case of Rural Dajia Community, 1776 to 1795 was thus a critical era when the immigrant community became well established with the construction of Zhenlan Gong.

Zhenlan Gong was chosen as one of my fieldwork sites owing to its historic-religious importance. It was formerly called Tianhou Gong because it is dedicated to Tianhou, the Goddess of Heaven, also known as Mazu. The history of Zhenlan Gong can be traced back to 1730, though the major construction of the temple was completed in 1770 with part of it reconstructed in 1787. In other words, Zhenlan Gong had a long history of over 270 years. Moreover, Zhenlan Gong has been seen as a regional temple and the socio-religious centre of ‘53 Han Villages in Dajia Region’ (*Dajia wushisan Zhuang*). These include 53 Han villages (*zhuang*) in contemporary Daan, Dajia, Waipu and parts of Houli according to their historical and geographical connections in the contexts of Han immigration. Ever since the early Qing Era, a pilgrimage has been held annually every third lunar month in celebration of Dajia Mazu’s birthday and, for more than two centuries, it has become a great religious and social event in Central Taiwan, fostering solidarity among different villages of the community (Caituanfaren Taichung xian Dajia Zhenlan Gong (ed.), 1984; H. Chang 2002: 265–302).



Figure 2.4. Taiwanese opera performed at the square of Zhenlan Gong, Dajia, during the Feast of Mazu (武術傳奇-0053-030315-大甲鎮瀾宮).

Apart from its historic-religious centrality, Zhenlan Gong was also chosen as one of my fieldwork sites due to the fact that the chief deity venerated is Mazu (the Goddess of Heaven), one of the important sources of prescription divinations (*yaoqian*) dispensed to the faithful in Taiwan, which are directly related to my research on pregnant women and birth.

As previously mentioned, Waipu became a place of strategic importance for Han development and further expansion occurred during the early eighteenth century. However, Han villages in Waipu were established later after the mid-eighteenth century. Areas on the lower slope in Waipu were first developed including six villages in present-day Waipu, such as Tieshan, Dadong and Tucheng villages, where, in the 1730s, Han immigrants began cultivating. In contrast, Han immigrants began their settlement of areas on the upper slopes around the 1870s. It was late in 1885 (Emperor Guang-xu 11th), when the construction of ‘the irrigation ditches of the North’ was completed, that these upper-slope areas in Waipu became fully occupied by Han immigrants. These areas include five villages in modern-day Waipu, such as

Sankang Village, which is my key fieldwork site. The year 1885 also marked the formal recognition of Taiwan as a Province of Qing Dynasty under the imperial rule of China.

Compared with Dajia, Waipu does not have any regional temple like Zhenlan Gong. Temples in Waipu are much smaller in size and influence, and can be categorised only as local temples. For a long time, Zhenlan Gong has been regarded as a socio-religious centre by the faithful in Waipu. Worshipping Dajia Mazu was, and still is, the predominant phenomenon in Waipu folk religion. These worshippers have been very involved in temple organisations and public affairs, and have always participated in the annual pilgrimage activities held during the third lunar month.



Figure 2.5. Local Fuxing Temple, Sankang Village; built in 1925.



Figure 2.6. Wugu Dadi, one of the Gods of Medicine in Taiwan.

On the whole, the majority of Waipu residents (a rough estimate of over 90%) practise folk religion, worshipping a variety of Buddhist, Taoist and other deities. Religious practices intermingle with local traditions and customs in villagers' daily living. Such a blend of faiths is characteristic of Taiwanese folk religion. In terms of deities venerated, those enshrined in

temples of Waipu include the Goddess of Heaven (Mazu), the Goddess of Mercy (Guanyin), the God of Locality (Tudi Gong), the God of Chivalry (Guancheng Dijun) and the God of Agriculture and Medicine (Shennong Dadi). In general, local Waipu residents of Hakka origin living in villages such as Sankang, Liufen and Yongfeng worship mainly Shennong Dadi and Guancheng Dijun, while those of Fukien origin residing in other villages are chiefly believers of Mazu (J. Sung 2002: 705–10).

According to official records, there are thirteen temples and shrines formally registered all over Waipu.⁸ Local temples of great prominence and long history in Waipu include Fuxing Gong (Fuxing Temple, built in 1925, the mid Japanese Colonial Era; at Sankang Village) (Figure 2.5), Fulong Gong (Fulong Temple, built in 1931, the late Japanese Colonial Era, at Maming Village), and Dazhongye Miao (Dazhongye Temple, built roughly in the Japanese Colonial Era, at Tucheng Village). From a socio-historical perspective, I selected Sankang Village as my key fieldwork village in order to gain a comprehensive understanding of Rural Dajia Community. Moreover, Fuxing Gong at Sankang Village was chosen as one of my fieldwork sites not only owing to its historic significance in Waipu, but because the deity venerated is Shennong Dadi (the God of Agriculture and Medicine, also known as Wugu Dadi) (Figure 2.6), one of the most important Gods of Medicine in Taiwanese the rural society, and thus a crucial focus in my study of pregnancy medicine.

⁸ Besides these, there are around 30–40 non-registered temples and shrines scattered in villages all over Waipu. They are not officially registered because either the land or the construction does not comply with the government regulations. The majority of these non-registered temples or shrines are dotted along village roads and fields and are mostly dedicated to Tudi Gong (the God of Locality) and Youying Gong, one of the gods who govern the homeless spirits of the nether world (J. Sung 2002: 705–07, and 733). In addition, there are many private shrines and altars not officially registered on official records. A rough estimate shows that in Sankang Village, Waipu, there are more than twenty such shrines and altars. See Section 3-3-1.

2-3. Fieldwork Setting in Sankang Village, Waipu

2-3-1. History of Fuxing Temple of Sankang⁹

As mentioned above, the construction of Fuxing Gong was completed in 1925 (Taishiou Tenno 14th). Its establishment was initiated by those pioneers of Sankang who migrated to Taiwan and first settled in Miaoli County. They were all Hakka, such as Mr Feng Wen-guang (187?-?); great grandfather of Mr Xie Bing-lang; see Appendix 1-1),¹⁰ Mr Liu Qin-xi (1878-1950, father of Mr Liu Ru-yan, former village head of Sankang; see Appendix 1-2), Mr Liu Yun-fen (1896-?), uncle of Mr Liu Zou Chang-wen and Mr Liu Zou Kun; see Appendix 1-3), Mr Su Zhang-jie (uncle of Mr Su Li-fa), and Mr Liu Ding-shan (1849-1932, great grandfather of Mr Liu Jin-huang).¹¹ The land was donated by Mr Feng Wen-guang, Liu Yun-fen, Su Zhang-jie, and Liu Ding-shan. Upon completion of Fuxing Gong, Mr Liu Qin-xi became its first manager.

Fuxing Gong has been renovated several times. The first recorded renovation was in 1935 (Shouwa Tenno 10th) since it suffered slight damage in a serious earthquake which occurred in Colonial Taichung State. In 1946, the statue of the chief deity venerated, the God of Agriculture and Medicine (Shennong Dadi or Wugu Dadi) was re-embellished. In the year that followed, a grand celebration and thanksgiving ceremony, called *xie-tu* or *qingcheng xietu*, was held for the first time after World War II. Such a spectacular religious occasion was a rare event in the

⁹ Contents of this Section summarise the data collected from fieldwork conducted in January 2001. The key informants included Mr Lu Zheng-xin, current chairman of the Fuxing Gong Committee; Mr Zeng Fu-lang, current vice-chairman of the Fuxing Gong Committee and village head of Sankang; Mr Wu Jin-chuan, current manager of Fuxing Gong; and many other faithfuls. In addition, information was also obtained from local documents such as *Establishment and History of Fuxing Gong, Sankang* compiled in commemoration of its sixtieth and seventieth anniversaries by Liu Ru-yan (1985) and Chen Hong-zhang (1995), respectively. Some fieldwork reports on Fuxing Gong can be also found in J. Sung 2002: 711-16.

¹⁰ Mr Feng Wen-guang, with Hakka origin in Mainland China, is one of the key figures who first migrated to Sankang by way of Miaoli County. He made lots of money through exporting camphor balls, and then came to Sankang, buying untilled acres for farming. In 1896 when Feng settled in Sankang, there was uncultivated farmland everywhere, with a minority of the residents speaking South Fukien dialect [H] and a majority, roughly 80 percent, of Hakka-speaking origins. Fieldwork interview with Mr Xie Bing-lang (1914-) conducted in November 2003. See personal details of Xie Bing-lang in Section 6-4-1.

¹¹ Liu Ding-shan, a native of Guangdong Province migrated to Taiwan in 1850s, also first settled in Miaoli County. He became a figure who passed the imperial examination of both scholar and military officers. He rendered 'meritorious service' in subduing aboriginal riots and led an army of volunteers in resisting Japanese invasion. In 1907, he settled with his clan in the present-day Sankang Village, and his former residence has been designated as a national historic site (H. Chen (ed.), 1995: 14-15, 18; see Waipu xiang Shuimei guomin xiaoxue (Shui-mei Primary School of Waipu) (ed.), 1997: 91-93; J. Sung 2002: 711-13).

neighbouring areas of Waipu at that time. In 1979, part of the temple front yard was turned into Sankang Community Centre for village gatherings and activities.

The most recent renovation project of Fuxing Gong began in 1997. The statue of Wugu Dadi was re-situated in 1999 and the renovation was finally completed four years later, with new constructions of the Sankang Club for Senior Residents, the Village Office of Sankang, and the Community Development Association of Sankang. It was in 2003 (during fieldwork) that the grand celebration and thanksgiving ceremony was held again. This latest renovation turned Fuxing Gong into a two-storeyed architecture with an arch added. The first floor was designated as a public area for community use and as the venue for activities organised by the Sankang Club for Senior Residents, the Village Office of Sankang, and the Community Development Association of Sankang. Ever since its establishment, Fuxing Gong has served not only as a place of worship, but has also been a community centre for social gatherings of the rural society.

Though the number of worshippers at Fuxing Gong has fluctuated over the years, it has remained the religious centre for the faithful in Sankang and the neighbouring villages. The congregation comprises believers of both Hakka and Fukien people. In the official temple records of 1976, a total of 209 worshippers were listed. They were all Sankang residents engaged in agriculture and constituted the largest congregation among all temples in Waipu. It is worthwhile to note that the statue of Wugu Dadi situated in Fuxing Gong for veneration came originally from Wugu Gong (Wugu Temple) of Wuhe Shan (Wuhe Mountain), Miaoli County. Beginning from 1985, the sixtieth anniversary of the temple's establishment, an annual pilgrimage has been organised on the 25th day of the fourth lunar month to Wugu Temple in Miaoli. A procession is also held on the return route the following day to commemorate the birthday of Wugu Dadi, with great festivities and a thanksgiving ceremony for peace and prosperity.

2-3-2. Lineage and Household Structure of Sankang

The Han immigrants of Waipu were mainly of South Fukien and Hakka origin in Mainland China as previously noted. It was not until the late Qing period in Taiwan that some of the Hakka from Miaoli County began re-migrating to Waipu (Z. Wang 2002: 228; Z. Hu 2002: 313). One of the best examples is the pioneer Mr Feng (Xie) Wen-guang (187?-?), initially of Hakka origin in Mainland China, who migrated from Miaoli County to Sankang of Waipu around 1896. Another example is the renowned military officer Mr Liu Ding-shan (1849–1932), who first migrated to Miaoli County from Guangdong in the 1850s, and finally settled in Sankang in 1907 (see Section 2-3-1). Thus, for several generations Hakka-speaking people remained the majority of the Sankang population. In other words, due in part to the background of Fuxing Gong, the local residents in Sankang Village consisted mostly of Hakka in close ties with Miaoli County.



Figure 2.7. Group photo of the Xie clan celebrating the reconstruction of their ancestral grave in Taiwan, 1972 (謝榮金.謝邱絨妹-0016-030429).

From the official household registration books (*hukou diaocha bu*) of local residents in the era of the Japanese rule,¹² not only can complete family histories be found, but the local history

¹² The household registration books of the colonial Japanese that Taiwan archived in the Administrative Divisions of Census Affairs (Huzheng Shiwu Suo) in Waipu, include the Current Registration Book, the Registration Book for

of Sankang Village can also be revealed. Many informants in Sankang could trace their family histories back to the 1860s to 1880s—the era of the earliest settlers in Sankang—through lineal connections with other cognate families with reference to their common forerunners/ancestors of Taiwan (*kaitai zu*) (see Appendix 1 - Lineage of Key Informants in Sankang, Waipu).



Figure 2.8. Traditional household complex of the Liu clan, Sankang Village (三坎劉宅-劉鄒焜 -0017-030429)



Figure 2.9. A rebuilt household complex of the Zeng clan, Sankang Village (曾福來宅 -0007-030424)

For example, informant Mr Xie Bing-lang (1914–) has a total of five generations in Sankang. Apart from confirming the life history of his great grandfather Feng Wen-guang (1877–?), Mr Xie Bing-lang discovered that his grandfather Xie Feng A-ding (1867–1943), a posthumous child of his great grandfather Xie, was born locally in Sankang. The descent groups with reference to Xie Bing-lang’s two great grandfathers were affiliated to the Xie clan, which still maintain their ancestral grave in remembrance of their *kaitai zu* in Taiwan (see Appendix 1-1 and Figure 2.7). Informant Mr Liu Zou Chang-wen (1935–), as well as Mr Liu Qing-wen (1932–) and Mr Liu Zou Kun (1933–) are fourth-generation descendants in Sankang, establishing the Lius as one of the great clans in Sankang, with five generations till today. From the bird’s eye view of the household complex of the Lius, the extension of *fang*, a family’s branch headed by a son associated with individual divisions of the residence, was clearly

Household Expellees, and the Registration Book for Temporary Lodgers for every single village. There are also registration books of post World War II and contemporary Taiwan. These all together constitute the databases of the lineages of my key informants in Sankang as shown in Appendix 1.

displayed, identifying their family history from generation to generation (see Appendix 1–2, Figures 2.8 and 2.10).



Figure 2.10. Bird's eye view of a household complex displaying the extension of *fang*, a family's branch headed by a son (三崁劉宅-劉鄒焜-0015-030504).

According to the comprehensive interviews in my fieldwork, the major surname families/clans who have resided in Sankang for more than five generations were the Chens, Lius, Sus, Xies and Zengs—all Hakka-speaking people. As sorted according to the household registration books of colonial Japanese Taiwan, I also find that the surnames Chen, Liu, Li, Lin, Zhang, Su, Xie, Huang and Zeng constituted the majority of Sankang's registered population in the Japanese era, during which the total number of households registered was just two hundred.¹³ As sorted according to the 'contemporary' household registration books of 1945 and 1971, respectively, the top ten surnames of Sankang were as follows: Chen (15.32%),¹⁴ Liu (21.93%), Su (39.51%), Li, Lin, Zhang, Wu, Xie (16.98%), Huang and Luo (26.09%) in 1945, and Chen (23.31%), Li, Liu (28.22%), Lin, Zhang, Wang, Huang, Su (38.10%), Wu and Xie

¹³ It is worthwhile noting that most local residents at that time made a living by farming or as hired labourers for a variety of unskilled physical chores.

¹⁴ The number marked denotes the percentage of the households under the individual surname among the total number of registered households in Waipu; the same as below. In addition, there were a total of 423 and 702 households registered under 51 and 72 surnames in 1945 and 1971, respectively.

(22.12%) in 1971 (Z. Hu 2002: 326–34). Among these, the Chens, Lius, Sus, and Xies were still more powerful, in terms of the roles they played in the village history as well as their involvement in local affairs.

Not only can the establishment of the major surname families be found in official household registration books (*hukou diaocha bu*), the relations of co-residence and family divisions of individual surnames can also be extracted from these registration books as evidenced in my lineage data. In general, residential mobility had remained low for a long time in rural Taiwan; not only did the rural population seldom move from place to place in the colonial era, the same was also true after World War II. In the case of Sankang, it was not until between the late 1970s and early 1980s that the situation of population mobility began to change slightly, due to education or employment pursuits by the younger generation.¹⁵ Some families belonging to the same descent group even lived in a household complex with every branch (*fang*) adjacent to each other, after their formal division earlier in the late 1950s.¹⁶

In other words, prior to the 1970s, the family structure in rural Taiwan was mostly the extended family, which comprised at least three generations in a single household unit, including grandfather, father and son, as also shown in Appendix 1. Essentially, the extended family is organised patrilineally, with the father-son relationships over generations as its main focus. This establishes the patriarchal authority of patrilineal society.¹⁷

However, the ties established between mothers-in-law and daughters-in-law in an extended family, as well as those between mothers and daughters, are also important. In general, the status of the mother-in-law in the Taiwanese extended family was unique, as illustrated in a

¹⁵ Take Mr Xie Bing-lang for example, his family has an ancestry house of his descent group, a three-compartment complex (*sanho yuan*) rebuilt around 1933, which was also the residence for all his four brothers. His brothers divided up the family properties in the 1970s but still lived together there until his youngest brother (1931–) moved for work in the neighbouring village some thirty years ago. See the case of another surname Qiu in Section 3-2-2 as reported by Mrs Qiu Chen Cong (1928–).

¹⁶ See the case of surname Chen in Section 3-2-2 as reported by Mrs Chen Hong Huan (1924–).

¹⁷ However, the Taiwanese family structure was greatly transformed into that of a nuclear family due mainly to modern industrialisation in the late 1970s, during which younger generation members, of both sexes, pursued their work or city lives away from their hometowns. The nuclear family comprised only the couple with their unmarried children in a single household and consequently the power of paternity over generations was decreasing.

classic family painting titled 'The First Grandson' created by Master Li Shi-qiao (1938) (see Figure 2.11).¹⁸ 'The First Grandson' refers to the baby boy in the arms of the young woman on the right. However, the focus of the painting was the senior woman seated in the centre with a



Figure 2.11. A family painting titled 'The First Grandson' showing the status of the mother-in-law in a traditional extended family (Li Shi-qiao 1938).

serious look on the face and eyes staring at the spectators. There were all together three females and two males in the painting. Through the way they were depicted, the painter has clearly expressed the ethical relationships and power structure of a conventional Taiwanese [extended] family. Compared with her son closely on her side and the daughter-in-law with a lowered head, the mother/mother-in-law, the only one in the picture looking straight ahead, has the greatest importance in status and social dominance in the family.

¹⁸ See Yan Juan-ying, website database on Taiwanese Art Images and Cultural Interpretation (<http://ultra.ihp.sinica.edu.tw/~yency/>), established in 1998.

According to my fieldwork survey in Sankang conducted in early 2003, among a total of 179 households living together with senior informants aged above sixty-five years, there were all together ninety-five extended families with mothers-in-law included, eleven extended families were living with their own mothers, and seventy-three families with only widowed individuals, or only with spouse/children co-residing (see Table 2.1).¹⁹ What I learned from the fieldwork study is that the married female elders in an extended family—in particular the mothers-in-law—were very critical in practising medicine at home. They were also powerful in the decision-making surrounding family care, including popular medical treatment, and apropos pregnancy and childbirth in home delivery. This constituted, and still constitutes, the latent power of females in practice, in tension with the formal patriarchal structure of the Chinese patrilineage.

In terms of general demographics, the census and statistical data archived in government institutes helped shed light on some population patterns in Waipu, which pertain to our fieldwork sampling in Sankang Village.²⁰

According to the first population data, the 1915 census conducted by the Japanese government, Waipu (apart from fourteen Japanese residents) had a total population of 5958, including 3142 males and 2816 females. The majority were surely the Han people while Plain Aborigines (*Pingpu Zu*)—only a very small number at that time—were included under the Japanese categorisation of ‘local islander’. Among these, the Ciyao area, including Sankang and Datong villages of nowadays, retained the largest population in Waipu, having 1392 residents in total, with 740 males and 652 females, respectively. At the 1933 census, apart from thirty-nine Japanese and twenty ‘foreigners’, there were in total 9231 residents in Waipu, which included 4566 male and 4665 female residents. Still, Ciyao was the area with the largest population,

¹⁹ Monthly statistics of February 2003 show that the average population in a household was 4.28 in Sankang Village and 4.10 in Waipu, respectively.

²⁰ Unless otherwise specified, the sources of general demographic data on Waipu and Sankang include the census and monthly/annual statistical data derived from household registration records, which were compiled by the Administrative Division of Census Affairs (Huzheng Shiwu Suo) in Dajia and Waipu, as well as the Bureau of Civil Affairs in Taichung County, respectively.

reaching a total of 2147, with 1045 males and 1102 females, respectively. In terms of the composition of all the 2105 'islanders' at the 1933 census in Ciyao area, there were 1265 residents of Fukien origin, 840 of Guangdong-Hakka origin, and no Plain Aborigines at all (Z. Hu 2002: 314–18).

The population of Waipu still rose slowly after World War II. The censuses taken by the Taichung County Government every decade show that Waipu had the following population growth: 15111 (1952); 18790 (1961); 20774 (1971); 24788 (1981); and 27890 (1991). That is, there was an annual increase in population of 1 percent during the four decades after World War II; the peak was from the early 1970s to early 1980s, reaching 2 percent or above every year. However, the overall population growth in Waipu was not significant during the decades; the number of newborn babies per year almost equalled those that died; and thus the overall population growth was small, in general. From the 1980s, the mortality rate remained steady, while the birth rate further declined, giving an annual natural growth rate of within 1 percent. The social growth rate was also minute, with very few people immigrating to Waipu. Between the 1960s and the 1990s, the social growth rate was even negative, with more people moving out of than moving into Waipu (Z. Hu 2002: 319–22).²¹

In early 2003 when I conducted my intensive fieldwork in Waipu, there were 7692 household units, making up a total population of 31562, with 16430 male and 15132 female residents. Among them, resident cohorts at ages 0–14, 15–64, and 65–99 constituted a population of 6690, 21964, and 2908, respectively, which included a total of 471 elders aged 80–99 in Waipu. Moreover, there were 559 household units in Sankang Village, making up a total population of 2392, with 1289 male and 1103 female residents (see Table 2.2 and Figure 2.12). As seen in the dynamic registration data of Table 2.2, the social and natural rates of

²¹ In addition, according to the official statistics between 1974 and 1993, farming was still the major livelihood in Waipu, with a total of 4877 and 4099 people engaged in agriculture, respectively. Following that was the manufacturing sector employing 1746 and 5384 people in 1974 and 1993, respectively. There were only a limited number of people engaged in commerce and business, a total of 326 and 1188 in 1974 and 1993, respectively (Z. Hu 2002: 344–45).

growth were both small, showing that both the residential mobility and population growth in both Waipu and Sankang were still low in 2003.

Table 2.3 reveals further the composition of the contemporary population aged above fifteen years of Waipu in 2003, by gender, age and educational cohorts. As can be seen, 23.75 percent (5905/24861) of the total population had received elementary education only, while 0.45 percent (112/24861) and 6.77 percent (1684/24861) of the population had never gone to formal school and were illiterate, respectively. It also shows there was a gender discrepancy in the rates of education, in particular among the age cohorts of 55–59 (560: 424), 60–64 (497: 265), and above 65 (1207: 594). The gender discrepancy was pronounced among the illiterates, particularly among the age cohorts of 55–59 (18:93), 60–64 (89:255), and above 65 (285:823); the older, the worse in terms of literacy rates for female elders.

As mentioned, the informants in this research are mostly knowledgeable and sometimes influential social actors. However, I first selected female elders aged above sixty-five (born before 1937) as key informants, who were involved in conventional pregnancy cultures surrounding home delivery; these female elders were generated by random sampling at the household level in my fieldwork. This may imply that the 116 females among the total 244 seniors aged above sixty-five in Sankang, as shown in Table 2.1, are very well-informed but are most likely illiterate or have received only informal or little education in their youth. The impact of their illiteracy and low levels of education is especially important when we consider their medical knowledge in relation to authoritative texts discussed in Chapter 3. What is more, they were all engaged in chores under the structure of the patrilineal extended family, as can be seen in their personal details.²² All these help establish the paternal and male authority in Sankang that structures the gendered division of labour and gender relations involved in pregnancy and childbirth, which will be discussed throughout this research.

²² The personal details of Mrs Xie Chen Gan-mei (1919–), Chen Hong Huan (1924–), and Qiu Chen Cong (1928–) are most representative among elder female informants. See Narrative 3.1, Narratives 3.2, 6.3 and 6.11, and Narrative 3.3 in Chapters 3 and 6, respectively.

Village Unit	No. of Males	No. of Females	Total no. of Informants	Total no. of Households	Remark*
01	8	9	17	13	8/1/4
02	8	9	17	12	5/2/5
03	9	7	16	10	8/1/1
04	8	9	17	12	5/2/5
05	5	4	9	7	4/0/3
06	7	7	14	10	5/0/5
07	11	10	21	15	8/0/7
08	14	9	23	18	8/0/10
09	4	3	7	7	2/0/5
10	9	3	12	9	2/0/7
11	5	3	8	8	5/0/3
12	10	9	19	13	9/2/2
13	7	6	13	8	4/2/2
14	4	3	7	4	4/0/0
15	2	1	3	2	0/0/2
16	7	10	17	12	9/0/3
17	6	7	13	9	5/0/4
18	4	7	11	10	4/1/5
	128	116	244	179	95/11/73

Table 2.1. Statistics of the Seniors Aged above Sixty-five Years in Sankang.

Source: Administrative Division of Census Affairs, Waipu, Taichung County. Data disclosed on 13 March 2003.

Village	No. of Households	Total Population	No. of Immigrants				No. of Migrants				No. of Newborns				Twins (or more)	No. of Deaths	No. of Adoptions	No. of Married Couples	No. of Divorces
			Newly Registered Households	From within the County	From Other Cities and Counties	Total	Household Registration Cancelled	To within the County	To Other Cities or Counties	Total	No. of Legitimate Children	No. of Illegitimate Children	No. of Abandoned Babies	Total					
Total	7692	31562	1	52	36	89	0	75	26	101	26	2	0	28	0	24	1	18	7
San-kang	559	2392	1	5	1	7	0	9	0	9	2	0	0	2	0	3	0	2	1
Tu-cheng	479	2252	0	0	6	6	0	6	9	15	1	1	0	2	0	0	0	3	1
Da-tong	1184	5068	0	7	9	16	0	14	5	19	2	0	0	2	0	3	0	2	0
Da-dong	1756	6461	0	11	8	19	0	16	4	20	2	1	0	3	0	2	1	0	3
Zhong-shan	321	1465	0	0	0	0	0	2	0	2	3	0	0	3	0	3	0	0	0
Liu-fen	558	2294	0	4	1	5	0	5	1	6	0	0	0	0	0	4	0	2	0
Shui-mei	1065	3925	0	9	6	15	0	13	2	15	3	0	0	3	0	2	0	2	0
Yong-feng	326	1399	0	0	1	1	0	0	0	0	2	0	0	2	0	0	0	1	0
Ma-ming	428	1859	0	2	0	2	0	0	4	4	3	0	0	3	0	1	0	0	2
Tie-shan	666	2795	0	10	3	13	0	8	0	8	4	0	0	4	0	3	0	4	0
Pu-zi	350	1652	0	4	1	5	0	2	1	3	4	0	0	4	0	3	0	2	0

Table 2.2. Number of Households and Total Population in the Villages of Waipu, the Dynamic Registration Included.

Source: Administrative Division of Census Affairs, Waipu, Taichung County. Data collected in February, 2003.

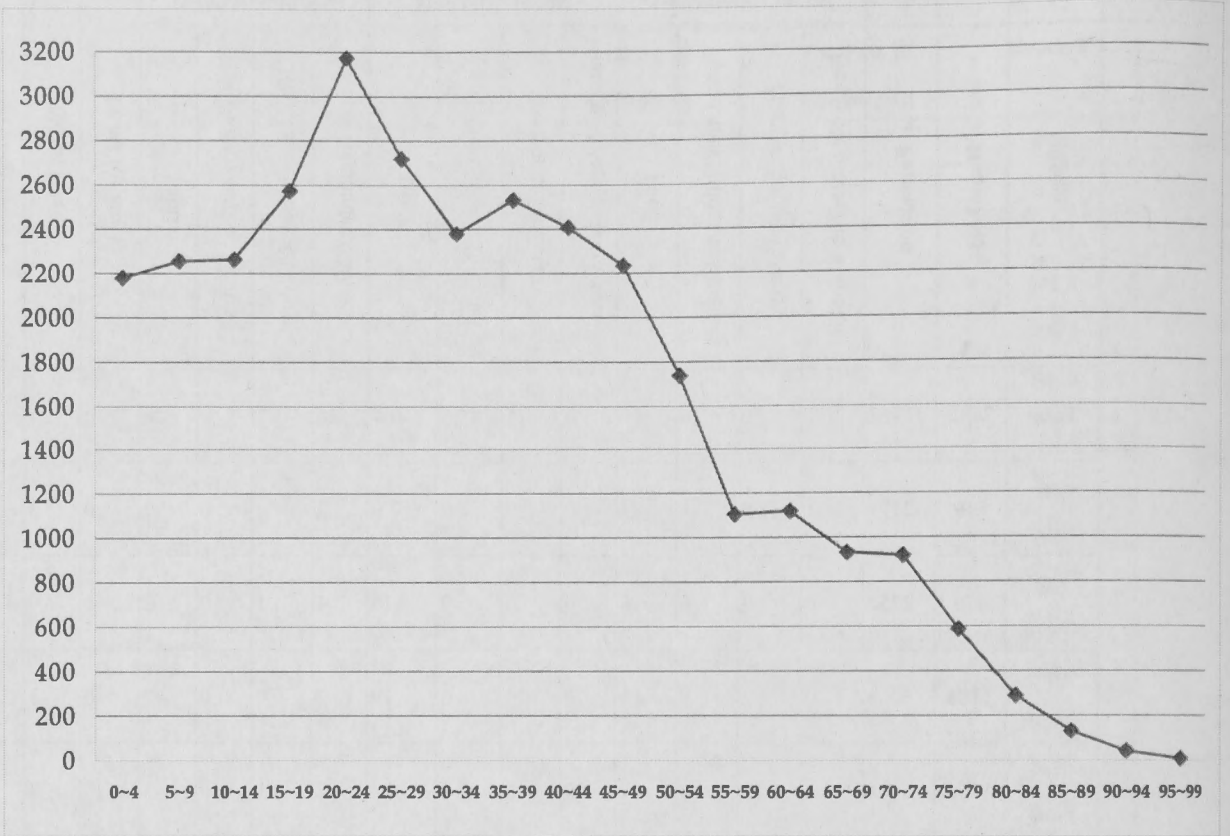


Figure 2.12. Current Population of Waipu, Taichung County by Age Cohorts (2003).
Source: Administrative Division of Census Affairs, Waipu, Taichung County. Data collected in February, 2003.

Age	Gender	Total	Graduate School	College	Junior College	Senior High School	Junior High School	Elementary School	Self-study	Literate	Illiterate
Total	Sum	24861	185	1444	2399	7836	5296	5905	112	23177	1684
	Male	12907	131	747	1190	4322	3144	2876	87	12497	410
	Female	11954	54	697	1209	3514	2152	3029	25	10680	1274
15-19	Sum	2602	0	236	218	1480	540	123	0	2597	5
	Male	1341	0	130	96	783	315	62	0	1341	0
	Female	1261	0	106	122	742	225	61	0	1256	5
20-24	Sum	3196	35	506	730	1432	489	3	0	3195	1
	Male	1621	22	236	295	747	319	1	0	1620	1
	Female	1575	13	270	435	685	170	2	0	1575	0
25-29	Sum	2692	67	292	575	1242	509	5	0	2690	2
	Male	1382	43	137	268	611	318	3	0	1380	2
	Female	1310	24	155	307	631	191	2	0	1310	0
30-34	Sum	2401	36	160	380	1112	666	42	0	2396	5
	Male	1275	27	72	201	611	350	12	0	1273	2
	Female	1126	9	88	179	501	316	30	0	1123	3
35-39	Sum	2537	24	93	219	947	1069	180	0	2532	5
	Male	1370	19	57	139	518	591	44	0	1368	2
	Female	1167	5	36	80	429	478	136	0	1164	3
40-44	Sum	2380	9	61	106	692	1019	480	1	2368	12
	Male	1245	7	41	63	420	591	120	0	1242	3
	Female	1135	2	20	43	272	428	360	1	1126	9
45-49	Sum	2228	6	36	85	470	529	1059	6	2191	37
	Male	1134	5	26	59	311	320	406	3	1130	4
	Female	1094	1	10	26	159	209	653	3	1061	33
50-54	Sum	1715	4	27	42	223	198	1165	2	1661	54
	Male	883	4	17	34	157	135	532	0	879	4
	Female	832	0	10	8	66	63	633	2	782	50
55-59	Sum	1095	0	10	17	96	103	754	4	984	111
	Male	578	0	9	15	77	67	390	2	560	18
	Female	517	0	1	2	19	36	364	2	424	93
60-64	Sum	1106	2	7	10	40	69	622	12	762	344
	Male	586	2	7	6	37	58	376	11	497	89
	Female	520	0	0	4	3	11	246	1	265	255
Above 65	Sum	2909	2	16	17	102	105	1472	87	1801	1108
	Male	1492	2	15	14	95	80	930	71	1207	285
	Female	1417	0	1	3	7	25	542	16	594	823

Table 2.3. Current Population Aged above Fifteen Years in Waipu, Taichung County: by Gender, Age and Education Cohorts.

Source: Administrative Division of Census Affairs, Waipu, Taichung County. Data collected in December, 2002.

CHAPTER THREE

Medicine for Women in Taiwan: Traditional Chinese and Local Medicine

Before I explore Taiwanese pregnancy cultures surrounding home delivery, it is important to acknowledge the diverse medical constructions of women in Taiwanese history. Social processes shape changing medical knowledge and illness in any society (see Young 1982; Lindenbaum and Lock 1993; Lock 1993a). This is particularly clear in reproductive medicine in China as suggested by Charlotte Furth apropos the culturally imagined body, socially embedded illness, and gender in Chinese medicine (see Furth 1986, 1987, 1999).

There was, and is, no single fixed medical tradition in rural Taiwanese society. Irrefutably, there has been a co-existence of three medical traditions—traditional Chinese medicine, Taiwanese local medicine, and modern Western biomedicine—from the Japanese Colonial Era till today. I suggest that an exploration of Taiwanese pregnancy cultures must acknowledge such medical pluralism and highlight the interaction between textual/authoritative knowledge and oral/embodied knowledge, and the gendered associations of such. In these two successive chapters, women's relations to Chinese classical/specialist medicine, Taiwanese local/popular medicine, and modern/Western medicine are explored. The production of Chinese and Taiwanese medicine as well as the implantation of Western biomedicine are examined in Chapters 3 and 4, respectively. I investigate how diverse medical knowledge for pregnant women was produced given the context of medical pluralism in Taiwan.

To begin with, Sections 3-1 and 3-2 portray general medical history from late Imperial China to contemporary Han Taiwanese society, with a particular focus on Chinese medicine and

local medicine. I examine ethnographic data, oral history, statistical data and texts in relation to broader comparative debates about the medicine of birthing for women. In Section 3-1, I link Taiwanese pregnancy cultures with authoritative discourses in classical Chinese texts and the medical knowledge they proclaimed. In Section 3-2, both male and female practitioners in traditional Chinese medicine, Taiwanese local medicine and religious medicine are introduced. The social conditions under which medical knowledge was produced are also explored. In Section 3-3, details of birth medicine in the local village setting of Sankang, Waipu are described. I also examine the transformations of maternity care and childbirth in Sankang and further address the great significance of local religious medicine as evidenced in rural Waipu, which contributed to conventional practices surrounding home delivery.

3-1. Authoritative Chinese Medicine for Women

Gynaecological texts of the late Ming and Qing Dynasties are crucial for Taiwanese pregnancy cultures, since the majority of Han Taiwanese immigrated to the island from Fukien and Guangdong provinces of Southeast China at that time. The texts sampled in this research came from those collections owned by Chinese herbal shops or circulated among private collectors in the broader Dajia Community.¹ These sample collections still prevail across the area, and the framework of medical knowledge that they reveal clearly indicates a close connection with the Sung Dynasty (AD 960–1276)—the peak era of Chinese medicine when gynaecology was well established as a professional department.

¹ These collections include: (1) Sung Huizong, *Outline of the Complete Record of Sage Benefaction* (*Shengji zonglu zuanyao*, circa AD 1111–1117, Sung Dynasty); (2) Z. Sung, *One Hundred Questions on Female Disorders* (*Nüke bai wen*, circa AD 1201–1204, Sung Dynasty); (3) Z. Chen, *All-Inclusive Good Prescriptions for Women* (*Fujen daquan liangfang*, AD 1273, Sung Dynasty); (4) Z. Wu, *Systematic Aid for Disorders of Women* (*Jiyin gang mu*, AD 1620, Ming Dynasty); (5) J. Zhang, *Regulations for Women* (*Furen qui*, AD 1624, Ming Dynasty); (6) Q. Wu, *Empire Sponsored Golden Mirror of Medicine* (*Yuzuan yizong jinjian*, AD 1742, Qing Dynasty); (7) X. Chen, *Essentials of Female Disorders* (*Nüke yaozhi*, circa AD 1753–1823, Qing Dynasty); (8) D. Xu, *Treatises on Origins and Development of Medicine* (*Yixue yuanliulu*, AD 1778, Qing Dynasty); (9) Zhulin Temple, *Medicine for Women by Symptoms from the Bamboo Forest Temple* (*Zhulin nüke zhengzhi*, AD 1827, Qing Dynasty); and (10) S. Fu, *Master Fu's Medicine for Women* (*Fu qingzhu nüke*, AD 1831, Qing Dynasty).

By analysing the classical gynaecological texts from the Sui and Tang Dynasties to the Sung Dynasty, in this section I reconsider Chinese authoritative discourses on pregnancy, thus relating a culturally constructed concept of Taiwanese pregnancy to the Chinese concept of illness. As previously mentioned, my aim is to reveal what ‘pregnancy’ meant in rural Taiwanese society and what the essentials of Taiwanese pregnancy were, particularly during the periods prior to the 1970s. A more historical review of relevant texts will be made in Sections 5-2 and 6-2 to explore the extent of continuity or change in the images of ‘illness’, ‘pregnancy’, and ‘women’ as compared with those prevalent in Han Taiwanese society.²

3-1-1. Discourses on Foetus-Calming and Foetus-Nurturing

Derived from classical Chinese tradition, *fujing muxie* was (and still is) the foremost concept of Taiwanese pregnancy: ‘a mix of the father’s semen and the mother’s blood creates a foetus’.

Fujing muxie first appeared in *Essentials of the Golden Casket (Jin qui yaolue)* of the East Hahn Dynasty, AD 25–220, though similar expressions such as *chong shen*, *ren zi*, *huai zi* and *you zi* were used earlier in ancient times in *The Yellow Emperor’s Inner Canon: Basic Questions (Huangdi neijing suwen)*. Over the years, generations of Chinese Confucian medical practitioners had their authoritative interpretations of ‘pregnancy’ accumulated into a complete tradition of medical knowledge in classical texts (J. Sung 1997: 81–91).

Chinese medical experts were on the threshold of an elaboration of the character of the foetus in the classical era. As a whole, the difference between male and female was acknowledged, according to the pregnant woman experiencing foetal movements on different time scales (the third month vs. the fifth month), different sides of the abdomen (the left vs. the right), and differences in tenderness of the abdomen (hard vs. soft) (J. Zhang 1990 [1624]: vol. 38). More importantly, apart from being a material body, a foetus was seen to have an ‘essence’

² However, a relevant issue of the relation between specialist literature and popular work in a localised immigrant society, like Taiwan, will be put aside in this research, since their difference to Chinese medicine is not great. See further discussion in Sections 3-1-2 and 3-2.

(*jing*), vitality (*qi*) and spirit (*shen*), the generally so-called soul (see also Z. Du 1993: 27–88); the body is the corporeal habitation of the soul. Thus, there existed two fundamental themes in classical Chinese gynaecology relating to the foetus and maternal body, which were perpetuated as the most authoritative knowledge of pregnancy for Han Taiwanese (see J. Sung 1996, 1997).

One is the theme of foetus-calming during pregnancy (*renchen antai*), which focuses on symptoms and prescriptions pertaining to illnesses and ‘cosmological disorders’ (see below) during pregnancy. Foetus-calming (*antai*) has been a dominant theme in classical discourses of pregnancy since the pre-Qin and Hahn Dynasties (206 BC–AD 220). The other theme is foetus-nurturing during pregnancy (*renchen yangtai*), which focuses on the framework of monthly nurturing of the foetus during pregnancy (*zhuyue yangtai*). This practice was developed to perfection from the Northern Chi to Sui and Tang Dynasties (AD 618–907). It embraced related theories about the foetus, foetal education, and other taboo subjects.

The term ‘foetus-calming’ had been recorded earlier. However, a systematic discourse on foetus-calming during pregnancy (*renchen antai*) and its relevant medication was not released until *Menses Efficacy and Birth Treasury* (*Jingjiao chanbao*) in AD 897 of the late Tang Dynasty appeared (Y. Zan 1990 (1881/897); see also J. Sung 1997: 82–83; J. Li 1994a: 730). In short, the concept of ‘foetus-calming’ mentioned in classical medicine included ‘normal’ symptoms of pregnancy as well as knowledge of related disorders and their treatment. Such information has long been the main subject of the medical texts.³

A plethora of categories of illnesses during pregnancy were listed in these works. For example, they cover vaginal bleeding, known as *tailou xiaxie* with the initial symptom of discharge of amniotic fluid or blood and subsequently a dead foetus; a state of ‘heavy

³ These medical texts include: (1) J. Zhang, *Essentials of the Golden Casket with Annotations* (*Jingui yaolue lunzhu*, AD 25–220, Eastern Hahn Dynasty); (2) Y. Chao, *Master Chao’s on the Origins and Symptoms of Disease* (*Chao shi zhubing yuanhou lun*, AD 605–616, Sui Dynasty); (3) S. Sun, *Prescriptions Worth a Thousand* (*Qianjin yaofang*, AD 652, Tang Dynasty); (4) S. Li and J. Guo, *Childbirth Treasury Collection of Prescriptions* (*Chanyu baoqing jifang*, AD 1131, Sung Dynasty); (5) R. Zhu, *Essentials on Childbirth Preparation from the Treasury of the House of Good Health* (*Weisheng jiabao chanke beiyao*, AD 1184, Sung Dynasty); and (6) Z. Chen, *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*, AD 1273, Sung Dynasty).

obstruction in pregnancy’, called *renchen ezu*, with symptoms of ‘feeling befuddled and depressed, dizzy and dazzled; feeling heavy and sluggish in the limbs and feeling reluctant to do or carry anything; and having severe vomiting and not being able to do anything’; and a state of restless foetus or frightened foetus, called *taidong buan*, with symptoms of backache, abdominal pain, a bearing-down feeling and even vaginal bleeding (J. Zhang 1781 [Eastern Hahn Dynasty], vol. 20, pp. 3–9; Y. Chao 1986 [1779/605–616], vols 41–42; S. Sun 1986 [1781/652], vol. 3, pp. 1–17; Y. Zan 1990 [1881/897], vol. 1, pp. 1–21; Z. Chen 1982 [1273], vol. 12; also M. Chen 1987 [Qing Dynasty]: 55448–55470). As shown, the classical discourse of foetus-calming focused on medications appropriate for illnesses during pregnancy, followed by descriptions of related symptoms. In a general medical sense, this discourse aims to settle both the mother-to-be and her foetus in a safe and healthy condition by curing her illnesses and relieving her discomforts. The causes of various illnesses are mainly objective physical factors that can be observed. The treatments for these illnesses involve medication and dietary control.

However, particularly during the Sung Dynasty when Chinese gynaecology was more institutionalised, there was a concern both to calm the foetus and to drive out ‘spirits’. This concern related not only to the treatment for general illnesses in pregnancy, but also to the treatment for disorders related to pregnancy, generally called *renchen suibing*. The word *sui* implies punishment from ghosts or spirits (J. Li 1994a: 101–16); hence, *suibing* are seen as reprimands from unruly powers, dangerous spirits or evil spirits, denoted by Emily Ahern as ‘cosmological disorders’ (1975b: 91–113). In the literature on female medicine, *renchen zhongge* (heavy obstruction in pregnancy) and *taidong buan* (a restless foetus) can be included in this category of pregnancy disorders. In addition, there are also disorders related to ‘possession’ by demons or devils with either harm done to the foetus or different abnormalities occurring during pregnancy (Y. Chao 1986 [1779/605–616], vols 41–42; Y. Chen 1986 [1779/1174] vol. 17; Z. Chen 1982 [1273], vols 12–14). In brief, *renchen zhongge* denotes disorders caused by evil or ferocious spirits with symptoms of bitterness and aches in the heart, due to a state of imbalance

between the essentials of energy (*qi*) and blood (*xie*) in a body. The aetiological factors in *taidong buan* include irregular diet, overwork, emotional problems, and excessive sexual activity during pregnancy, which were first recorded in *Master Chao's on the Origins and Symptoms of Disease (Chaoshi zhubing yuanhou lun)* in Sui Dynasty.

It was in the late Sung China that a more complete aetiology of pregnancy disorders was established in medical works, such as *Childbirth Treasury Collection of Prescriptions (Chanyu baoqing jifang)*, *Essentials on Childbirth Preparedness from the Treasury of the House of Good Health (Weisheng jiabao chanke beiyao)*, and *All-Inclusive Good Prescriptions for Women (Furen daquan liangfang)*. The newfound factors in *renchen suibing* include sharp falls, jumps and traumas, with the most inchoate factor being an offence against the supernatural (Y. Chao 1986 [1779/605-616], vols 41–42; S. Li and J. Guo (eds) 1878 [1781/1131], vol. 1; D. Zhu 1985 [1184], vols 4 and 6; Z. Chen 1982 [1273], vol. 12) (see Figure 3.1).



Figure 3.1. The elaborations of cosmological disorders found in Z. Chen's masterpiece *All-Inclusive Good Prescriptions for Women (Furen daquan liangfang)*, vol. 12.

As seen above, the aetiology for cosmological disorders relates to wicked forces, unruly powers or dangerous spirits, demons or devils. They include pregnant women antagonising evil spirits, holding good spirits in contempt and committing unintentional offences against supernatural forces. Hence, the treatment for cosmological disorders requires more than

medications to restore health. They could involve offering penance or inviting *hongtou* priests to perform foetus-calming rituals by pacifying the offended spirits. A more preventative strategy was to practise taboos related to ‘foetal spirits’ (see Chapter 6) to avoid possible unintentional offences. This later development in the discourse on foetus-calming, which embraced spiritual powers, is in great contrast to the earlier discourse rooted in Chinese gynaecology.

The second fundamental theme in classical gynaecology concerns the nurturing of the foetus during pregnancy, which focuses on ‘monthly nurturing of the foetus during pregnancy’ (*zhuyue yangtai*). First recorded in the Northern Qi Dynasty around AD 550–577, *zhuyue yangtai* established its authority and was developed to perfection during the Sui, Tang and Song Dynasties. Compared with that on foetus-calming, the discourse on foetus-nurturing highlighted the maintenance of a ‘balanced’ state within mothers-to-be to safeguard their foetuses, instead of focusing on curing the mothers’ illnesses or disorders. This discourse has given rise to elaborated concepts of the foetus (*peitai shuo*), foetal education (*taichiao shuo*), and other subjects, such as dietary taboos, sentimental regulation and exorcism practices.

The concept of the foetus is the most critical one apropos the ontology of the maternal body. In the framework of *zhuyue yangtai*, the body is seen as a net-like structure made up of twelve key veins (*shier jing mai*), being represented as *yin* (internal) and *yang* (external), and the corresponding six essential types of energy in the cosmos (*liu da jingqi*), which include water, fire, metal, wood, soil and rock. The foetus in the uterus is thus an embryo to be nurtured month after month to structure its body, according to the corresponding relationship between the twelve veins, six essential types of energy and vital organs/entrails. After a ten-month gestation, the foetus will have its internal entrails fully developed and be equipped with all necessary energies. With both the human body and spirit completely formed, the foetus is ready for delivery.⁴ It thus has a great effect on pregnant women: the condition of the foetus is the sole reason for

⁴ See Y. Chao, 1986 [1779/605-616], *Chaoshi zhubing yuanhou lun*, vol. 41, Discourse on *Renchen Hou*; S. Sun, 1986 [1781/652], *Qianjin yaofang*, vol. 2, On Master Xu’s *Zhuyue Yangtai Fang*; Z. Chen 1982 [1273] *Furen daquan liangfang*, vol. 10, General Introduction to *Renchen*.

them to observe the regulations and practise the taboos throughout the duration of their pregnancy. These regulations, the so-called foetal education (*taichiao*), cover their routine and daily diet, their use of acupuncture and prescriptions, their sexual desires and even their personal sentiments.⁵ It has given rise to taboos, and has even made pregnant women a taboo category.

For example, dietary taboos practised by pregnant women are crucial in classical Chinese gynaecology. The first record can be traced back to *Essentials of the Golden Casket* (*Jin gui yaolue*; AD 25–220, Eastern Han Dynasty) with eight proscribed items listed. The details are as follows:

If a pregnant woman eats the grease of elk mixed with plum, her baby will be blind. Do not eat the meat of rabbit, goat, turtle (a fresh-water one with a soft shell), chicken and duck. Otherwise, your baby will be mute. If you eat the meat of sparrow, your baby will be promiscuous but shameless. If you eat wild ginger, your baby will have extra fingers (J. Zhang, 1781 [25–220], *Jin gui yaolue lunzhu*, vol. 24).

As can be seen, taboos in diet have their basis on the principle of ‘interaction’ between the external (mother-to-be) and the internal (foetus). In general, the framework of Chinese dietary taboos did not go beyond *Essentials of the Golden Casket* (*Jin gui yaolue*; AD 25–220, Eastern Han Dynasty), *Prescriptions Worth a Thousand* (*Qianjin yaofang*; AD 652, Tang Dynasty), and *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*; AD 1273, Sung Dynasty).

In the Sung Dynasty, dietary taboos included a broader range of meat other than pork, the most common type of meat consumed in the daily diet. In addition to the principle of interaction between the external (mother-to-be) and the internal (foetus), another principle of ‘physical-imitation’ was emphasised. Thus, the deformity or abnormality of the newborn baby was attributed to the kind of food taken by the mother-to-be. For example:

⁵ As shown, these regulations govern external forces, internal forces, and ‘non-internal and non-external’ forces that were considered to be the causes of illness for Chinese.

If you [the pregnant woman] eat the meat of dog, your baby will be mute. If you eat the meat of rabbit, your baby will get a harelip. If you eat crab, you will experience difficulty in labour since your baby is in a crabwise foetal position. If you eat the meat of sparrow mixed with fermented beans, your baby will have black moles (see *Qianjin yaofang*, vol. 2; *Furen daquan liangfang*, vol. 11).

As shown, proscribed items across different dynasties include mainly the meat of chicken, duck, dog, donkey, horse, rabbit, sparrow, turtle, crab and prawn, goat livers, wild ginger, garlic, and fermented beans in a paste-style mixed with wrinkled giant hyssop (*huoxiang*). Some taboo items listed in classical gynaecological texts are also prohibited in Han Taiwanese society, such as the meat of rabbit, dog, crab and that of sparrow mixed with fermented beans (see Section 6-2-1).

As for the regulation of female sentiment, Chinese experts in foetal education (*taichiao*) always emphasised the significance of the distinctive first trimester, during which the foetus was created and shaped subject to the physical and psychological conditions of the mother-to-be. It was only in the fourth month of a pregnancy that the sex of the foetus could be confirmed, and the good or bad qualities became determined as well. Hence, pregnant women were advised to strictly observe more regulations during this critical period than in subsequent trimesters (Y. Chao 1986 [1779/605-616], vol. 41; S. Sun 1986 [1781/652], vol. 2; D. Zhu 1985 [1184], vol. 2; Z. Chen 1982 [1273], vol. 10).⁶ These experts were convinced that all (external) behaviours of the mother-to-be would have a great and direct impact on her (internal) foetus, according to the principle of interaction. The paradigmatic theory of monthly nurturing of the foetus during pregnancy (*zhuyue yangtai*) was articulated with notions of foetal education.

By contrast, while taboos in diet and the regulation of female sentiments were first developed, some special discourses apropos other taboos, such as exorcism practices, with

⁶ For example, 'In the third month of gestation, those who wish to have a baby boy can play with bows and arrows while those who desire a baby girl can play with pearls and gems. For the baby to have good appearance, look often at green jade; for the baby to have virtuous character, sit upright and be modest. The outward behaviour of the mother-to-be can be felt by the foetus inside.... [The mother-to-be should] harbour no woe, anxiety or fear.' The original text is '(妊娠三月) 欲生男者, 操弓矢. 欲生女者, 弄珠璣. 欲子美好, 數視璧玉. 欲子賢良, 端坐清虛. 是謂外象而內感者也....無悲哀、思慮、驚動'.

emphasis on supernatural beliefs concerning foetal spirits (*taisha*), did not reach its climax until the Southern Sung Dynasty. It was in the late Sung Dynasty that a more restricted theory of foetal education was announced in *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*; 1237) by Chen Zi-ming. It was more restricted in that it focused particularly on ‘the only correct approach to recuperation by avoiding supernatural taboos’ (*jiangxi piji famen*).

One should not take foetal education for granted or considered it trivial, or even risk violating the taboos. To protect the foetus and avoid future problems requires lots of care and support. Renovation undertaken by the neighbours may upset the spirits of the foetus and may cause deformity or even death of the foetus.... Such has been proven true in many cases; hence, precaution must be taken (Z. Chen 1982 [1273], vol. 10).

Moreover, it is in Master Chen’s *All-Inclusive Good Prescriptions for Women* that a systematic system with integrated connections of the titles of foetal spirits (*taisha*) was fully described. In this work, a special section titled ‘Magic Arts Protecting Pregnant Women from *Taisha* Before Childbirth’ (*taisha biji chanqian jianghu fa*; abbreviated as *taisha biji*) contains all the categories and names of the supernatural *taisha*. In general, there were five main categories of *taisha*, including *yueyou taisha*, *shi gan riyou taisha*, *shier zhi riyou taisha*, *liujia xunyou taisha*, and *taishiju riyou taisha*. They are all foetal spirits not to be offended (Z. Chen 1982 [1273]: vol. 11, pp. 6–7; see also J. Sung 1996: 171).

Among these, *yueyou taisha* and *taishiju riyou taisha* described in Chen’s work are related to the framework elaborated in Taiwan (see Section 6-4-2). From a historical perspective, although Chen Zi-ming is not the first person who brought up the claim on *taisha biji*, it is only in his monumental work that the earliest extant discourse regarding knowledge of *qubi* (behaving oneself properly so as to avoid impending trouble and to seek good luck) during pregnancy was unveiled. It shows that the connotation of foetal education in the Sung Dynasty is broader than that in the Sui and Tang Dynasties, with a special emphasis on taboos and supernatural beliefs concerning foetal spirits *taisha*. This has had a great influence on the subsequent development of Chinese gynaecology and discourses in Taiwanese pregnancy cultures.

3-1-2. A Gendered Body: Relating Pregnancy to Illness

It is noteworthy that discourses on foetus-calming and foetus-nurturing had their roots in Chinese medical theories established by Confucian medical experts. These basic theories are found in medical thinking prevalent in the Tang and Sung Dynasties, apropos the concepts of the human body and gender differences. In general, these theories mainly include the holistic perspective of the human body, the theory of a net-like structure of veins and arteries (*jing luo shuo*), the theory of five *yin* organs and six *yang* viscera (*wu zang liu fu shuo*), and the essentials of energy (*qi*) and blood (*xie*) in a flowing body. In addition, the connotations of these basic Chinese medical theories embrace medical thinking prevalent in the Tang and Sung Dynasties (AD 618–1276), such as the conceptual frameworks of the ‘human body’ and ‘gender differences’. They reflect a gendered body in traditional Chinese medicine and the development of the concept of the ‘feminine’ from the Confucian medical culture of the Tang and Sung Dynasties. Thus, the relationship between pregnancy and illness can be fully understood only through understanding broader Chinese assumptions about the female body.

To begin with, I suggest that one of the key assumptions about a female body is that for women, it is essential to flourish their blood. This is derived from the foundation of the essentials of energy (*qi*) and blood (*xie*). Medical scholars of the Sung Dynasty had made several statements about *qixie* in their works. For example, in *Childbirth Treasury Collection of Prescriptions* (*Chanyu baoqing jifang*), it was claimed that

Women are delicate and frail by nature; and thus get sick and hurt easily. With energy, they thrive; and with blood they become nourished. An unimpeded flow of energy entails a smooth flow of supply round the body, while a sluggish flow of energy leads to blood clots. Women should balance their *Yin* and *Yang* forces, and smooth the flow of both energy and blood (S. Li and J. Guo (eds) 1878 [1781/1131], vol. 2).

It was said in *Outline of the Complete Record of Sage Benefaction* (*Shengji zonglu zuanyao*) and in *One Hundred Questions on Female Disorders* (*Nüke bai wen*), respectively, that ‘Women are endowed with pure *Yin* forces with blood as the source of energy’ and ‘Men’s energy rests in

their sperm while that of women lies in their blood' (Sung Huizong (ed.) 1781 [1111–1117], vol. 23; Z. Sung 1996 [1201–1204], vol. 1). In his *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*), Master Chen Zi-ming elaborated the point, saying that:

The general approach to healing illnesses varies according to the gendered body of the sick. For men, treatment should focus on restoring their energy; while for women, emphasis should be on regenerating their blood. Energy and blood are the life-forces of a human. The essence of women is the blood. Nourishing the blood can ensure a smooth flow of energy and good health with regular menstrual cycles. Thus, regular menstrual cycles ensure pregnancy (Z. Chen 1982 [1273], vol. 1).

According to this framework of a human body with flows of energy and blood, the theory of gendered bodies was thus constructed, comprising the structure of *Yin/Yang, xie/qi, rong* (regenerating)/*wei* (guarding) with contrasting but complementary relationships, initially. These points were further elaborated by medical scholars in the Ming and Qing Dynasties with strong connections drawn between blood regeneration, menstrual regulation, and female fertility. As a result, maintaining an unobstructed flow of blood with regular menstrual cycles became the central idea of Chinese gynaecology for sustaining female fertility, since the female body must flourish or be properly maintained to sustain well-being for pregnancy and childbirth.

The second assumption about the female body concerns notions of sentiments or human temperament, and that bodily conditions and psychological emotions are inseparable with one influencing the other. For example, there is the hepatic fire (*kanhuo*) of anger on one hand; while melancholy engenders static congestions (*yuxie*) on the other (Furth 1986: 58–59). Thus, 'to get an unobstructed liver function is the top priority for women' (*nüzi yi gan wei xiantian*) (Ye Tian-shi 1768 [1667–1746], quoted from Q. Zhang (ed.) 1995: 3), according to the homologous connection between physical organs and psychological sentiments.

The medical root of this assumption can be traced back to classical works during the Tang and Sung Dynasties. In *Prescriptions Worth a Thousand* (*Qianjin yaofang*; AD 652), it was mentioned that:

The greatest difference between men and women is that women have to undergo the pain of pregnancy and childbirth. Such has caused great damage to women's health, making it much easier for them to get ill. In addition, women have more desires and are more sensitive. They are prone to infatuation, jealousy, and anxiety. Once caught in negative emotions, women have difficulty lifting themselves out from the depression. They have lower capacities to raise their spirits, and thus health problems arise (S. Sun 1986 [1781/652], vol. 2).

All along women were depicted as weak, sentimental, emotional, and easy to hurt (S. Li and J. Guo (eds) 1878 [1781/1131], vol. 2), which link social expectations with female illness (see Section 5-2-2).

Thus women, particularly pregnant women, were required to be more self-restrained than their counterparts. The abovementioned expectations refers not only to physical phenomena, the 'somatization' described by Authur Kleinman (1980), but also to a gendered notion of female illness, as Charlotte Furth explained: 'Since the concept of distinct psychic and physical realms is our own cultural-bound construction of experience, such "somatised" syndromes as *kanhuo* and *yuxie* should be considered gender-specific, because women were especially susceptible and because their susceptibility was associated with a causal pattern implicating female blood' (1986: 59).

Here, it is important to acknowledge the Chinese definition of illness related to a female body. According to the theory of 'five *yin* organs and six *yang* viscera' (*wu zang liu fu*) in Chinese biology, health is a matter of maintaining a dynamic balance between the various forces of *yin* (*tsang* organ system) and *yang* (*fu* organ system), marked by a free and unimpeded energy flow. The Chinese term *bing* denotes a condition of imbalance, which is subject to cultural construction, and is better translated as 'illness' (or disorder) than disease. Illness results from excess or deficiency, which is categorised as heat or cold (*re/han*), repletion or depletion (*xu/shi*), inner (weakness) or outer (invasion) (*li/piao*). In such a dynamic system, balance is a matter of constant adjustment in which both negative and positive feedback mechanisms reinforce one another. According to Furth, 'From the women's points of view, menstruation,

pregnancy, and childbirth subjected women to more or less serious depletions of blood, making them chronically susceptible to the disorders accompanying such bodily loss. Thus, pregnant women inevitably experienced disorder and belonged to the category of the “not-quite-well” (Furth 1987: 12–13).

Further investigation of this issue involves the mechanisms understood in the causality of illness, besides the abovementioned *yin-yang* theory. In Chinese medical pathology, there exists a variety of external factors, internal factors, and ‘non-internal and non-external’ factors, all working in single or multiple directions, that cause illnesses or disorders. External factors are those originating from environmental conditions or nature, including the so-called ‘six (excessive) forces in Nature’ (*liuyin*).⁷ Internal factors are those derived from intrinsic temperamental disposition, including the so-called ‘seven (negative) emotions of human’ (*qiqing*).⁸ There are also ‘non-internal and non-external’ factors to clarify the causes and pathology of a certain disorder, which cannot be fully explained by external natural forces or internal human temperament.⁹ Such conditions were attributed to ‘cosmological disorders’ (*suibing*) caused by supernatural forces, which will be also discussed in Section 5-2-4.

A classic example of how ‘non-internal and non-external’ forces are related to pregnancy can be seen in Master Fu San’s popular work, published in the early Qing Dynasty. *Master Fu’s Medicine for Women* (*Fu qingzhu nüke*) contains a description that best illustrates the pathological mechanism behind ‘heavy obstruction in pregnancy’ or ‘a restless foetus’ attributed to supernatural forces, and details how to avoid such problems. It said:

A pregnant woman has lots of sputum. Bumping into evil or wicked spirits, she may feel pain in the abdomen and wrongly attribute it to foetal movement. Little does she know that the pain is due to the foetus becoming restless when affected by malicious spirits. The foetus is easily

⁷ Namely wind (*feng*), fire (*huo*), cold (*han*), heat (*shu*), humidity (*shi*), and aridity (*zao*). See also Section 5-2-1.

⁸ Namely delight (*xi*), anger (*nu*), worry (*you*), contemplation (*si*), sorrow (*bei*), fear (*kong*), and fright (*jing*). See also Section 5-2-2.

⁹ These ‘non-internal and non-external’ factors were introduced in *Aetiology and Formularies on the Theory of Three Factors* (*Sanyin jiyi bingzheng fanglun*) by Master Chen Yan in the Southern Sung Dynasty. See Y. Chen, 1986 [1779/1174].

hurt by evil forces. Hence, pregnant women should avoid going to temples for worship or visiting secluded places. Demons and devils love to hide in remote mountains or secluded caves and it is easy to offend them (S. Fu 1986 [1827]: 155).

The influence of all these abovementioned assumptions about the female body is evident in the local society of Taiwan; they are practised as a localised Chinese medical tradition. However, the distinction between specialist literature and popular works in Chinese medicine is not great, since 'the tradition recorded in the medical literature was not a simple elite alternative to folk health practice, but an eclectic system that constantly borrowed and adapted grassroots rituals and medical ideas, and then fed them back into the mainstream of popular culture, often in altered form' (Furth 1987: 8, 10). My further explorations of Taiwanese aetiology of illness will be made through examining the local practices of prescription divinations (*yaoqian*) in Chapter 5 to reveal prevailing local notions of illness. These discussions also highlight how images of pregnant women, as well as the illnesses and disorders, were related to pregnancy in Taiwanese culture.

3-2. General Medical History from the Seventeenth Century

3-2-1. Practitioners of Chinese Medicine

The exact time that traditional Chinese medicine first came to Taiwan can no longer be traced. However, as mentioned in the literature of the late Ming Dynasty and official documents of the Qing Dynasty, there were both commoners and scholars practising Chinese medicine from the seventeenth century. These practitioners could hardly be regarded as professionals because there were neither official assessments of their knowledge and skill, nor formal qualifying examinations. Statistics show no clear record of this population of medical practitioners (Department of Health, Executive Yuan (ed.) 1995: 58), but they were likely few in number. As a whole, the medical facilities in Qing Taiwan, such as public health/assistance organisations (*yangji yuan*), were far from sufficient. It was not until 1886, one year after Taiwan was officially recognised as a province of Qing China, that a government hospital staffed by Chinese

medicine doctors was founded in Taipei (Z. Chen 1998: 4, 63–73). Rather, local practitioners of Chinese medicine played important roles in the then Taiwan.

Communicable subtropical diseases (*zhangli*) or ‘malaria poison’ have been the major causes of death in Taiwan since the seventeenth century (T. Liu and S. Liu 1997: 89–107). Hence, it was no surprise that the development of traditional Chinese medicine from the early Qing Taiwan era targeted the endemic diseases peculiar to an immigrant society like Taiwan, which included cholera, black plague and leprosy (see Z. Chen 1998). In terms of root knowledge, Taiwanese practitioners of Chinese medicine followed the theory of calenture (*wenbing xueshuo*) from Qing China, dealing with a category of illnesses caused by the humid climate characteristic of Southern China, which was regarded as ‘barbarian’ by the civilised world of the Chinese in the North (Z. Chen 1998: 4–5, 18–27, 71–72, 84–85, 95–97).¹⁰

Prior to the 1860s, most practitioners of Chinese medicine in Taiwan were Confucian medical experts/scholars. They usually offered free treatment to people for charity. With the growing presence of foreign powers in Taiwan after the 1860s, Qing China stepped up its governance and thus commercial businesses of all sorts began to mushroom. Against such a background, other styles of Confucian medical experts emerged. Some started to run herbal shops and engaged in the trade of herbal medicine, while some expanded into other medical frontiers (Z. Chen 1998: 80–107). However, the number of trained medical experts was far less than the population they served. The doctor-to-patient ratio was small and medical facilities were few. Under such circumstances, Taiwanese herbal medicine (*qingcao yao*), which had its origin in Mainland China, was still a prevailing practice in Qing Taiwan, since it was deeply rooted in people’s daily experience from generation to generation. Practitioners of Chinese medicine in Qing Taiwan combined herbal medicine with traditional Chinese medicine and

¹⁰ Among the practitioners, Master Huang Yu-jie (1849-1910), born in Taichung area, was an active medical practitioner in North and Central Taiwan. Master Huang specialised in cholera and black plague, having several works that expounded his doctrine. Some of his great contributions include controlling the outbreak of cholera in 1884 all over Taiwan and in 1895 within the Taipei area, and curing thousands of people (Z. Chen, 1998).

regenerated medical knowledge indigenous to Taiwanese society. Both the medical expertise and social service of these practitioners contributed to the widespread practice of herbal medicine.

Descriptions concerning the above-mentioned practitioners of Chinese medicine appeared mostly in the official provincial histories (*zhishu*) in Qing China. A total of eighty-eight practitioners, all males, can be identified with their personal details verified. Needless to say, these professional practitioners could hardly meet the needs of the growing population of Taiwan as well as the difficult socio-political conditions particularly in the late Qing era. When reporting on the medical conditions of Taiwan before their colonial rule in the late-nineteenth century, the Japanese mentioned that ‘there were a certain number of famous practitioners of traditional Chinese medicine, but the majority were just quacks’ (Toshio Oda 1995 [1974]: 42). A survey conducted by the Japanese colonial government in 1897 shows that there were only 1046 practitioners of traditional Chinese medicine at that time.¹¹



Figure 3.2. Childbirth assistance rendered by traditional granny midwives ‘*jiesheng po*’: From *Pictorial Magazine by Dianshi Studio (Dianshi zhai huabao)*, Wu You-ru (ed.) 1990 [1884–1898].

¹¹ For reference, the total population of Taiwan in 1893 of the late Qing Dynasty was 2.57 million (S. Chen 1979: 93–94).

What about female medical practitioners? Miss Cai A-xin (1899–1990), who completed her obstetric and gynaecological training at the Medical University of Women, Tokyo, and came back to Taiwan in 1921, was the first ‘professional’ female doctor on the island. Before this, in official provincial histories or other official documents during the Qing Dynasty, there was no record of female practitioners, including traditional granny midwives (*jiesheng po*) and granny doctors/midwives (*xiansheng ma*). It is only after the 1860s in late Qing China that some description of traditional midwives, whose work was closely related to women’s daily lives, was given in personal, but not official, writings (see Section 6-1).

In fact, there were no formally trained midwives in Qing Taiwan, but only Confucian medical experts, all males. In the old times, all Taiwanese women during labour relied heavily on traditional granny midwives (*jiesheng po*) or granny doctors/midwives (*xiansheng ma*), reinscribing the strict boundary between the male priests dealing with cosmological matters and female attendants dealing with physical labour. These granny midwives were therefore in great demand, and were a source of quasi-professional help for the majority of Taiwanese women. They were all old women, coming from lower-class families. They played an important role in the medical structure of birth, in spite of their ambiguous social status in ancient Chinese history called *wenpo* (see below). Whether the title of *wenpo* or *jiesheng po* was given, these medical grannies have been included as one of *san gu liu po* (three grandaunts plus six old women), the category of female occupations comprising nine specialised granny practitioners in Chinese local society (see also J. You 1993; R. Yi 2002; J. Kang-Wang 1980).¹²

From a historical perspective, the term for the Taiwanese midwife has evolved from *wenpo*, *xiansheng ma*, to *chanpo*, and to *zhuchan shi*. ‘*Chanpo* is strictly a Taiwanese term which originated from the Japanese term for midwife, *sanba*, while *zhuchan shi* is a more modern term

¹² The sub-category of ‘*san gu*’ (three grand-aunts) includes three religious specialists in Buddhism, Taoism and Chinese folk religion. They are *nigu* (Buddhist nuns), *daogu* (Taoist nuns), and *guagu* (the local female practitioners who are expert in divination and fortune-telling), respectively. While, ‘*liu po*’ (six old women) includes six female practitioners by occupation. Apart from the traditional granny midwives ‘*wenpo*’, it includes *yapo* (female business agents), *meipo* (female matchmakers), *shipo* (granny shaman healers), *qianpo* (female who contributes to the satisfying of unworthy desires of others), and *yaopo* (granny medicine sellers).

for midwife popular only since World War II, after the Nationalist Chinese government took over Taiwan from the Japanese (see J. Kang-Wang 1980; J. You 1993; J. Sung 2000b). It is only from the 1920s that Taiwanese modern midwives, called *chan po* or *sanba* in Japanese, were trained by the Japanese colonial government for the effective control of infant mortality and thus increased the human resources for maternity care in Taiwan.¹³

Strictly speaking, the traditional midwife was known as *wenpo* or *jiesheng po* in Mandarin. *Wenpo* means ‘an older woman who is “with the wife undergoing childbirth”’, while *jiesheng po* refers to an older woman who receives the newborn infant, implying that no intervention is exercised by the midwife. She only receives the child after its birth (see also J. Kang-Wang 1980: 72).

The majority of Taiwanese *jiesheng po* came from the following backgrounds. First of all were those highly skilled elders who were very experienced in delivering babies. The second were those women who learned conventional childbirth practices from their counterparts, the Confucian medical experts or Taoist priests. The rest included those women offering assistance in child delivery as their family business. Among these, the first group of experienced elder *jiesheng po* was far more popular than the others. However, the work of *jiesheng po* and *xiansheng ma* was somewhat different (see below). Only wealthy families could afford the services rendered by both *jiesheng po* and *xiansheng ma* at the same time. Most Taiwanese families could have only one granny midwife assisting. People called her *xiansheng ma* in general (J. You 1993: 50–51; A. Lü 1941: 4).

Xiansheng ma is literally translated as ‘a grandmother whose knowledge is like that of a doctor’. Yet in general, *xiansheng ma* were illiterate; they did not attend school or receive any training. Often they were wise old women with many children themselves and they were considered experienced enough to assist in childbirth. Most of the time, they started by helping

¹³ The birth of the modern midwife from the colonial 1920s and its significance in shaping the medical pluralism pertaining to maternity care and childbirth in Taiwan, will be explored in Section 4-2-1.

the same few village women during delivery. Gradually, their reputations grew and they were invited to provide assistance at more and more childbirths. At this point, midwifery would become their profession (see J. Kang-Wang 1980). In contrast to *jiesheng po*, who provided expert assistance in delivery and childbirth, *xiansheng ma* offered additional services during the postpartum period—in particular for childcare. My elder informant Mrs Xie Chen Gan-mei (1919–)¹⁴ reported her own experience of using the services of *xiansheng ma* as follows.

When I gave birth to my first-born in 1939, we already had modern public midwives (*kousetu sanba*) in Waipu. Before that, we used to ask old ladies or *xiansheng ma* in the neighbourhood to assist in our delivery.

During our times, when our children got sick, we always sought help from *xiansheng ma*. In the past, some females worked as *xiansheng ma*. They did not receive any special training. Their knowledge was handed down from generation to generation through daily experience. Their job was mainly to care for children by providing herbal tea or herbal medicine. *Xiansheng ma* would tell us which herbs to use and we would go to pick them ourselves.

People in the old days were brilliant [in dealing with their suffering and illnesses]. There was no doctor or we had to travel far to get one. However, there would always be one or two, but never several, *xiansheng ma* in each village. Sometimes, if small children got scared by evil spirits or offended the deities, we would ask *xiansheng ma* to perform rites for soul-retrieving or bathe them with herbs. If this did not work, we would seek medication from *tangki*, the male spirit mediums.

During the Japanese colonial days, picking herbs for use on sick children was very convenient. I personally did not know all the herbs but most children of the past used to take herbal medicine; I often used herbal medicine when I brought up my children. For example, *keishaiting* [*Paederia scandens* (Low.) Merr.; known as Chinese fevervine]¹⁵ was taken to treat colds; the core of *fujung* [*Crossostephium chinense*] was taken by babies having smallpox or

¹⁴ Mrs Xie Chen Gan-mei was born in 1919 to a Hakka family in Waipu. Her family made a living by growing sweet potatoes. They moved to Huwei, Yunlin County, when she was around eight or nine years old. Around 1933–1934, she graduated from Colonial Huwei Primary School after six years of study. At that time, there were 15 to 16 students in her class with only five or six girls. Hence, Mrs Xie Chen Gan-mei was one of the rare females who received education during the Japanese Colonial Era. Upon graduation from school, she did not work. At age 17 (1935), she was arranged to be married to Mr Xie Bing-lang (1914–), who was 20, in Sankang Village (see Section 6-4-1 for Mr Xie Bing-lang's personal details). After her marriage, Mrs Xie Chen was living with her mother-in-law and brothers-in-law who were still single; there were more than 20 people in her household. She gave birth to her first-born five years after she was married when she was 21 years old (1939). At age 43, she delivered the youngest of her nine children which included five boys and four girls.

¹⁵ Unless otherwise specified, the term listed alongside each herb is its scientific name. The same annotation is used in Narratives 3.2 and 3.3 in Section 3-3-2 (D. Zhong (ed.) 2003). In addition, the herbs are listed in Hokkien/South Fukien dialect [H].

fever though not often used; *yikihung* [*Vernonia cinerea* (L.) Less.; known as lony ironweed] could treat colds as well; and *techouhung* [*Plectranthus amboinicus* (Lour) Spreng] could lower temperatures.

Almost 30 years ago, herbal medicine was still very popular, and herbs were easily available for picking. We took whatever was available or found. These days, herbs are not easily available everywhere. Pesticides are now used on most agricultural products and herbs get contaminated too. Those senior *xiansheng ma* slowly passed away and no new ones took their place

Narrative 3.1. Mrs Xie Chen Gan-mei's experience of using the services of *xiansheng ma* (2003-11-22; Appendix 1.1 – Lineage S1109).

As shown above, the service rendered by *xiansheng ma* was mainly childcare, apart from assisting in home delivery. They were the front-line practitioners as well as great counsellors of Taiwanese herbal medicine (*qingcao yao*), who handed down the knowledge from generation to generation. Compared with that of male practitioners who combined herbal medicine with traditional Chinese medicine as mentioned previously, *xiansheng ma*'s work even goes beyond traditional Chinese medicine and local medicine in Taiwan. The *xiansheng ma* crosses the boundary between religion and medicine, and their practices are grounded in the daily experience of the local village setting (see Section 3-3-2).

3-2-2. Religious Medicine in Localised Han Taiwanese Society

In contrast to traditional Chinese medicine, local medicine or, in its narrow sense, 'religious medicine', the province of the general public rather than the elite, has caught little attention from scholars. Little is mentioned about it in the literature, since it is too often considered superstitious and absurd. Hence, it would be difficult to trace the development and changes of local medicine historically. Nevertheless, local medicine in Taiwan is beyond doubt diverse and regionally differentiated—likely since Han is an immigrant culture.¹⁶

¹⁶ In terms of diversity, both native and foreign cultures have influenced Taiwanese local medicine. Apart from traditional Chinese medical theories mentioned in Section 3-1, there are Taoist beliefs in deities and spirits, Buddhist philosophies of *samsara* or reincarnation, aboriginal witchcraft, theories of Protestant Christianity brought in by the Dutch, Catholicism which came with the Spanish missionaries, and Shinto which was promoted by the Japanese colonisers (H. Chang 1989 [1994], pp. 101–07).

Taiwan was populated with immigrants from Fukien and Guangdong during Late Imperial China. Their medical beliefs and habits were widely adopted and thus constituted significant elements in the local medical scene of early Taiwan. Moreover, tracing the localisation of these mainland immigrants can shed light on the historical development of local medicine during Ming-Qing Taiwan. For example, given that navigational risks at sea were the first danger faced by the immigrants, people prayed to gods/goddesses of the sea, like the Goddess of Heaven (Mazu) and the God of Northern Heavens (Xuantian Shangdi) for a safe voyage. Upon landing, many were unaccustomed to the climate of Taiwan, and some got malaria and other virulent diseases, which were out of control owing to the lack of medicine and insufficient Han doctors. Hence, immigrants were left with little choice but to turn to the God of Plague and Epidemic Control (Wenshen or Wangye) and the Gods of Medicine (*yiyao sheng*)—such as the Great Sovereign Who Protects Life (Baosheng Dadi) (Figure 3.3)—for relief (see Chapter 5). After settling down in their new homeland, these Han immigrants launched large-scale cultivation, which brought them into conflict with the indigenous people over land ownership. To safeguard their lives and properties, these Han immigrants paid homage to martial gods, like the God of Chivalry (Guancheng Dijun), for protection, thus contributing further to the popularity of such deities (C. Ruan 1982; H. Chang 1994: 91–108, 1996a: 50–54).

As can be seen, folk religion had its role to play in the stages undergone by the Han immigrants of Taiwan. The growing popularity of religion among the people made it a uniting force among various immigrant groups coming from different provinces of China, who were often engaged in armed conflicts during initial settlement. The influence of religion grew and infiltrated every aspect of daily life. At the same time, local medical approaches were increasingly used to deal with illnesses by this burgeoning immigrant society.¹⁷

¹⁷ According to Chang Hsun, the lack of official medical infrastructure and services is the reason why the majority of Han immigrants, during their initial settlement, resorted mainly to local medicine for the treatment of illnesses. For example, public health/assistance organisations '*yangji yuan*' were the earliest social service facilities established in Taiwan by the Qing government. However, they were not medical institutions for treatment or rehabilitation of the sick. Rather, they provided shelter and care for the disabled and the elderly who were sick, widowed or with no family (H. Chang 1994: 7–8).



Figure 3.3. Worshipping the Great Sovereign Who Protects Life (Baosheng Dadi), one of the popular Gods of Medicine, in Fukien, Mainland China.

The above discussion reveals that while Han immigrants brought traditional Chinese medicine to their new homeland, the more systematic Chinese traditions that were adopted were practised alongside Taiwanese local medicine, which was developed from the folk religion and popular cultures indigenous to Taiwan. In fact, before the introduction of Western medicine by missionaries and the Japanese colonial government in the late-nineteenth century, local medicine had been a bountiful tradition to which Han Taiwanese resorted for medical answers. It was in the early years of Japanese rule that the government implemented the public medical system and promulgated the Taiwan Physicians Act and related regulations that Western medicine gradually became established in Taiwan. However, the co-existence of Taiwanese local medicine together with both Chinese medicine and Western medicine is an undeniable fact. Not only do the three co-exist, they counteracted and complemented each other, giving rise to a medical pluralism unique to Taiwan. Nevertheless, the politics of this interaction are more fraught and intense between Oriental and Western medicine, as we will see in Chapter 4.

In essence, the Taiwanese local medical services so offered still fall within Chinese traditions. Although how far each Chinese tradition is practised can hardly be traced or compared, the following rituals are commonly performed: geomantic omens; turning bad luck into good fortune; consulting the nether world; communicating with the deceased; divinations

through *fuluan* and *jiangbi* (see below); soliciting divination by the Eight Divinatory Symbols (*bagua*) or oracle in verse (*qianshi*) (see below); soul-retrieving; fortune-telling and physiognomy; as well as those especially for women like beseeching a child, foetus-calming (*antai*) (see below and Chapter 6), and postpartum confinement. It is important to note that the above practices of local medicine do not exist separately, nor are they performed independently of each other. Rather, they are often fused and carried out together. Frequently, people use different strategies alternatively or in combination to seek a satisfactory answer to their problems or a convincing aetiology for their illnesses.¹⁸

Practitioners of these practices can be broadly categorised as spirit mediums, including female *angyi*, male *tangki*, and male *hongtou* priests. They were recorded earlier from the mid Qing Dynasty as follows: ‘The people in Taiwan respected spirit mediums. When sick, they often asked the practitioners to get rid of their illness’ (L. Liu 1961 [1741]: vol. 6, p. 96; F. Xian 1961 [1747]: vol. 13, p. 111; W. Yu 1962 [1762]: vol. 13, p. 499; B. Wang 1961: vol. 12, p. 402; S. Chen 1957: vol. 5, p. 191; Z. Ni 1959: vol. 1, p. 29; Anon. 1959: 43). Meanwhile, the rituals and medical services performed by spirit mediums have been documented in official provincial histories (*zhishu*) of Qing Taiwan. They include: ‘*Hongtou* priests prayed over people who got sick and accepted offerings to turn bad luck into good fortune’ (P. Chen 1963 [1871]: vol. 11, pp. 303–04; B. Lin and X. Lin 1960: 103–04; P. Zheng and F. Zeng 1959: vol. 5, p. 186; M. Shen 1962: vol. 7, p. 119; Z. Cai 1959: vol. 2, p. 89; Z. Ni 1959: 29; Anon. 1959: 13, 21 and 43); ‘The female *angyi* sought divination and revelation by going through the nether world’ (P. Chen 1963: 304; B. Lin and X. Lin 1960: 104; P. Zheng and F. Zeng 1959: 186; M. Shen 1962: 120; Z. Cai 1959: 89);

There was a male spirit medium *tangki* who always placed a hand on his god’s carriage, jumping around it, when performing a ritual [of *fuluan*] for invoking spirits. By doing so, he thus drew up a list of medications for his clients in anticipation. Meanwhile, he always had a sword in his other hand. By letting his hair fall down loosely, and grazing his forehead, he

¹⁸ An example of a Taiwanese woman suffering from frequent miscarriages, who sought medical help in such pluralist conditions, will be explored in Section 4-3-2.

showed the great power from his god which possessed him (P. Chen 1963: 304; B. Lin and X. Lin 1960: 104; P. Zheng and F. Zeng 1959: 186; M. Shen 1962: 119–20; Z. Cai 1959: 89; and H. Lin 1963 [1893]: vol. 9, p. 327);

and

There was some more *tangki* who always placed a divination board on his god's carriage producing some words unknown to people, saying 'the god is descending', and then drew up a list of medications on a sand pan [called *fuluan* or *jiangbi*]. He could also write a poem or other composition, even if he was illiterate in real life (P. Zheng and F. Zeng 1959: 186).

As shown, the divination tradition is very important in the scene of Taiwanese local medicine. The related strategies and contents of divination were also detailed in official provincial histories of Qing Taiwan. It was recorded in the *Official History of Penghu Prefecture [ting] (Penghu tingzhi)* that:

The Travel Notes of Penghu Island (Penghu jilüe) once mentioned that 'residents of Penghu believed in ghosts and respected witches. When sick, they sought divination (from spirit mediums) and performed rituals, rather than getting diagnosis and medication'.... [In fact] the people in Southern China esteemed supernatural spirits and sought divination and prescriptions from deities. It was common everywhere not only in Penghu' (H. Lin 1963 [1893]: 326; J. Hu 1961 [1771]: 149).

Indeed the influence of local medicine on Han Taiwanese society is far-reaching. Vivid images of the rituals are etched deeply in the minds of people even today, presenting an enormous array of medical techniques. Such local medicine is sometimes called 'alternative medicine'. The term 'alternative' is somewhat derogatory,¹⁹ and it fails to capture the unique nature of this tradition within its cultural setting. As a matter of fact, ritual practices included in Taiwanese local medicine like divinations through *fuluan*, soliciting divination by *qianshi*, soul-retrieving and foetus-calming are different from folk remedies such as herbal medicine and

¹⁹ From a historical perspective, the roots of distinction between 'alternative' and 'orthodox' medicine can be attributed to the Western enterprise of 'scientific' system-building and medical monotheism from the Enlightenment. To some extent, the label 'alternative', or 'complementary', means accepting the universalising claims of Western biomedicine, as well as more or less subordination within the orthodox hierarchy. Meanwhile, it may also express an oppositional relationship between the system or practice to which it is applied, and biomedicine. However, some medical alternatives with European and North American origins—such as homeopathy and mesmerism—still depend heavily on a subjective perception of the body based on religious and philosophical principles, which closely parallel those in non-Western alternative medicine (Bivins 2007: 1–78).

pills, or folk therapies involving breathing techniques ‘*qigong*’ and ‘*daoyin*’. Instead of diagnosis and treatment, divination and rituals are emphasised; hence they are not only ‘alternative’ but, strictly speaking, ‘religious’ in nature. This highlights the intricate relationship between medicine and religion. For clarity, I denote folk remedies and folk therapies adopted by people as ‘local medicine’, while I refer to divinations and rituals performed for treating human disorders as ‘religious medicine’, as can be seen in Chapters 5, 6 and 7.

3-3. Birth Medicine in the Local Village Setting of Sankang

3-3-1. Religious Medicine in Sankang²⁰

As evidenced by my fieldwork, there were many private shrines and altars distributed all over the towns and villages of Waipu. In Sankang village, there were more than twenty such shrines and altars operated by *hongtou* priests, *tangki*, and so on. They provided local medical services which offered consolation and comfort to those in need and delivered divinations or charms for dealing with health problems. These yield a vivid picture of religious medicine in Taiwan, as attested below.²¹

The *hongtou* priest, literally the red-head priest, is a ritual specialist who habitually wraps a piece of red cloth around his head while performing rituals. His work is varied, and involves most of the important rites in Han Taiwanese folk religion.

Take Mr Ke Jin-kun (1936–) of Waipu who manages the Taoist shrine Xianshi Tan serving Sankang villagers for example.²² Being a *hongtou* priest, his duties include: fortunetelling and choosing auspicious dates (*mingxiang zeri*); performing magic for maintaining marital harmony

²⁰ Unless otherwise specified, the data mentioned in this section came mainly from my fieldwork conducted in February and June 2001, January 2002 and March–November 2003. Part of the survey results have already been published in *Zongjiao lisu pian* (Chapter of Religion, Rites, and Customs), in Zhang Sheng-yan (ed.), *Waipu xiazhi* (Local Monograph of Rural Waipu Area) (See J. Sung 2002: 703–82).

²¹ Besides these, the divination tradition concerning ‘*yaoqian*’ which was commonly practised by Waipu residents will be discussed in Chapter 5.

²² Mr Ke has been the master of Xianshi Tan in Waipu for nearly thirty years. In 1973, he became a Taoist disciple at the age of 38. Mr Ke became a professional practitioner while he finished his studies in 1977, at the age of 42 (Fieldwork research conducted in October 1999 and July 2000).

(*he he*); and performing rituals for placing the deity tablet in a suitable position (*an shenwei*); for turning bad luck into good fortune (*gaiyun*); for calling back a child's frightened soul when a child receives a shock or is in state of coma (*shoujing*); for seizing haunting spirits 'tushen', called 'shutou' [H]; for subduing evil spirits (*zhensha*); for setting Eight Divinatory Symbols properly (*an bagua*); for calming the foetus (*antai*); for correcting deformed bodies (*huagu*); for exorcising evil spirits from a residence (*zhi xieruzhai*); for seizing evil *sha* spirits stemming from the nether world (*shou yinsha*), and for seizing evil *sha* spirits arising from the disturbed state of a funeral wherein people are typically wearing hemp clothes (*shou masha*).

As previously mentioned, the ritual of calming the foetus (*antai*) is a practice intended to calm the foetus, and especially, to counter the evil and dangerous foetal spirits 'taishen' which constitute such an important part of Taiwanese pregnancy cultures. It is noteworthy that *antai* ritual is performed by male *hongtou* priests. Moreover, as can be seen, apart from the death-related rites usually performed by *wutou* priests (*wutou fashi*), the black-head priests, most of the rituals for dealing with illnesses or misfortune attributed to the supernatural world are the jobs of *hongtou* priests. Still, roughly 30–40 percent of the residents of Waipu will seek help from *hongtou* priests today when dealing with any of the above problems.²³

Male practitioners *tangki* stationed in the public temples of Waipu are also trusted by local residents for their long-term service in performing representative rituals. The rituals they often perform are seeking help from deities (*wenshen*), placing the divination board for invoking spirits (*fuluan*), and making deities descend into the world by giving some written instructions or prescribing a list of medications (*jiangbi*). For example, as early as in the 1910s, the *tangki* sited at Fulong Gong began offering religious medical services to the worshippers.²⁴ It was also

²³ Besides Mr Ke who is still in current practice, other *hongtou* priests like the most senior Mr Chen Tu (passed away) and Mr Zheng Qing-shui are also widely acclaimed by local villagers. Mr Li Yuan-quan (80 years old at the time of our interview in 2001) is the most well-known *hongtou* priest in Dajia and Waipu. He continues to train *hongtou* priests today.

²⁴ Fulong Gong is a temple for worshipping the God of Chivalry (Guancheng Dijun) in Maping Village of Waipu. Mr Lai Qing-zhong, who had passed away, was the earliest *tang-ki* with a traceable record. The current *tang-ki* sited in Fulong Gong is Mr Li Yu-cheng (1940–), who began giving prescriptions to the faithful in his twenties.

known that medical services were provided by the *tangki* of Mazu Temple of Tucheng village at earlier times. Similarly, prescriptions were given out to worshippers at Fuxing Gong of Sankang and Xitian Si (Xitian Temple) of Datong village.

The counterpart of the male practitioner *tangki* is the practitioner *angyi*, too often translated as female spirit medium. Rituals performed by *angyi* include ‘*zaihua huandou*’ and ‘*tan huagong*’ relating to pregnancy (see Sections 6-3-1 and 6-3-2). Unfortunately, my fieldwork could not find any recognised traces of *angyi* in Sankang village or Waipu. It was said that descendants of senior *angyi* may be found in Dajia. However, I was able to interview the most renowned *angyi* in Shalu and Qingshu area during my field research in broader Taichung County.

Another male/female practitioner ‘*shoujing shi*’ or ‘*shoujing po*’ who performs the *shoujing* ritual is more commonly found; the sites can be found in private shrines and altars in almost every village of Waipu.²⁵ The *shoujing* ritual deals with calling back the frightened soul of an adult or child when one has a shock or is in a state of coma. As seen in Mr Ke’s duty list, *shoujing* is one of the major concerns of male *hongtou* priests while it is most popularly performed by the elder female practitioners ‘*shoujing po*’ who specialise in retrieving a child’s frightened soul.

3-3-2. General Medical Resources in Sankang²⁶

Chinese and Western Medicine

Apart from local/religious medicine which was practised daily in the local community, official information on government medicine in Sankang village from the Qing Dynasty to the Japanese Colonial Era was scarce or lacking. Although there were medical facilities such as public health/assistance organisations (*yangji yuan*) in Qing Taiwan, there was no written record or

²⁵ For example, in former Qi Xiannü Gong of Maming and Xuanmiao Tang of Sankang, the main rite performed is *shoujing*.

²⁶ Unless otherwise specified, the data mentioned in this section came mainly from the author’s fieldwork conducted in February and June 2001, and January 2002 (see also J. Sung 2002: 703–82).

literature of such in Waipu. Even the Japanese archives contained nothing on this. The only things known were the social services promoted by the Colonial Taichung State, which included emergency relief for the sick and the homeless as well as funeral and burial of those who died (L. Lin 2002: 425).

The statistical data obtained through annual surveys shed light on the overall medical resources and health condition of Waipu in post-war years. According to the reports compiled by the Taichung County government, the total population of Waipu in 1991 was 27,890 persons, but the township hospital was not even equipped with a single bed for acute or chronic illness. By 1994, the situation had slightly improved. In the eight clinics of Waipu, there were a total of twenty-one beds and one ambulance. Although the number of clinics increased to twelve by 1998, interestingly there were no beds and ambulances on official record (L. Lin 2002: 429). The reason behind this as revealed in our fieldwork²⁷ is that from the 1980s, there were actually only three Western medical clinics in Waipu all located in the vicinity of the Rural Administration Centre (Xiang Gongsuo).

In addition, there were no medical institutions or general hospitals with departments specialising in surgery, gynaecology, obstetrics and so on. In the neighbouring townships, Western medical institutions were found only in Dajia, Qingshiu and Shalu areas, whose population densities were relatively higher.²⁸ Residents of Waipu in need of specialty medical service, hospitalisation, hemodialysis or peritoneal dialysis had to travel 60–70 kilometres to regional medical centres in Shalu.

Moreover, according to the statistical data of the Taichung County government, in 1963 there were eleven medical staff in Waipu, accounting for only 0.185 percent of the total in Taichung County. They included three Western doctors, one Chinese medicine doctor, one

²⁷ The related information was obtained through fieldwork conducted in March 2001, interviews with informant Mr Wang Gong-wen and the yellow pages of the telephone directory of Taichung County (see also J. Sung 2002: 778).

²⁸ Among these, the Kung Tien General Hospital (with its Dajia branch) and Tung's Taichung MetroHarbour Hospital were comparatively larger and better equipped. These hospitals of Shalu, founded in 1938 and 1971, respectively, had different specialty departments including internal medicine and surgery.

pharmacist, two assistant pharmacists, and four midwives. By 1998, there were forty-four medical workers in Waipu, which still accounted for only 0.595 percent of the total.²⁹ In other words, there were 2.82 medical personnel and 3.52 medical institutions for every 10,000 Waipu residents in the late 1990s, indicating a severe lack of human resources for medical and health service. Waipu was thus ranked fourth, the last, in terms of its quality of medical and health services among urban and rural townships of Taichung County (L. Lin 2002: 429–31).

In comparison, Chinese medicine had a far greater impact on the choice of medical treatment preferred by Waipu residents. In particular, they would opt for the Chinese medical approach particularly with respect to personal health maintenance or those problems not involving surgical operations or acute infections. Currently, there is only one Chinese medical clinic operated by a local native who has been trained in orthodox Chinese medicine. There are no longer any physiotherapy clinics for trauma injuries, whose staff were generally expert in martial arts. Official statistical data show that there were seven pharmacists or dealers in Chinese medicine in 1963, and the number increased to nine by 1998 (L. Lin 2002: 429–31). However, my fieldwork revealed that from the 1980s onwards, there were only five or six merchants or shops selling Chinese medicine in Waipu. They were mostly family businesses that were handed down from generation to generation. At the time of my research in 2001, they were operated by experts, all males, specialising in drug properties and herbal usage.³⁰

Midwifery Professionals: Xiansheng Ma and Modern Midwives

As for female professionals, unfortunately, there were no formally trained midwives in Taiwan during early Qing rule as described above. All pregnant women relied heavily on traditional

²⁹ They included six Western doctors, two Chinese doctors, four dentists, one dental assistant, three pharmacists, eight assistant pharmacists, four medical technicians, ten nursing specialists, five nurses, and one midwife.

³⁰ The following three are the most representative, with the longest history: (1) Xin Cun-ren Chinese Pharmacy in Datong Village is the oldest in operation and founded by the great-grandfather of the current person-in-charge Mr Zeng. (2) Chang-sheng Chinese Pharmacy in Maming Village has been in business for 46 years at the time of our interview in 2001. It is now run by Mr Wang. (3) San Feng Chinese Pharmacy in Datong Village also has more than 40 years of history and is currently managed by Mr Ou.

granny midwives (*jiesheng po*) or granny doctors/midwives (*xiansheng ma*), literally translated as ‘a grandmother whose knowledge is like that of a doctor’.



Figure 3.4. Mrs Chen Hong Huan showing the author her herb garden in her front yard (陳洪換-0013-031122).

As a matter of fact, the services rendered by Taiwanese granny *xiansheng ma* include assistance at childbirth, maternity care and the general treatment of female disorders related to pregnancy and birth as well as paediatrics. They are usually familiar with the planting and usage of local herbs and can be regarded as experts in Taiwanese herbal medicine (*qingcao yao*). As can be seen, the medical services provided by *xiansheng ma* are easily accessible and community-based. Naturally, for the majority of illiterate women in rural areas from Qing rule, through Japanese colonial control to pre-industrialised Taiwan, the functional role played by *xiansheng ma* can hardly be replaced. Two key informants in this research, Mrs Chen Hong Huan (1924–; see Figure 3.4)³¹ and Mrs Qiu Chen Cong (1928–; see Figure 3.6),³² are both

³¹ Mrs Chen Hong Huan was born in 1924 in Waipu. She was 80 years old at the time of our interview in 2003. Nevertheless, she was still active and agile. Mrs Chen Hong did not attend any school during her youth. She started working at the Pineapple Corporation in Fengyuan, Taichung State in 1937 at the age of 14 when her father passed away. For the next two years, she worked at the Yuemei Sugar Factory, Houli, Taichung State. She was married to Mr Chen Min-yi (1926–) of Sankang at the age of 25 (considered a late age for marriage in those days). Apart from helping out in the fields, she also ran a small business, killing fowls for sale. Such was the typical life of a working farmer's spouse. Her husband's family, the Chens, have lived in Sankang for several generations and in 1958 the brothers divided up the family property and began to live apart. At the time of our interview in 2003, there were still twenty-four households with the surname Chen in the neighbourhood, all descendants of the same ancestor.

³² Mrs Qiu Chen Cong, a Hokkien, was born in 1928 in Fengyuan. She was adopted by another family at the age of nine. Apart from the evening school she attended for a short time, she did not receive any formal education during the Japanese Colonial Era. At age 18 (1945), her brother-in-law helped arrange her marriage to Qiu Huo-shou (1928–, graduate of Colonial Waipu Primary School), who was a Hakka of Sankang Village. The Qiu family have lived in Sankang for at least three generations and have been tenant farmers. Before their split in the 1970s, the five Qiu brothers lived together making up a household of forty-nine people. In other words, Mrs Qiu Chen and her sisters-in-law had to take turns cooking for the entire household of almost fifty people. At the time of our interview in 2003,

widely acclaimed *xiansheng ma* in Sankang village. They reported on their medical practices for different situations.

When children got sick, we just picked some herbs for them to take and they would be fine. Herbs like *yamsunchao* [*Oxalis corniculata* Linn.; known as creeping oxalis],³³ *yikihung* [*Vernonia cinerea* (L.) Less.; known as lony ironweed], and the core of *fujung* [*Crossostephium chinense*] are mainly for children. They can cure sore throat and bring down temperatures. If fever persists and becomes serious, *tiachao* [*Centipeda minima* (L.) A. Braun et Ascherson; known as spreading sneegweed] has to be taken for treatment. We do need not to run to a Chinese herbal shop for these herbs, which can be picked anywhere near fields. In the past, those senior *xiansheng ma* in the village would teach us which herbs to take for which illness. I became more familiar with the herbs for use on sick children when I had to care for my own kids.

There are some other herbs, which have worked well on me such as curing bone spurs or protecting the heart. I also learnt herbal medicine from others, and knew, for example, that *techouhung* [*Plectranthus amboinicus* (Lour) Spreng] is effective for bruises and fever. Some herbs are still available at the herbal shops in Dajia town.

In my yard, I have grown some *peiamuchao* [*Leonurus sibiricus* L.; known as white motherwort] and *achihung* [*Phyla nodiflora* Greene] for gynaecological illnesses. They both can cure menstrual problems and some people even take them to treat infertility. *A-chi-hung* can be taken when fried with eggs from either chicken or ducks. Dried leaves of *peiamuchao* can be added when stewing spareribs. We can also fry eggs with its white flowers. I have taken these two herbs.

I have also in my yard another herb *chiunglan* [*Gendarussa vulgaris* Nees], which is for external use. Many people come to pick them to treat red swollen sores or ulcers. As the saying goes, 'Herbs have surprising effects; herbal medicines are effective, even more effective than Western medicines.' Another goes, 'Those that are freely available are effective, those that are bought with money are not effective,' meaning that those readily available herbs have great powers

Narrative 3.2. Mrs Chen Hong Huan reported on her medical practices and use of herbal remedies (2003-11-22; Appendix 1.7 – Lineage S1109).

she shared her residence with her three sons and two nephews, and the household comprised thirty people or so.

³³ Unless otherwise specified, the term listed alongside each herb is its scientific name, as noted in Narrative 3.1 in Section 3-2-1. A similar protocol is used in Narrative 3.3.



Figure 3.5. A herbal medicine shop in Dajia (大甲青草-0007-031122).



Figure 3.6. Interviewing Mrs Qiu Chen Cong at her place (邱陳蔥. 邱火壽-0002- 030429).

I started offering assistance in delivery and in cutting umbilical cord when I was young and still single, but I never received a cash reward (*hongbao*). I got married at the age of 18 (1945) and moved to Sankang. Thereafter, I helped in more childbirths. Many babies in the neighbourhood were delivered by me; there might be around 200 babies so far. I myself gave birth to my first-born at the age of 20 (1947). I had in total seven children, four girls and three boys. Except the third and the youngest, all the other five children had their umbilical cords cut by myself.

I picked up my skills bit by bit from a friend in Fengyuan in my young days. She was an assistant of a modern midwife. The requirements for offering assistance in delivery were less strict in the past. In particular, people had to spend much time travelling all the way to the Hygiene Office (Weisheng Suo) of Waipu to get a public midwife. Sometimes at night, [with no transport available] people had to walk to seek help [that is very troublesome]. Hence, as long as there was someone in the village who knew how to cut the umbilical cord, she could help others in childbirth.

I remember once in mid-October, I was about to pay homage to Tian Gong (the Supernatural Emperor), but I was asked to help my neighbour's daughter-in-law in her childbirth. That time, I needed to first check whether the newborn was a male or female. If it was a boy, then I could help cut the umbilical cord. But if it was a girl, I could not offer any assistance, because there was a popular belief that newborn females, and those who assisted in the delivery, should not worship Tian Gong; they are prohibited from participating in any religious ceremonies or paying respect to deities. That time, I had to be mindful of this taboo.

Luckily, it was a boy. Had it been a girl, the family would have had to bring the baby out to the courtyard for me to cut the umbilical cord, because I could not enter the confinement room

where the baby was born. Also because of a folk belief that ‘male is superior to female’, if the newborn is a boy, there is no problem for me to get into the room. I was told of this ancient belief that ‘male is superior to female’ by the seniors.³⁴

After cutting the umbilical cord, I usually would bathe the baby or go out to pick herbs for him/her to take. I always picked five or six types of herbs, which were mostly for lowering the heat of the newborn. For example, *swayaoatsai* [*Dioscorea batatas* Decne; known as Chinese yam] can calm babies; the core of *fujung* [*Crossostephium chinense*] can lower the temperatures; the core of *kaochanta* [*Ocimum basilicum*; known as Basil] can remove foetal heat and treat redness in face.³⁵ ...These herbs could be picked easily from places along the road or in the fields.

In addition, there were also herbs for relieving menstrual problems though I did not use them in my practice. For example, *peiamuchao* [*Leonurus sibiricus* L.; known as white motherwort] can be rinsed and then stewed for consumption. Some of them can still be picked from the wild. However, they are also available in dried form at herbal shops in Dajia town, which is more convenient for use.

In the days when I served as *xiansheng ma*, I sometimes had to deal with complicated and odd cases in small children. Take for example, there were some children difficult to raise. For some reasons unknown, they had incontinence of faeces and urine, making their lives a big mess. That was in fact the Monkey King (Sun Wukong) in Heaven playing tricks on them and the children got scared. For such situations, I would pay homage to the Monkey King in front of the child’s residence or at the front courtyard at sunset. I would mention the name of the child, and ask the Monkey King to adopt the child so that he/she can grow up safe and sound. When I prayed, I would get some monkey fur, wrap it in incense paper money, and sew a charm for personal safety for the child to wear. That way, we believe that the child would be fine. This was very effective. My husband’s grandparents and my father-in-law also did the same to help others

Narrative 3.3. Mrs Qiu Chen Cong reported on her medical practices (2003-03-16, 2003-04-29; Appendix 1.8 – Lineage S609).

As depicted above, *xiansheng ma* were very handy with both their home delivery service and Taiwanese herbal medicine, which were deeply appreciated in the local community. As revealed, the services rendered by granny *xiansheng ma* were coexistent with those of modern midwives (*chanpo* or *sanba*), particularly during the Japanese Colonial Era. In terms of the

³⁴ This implies gendered hierarchy and gender ideology at different levels, which will be discussed further in Chapter 8.

³⁵ The herbs *tiachao*, known as spreading sneegeweed, and *yikihung*, known as lony ironweed, were also mentioned here as reported in Narrative 3.2.

ways of learning, the sharp contrast between them is that *chanpo* obtained their expert knowledge from institutional training while *xiansheng ma* mainly learnt from daily experience and orally transmitted knowledge. *Xiansheng ma* thus became the experts in local practices and embraced an intimate knowledge of popular culture, such as that concerned with worshipping the Supernatural Emperor (Tian Gong) and the Monkey King (Sun Wukong), as well as the relevant taboos. To some extent, these granny *xiansheng ma* are also the practitioners of Taiwanese folk religion, who can offer conventional practices for children.

Year	Total no. of Midwives	No. of Infants Delivered by Nationality			Total	Total no. of Successful Deliveries	Total no. of Failed Deliveries	Mortality (%)*
		Japanese	Taiwanese	Foreigner				
1928	14	27	596	6	629	1339	290	17.80
1929	15	28	510	2	540	1456	84	5.45
1930	19	14	1489	8	1511	1397	114	7.54
1931	---	---	---	---	---	---	---	---
1932	27	39	1877	0	1916	1831	85	4.43
1933	29	27	1864	3	1894	1765	129	6.74

Table 3.1. Statistics of Modern Midwives and Infants Delivered in Colonial Dajia Prefecture, 1928–1933.

Source: Government of Taichung State, Office of the Governor-General, Japanese Colonial Taiwan (ed.), 1985 [1928–1933], Profile and Affairs Overview under the Jurisdiction of Taichung State (台中州管内概況と事務要覧), vol. 2 (1928): 282; vol. 3 (1929): 301; vol. 4 (1930): 301; vol. 5 (1932): 331–32; vol. 6 (1933): 355.

* Denotes newly added data.

Apart from *xiansheng ma*, modern midwives, including the public modern midwives *kousetu sanba* or those in private practice (see Section 4-2-1), also played an indispensable role in the lives of my senior female informants in Sankang and Waipu, in particular during the Japanese Colonial Era. Official statistical data of the Japanese government show that the number of modern midwives, including public and private practitioners, increased from fourteen in 1928 to twenty-nine in 1933 in Dajia Prefecture. The number of infants delivered by them also rose from 629 to 1894 within the same period (see Table 3.1). These figures indicate the

increasing number of 'professional' modern midwives over the years and the growing trend of members of the general public in soliciting midwifery assistance for home delivery at childbirth.

According to the staff record of Colonial Taichung State, there were a total of four Taiwanese public midwives in Waipu during the colonial era.³⁶ In the aftermath of World War II till the 1980s, there were three official midwives working in the Hygiene Office of Waipu.³⁷

Among them, Mrs Tang Ke Mai (190?-1997), known to many as Midwife Ke or her pet name Mai, had decades of service as a public midwife during the end of the colonial era and post-war years. Another well-known modern midwife in Waipu is Mrs Wu, the wife of Mr Wu Wen-lai, who had a licence for a private midwifery practice.³⁸ At the time of our fieldwork, both Mrs Tang Ke Mai and Mrs Wu had passed away and the remaining modern midwives were those few mentioned in Section 4-2 like Mrs Dai Cai Shuang (1911-2003) of Wuqi and Mrs Su Liu Xin (1923-) of Houli. However, they were ninety and seventy-eight years old, respectively, at the time of our interview in 2000.

Between 1963 and 1981, there were no official data regarding the growth trend of female medical personnel in Waipu. In 1982, there was only one official staff member on record. The number soared to seven in 1984 but within the next decade, there was little change with the total ranging between seven and ten. In 1995, the total rose to thirteen while between 1997 and 1998, it remained at only three to five. As for modern midwives in Waipu, the total remained less than five throughout the period from 1963 to 1998 and reached its peak of five in 1976. For the

³⁶ They were: (1) Ms Wu A-yuan, serving from 1931-1939; (2) Mrs Rao Ji Yu-yun, 1932-1939; (3) Ms Huang Yu-sheng, 1932-1939; and (4) Ms Huang Fu, serving in 1931 and 1937 (see Government of Taichung State, Office of the Governor-General, Taiwan in Japanese Colonial Era (ed.), 1931: 139; 1932: 190; 1937: 162; 1938: 171-72; 1939: 180-81).

³⁷ They were: (1) Mrs Tang Ke Mai from Maming Village of Waipu, also serving as a public hygiene nurse till her retirement in 1980; (2) Ms Du Su-e from Dajia, till retirement in 1980; and (3) Mrs Luo Su Ren-mei from Houli, sister-in-law of the famous private midwife, Mrs Su Liu Xin (1923-), till retirement in 1972. Fieldwork conducted in February 2001 and records of retired staff of Hygiene Office, Waipu. The other staff of the Office were the office clerk Mr Yan, who retired in 1986, and medical technician Mr Li (1918-1995), who retired in 1980.

³⁸ Minutes of meeting held for compiling *Waipu xiagzhi* (*Local Monograph of Rural Waipu Area*) and fieldwork interview data of Mr Li Rui-jia, Mr Wang Gong-wen and Mrs Zhang Li Ying. For example, the first (around 1940) and second babies of Mrs Zhang Li Ying were delivered by Mrs Tang Ke Mai, while her third baby was delivered by others.

remaining years, the number ranged between two and four (L. Lin 2002: 430).³⁹ Regardless of the slight fluctuations over time and the reasons behind such changes, provision of maternity care service for a township with a population of 20,000–30,000 was definitely far from adequate.

Another survey report published by the Rural Administration Centre mentioned that there were still two modern midwives in private practice in Waipu around 1989 (G. Wu and J. Xu n.d.: 6), though details of their operation can hardly be traced. Yet, one thing for certain is that at the time of our fieldwork in Waipu conducted in 2001, there were no longer *any* private midwifery practitioners in operation. Calculated according to the midwife careers of Mrs Dai Cai Shuang (1911–2003) and Mrs Su Liu Xin (1923–), the time when the private practice of modern midwives in Taichung County came to an end was around 1986 to 1988 (see Section 4-2-2). In other words, at the latest by between 1986 and 1988, the delivery service provided by midwives, of all kinds, in Waipu was taken over by the medical institutions and general hospitals in neighbouring Dajia and Shalu.

In the first part of this chapter, I portrayed the general medical history from late Imperial China to contemporary Han Taiwanese society, with an emphasis on Oriental medicine for women. First of all, I linked Taiwanese pregnancy cultures with Chinese authoritative discourses on pregnancy and birth and found that there existed between them both continuity and changes in the images of ‘women’, ‘illness’ and ‘pregnancy’. For example, discourses on foetus-calming (*antai*) and foetus-nurturing (*yangtai*) during pregnancy, two fundamental themes in classical Chinese gynaecology, were perpetuated as the most authoritative knowledge of Taiwanese pregnancy. Among these, it is particularly noteworthy that the later development of the Chinese discourse on foetus-calming involved spiritual powers acting on ‘cosmological disorders’ (*suibing*) while that of foetus-nurturing emphasised taboos and supernatural beliefs concerning foetal spirits (*taisha*), which combined have had a great influence on subsequent

³⁹ That is, four in 1977–1979, three in 1986–1991, two in 1992, one in 1993, zero in 1997, and one in 1998.

discourses in rural Taiwan (through the transmission of Chinese specialist medicine). According to this tradition, Taiwanese pregnancy can be seen as a site where the supernatural exercises immense power.

Second, Chinese *fujing muxie* (a mix of the father's semen and the mother's blood creating a foetus) is the key concept of Taiwanese pregnancy, in which the relation of the two sexes is identified and complementary in the formation of a human being. However, a hierarchical gender ideology suffuses this fundamental concept of pregnancy. On one hand, there are gender differences concerning the foetus, as mentioned. On the other hand, both discourses on foetus-calming and foetus-nurturing during pregnancy imply ideologies of difference and tension in a female body. The maternal body was assumed to maintain Chinese cultural values of patriarchal authority and the patrilineal principle. Thus, female generativity became necessarily subordinated to male generativity.

Third, it can be seen that local practitioners of Chinese medicine in Qing Taiwan combined herbal medicine (*qingcao yao*) with traditional Chinese medicine and regenerated medical knowledge indigenous to the immigrant society of Taiwan. In contrast to these professional practitioners—all males with predominantly textual-based knowledge as Confucian medical experts—formally trained female practitioners hardly existed in Qing Taiwan. All pregnant women relied heavily on traditional granny midwives (*jiesheng po*) or granny doctors/midwives (*xiansheng ma*), both women with experiential and oral knowledge.

In addition, local medicine pertaining to the majority population, rather than the elite, was a deep-rooted approach to dealing with illnesses in the Han immigrant society of Taiwan. Among these, male *hongtou* priests and female *angyi* played an important role in medicine for women, offering their services at birthing and thus contributing to Taiwanese pregnancy cultures surrounding home-based delivery. Also important were the prescription divinations (*yao qian*) dispensed by temples, which my informants in the Rural Dajia community practised routinely as

local medicine (for women). These practices in Taiwanese pregnancy and birth will be explored in Chapters 5 and 6, respectively.

In the conclusion of this chapter, it was noted that granny doctors/midwives (*xiansheng ma*) had their merits in the medical structure of Taiwanese birth. These granny *xiansheng ma* were expert in home-based delivery as well as maternity and child care services with Taiwanese herbal medicine, which were coexistent with those offered by trained modern midwives in particular during the Japanese Colonial Era. Further, the micro-history in the local setting of Sankang showed that home delivery attended by *xiansheng ma* or modern midwives was replaced by hospital delivery at the latest by 1986 to 1989. These findings also echo the broader institutionalisation of Taiwanese birthing in medical history, which will be discussed further in Chapter 4.

CHAPTER FOUR

Cultural Confrontation with ‘Modern’ Midwifery under Medical Pluralism

In my discussion on medicine for women in Taiwan presented in Chapter 3, I focused on the concepts and practices in traditional Chinese medicine that were adopted for birthing in Taiwan. Also discussed were those practices related to Taiwanese local medicine. In this chapter, the institutionalisation of birthing practices in Taiwan from the late nineteenth century will be explored. At this time ‘modern’ midwifery began to play a more significant role in Taiwanese cultures surrounding home delivery, just as the expert knowledge from Chinese medicine and Taiwanese local medicine had been influential since the seventeenth century. I also shed light on the cultural confrontation in a particular historical moment, and further, how the contemporary medical pluralism unique to Taiwan was thus shaped through the power engaged in that confrontation.

In a way similar to my analysis in Chapter 3, the materials I use include ethnographic data, oral history, statistical data, and texts in relation to broader comparative debates about medicine for women and the transformations of maternity care and childbirth in Taiwan. To begin with, Section 4-1 portrays the general history of missionary medicine and colonial medicine from the late nineteenth century when Western biomedicine began to be implanted. In Section 4-2, I detail the emergence of ‘modern’ midwives and the relation between these emerging female practitioners and the conventional ones, such as *jiesheng po* and *xiansheng ma*. I also discuss the impact of Japanese colonial rule on the training of ‘modern’ midwives during that period and beyond. The crucial moments in medical history when medical pluralism in Taiwan emerged are thus explored. In Section 4-3, I further explore the influence of colonial rule on

Han Taiwanese traditions, through rethinking the very existence of medical pluralism in Taiwan. The three medical traditions not only co-exist but are interdependent. Their relation was politically marked but their substance was culturally rooted, thus making local medicine a strong persistent alternative in the rural society of Taiwan.

4-1. Implantation of Western Biomedicine

4-1-1. Missionary Medicine from the Late Nineteenth Century

Local medicine, as well as traditional Chinese medicine associated with Taiwanese herbal medicine, was the mainstream of medical practice in the immigrant society of Qing Taiwan. In the society of Taiwan under Qing rule and subsequent Japanese colonisation, the introduction of both missionary medicine and colonial medicine was not only a medical encounter but also a cultural confrontation of historical significance.

Strictly speaking, Western biomedicine was formally brought into Taiwan by missionaries late in 1865. In that year, the Presbyterian Church of England sent Dr. James Maxwell (1836–1921) as a missionary to Taiwan. Apart from evangelisation, Maxwell also offered medical services to the locals of Tainan, South Taiwan, and was the pioneer in introducing Western medicine to Taiwan (Oda 1995 [1974]: 42).¹

Beyond doubt, the church had played a paramount role in the development of modern medicine and hygiene in Taiwan. In the days when Chinese medicine and local medicine remained the mainstream medical practice of society, missionary medicine, preached with the Bible in one hand and the scalpel in the other, was regarded as a symbol of progress and modernity (see Y. Chen 1997; Z. Lai 2000). Moreover, it was also missionaries from overseas who founded Western medical facilities and nursing educational institutions in Taiwan. For example, the first Western hospital of Taiwan, the SinLau Hospital, Tainan, was established by Dr. James Maxwell in 1867. Further expansion of the hospital was undertaken by the third

¹ Dr. Manson who was famous for his proof that malaria was spread by mosquitoes, had also practised medicine in Kaohsiung, South Taiwan.

director, Dr. Anderson, in 1896. Full operation of the new hospital began in 1900 with local Taiwanese, who were taught simple Western medical knowledge and skills, being recruited as medical assistants. This marked the first opportunity for Taiwanese to learn Western medicine in the late nineteenth century. In 1901, the son of Dr. James Maxwell, Dr. James Maxwell Jr. (1873–1951) and his wife founded the training school for midwives and nurses at SinLau Hospital, the first private nursing educational institution in Taiwan.² In addition, the Reverend George Mackay (1844–1900), a Presbyterian missionary from Canada, landed in 1871 and established the Mackay Mission Hospital in Danshui, North Taiwan (see X. Li 1989; T. Liu and S. Liu (eds) 2002; Department of Health, Executive Yuan (ed.) 1995: 29–30).³

Despite all the remarkable achievements of these foreign missionaries in the late nineteenth century, both the Qing government and the general public remained sceptical and opposed to their work, resulting in frequent conflicts between local people and the missionaries. For example, during 1877, the Reverend George Mackay, besides practising medicine in North Taiwan, set up preaching centres in several places. However, public sentiment towards foreign religion was hostile and even his medical practice was met with severe opposition. To the general public, with a strong devotion to their conventional beliefs, the chances for Western therapies to be deployed were certainly very limited at that time (S. Chen 1992 [1978]; H. Chang 1994 [1989]: 90–108, 1996a: 50–54).

The persisting popularity of both local medicine and religious medicine can be also seen in a description written by Dr. Toshio Oda (1892–1989)⁴ about Tainan, the cultural capital of early Taiwan before Japanese colonisation.

² It was not until 1936 that the administration of SinLau Hospital was taken over by Taiwanese. Continuing in the spirit of missionary medicine, the Hospital offered modern midwifery training. SinLau Hospital was also a pioneer in the prevention of chronic diseases in Taiwan (H. Hsu and Y. Fan (eds) 2004: 958–59).

³ In 1895, another Presbyterian missionary from England, Dr David Landsborough (1870–1957) arrived in Changhua, Central Taiwan. He founded what was to become the Changhua Christian Hospital of today in 1907. The son of Dr David Landsborough, Dr. David Landsborough IV (1914–) became the ninth director of the Hospital in 1953. Two years later, his wife, Dr. Marjorie Landsborough (1920–1993) began promoting public hygiene and maternity child care. It is noteworthy that this was the beginning of private hospitals engaged in public health promotion in Taiwan. (H. Hsu and S. Liu (eds) 2004: 1025–26).

⁴ Dr. Oda Toshio was professor and head of the Department of Medicine at the later Taipei Imperial University. He was also the first director of the later Taipei Imperial University Hospital (see below) in 1938, and a leading figure in modern medicine in Taiwan under Japanese rule.

Given the lack of doctors with modern medical experience.... people who got sick depended on Han doctors with no formal training. Otherwise, they paid homage to deities and sought divination in temples...During the Franco-Chinese War in 1884, the provincial governor assigned to Taiwan also found, with dismay, the Keelung Harbour [North Taiwan] the most unhygienic place along the coast of East Asia (Oda 1995 [1974]: 41–42).

In early 1886, the Qing government established the Bureau of Medicine and began recruiting Western doctors to provide medical treatment for the public and the military. However, the bureau lasted for only five years and was forced to shut down due to lack of funding (Department of Health, Executive Yuan (ed.) 1995: 30).

4-1-2. Colonial Medicine from 1895

It was rather Japanese colonial medicine which led to the widespread application of modern Western biomedicine in Taiwan. The establishment of government hospitals with advanced medical facilities and the founding of medical education institutions under Japanese colonisation marked a new page in the modernisation of Taiwan. The establishment of Taipei Hospital is most representative of the model of modern medical education provided by government institutions.

In 1895, when the Japanese took over the rule of Taiwan, they established the first public hospital, though with only two departments: internal medicine and surgery. At first, the hospital was administered by the army, but it came under the Taipei County government in 1896 and was renamed Taipei Hospital. In the year that followed, a school of medicine was set up offering medical training to local Taiwanese who could understand the lectures delivered in Japanese. This laid down a model for the future development of modern medical education provided by government institutions.

Significantly, Taipei Hospital also offered training for nurses at its Kangohu Youseisyo, which was the beginning of the government nursing school in Taiwan. In 1898, the Office of the Governor-General, Taiwan assumed administration of the hospital and officially named it Taiwan Governor-General Taipei Hospital. Thus, its nursing school was officially named the Taiwan Governor-General Institute of Nursing (Taiwan Soutokuhu Kangohu Kousyuusyo). The

colonial government also founded the Taiwan Governor-General Medical School (Taiwan Soutokuhu Igakkouo) in 1899 with its campus in the hospital, and inaugurated the policy of promoting Western medicine and formal medical education in Taiwan. With the establishment of the Taipei Imperial University in 1928, the Medical School became a Special Department of Medicine in the University and the Taiwan Governor-General Taipei Hospital became the University Hospital in 1938 (Department of Health, Executive Yuan (ed.) 1995: 103–10; H. Hsu, S. Liu, and H. Cai (eds) 2004: 1040, 1173–74).⁵

A distinctive feature of medical facilities in the early Japanese Colonial Era was government hospitals especially for women. These women's hospitals were set up for two reasons: (1) Taiwanese women disliked exposing their bodies in hospitals with male patients; and (2) gender-specific hospitals could facilitate more detailed examination, which might lead to the discovery of diseases unique to Taiwanese women. Three women's hospitals were founded in 1907 and another three were set up in 1909. Nevertheless, these hospitals were short-lived and the practice of providing gender-specific medical services was soon abolished (Oda 1995 [1974]: 44–45). This feature of colonial medicine, though transient, did suggest that the Japanese colonisers recognised the need to respect the customs, habits and sentiments of medical practice of the local Taiwanese, and especially its gendered character.

With respect to health administration, the colonial government implemented the same policy as in central Japan with efforts devoted to eradicating epidemic diseases and strengthening medical and health management in both central and local government. The Office of the Governor-General, Taiwan promulgated the Rules and Regulations for Medical Practitioners (*Taiwan Isei Kisoku*) in 1896, which marked the beginning of Japanese control over medical professionals in Taiwan. In 1916, the colonial government passed the Taiwan Physicians Act. According to this Act, medical professionals under government jurisdiction included not only police doctors, 'official' doctors,⁶ Western doctors, dentists, Chinese medicine doctors, nurses

⁵ It was later the National Taiwan University Hospital from 1949, after the Nationalist government (Kuomintang) assumed control of Taiwan in 1945.

⁶ 'Official' doctors were born out of the opium policy in early Japanese rule. They were appointed by the

and midwives, but also paramedics like masseurs and acupuncturists (Department of Health, Executive Yuan (ed.) 1995: 48–66). Qualifying examinations were given to Chinese medicine doctors in current practice while severe measures were implemented against illegal doctors in clandestine practice.

A survey of medical practitioners all over Taiwan was conducted by the Office of the Governor-General, Taiwan in 1897. According to the results obtained, there were a total of 1070 doctors in current practice; with 1046 Chinese medicine doctors and twenty-four practitioners who had acquired medical knowledge from foreign missionaries. Among the Chinese medicine doctors, twenty-nine had read medical books widely and studied the human body and herbal medicine, ninety-one were Confucian scholars with medical knowledge, ninety-seven were descendants of prestigious doctors with secret prescriptions handed down in the family, and there were 829 literates apprenticed to medical practitioners (S. Chen 1982: 121; J. Chen 1992; H. Chang 1994: 103, 1996: 52). Strictly speaking, only the first two groups of doctors could be recognised as genuine practitioners of Chinese medicine. Instead of formal medical knowledge, the rest were equipped with private medical experience, first-hand, handed down in the family or acquired from a master in the field, and could be considered merely as practitioners of local medicine. The above statistical data also reveal the lack of human resources in traditional Chinese medicine in Taiwan under early Japanese rule.

To strengthen control over traditional Chinese medicine doctors, the Office of the Governor-General, Taiwan in 1901 enacted regulations, Taiwan Isei Menkyo Kisoku, related to their practice. First, a qualifying examination was to be held and only those with conferred doctor's qualifications could continue to practise in the same place and were in fact not allowed to move their clinic elsewhere. Their practices were to be under the supervision of 'official' doctors appointed to the area. Among the 2216 who sat for the qualifying examination, 1903

Governor-General to handle affairs related to public health care and to assist in health administration in local areas. There were only eighty official doctors in the early years of Japanese colonisation. In 1920, owing to an increase in both the number and the standard of medical practitioners, they were either removed from the Office or relocated to work for state governments. By 1940, the total number of official doctors all over Taiwan rose to 291 (H. Hsu *et al.* (eds) 2004: 170–71, 1077).

candidates (85%) obtained the license. Among them, 1097 passed the examination, 650 were considered qualified without having to attend the test, and 156 failed but were granted the permit out of sympathy (S. Chen 1982: 121; J. Chen 1992).

However, the colonial government policy toward Chinese medicine doctors was one of natural attrition. This qualifying examination was held only once. Hence, instead of promoting the standard of Chinese medicine doctors, the regulations imposed were actually meant to suppress their practice and existence. Over the years, Chinese medicine doctors continued to diminish in number, dropping from a total of 1161 in 1912 to 486 in 1926 and further to a mere 97 in 1942. After World War II, there were only slightly more than ten licensed Chinese medicine doctors still in practice (J. Chen 1992; Department of Health, Executive Yuan (ed.) 1995: 58–59).

4-2. Empowerment to Midwifery Practice

4-2-1. Emergence of 'Modern' Midwives from the Colonial 1920s

To understand medicine for women in Taiwan under medical pluralism, it is imperative to review the course of its history in Taiwan, especially the history of the Japanese Colonial Era, of which my female informants in Dajia Community, Central Taiwan had first-hand experience.

Right from the beginning of the Japanese Colonial Era, there had been intense discussion on whether Taiwan should be treated as an entirely new colony of the empire or an extended territory of central Japan. Such divergent definitions of Taiwan were crucial because they provided the basis on which all policies on medicine and religion (see Section 4-3-1), were formulated.⁷ During the second period of Japanese rule, since Taiwan was defined as a part of central Japan, all education-related measures implemented by the Office of the Governor-General, Taiwan were changed accordingly. The Second Education Act of Taiwan (II *Taiwan Kyouikurei*) promulgated in 1922 contained two main features: (1) the abolition of

⁷ In general, the Japanese policy in colonial Taiwan can be classified into three distinct periods: (1) 1895–1914, the initial governance period with special dominion (*Shisei Ziki/Tokubetsu Touti Syugi*) (2) 1915–1936, the assimilation period of regarding Taiwan as an extended territory of central Japan (*Douka Ziki/Naiti Entyou Syugi*) (3) 1937–1945, the period of *Kominka* Movement.

segregation in education; and (2) coeducation between Japanese and Taiwanese, both of which had profound impacts on medical education in colonial Taiwan. Medicine was thus no longer regarded as a 'tool of Japanese colonialism', which was only concerned with the health of the Japanese in Taiwan. As S. Liu (1997) explained, 'Medicine has also been viewed as an instrument of "social control" in the colony, providing means of "knowing" the indigenous environment, and rationales for social segregation' (p. 146). The most positive influence of Japanese colonial medicine for Taiwanese women was, in the first instance, the direct importation of Japanese female medical personnel. In the 1920s, the shift of focus to the training of Taiwanese nurses (*kangohu*) and 'modern' midwives (*sanba*) gave birth to female medical professionals in colonial Taiwan.

In general, the contribution of the Japanese colonial government to medicine in Taiwan included not only strengthening disease control, building modern medical facilities and establishing medical education institutions, but also promoting preventive medicine through setting up modern health facilities and implementing health administration.

The 1920s marked an important period of transition in the social history of Taiwan when both endemic and pandemic diseases were mostly brought under control (T. Liu and S. Liu 1997: 107–132).⁸ It was also crucial to the development of medicine for women in colonial Taiwan. From the 1920s, preventive medicine with a focus on mortality control was the main health policy of the colonial government. Beginning from 1921, there were government surveys on health care and hygiene conducted island-wide (Department of Health, Executive Yuan (ed.) 1995: 236–42).⁹

⁸ For example, the black plague was no longer a critical menace to Taiwan from 1917 and the prevention of malaria was progressing.

⁹ Beginning from 1916, Japan launched the 'Survey on Health Care and Hygiene' in Central Japan, which would serve as the reference for improving health facilities and formulating health policies. In 1921, the same was conducted by the Office of the Governor-General in colonial Taiwan with special focus being given to the unique conditions in Taiwan. The items investigated in the island-wide survey included the birth and death status of residents, customs and habits related to health and hygiene, health and living status and body physique. A total of 10–20 such surveys were conducted by the state governments with another three completed by local governments in the 1920s. Government health-care projects launched thereafter were formulated on the basis of the findings obtained in these surveys.

Among the items investigated, there were some particularly related to pregnancy and childbirth. One was the 'Status of Childbirth, Stillbirth and Infant Mortality'. The data collected included statistics of infants born, stillbirth, infant mortality, investigations on infant deaths without medical treatment and the reason for death, age of death and reasons for child and infant mortality. In addition, the relationship between child and infant mortality and living standards was also explored. The other item was the 'Status of Pregnancy, Childbirth and Child Rearing'. This item probed into the customs and traditions related to pregnancy, delivery and child rearing, the conditions before and after childbirth, the nutritional status of nursing infants, number of pregnancies, and infertility (Department of Health, Executive Yuan (ed.) 1995: 238–39). In other words, already from the early 1920s, the colonial government had regarded infant mortality rates as one of the important indicators of general health care and hygiene standards. In order to reduce infant mortality, educational institutions were established to train Taiwanese nurses and modern midwives. Childbirth and child-rearing were considered common issues of concern to different public departments and were to be regulated by the national authority.

I will now consider first the education of nurses and then modern midwives. As mentioned above, training for nurses was offered early in 1897 when the Taipei Hospital was founded. In 1898, it was officially renamed the Taiwan Governor-General Institute of Nursing (Taiwan Soutokuhu Kangohu Kousyuusyo). Its main objective was to train nursing staff who were in severe shortage and in great demand in all hospitals at that time. The training took only one year, making it very intensive, like a crash program. In order to be consistent with the qualification requirements of nurses in central Japan and to meet the need for general medical care, the Office of the Governor-General, Taiwan promulgated the rules for nurses *Taiwan Kangohu Kisoku* in 1924.

It was stated clearly in *Taiwan Kangohu Kisoku* that qualified nurses should be above eighteen years of age and graduated from the department of nursing, from training institutes established in government hospitals or private nursing schools and training institutes recognised

by the government.¹⁰ The training was of two years and only senior high school graduates or above could apply for enrolment (Department of Health, Executive Yuan (ed.) 1995: 60–61). At that time, the annual enrolment at all government training institutes was around thirty, with twenty-five being Japanese and five being Taiwanese. Not only was tuition free of charge, free meals and accommodation were also provided, not to mention the valuable internship opportunity in hospital wards and the monthly salary of ¥15. All graduates were required to work for one year in the hospital where they had received training.¹¹ Hence, nursing was a respectable new profession for women and a promising career with good prospects in those days (H. Hsu and Y. Fan (eds) 2004: 1054, 1168–69).

It was only in the late 1930s that the number of local Taiwanese nurses began to increase rapidly with the development of Taiwanese medicine, particularly towards the end of the colonial era.¹² Statistical data of 1940 showed that among the 350 licensed nurses at that time, 229 were Japanese, 120 were Taiwanese and one was of foreign nationality. At the end of World War II in 1945, the number of Taiwanese nurses had surpassed that of Japanese. There were 508 Taiwanese and 312 Japanese nurses making up a total of 820 licensed nurses all over Taiwan (Department of Health, Executive Yuan (ed.) 1995: 61).

The 1920s also saw the recognition of Taiwanese ‘modern’ midwives as medical professionals and it was also a critical period when becoming a midwife was an emerging respectable career for women. As a matter of fact, during the early colonial era, the Office of the Governor-General, Taiwan had regulations governing the business registration of midwives only; no formal channel was established for cultivating midwifery. In those days, private midwives who managed their own business with ‘an official licence confining [their] midwifery business to a designated territory’ (*Genchi Kaigyō Menkyō*), became the so-called *genchi kaigyō sanba*.

¹⁰ Licences for nurses were also granted to those who passed the official nursing examination held by the government authority. Subjects of the examination included anatomy, nursing approaches, hygiene and contagious diseases, disinfection and first-aid.

¹¹ From 1940, graduates of public nursing schools were required to serve in a hospital for two years, owing to the shortage of nurses as a result of the war mobilisation.

¹² At that time, Japan was heavily embroiled in the Second Sino-Japanese War and later the Pacific War. It was also the period of the *Kominka* Movement (1937–1945), a policy of converting the Taiwanese as Japanese citizens with the underlying purpose of benefiting Japan in wartime mobilisation; see Section 4-3-1 for details.

In 1902, the Taipei Hospital laid down regulations for the training of midwives (*Sanba Yousei Kisoku*). Upon completion of their required year-long compulsory service, nurses with outstanding performance were given another year of training to become midwives. However, such training was offered only to Japanese.

Systematic training of Taiwanese modern midwives began in 1907 when the Office of the Governor-General, Taiwan promulgated the regulations concerning qualifications required of midwifery trainees (*Zyosanhu Kousyuusei Kisoku*). It was stated that the Taipei Hospital should offer free midwifery training to both Japanese and Taiwanese. All trainees should be between sixteen and forty years old with good health and conduct (Department of Health, Executive Yuan (ed.) 1995: 61). Until 1917, besides the twenty-two Japanese midwives, there were a total of twelve licensed Taiwanese modern midwives in private practice all over Colonial Taichung State (Government of Taichung State, Office of the Governor-General, Japanese Colonial Taiwan (ed.) 1985 [1921]: 203–04).

In 1923, new regulations concerning combined training for nurses and midwives (*Taiwan Soutokuhu Kangohu Zyosanhu Kousyuusyo Kitei*) were enacted. The new rules divided midwifery training into two types: intensive and general. The intensive midwifery course lasted only for a year. It was a continuation of the former midwifery training with the only difference being that the training was no longer free of charge. Enrolment was limited to Taiwanese who had completed six years of primary education. On the other hand, the general midwifery course was open to both Taiwanese and Japanese aged above seventeen years. The two-year general course taught knowledge of both delivery and general nursing, and was hence a combined training course for nurses and midwives. From 1925 onwards, there were Taiwanese, though initially few in number, graduating from the general midwifery course every year. However, after 1939, as with nurses, the situation changed with the number of Taiwanese trainees surpassing that of the Japanese (J. You 1993: 57–59; Department of Health, Executive Yuan (ed.) 1995: 61–62). In addition, the Office of the Governor-General, Taiwan further expanded the training of midwives. Apart from Taipei Hospital, Tainan Hospital and Taichung Hospital also

began to offer midwifery training in 1924 and 1925, respectively, with the majority of trainees being Taiwanese (J. You 1993: 60).

Besides the abovementioned official training system offered by the government, there were also other channels for obtaining a licence for modern midwifery practice. These channels included educational programmes organised by the local administration especially for upgrading traditional midwives,¹³ as well as private training institutes established by medical organisations or practitioners. These private institutes, launched mainly between 1927 and 1936, were an answer to the pressing demand for midwives in local areas.

An example of such institutes was the famous Taichung Midwife Training Institute founded in 1936 by the esteemed Doctor Wu Si-hui. Those who wished to receive training had to be above thirteen years old with elementary education. There were thirty places in the year-long general course and ten places for the six-month intensive course. Another example was the Midwife Training Institute of Qing-xin Hospital, Taichung founded in 1927 by Miss Cai A-xin (1899–1990), who was the first female doctor in Taiwan (see Section 3-2-1). Most private training institutes of the colonial era were run by physicians or obstetricians trained in Japan, who in turn trained Taiwanese women as midwives through regular practice in their clinics. Those who wished to become midwives had to undergo midwifery programs under their supervision.

In order for these midwives trained by private individuals or institutions to obtain licences for practice, the Japanese colonial government set up a Midwife Qualifying Examination. All those who passed the examination would be given a licence, *Sanba Shiken Goukaku Syousyo*, for private practice. Thus the Midwife Qualifying Examination was a national proficiency test for midwife practitioners. According to the regulations *Taiwan Sanba Shiken Kisoku* laid down by the Office of the Governor-General, Taiwan in 1923, the Midwife Qualifying Examination was to be held once a year and was comprised of two parts: a written and a practical test. Only

¹³ This authorised traditional midwives to manage their businesses with ‘an official licence confining [their] midwifery business to a designated territory’ (*Genchi Kaigyō Menkyō*), similar to the above-mentioned condition in the initial stage of the Japanese Colonial Era.

those who passed the written test could sit for the practical test, which assessed proficiency in both clinical and experimental situations (J. Sung 2000b: 70–73, 135–38; J. You 1993: 63–67). Around 1940–1941, the qualifying examination was held twice a year. Those who failed in the examination had to return to their institutes for further instruction and to prepare better for the next scheduled examination (J. Sung 2000b: 70–73, 135–38).

1897	9	1905	68	1913	235	1921	423	1929	1215	1937	1747
1898	12	1906	69	1914	264	1922	421	1930	1291	1938	1796
1899	26	1907	163	1915	297	1923	408	1931	1400	1939	1813
1900	35	1908	66	1916	308	1924	932	1932	1524	1940	2045
1901	32	1909	81	1917	345	1925	1003	1933	1542	1941	2227
1902	37	1910	128	1918	370	1926	1094	1934	1631	1942	2159
1903	40	1911	143	1919	385	1927	1071	1935	1661	---	---
1904	44	1912	191	1920	407	1928	1166	1936	1665	---	---

Table 4.1. Statistics of Modern Midwives in Colonial Taiwan, 1897–1942 (Year/Total no. of Midwives). Source: Department of Health, Executive Yuan (ed.) 1995: 63.

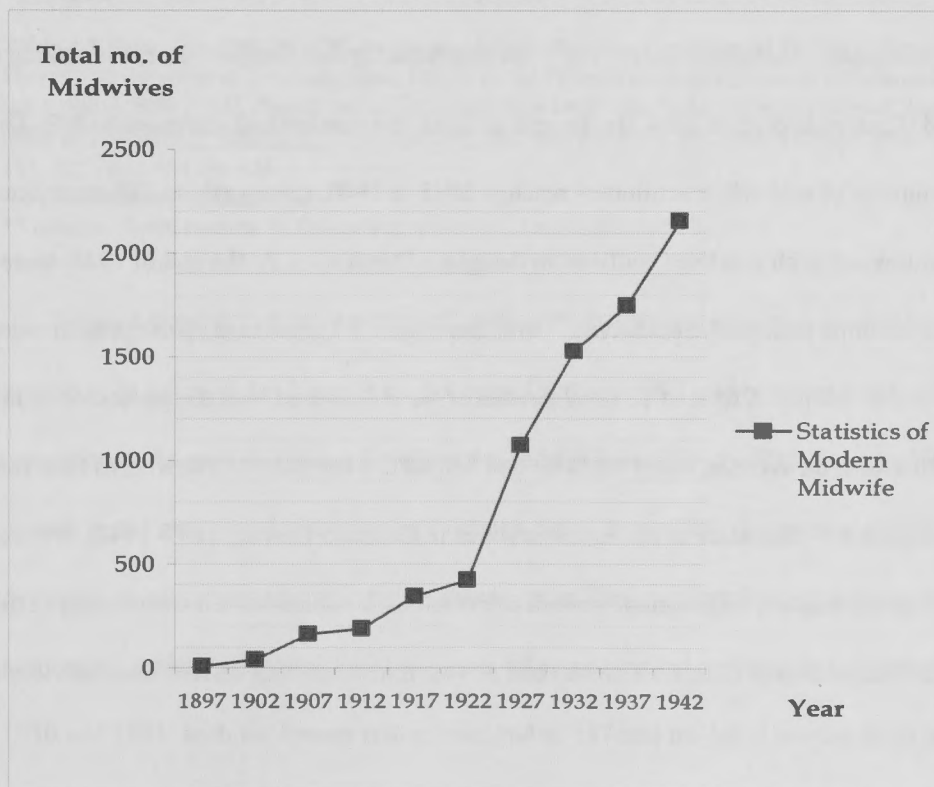


Figure 4.1. Statistics of Modern Midwives in Colonial Taiwan, 1897–1942. Source: The same as Table 4.1.

As a whole, all licensed modern midwives, regardless of how they received their training or obtained their licences, could be categorised into two main types: (1) private midwife practitioners, and (2) public midwives (*kousetu sanba*). Private midwife practitioners managed their own businesses. Their charges varied widely and their scope of business was more local, relying on close social networks or marital ties (see Section 4-2-2). In contrast, public midwives either served in public hospitals or served as civil servants in the city/town hall or rural administration division. Public midwives were first instituted in 1919. They received a salary from the government and provided services including assisting home delivery, maternity and child care, as well as disease prevention. Services of public midwives were mostly provided free of charge or at low price, and thus were much welcomed by the local public (J. You 1993: 69–72; Department of Health, Executive Yuan (ed.) 1995: 231; see also J. Sung 2000b).

According to Japanese statistical data, the distribution of midwife practitioners all over Taiwan in 1924 was as follows: Taipei State, 153; Hsinchu State, 37; Taichung State, 86; Tainan State, 448; Kaohsiung State, 114;¹⁴ Taitung State, 2; and Hualien State, 13, making up a total of 835 midwife practitioners. By the end of 1924, the number had increased to 932. The total number of midwife practitioners reached 2045 in 1940, among whom 308 were licensed midwives with practices confined to designated territories. At the end of 1940, there were 319 townships with public midwives,¹⁵ and there were 3.4 modern midwife practitioners for every 10,000 people. A total of 125,667 newborns were delivered with the assistance of midwives; that was, on average, every midwife had helped deliver sixty-one newborns (see Table 4.1 and Figure 4.1 - Statistics of Modern Midwives in Colonial Taiwan, 1897–1942). It is noteworthy that the majority of pregnant women delivered their babies in their own homes in those days. Public midwives (*kousetu sanba*) and private midwives both offered their services in the

¹⁴ As can be seen, in 1924 the Taichung area was more deficient in human resources with midwifery training compared with other western coastal regions of colonial Taiwan.

¹⁵ There were a total of 319 rural and urban townships in Taiwan, which were administrative units of the lowest level.

residence of the mother-to-be. The birth station model run by private midwives was not popular even towards the end of Japanese rule (see Sections 6-3 and 8-1).

Year	Total no. of Midwives	No. of Infants Delivered/by Nationality			Total	Total no. of Successful Deliveries	Total no. of Failed Deliveries	Mortality (%) [*]
		Japanese	Taiwanese	Foreign				
1924	93	763	1730	---	2493	2311	182	7.30
1925	100	824	2193	---	3017	2825	192	6.36
1926	108	840	3212	---	4052	3769	256	6.31
1927	124	817	4110	---	4927	4583	344	6.79
1928	131	877	5831	20	6728	6142	586	8.70
1929	149	782	6491	29	7302	6874	428	5.88
1930	164	819	**8357	35	9211	8677	534	5.80
1931	197	876	10442	40	11358	10786	572	5.03
1932	217	1905	11423	---	13328	12805	523	3.92
1933	240	1400	13413	3	14816	14129	687	4.65

Table 4.2. Statistics of Modern Midwives and Infants Delivered in Colonial Taichung State, 1924–1933. Source: Government of Taichung State, Office of the Governor-General, Taiwan in Japanese Colonial Era (ed.) 1985 [1928-1933], *Profile and Affairs Overview under the Jurisdiction of Colonial Taichung State* (臺中州管內概況と事務要覽), vol. 2 (1928): 282; vol. 3 (1929): 301; vol. 4 (1930): 301; vol. 5 (1932): 331–32; vol. 6 (1933): 355.

* denotes newly added data.

** denotes figure revised by the author; the original number was 5096.

Tables 4.2 and 4.3 show statistics of modern midwives and infants delivered by the midwives in colonial Taichung State, between 1924 and 1933 and between 1931 and 1941, respectively. As seen in Table 4.2, within the decade from 1924 to 1933, there had been steady growth in the number of midwives in Taichung State. In parallel, the number of infants delivered by midwives was also rising year by year. The most marked increase in the total number of modern midwives and Taiwanese infants delivered by them was observed between 1930 and 1931, with the former rising from 164 to 197 and the latter soaring from 8357 to 10442. Infant mortality reached its peak in 1928 and dropped thereafter, implying more effective control from 1929 onwards.

Year	Type of Modern Midwives	Total no. of Modern Midwives	Total no. of Successful Deliveries	Total no. of Failed Deliveries	Total no. of Deliveries by Modern Midwives	%	Total no. of Newborns
1931	Kousetu Sanba	88	7972	502	8474	16.75	
	Sanba	197	10788	572	11360	22.45	50592
1932	Kousetu Sanba	92	9137	586	9723	18.83	
	Sanba	224	12805	523	13328	25.81	51642
1933	Kousetu Sanba	94	10405	555	10960	21.30	
	Sanba	240	14718	687	15405	29.94	51457
1934	Kousetu Sanba	---	---	---	---	---	
	Sanba	268	17024	800	17824	32.87	54222
1935	Kousetu Sanba	100	12452	641	13093	24.02	
	Sanba	295	17948	847	18795	34.48	54513
1936	Kousetu Sanba	112	13511	691	14202	25.35	
	Sanba	314	21830	980	22810	40.71	56027
1937	Kousetu Sanba	112	13511	691	14202	24.05	
	Sanba	324	22725	1047	23772	40.26	59041
1938	Kousetu Sanba	121	16329	906	17235	29.89	
	Sanba	347	23001	1092	24093	41.78	57668
1939	Kousetu Sanba	126	17913	1010	18923	30.64	
	Sanba	353	24735	1215	25950	42.02	61757
1940	Kousetu Sanba	139	17123	885	18008	29.64	
	Sanba	370	24543	1311	25854	42.56	60753
1941	Kousetu Sanba	141	4721	194	4915	8.24	
	Sanba	384	27717	1317	29034	48.66	59662

Table 4.3. Statistics of Modern Midwives (including *kousetu sanba*) and Infants Delivered in Colonial Taichung State, 1931–1941.

Source: Government of Taichung State, Office of the Governor-General, Japanese Colonial Taiwan (ed.) 1931–1941, *Statistics Collections in Colonial Taichung State* (台中州統計書). Note: Modern midwives *sanba* here include those *kousetu* ones. The number of successful deliveries in 1931 was recorded as 10786 in Table 4.2, thus constituting a total of 11358 deliveries. These discrepancies were probably due to the data being collected in different months of the year.

Table 4.3 shows that there had been a constant increase in the number of modern midwives, including the public ones, in colonial Taichung State in the 1930s. Correspondingly, the number of infants delivered by the midwives was also rising over the years. As seen in Table 4.3 and Figure 4.2, the total number of successful and failed deliveries in 1931 was 1078 and 572,

respectively.¹⁶ This constituted a total of 11360 infants delivered by modern midwives, making up 22.45 percent among the total number of newborns with a mortality of 5.03 percent in 1931. With the number of licensed midwives available increasing, the total number of deliveries assisted by them rose to 29034 in 1941, reaching as high as 48.66 percent among the total number of newborns, with 27717 successful and 1317 failed. Accordingly, the infant mortality was reduced to 4.53 percent in 1941.

In brief, the control of infant mortality was the greatest contribution of modern midwives,¹⁷ and was also one of the outstanding achievements of Japanese colonial rule in Taiwan. Apart from those managing a private business, public midwives were established in all local administrative areas, offering assistance for home delivery in the homes of the pregnant women. It cannot be denied that the medical program of licensed midwives (and qualified nurses) was the highest education offered by the Japanese government in training female practitioners in colonial Taiwan. However, compared with that of male doctors in the Taiwanese medical structure, this midwifery training was only primary education for female practitioners in central Japan. This reveals a gender hierarchy in colonial medicine.¹⁸ Nevertheless, the success in the reduction of infant mortality was attributed to the effective policy of public hygiene for women and children implemented by the colonial government, which had a great impact on Taiwan for generations. As an emerging female profession in the mid-colonial era, modern midwives played an essential role in the life history of women and embodied a turning point in Taiwanese pregnancy cultures.

¹⁶ The number of successful deliveries in 1931 was recorded as 10786, and not 10788; in Table 4.2, thus constituting a total of 11358 deliveries. These discrepancies were probably due to the data being collected in different months of the year; usually, statistical data in *Statistics Collections in Colonial Taichung State*, the source of Table 4.3, was compiled in December of each year.

¹⁷ Some researchers questioned how far the contribution was attributable to modern midwives, suggesting that the increasing number of modern midwives did not cause the reduction of infant mortality. However, given the quantified statistical data, my fieldwork observations in this research and the viewpoints of the women interviewed, I am inclined to believe the positive impact that modern midwives had in reducing infant mortality.

¹⁸ That is, the policy of medical education adopted by the colonial government in Taiwan was gendered. There existed a gender ideology in training medical professionals in which male doctors constituted the mainstream of the structure. There was no program for training female doctors in colonial Taiwan. According to You Jian-ming and Fu Daiwei's research, female doctors in colonial Taiwan were all trained overseas in central Japan; the number of Taiwanese female doctors was 168 in 1942 and 207 in 1944, respectively, making up 4.7 percent at most among the total number of Taiwanese doctors (J. You 1995; D. Fu 2005: 156–75). This merits further research in the near future.

4-2-2. Women Medicine and Health Care in Post-war/Pre-industrialised Taiwan

After World War II, Taiwan was returned to the Nationalist Chinese government, which allowed lay people who had illegally practised in health professions to obtain licences for open practice. Many traditional midwives and rural doctors took advantage of this opportunity and obtained their licences for practice after completing short courses offered by the government. At that time, some midwives in private practice collaborated with other midwives and obstetricians to operate maternity clinics (see also J. Kang-Wang 1980: 72). However, delivery at maternity clinics was not popular and it was mainly women living in metropolitan areas like Taipei who would choose to have childbirth there.

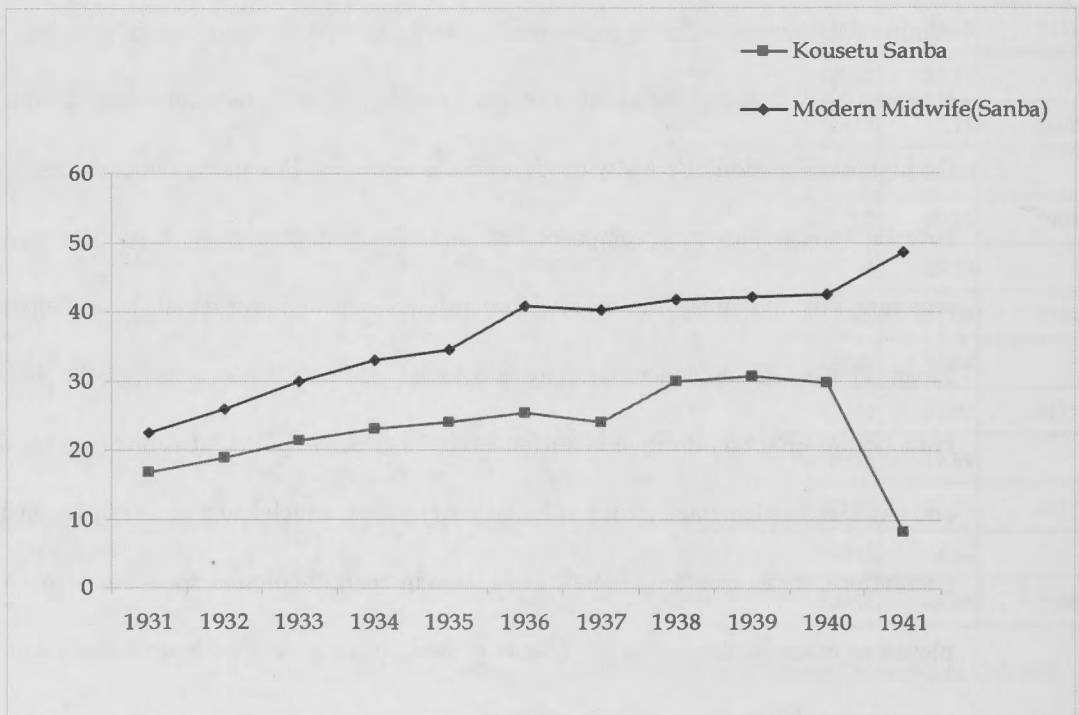


Figure 4.2. Percentages of Infants Delivered by Modern Midwives in Colonial Taichung State, 1931–1941.

Source: As for Table 4.3.

According to the statistics of the Nationalist government of 1946, there were a total of 1725 registered medical professionals. There were 882 doctors, 98 dentists, 47 pharmacists, 114 nurses, and 584 midwives (Department of Health, Executive Yuan (ed.) 1995: 98–99). The number of Taiwanese nurses and midwives was increasing steadily thanks to the efforts of the Nationalist government. Vocational high schools of nursing were founded in Taipei, Tainan and Taichung to train women for the profession. There was a serious lack of nurses at that time and

the supply of nurses could not meet the demand of the numerous hospitals established (H. Hsu and S. Ou (eds) 2004: 690–91).

Not only did nurses and modern midwives trained by Japanese colonial government or private institutions constitute the major medical workforce and serve as pioneers in maternity care and childbirth in colonial Taiwan, they also formed the backbone in the promotion of public health as well as maternity and child care in post-war Taiwan. Both the founding of the 'Taipei Healthcare Centre' (Taipei Hoken Kan) for fostering maternity and child care at grassroots level and the launching of the Family Planning Campaign in the 1950s had far-reaching impacts on the social development of Taiwan after World War II.

With the establishment of the Taipei Healthcare Centre by the colonial government in 1941, there was a more systematic approach to promotion of public health in Taiwan. By 1944, there were a total of nine such healthcare centres founded in different states. In each of these centres, there were doctors, healthcare nurses, and dieticians providing clinical services for adults, infants and children, as well as maternity care. Under the Nationalist government, these centres, while maintaining the same services as before, also offered training for promoters of public hygiene. These promoters included directors of Hygiene Yuan (Weisheng Yuan)¹⁹ in cities and counties, as well as doctors, nurses, midwives and medical staff of the Hygiene Office (Weisheng Suo)²⁰ in rural and urban townships. In particular, there was a pressing need for midwifery training and the World Health Organisation (WHO) had sent officials to Taiwan to aid in that regard.

It was in 1947 that the Taipei Healthcare Centre initiated the antenatal care scheme, encouraging pregnant women to have regular check-ups before childbirth; and launched home

¹⁹ In the Japanese Colonial Era, departments responsible for health administration in local areas were under the Prefecture Police Administrative Division. From 1945 onwards, under the Nationalist government, Hygiene Yuan was directly under the respective city or county government, dealing with health administration and public hygiene.

²⁰ In the aftermath of World War II, hygiene offices were established. Among them, many were originally the 'Malaria Control Clinics' of the pre-war years. In 1946, there were thirty hygiene offices founded to handle medical issues, disease prevention and public healthcare. Their work also included promotion of maternity and child care and provision of safe midwife assistance at childbirth. Thereafter, more hygiene offices were set up with the number increased to seventy-two in 1947 and 203 in 1948. By 1960, almost every township had hygiene offices, making up a total of 361 all over Taiwan (Department of Health, Executive Yuan (ed.) 1995: 96–97; H. Hsu and Y Fan (eds) 2004: 1238–39).

delivery services, providing midwifery assistance for childbirth at home. Pregnant women receiving prenatal checks at the Centre could enjoy midwifery assistance for home delivery free of charge or at a low price. Otherwise, women could opt for midwives in private practice recommended by the Centre (Department of Health, Executive Yuan (ed.) 1995: 85, 92, 225–29, 242–46). Nevertheless, in the early post-war years, achievements in promotion of ‘modern’ maternity and child care were limited to only the metropolitan regions of western Taiwan.

In the aftermath of World War II, the birth rate in Taiwan was as high as 42 percent and the total population was soaring (H. Hsu and Q. Lin (eds) 2004: 1094, 1238–39). A population survey conducted in 1952²¹ revealed that in households with a greater number of children, the infant and child mortality rate was higher and the likelihood of these children being adopted by other families was also greater.²² The well-known population survey report of Dr. George Barclay (1954) also showed that the annual increase in population of Taiwan at that time was 2.5 percent, much higher than other countries around the world. Hence, measures were suggested for reducing the birth rate, and thus the Family Planning Campaign was launched (Department of Health, Executive Yuan (ed.) 1995: 504–06).

Another research project conducted by Dr. Tuan Chi-hsien in 1953 provided a great deal of reliable demographic data, including reproductive histories of Taiwanese women.²³ Table 4.4 summarises the reproductive behaviour of successive five-year birth cohorts of women from the Yunlin sample. As can be seen, Taiwan in the early 1950s was a country of high fertility with uncontrolled population growth. According to the figures, women aged seventy and above had given birth to an average of 5.6 children while those aged 45–49 had given birth to an average

²¹ This population survey was conducted by the Joint Commission on Rural Reconstruction, Taiwan with support from the Rockefeller Foundation and the Office of Population Research, Princeton University. The field study was made in Yunlin County, situated along the western coast of Taiwan. Its objective was to explore the relationship between the number of children in the family and infant/child mortality rates, as well as the rate of infants and children being given away for adoption. The results thus obtained could render evidence in support of the need for family planning among the public.

²² For example, in households with 1–3 children, the infant and child mortality rate was 10–11%; in those with 4–6 children, it increased to 17–18%, in those with 7–9 children, it was 22%, and in those with 10 children or more, it reached as high as 26–32%. In addition, according to the data of the Taiwan Provincial Government, the average size of a household in 1952 was 6.1 persons (C. Tuan 1958: 42).

²³ The source of information for this research is a sample of official household registration books (*hukou diaocha*) (see Sections 2-1 and 2-3-2) of Yunlin County obtained under the auspices of the Joint Commission on Rural Reconstruction, Taiwan.

of 7.3 children—an increase of 1.7 children per woman. On average, each woman in Yunlin County had 7.1 children. Moreover, the fertility rates marked within two parallel lines in Table 4.4 indicate births occurring in the same period. Compared with those in other periods, the fertility rates showed a declining trend (C. Tuan 1958: 43–50). It is significant to note from Tuan's research that the birth interval by birth order was very uniform in the Yunlin sample and the overall birth interval had also been stable across different generations (1958: 43–50).²⁴

Age at Survey	Years of Birth	Age at Confinement							Mean No. of children ever born per woman	Standard Error	No. of Women in the Sample
		15-19	20-24	25-29	30-34	35-39	40-44	45-49			
70+	Before 1882	0.06	0.20	0.24	0.28	0.21	0.11	0.01	5.6	0.21	117
65-69	1883-1887	0.06	0.24	0.30	0.29	0.22	0.11	0.01	6.2	0.37	94
60-64	1888-1892	0.09	0.28	0.33	0.29	0.25	0.13	0.01	6.9	0.32	105
55-59	1893-1897	0.10	0.31	0.30	0.29	0.25	0.12	0.01	6.9	0.18	147
50-54	1898-1902	0.10	0.31	0.33	0.32	0.27	0.11	0.01	7.1	0.18	233
45-49	1903-1907	0.11	0.35	0.35	0.30	0.25	0.10	0.01	7.3	0.11	291
40-44	1908-1912	0.12	0.33	0.34	0.28	0.21	0.12		7.0	0.13	436
35-39	1913-1917	0.10	0.35	0.32	0.27	0.24			6.4	0.10	438
30-34	1918-1922	0.09	0.33	0.31	0.32				5.2	(Not shown)	486
25-29	1923-1927	0.07	0.30	0.32					3.4	"	630
20-24	1928-1932	0.05	0.29						1.7	"	777
15-19	1933-1937	0.01							0.05	"	896

Table 4.4. Cohort Historical Fertility Rates of Women (No. of Confinements Resulting in Live Births per Woman per Year), Yunlin, 1952.

Source: Tuan Chi-hsien 1958: 43.

Strictly speaking, there was already deliberation on formulating a national population policy and promoting country-wide family planning as early as 1947. However, it was only in 1968 that the policy and the related legislation of family planning were promulgated. The aim of such policy was to control the natural population increase towards a reasonable growth target. The public was encouraged to adopt suggested contraceptive measures voluntarily according to their

²⁴ Accordingly, the reproductive span per woman for women aged 60–64 was 19 years; it was 18 years for women 55–59, 50–54, and 45–49 years of age at the time of the survey. The mean age at the first confinement was 21, while that at the last confinement was 38. The overall mean birth interval for women in Yunlin County aged 45–64 in 1952 was 2.6 years.

preference. As mentioned, Hygiene Offices (Weisheng Suo) were healthcare units at the grassroots level in post-war Taiwan. Hence, naturally they shouldered the front-line jobs of promoting family planning.

In the 1960s, Hygiene Offices taught the public different contraceptive methods in the name of promoting antenatal health care. One of the most popular contraceptive means adopted was the Lippes Loop. From 1964, American aid was obtained to subsidise the insertion of the Lippes Loop in married fertile women. Within six years, 630,000 women had the device inserted, reaching the completion rate of the samples. Between 1964 and 1970, the cumulative insertion rate of Lippes Loop among fertile women rose from 3.2 percent to 45.1 percent. The Family Planning Campaign in the 1960s promoted three-child families while in the 1970s its aim was to foster families with two children. By 1986, the population growth rate was already reduced to the long-term target laid down in the national population policy (Department of Health, Executive Yuan (ed.) 1995: 500–540; H. Hsu and Q. Lin (eds) 2004: 1238–39).

In the aftermath of World War II, modern midwives constituted the main force behind the public health promotion while Hygiene Offices carried out front-line tasks in the Family Planning Campaign. Nurses and modern midwives trained during the Japanese Colonial Era became the pioneering workforce in maternity and child care as well as family planning promotion in post-war Taiwan. They played different roles in the health care sector. Some became bureaucrats in charge of health administration departments, some worked as public hygiene nurses or healthcare educators in villages and communities, some were employed by the government as public midwives and some had their own business as private midwifery practitioners.

The career of my key informant Mrs Dai Cai Shuang, who was also the first-generation professional midwife in Taiwan, epitomises her generation.²⁵ Mrs Dai Cai Shuang, born in 1911, is a native of Wuqi, colonial Taichung State. She graduated from the Institute of Nursing and Midwifery of Taipei Hospital in 1928 (see Figures 4.3-1 and 4.3-2). In 1934, at the age of

²⁵ The photos shown with following text were cordially provided by Mrs Dai Cai Shuang.

twenty-four, she had her own private midwifery practice in Wuqi.²⁶ In 1936, she worked as a public midwife *kousetsu sanba* in Wuqi Administrative Division (see Figures 4.3-4 and 4.3-5).

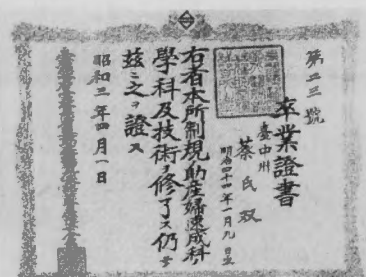


Figure 4.3-1. Graduation certificate of the intensive course for midwives offered by the Institute of Nursing and Midwifery, Taipei Hospital, 1928. Mrs Dai Cai Shuang.



Figure 4.3-2. Licence for midwife issued by the Government of Taichung State, Japanese colonial Taiwan, July 1942. Mrs Dai Cai Shuang.



Figure 4.3-3. Group photo of Women Patriots Society, Wuqi, 1934/Mrs Dai Cai Shuang (2nd from right, front row).



Figure 4.3-4. Opening of the first 'Seasonal Healthcare Centre', Wuqi, 1935/Mrs Dai Cai Shuang (4th from right, back row).



Figure 4.3-5. Public midwife training/lecture course, Taichung State, 1936/Mrs Dai Cai Shuang (2nd from left, 2nd row).



Figure 4.3-6. 'Healthy Baby Contest' organised by Hygiene Office, Wuqi Town Hall, 1954. Mrs Dai Cai Shuang (1st from left, back row).

²⁶ Before her private practice, Mrs Dai Cai Shuang had been a member of several local non-governmental organisations of Wuqi. This indicates the high social status of modern midwives at that time. For example, in 1931, she joined the Female Youth Group, which was a local social organisation for educating female youth during the colonial era. Later in 1934, she became a member of the Women Patriots Society, another local social organisation which later contributed much to mobilising the people during the war. See Figure 4.3-3.

In 1938, she was married to a young dentist trained in Japan. Her husband's family Dai was famous for being expert in midwifery in the Longjing area. She and her sisters-in-law, Mrs Dai Guo Wang (?-?), Mrs Dai Xie Huo-sui (1915-?), and Mrs Dai Ren (1910-?) were all experienced midwives. In 1942, she was transferred to Longjing Administrative Division, still working as a public midwife. After World War II, Mrs Dai Cai Shuang took on a position in the Hygiene Office, Wuqi, when it was founded in 1950 (see Figure 4.3-6). In 1971, she retired from the position at sixty-one years of age, but soon resumed her career as a private midwifery practitioner. Her private practice lasted for a further fifteen years until 1986 when she finally left her midwifery profession at the age of seventy-six. Throughout her career as a midwife, Mrs Dai Cai Shuang delivered more than 7000 babies who include contemporary mayors, councillors, and other leading figures in local communities (see also J. Sung 2000b: 29-63).

The life experience of another key informant, Mrs Su Liu Xin, also displays a connection between her successful midwife career and the network of relationships established through her marriage.²⁷ Mrs Su Liu Xin, born in 1923, is a native of Houli, colonial Taichung State. She passed the midwifery examination and obtained her official licence in 1941, at the age of nineteen; she received her certificate from the Private Taichung Institute of Midwife only in 1942 (see Figures 4.4-1, 4.4-2 and 4.4-3). Later that year, she was married to a wealthy family, which was also well known around Houli for being expert in midwifery. Her sisters-in-law, Miss Su Ren-mei (1912-) and Miss Su Ju-mei (1921-), both graduated from the Institute of Nursing and Midwifery, Taichung Hospital, and held official licences for midwifery practice. In 1943, at the age of twenty-one, Mrs Su Liu Xin began to operate a birth station in her husband's residence. After World War II, she took on a position in the Hygiene Office, Houli, when it was established in 1949 (see Figure 4.4-4). Mrs Su Liu Xin also joined the promotion for maternity and child care in greater Taichung County. For example, she was the instructor for both nursing and obstetrics of the Hygiene Yuan, Taichung County, during 1955-1956 (see Figure 4.4-5). Her

²⁷ The photos shown with following text were cordially provided by Mrs Su Liu Xin.

contribution to public affairs was outstanding and her achievements were widely recognised and acclaimed by both local and provincial governments.



Figure 4.4-1. Certificate of 'Midwife Qualifying Examination' issued by Taichung State, 1941/Mrs Su Liu Xin.

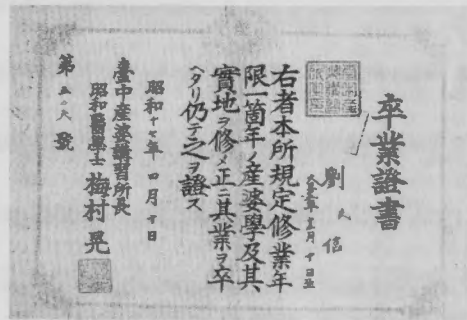


Figure 4.4-2. Graduation certificate issued by the Private Taichung Institute of Midwife, 1942/Mrs Su Liu Xin.



Figure 4.4-3. Graduation photo of Private Taichung Institute of Midwife, 1941/Mrs Su Liu Xin (8th from right, back row)



Figure 4.4-4. Founding of Hygiene Office, Haoli, 1949/Mrs Su Liu Xin (1st from left, back row).



Figure 4.4-5. Instructors of nursing and obstetrics of Hygiene Yuan, Taichung County, 1955–1956/Mrs Su Liu Xin (middle, front row).



Figure 4.4-6. Poster of birth station operated by Mrs Su Liu Xin, 1987.

In 1975, Mrs Su Liu Xin retired from the Hygiene Office at the age of fifty-three, but soon resumed her private midwifery practice and operated a birth station under her maiden family name (see Figure 4.4-6). Mrs Su Liu Xin finally ended her private practice around 1987 (see also J. Sung 2000b: 64–101).

Perhaps, the successful career of Mrs Lu Jiang Xue-li is the best example to show how a midwife trained during the colonial era was then able to join the administration of public hygiene and health service after World War II.²⁸ Mrs Lu Jiang Xue-li, born in 1927, is a native of Taichung City, colonial Taichung State. She completed her training at the Institute of Nursing and Midwifery, Taichung Hospital in 1945 (see Figures 4.5-1, 4.5-2, and 4.5-3) and later graduated from the Department of Obstetrics, Taichung Nursing School in 1948.



Figure 4.5-1. Graduation certificate of Institute of Nursing and Midwifery, Taichung Hospital, March 1945/Mrs Lu Jiang Xue-li.



Figure 4.5-2. Studying at Institute of Nursing and Midwifery, Taichung Hospital, 1941-1945/Mrs Lu Jiang Xue-li (right, sitting).



Figure 4.5-3. Group photo of doctors and nurses at Taichung Hospital, March 1945/Mrs Lu Jiang Xue-li (1st from left, back row).



Figure 4.5-4. Experts in women and children's hygiene from World Health Organization visiting Dongshi, Taichung County, 1952/Mrs Lu Jiang Xue-li (7th from right, 2nd row).

²⁸ The photos shown with following text were cordially provided by Mrs Lu Jiang Xue-li.

From 1951, Mrs Lu Jiang Xue-li had served as a public hygiene nurse in the Hygiene Yuan, Taichung County, worked with the Committee for Women and Children's Hygiene, World Health Organization (WHO), and had served successively as a Nursing Director of Hygiene Yuan over a long period (see Figures 4.5-4 and 4.5-5). She also had much experience in practising midwifery in Taichung County. She was promoted to the position as Head of the 5th Department, Bureau of Public Health, Taichung County in 1968 and held this position for twenty-five years until her retirement in 1992. She also served as the Chairman of the Board of Directors of the Nursing Association, Taichung County from 1968 to 1974 (see Figure 4.5-6), and the Midwife Association from 1971 to 1977 (see also J. Sung 2000b: 102–29).



Figure 4.5-5. Internship at National Tokyo Aiiiku Byōen (Hospital), Japan, 1955-1956/Mrs Lu Jiang Xue-li (left).



Figure 4.5-6. Certificate for cadre members serving on Board of Directors of the Nursing Association, March 1963/Mrs Lu Jiang Xue-li.

As a whole, modern midwives in Taiwan played an important role in maternity care, especially, of middle- and lower-class mothers. Until the late 1970s, the majority of Taiwanese babies were delivered either by these licensed midwives, or those traditional granny midwives (*jiesheng po*) or granny doctors/midwives (*xiansheng ma*). Thereafter, Taiwanese obstetricians began to offer their services, in competition with midwives, as mentioned by Mrs Dai Cai Shuang and Mrs Su Liu Xin (see also J. Kang-Wang 1980: 70–71). As part of this trend, luxurious hospitals, which offered Western-style obstetric care, were available but only in Taipei from the late 1970s. In the author's opinion, the decrease in demand for midwifery services beginning from the 1980s as matched by the increase in demand for maternity care offered by obstetricians was related to Taiwan's progress in industrialisation and the subsequent

transformation in the family structure of rural Taiwan, which will be discussed further in Section 8-1-3.

In other words, the period from the 1960s to the 1970s was the golden age of maternity and childcare promotion as well as the Family Planning Campaign in Taiwan. The public hygiene nurses and village/community healthcare educators described above paid home visits to each individual household, organised classes for mothers-to-be and mothers, and brought the ideas and devices of contraception to remote areas. More importantly, midwives also provided house-to-house services including prenatal checks and home delivery, and taught maternal and child care. It is indeed thanks to their zealous efforts and contributions that the population policy and Family Planning Campaign in the 1960s and 1970s was so successful.

However, successful modern midwife entrepreneurs always combine Western science and Taiwanese popular beliefs in their midwifery practice, as observed in my fieldwork research (see Chapters 6 and 8). Midwives are the candid eyewitnesses of the everyday Taiwanese cultures of pregnancy. My informants, Mrs Dai Cai Shuang and Mrs Su Liu Xin, had much experience of conventional Taiwanese customs when they assisted in home delivery, which epitomised the general situation the modern midwives were confronting. As a midwife being much more involved in the administration of public hygiene and health service than others, Mrs Lu Jiang Xue-li described her experiences during the period from 1948 to 1967 as follows: '[At first] I found so many popular customs quite beyond my expectation and I was always shocked by these, because I was a public hygiene nurse and modern midwife trained in Western obstetrics by Taichung Hospital under the Japanese colonial government.' What faced her was best illustrated in her experience when she joined a team to make a short film concerning public hygiene for women and children in 1961. The film, titled *Whose Fault Is It?*, was part of the publicity campaign for teaching 'proper' attitudes towards pregnancy and childbirth.²⁹ *Whose Fault Is It* covered all aspects of pregnancy and childbirth that warranted attention. For instance,

²⁹ This film was a collaborative project of the Department of Public Hygiene Education, National Normal University, and the Hygiene Office, Taichung County where Mrs Lu Jiang Xue-li served. In the film, Mrs Lu Jiang also played the role of a public hygiene nurse.

it advised people about the 'normal' procedures of a delivery when a woman in labour was assisted by a modern midwife compared with the 'abnormal' situations when the woman was attended by a traditional granny midwife (*jiesheng po*), granny doctor/midwife (*xiansheng ma*), or even a *hongtou* priest, who might perform 'magical' rites in certain circumstances (see Section 6-2-3). No doubt, Mrs Lu Jiang Xue-li is a positive educator in terms of the role she played but she was still confronting conflicting approaches.

In brief, by the 1970s the majority of modern midwives were struggling to accommodate conventional Taiwanese beliefs, being caught in the cultural conflict between 'modernity' and 'tradition'. Their successful service in local communities was often attributed to their flexibility in dealing sensitively in their dealings with popular beliefs and practices. Moreover, in terms of the medical history of pregnancy cultures and maternity care, the 1980s saw the replacement of home delivery by hospital delivery and the important historical substitution of female midwives by male obstetricians, who were equipped with modern scientific technology (see Section 8-1-3).

4-3. Rethinking Medical Pluralism in Taiwan beyond History

4-3-1. The Impact of Colonial Rule on Folk Religion and Local Medicine

As mentioned earlier, the argument as to whether Taiwan was 'an extended territory of central Japan' (*Naiti No Entyou*) was crucial to colonial Taiwan since it formed the basis on which government policy on medicine and its personnel training was formulated. Similarly, the policy on religion, which was closely related to Taiwanese local medicine, was also devised according to this rationale. The colonial policy on religion not only shaped the character of colonial Taiwan, but also reinforced a medical pluralism. It provoked a kind of surreptitious resistance on the part of the local Taiwanese.

The policy on religion implemented by the Japanese colonial government can be divided into the following periods: (1) 1895–1914; (2) 1915–1930; and (3) 1931–1945 (see J. Cai 1992, 1994). The first period from 1895 to 1914 is a period of permissive toleration, when Shinpei

Goto, the Commissioner of Civil Affairs from 1898–1918 adopted the policy of ‘being attentive and mild to Taiwanese old customs’ (*Kyuukan Onzon*).³⁰

The turning point for the second period was May 1915, the outbreak of the Incident of Xi-lai An, an armed resistance against the Japanese invasion of Taiwan at the Buddhist Temple Xi-lai in Tainan City, South Taiwan. Soon afterwards, a series of investigations into Taiwanese religion was conducted. Meanwhile, the colonial government continued to supervise Taiwanese folk religion, with the objective of keeping religion under control and maintaining social order.

The Mukden Incident of September 1931 was crucial to the final period of the Japanese policy on religion. With the massive changes in Japanese military imperialism after 1931, the colonial government demanded that the Taiwanese strengthen their loyalty towards the colonial motherland by requiring them to worship the deity Amaterasu-ōmikami, the ultimate ancestral Goddess of the Japanese imperial family as well as the Supreme Ruler of Japanese Shintoism. From then onwards, the colonial government launched a series of acculturation measures. It is noteworthy that after a council from the central authority passed a resolution to ban Taiwanese ‘corrupt’ practices/superstitions in 1936, the colonial government implemented an unprecedented policy of constraining Taiwanese folk religion and customs (J. Cai 1991: 69–70). With the outbreak of the Second Sino-Japanese War in 1937, the ambiguity of the national identity of the Taiwanese made Japan worried. As a result, the *Kominka* movement was launched. ‘*Kominka*’ literally means ‘to make people become subjects of the emperor’ or in simple terms, the Japanisation of Taiwanese society. Hence, the *Kominka* movement (1937–1945) aimed to foster the loyalty of Taiwanese towards the Japanese colonial empire with the ultimate goal of mobilising Taiwanese to participate in the Greater East Asia War.

The movement included four major campaigns that permeated the daily lives of Taiwanese. They concerned: (1) religious reforms; (2) a national language movement; (3) a name-changing

³⁰ According to Goto, “‘Old customs’ did not merely mean any social convention. They had the specific, technical meaning of a coherent body of customary practices which, though un-codified, structured and regulated social life in a pre-modern society like Taiwan’ (see Y. Tsu 1999: 198). It was in this restricted legalistic sense that Goto regarded a research survey on Taiwanese customs as indispensable to efficient colonial administration. Thus, the Provisional Investigation Committee on Taiwanese Old Customs (Rinzi Taiwan Kyuukan Tyousakai) was established and made many outstanding accomplishments (Y. Tsu 1999: 198–201).

program; and (4) recruitment of military volunteers (see W. Zhou 1994). As an essential part of wartime mobilisation, the *Kominka* movement aimed to transform Taiwanese into 'real Japanese' with a Japanese lifestyle. Moreover, it was also intended to terminate the Han (ethnic) identity and sever cultural-religious ties between Mainland China and Taiwan, in order to prevent resistance from Taiwanese during the war (see D. Cheng 1981; J. Cai 1992; W. Zhou 1994). The responses of the Taiwanese towards the four major campaigns varied. The religious reforms were met with chilly acceptance; the name-changing program was not popular; the national language movement was successful to some extent, while the military volunteer system seemed to invoke great patriotic enthusiasm among the youth (W. Zhou 1994).

Religious reforms launched under the *Kominka* movement aimed to promote the national religion of Japanese Shintoism in place of Taiwanese folk religion. On one hand, the colonial government started a Main Hall Improvement Movement from 1936, compelling Han Taiwanese to enshrine Japanese Amaterasu-ōmikami instead of the Buddha or other enshrined deities and ancestors. On the other hand, many more Zinzya (Japanese shrines) were constructed to replace the village temples which functioned as socio-religious centres in rural Taiwan. In 1938, the colonial government further started a Temple Rectification Movement and demanded Taiwanese put away their traditional deities, such as Mazu (the Goddess of Heaven) and Cheng Huang (the God of the City). As part of the Movement, deities enshrined in individual households were removed or burned; while those enshrined in village temples, including statues and images of Chinese Buddhist and Taoist deities, were removed, burned or if permitted at all, co-worshipped. Most Buddhist temples were left with no alternative but to be reorganised as Japanese Zinzya, with some seeking assistance from different Buddhist sects in Japan, or surrendering their properties to Japanese Buddhism to escape possible persecution. Some temples were amalgamated with others or even closed down; while some religious associations, such as Shenming Hui, were dismissed or coercively merged.³¹

³¹ In fact, besides the Japanisation of Taiwanese society, other objectives behind these movements were of a more practical nature, including the confiscation of the properties of temples. Nevertheless, the main goal of such religious reforms was to eradicate the Han identity of the Taiwanese and sever their ties with China (J. Cai 1992: 112).

However, there were no guiding principles given by the colonial government for the concrete implementation of the series of religious reforms, from the Main Hall Improvement Movement to the Temple Rectification Movement.³² The lack of a clearly defined policy made administration of local governments highly controversial and achievement varied as well. For example, the Temple Rectification Movement was not put to full practise in Taipei State (North Taiwan) and Taichung State (Central Taiwan). By contrast, the whole Hsinchu State (North Central Taiwan) and Tainan State (South Taiwan) were very active in carrying out the movement's objectives, especially Zhongli Prefecture of Hsinchu. The officers in Zhongli shut down all temples, removed all statues and condemned Taiwanese folk religion as superstition. Such extreme attitudes elicited overwhelming resistance from the local people. In the face of such negativity, the colonial government put a ban on the radical measures that had aroused resentment against the colonial government, because these actions contradicted the primary national need for wartime mobilisation (J. Cai 1991: 72-82, 1992: 125-130).³³ The movement was thus eventually terminated, shortly after a new Governor-General assumed power in 1940.

On the whole, at the peak of the *Kominka* movement, the Han Taiwanese folk religion seemed to be replaced by Japanese national Shintoism, and Amaterasu-ōmikami seemed to have replaced the Taiwanese Buddha, deities and ancestors, at least visibly (J. Cai 1991: 83). Nevertheless, the religious reforms of the *Kominka* movement had, in reality, failed. Whether it was the Main Hall Improvement Movement in the domestic sphere or the Temple Rectification Movement in the public sphere, their directives were never carried through, because they mitigated against the pre-eminent national need for wartime mobilisation. Fear of arousing mass resentment caused the movements to end abruptly. Some researchers have further claimed that of the four campaigns of the *Kominka* movement, religious reforms were met with the coldest response and were the least successful. Though the Taiwanese were forced to accept Japanese Shintoism outwardly, there was

³² On one hand, Japan was embroiled in war with China and wartime mobilisation was of higher priority than colonial governance. On the other hand, the general public of Taiwan remained faithful adherents of folk religion.

³³ Moreover, the Temple Rectification Movement also came under heavy criticism from contemporary Japanese intellectuals in Taiwan, including political commentators, Japanese Buddhist preachers and professors of the Taipei Imperial University (D. Cheng 1981: 74-79).

little true conversion. This explains why Shintoism in Taiwan vanished soon after Japan's unconditional surrender in 1945 (J. Cai 1992: 111, 131; 1994; W. Zhou 1994: 127–28).

In my opinion, the *Kominka* movement was a moment in history when the local Taiwanese showed surreptitious resistance towards their Japanese coloniser. Even though folk religious activities were stringently prohibited at that time, many local communities or individual families ran the risk of being caught as they secretly kept statues and images of Taiwanese deities. Moreover, some members of traditional martial arts associations, which were closely related to both folk religions and Taiwanese medicine, gathered in secret to continue their practices, as informant Mr Wu Teng (1916–) has reported.³⁴

In addition, during the period of the *Kominka* movement, people resorted to their deities for divination concerning their suffering and illnesses, as informants Mr Huang Qing-song (1912–)³⁵ and other elders of Sankang reported as follows.

Prescription divinations (*yaoqian*) from our Fuxing Temple were, and are, very effective. Through power from deities, *yaoqian* can offer cures for illnesses, such as cold, fever, shock and the disturbance of *qi* [the vitality of a human being]. Prescription divinations of our temple dated back to the generation of my father, Huang A-li (1885–?), and had been very popular in the Japanese Colonial Era. Although the Japanese government had banned their use, there was no way for the police force to have complete intervention in minute details of everyday life. We villagers still practised prescription divination in secret. On seeing someone being cured after taking the prescription, others may seek advice and follow suit, coming to the temple for prescription divination .

Narrative 4.1. Mr Huang Qing-song related how people resorted to their deities for divination concerning their suffering and illnesses (2003-05-02 and 2003-11-29; Appendix 1.10 – Lineage JS427).

³⁴ Mr Wu Teng, born in 1916, was the chief of Yihu Tuan (a religious troupe) at the time of our interview. Upon graduation from Colonial Dajia High School (1930, 14 years old), he began practising martial arts till the age of 20. With the return of Taiwan to Nationalist rule, he had served as a village representative and taken up several official posts (1969–1999). He was also a member of the Hygiene Promotion Committee and a leading figure among the gentry in Waipu. It is noteworthy that Yihu Tuan is the most representative religious troupe of Waipu and the only group of such a kind in contemporary Taiwan. In those days, learning martial arts would involve acquiring skills in treating trauma injury. Wu could prescribe herbal medicine according to the collection of prescriptions on trauma injury. In general, the dosage of the medicine prescribed was rather small. Source: Fieldwork conducted in January and June 2001 (see also J. Sung 2002: 765–68).

³⁵ Mr Huang Qing-song, born in 1912, is the eldest villager in Sankang; he was 92 years old at the time of our interview in 2003. In addition, Mr Huang is one of the most respected residents in Sankang; he has lived in Sankang for more than eighty years since his father migrated from adjacent Miaoli County in 1920s, and has served as a delegate of his home villagers for several terms of office. Mr Huang is very knowledgeable about ritual practices and textual knowledge; there was no better learned man than Mr Huang among his contemporaries. See Section 8-1-1 for his cultivation of knowledge. See Appendix 1-10 for details of Mr Huang's family and lineage in Sankang.

Owing mainly to the surreptitious resistance of the local Taiwanese, and with the defeat of Japan in World War II, Taiwanese folk religion, as well as local medicine which developed from folk religion and popular culture indigenous to Taiwan, was restored in all local communities. Those statues hidden away were thus enshrined again in family altars and village temples, while those which had been burnt were remade and even gilded by enthusiastic admirers in rural Taiwan.

4-3-2. Local Medicine as a Strong Alternative

As mentioned, Taiwanese people in Ming-Qing era, when suffering from diseases or illnesses, resorted mainly to folk therapeutic approaches like breathing therapy (*qigong*), herbal medicine (*qingcao yao*), or religious treatments like *jiang-bi* and *yaoqian* (See Sections 3-2-1 and 3-2-2). Under Japanese rule, modern Western medicine was introduced to Taiwan by the colonial government, which brought about revolutionary changes to medical facilities and medical education, as well as health administration and healthcare system. However, a single Western medical system similar to the one that the Japanese colonial government wished to establish was not carried through to completion by the succeeding Nationalist Chinese government in the post-war years. Considering the condition of Taiwan, the Nationalist government lifted the ban on traditional Chinese medicine doctors and illegal doctors in clandestine practices and allowed the practice of conventional folk therapists. In addition, the regulations concerning the appraisal and qualification of Chinese medicine doctors, promulgated by the Nationalist government, were rather loose. As a result, the number of Chinese medical practitioners soared rapidly in early post-war years (H. Hsu and S. Liu (eds) 2004: 153–54).³⁶ All these contributed to the development of medical pluralism in Taiwan. The co-existence of various medical traditions in Taiwan is an undeniable fact. And yet the Nationalist government has never officially adopted or promoted Taiwanese local medicine

³⁶ The Nationalist government first promulgated the Physicians Act in 1943 with several amendments made in subsequent years. The most current Act in Taiwan was announced in 2002. The greatest difference between the Physicians Act in the colonial era and that in post-war years lay in the appraisal standard of practitioners of Chinese medicine. Details of the Act can be found at the website of the Committee of Chinese Medicine and Pharmacy, Department of Health, Executive Yuan: <http://www.ccmp.gov.tw>.

(Unschuld 1976: 302; H. Chang 1994 [1989]: 104).

Chinese medical treatments were finally covered by the National Social Insurance Scheme of Taiwan in 1989. The Department of Health (DOH), Executive Yuan, Taiwan made an announcement in 2000, which stated that general Chinese medicine hospitals that met the prescribed standards could apply for establishment of departments responsible for postpartum care and the provision of maternity and childcare services. This can be seen as the government's response to the general public's popular demand for postnatal care such as confinement provided by traditional Chinese medicine doctors, and the official legalisation of such service provision. In addition, as early as 1993, the DOH had already announced another administrative order, which evidenced the very existence of medical pluralism in Taiwan.³⁷ This order concerns acts, especially Chinese medical treatments, not being classified as 'medical management'. As listed in the order, these acts include: conventional massage therapy, external application of herbal medicine, physiotherapy for trauma injury, acupuncture therapy, reflexology (foot massage); fire cupping and breathing therapy; soul-retrieving rites (*shoujing*), burning or posting of charms and prescribing incense ashes.

This administrative order suggested that the signs of medical pluralism existing in post-war Taiwan, continued to persist into contemporary Taiwan. On one hand, certain local medical or therapeutic approaches are closely related to traditional Chinese medicine. It is very difficult to make a clear distinction between the two. On the other hand, the Nationalist government was faced with difficult-to-eliminate long-standing practices and enduring habits that were in pressing need of regulation. The administrative order allowed the concerned authority to have greater flexibility in dealing with the situation. In other words, although contemporary Taiwan has easily accessible modern Western medical resources, there were (and are) still a great number of Taiwanese who adopt local or religious medicine when dealing with health problems. The government management strategy towards these medical approaches was passive rather

³⁷ Details of these announcements can be also found at the website of the Committee of Chinese Medicine and Pharmacy, Department of Health, Executive Yuan: <http://www.ccmp.gov.tw>.

than active. Instead of classifying them as 'medical conduct', local and religious therapeutic approaches were regulated under 'alternative treatments'.

It is undeniable that centuries of Taiwan history had seen changes or transformations of trends and preference for medical traditions. They included temporal and spatial changes as well as differences in access to health services according to gender and social status (gentry and elite vs. commoners and the underprivileged). Nevertheless, an irrefutable fact is the co-existence of three medical traditions: traditional Chinese, 'modern' Western, and local Taiwanese medicine from the Japanese Colonial Era till today. These three medical traditions all have different appeals and specialties. Hence, despite the firmly established status of orthodox Chinese and Western medicine, local and religious medicine can still gain a foothold among the people. Local and religious medicine is seen as inferior to orthodox Chinese and Western medicine, in terms of political governance and how related knowledge is transmitted, albeit oral/embodied or textual/authoritative knowledge. However, the three traditions not only co-exist but are also interdependent. Their explanations of illnesses focus on different aspects but they complement each other. Rather than being mutually exclusive and competing, traditional Chinese, Western as well as Taiwanese local medicine are interconnected and serve different purposes in practice.

That is to say, a full exploration of Taiwanese seeking help for their illnesses must be situated in the medical pluralism unique to Taiwan, and seeing what needs are satisfied between medical alternatives. Take for example, a Taiwanese woman suffering from insomnia, menstrual disorder and frequent miscarriages who sought medical help. The Western doctor told her that her salpinx was not functioning well; the traditional Chinese medicine doctor said she had symptoms of anaemia, while the local practitioner *tangki* told her that her illness was caused by 'obstructed blood', which was a punishment for her misdeeds, and she needed to humbly pay homage to the gods. This woman eventually took the magic charm which the *tangki* prescribed for her. She was satisfied with the treatment, though she still had a slight backache and menstrual disorder (H. Chang 1989: 8). As shown, several divergent explanatory models set in

different medical traditions need to be considered.³⁸ Many cases from my fieldwork in Sankang also indicate comparable situations of medical pluralism in Taiwan, particularly those related to birthing practices surrounding home delivery (see Section 8-1-2).

The medical pluralism of Taiwan is a complex historical product in which each tradition was entangled with certain political associations, including traditional Chinese medicine, Taiwanese local medicine, Western missionary medicine and Japanese colonial medicine. In Chapter 3, I explored Chinese and Taiwanese medicine. In the first part of this chapter, the history of the introduction of Western biomedicine, including missionary medicine and colonial medicine, was detailed. The intertwining social conditions under which medical knowledge was produced and the crucial points in the development of medical pluralism in Taiwan were discussed.

For the society of Taiwan under Qing rule and Japanese colonisation, the introduction of both missionary medicine and colonial medicine was not only a medical encounter but also a cultural confrontation of historical significance. The impact of Japanese colonial rule in terms of the training of 'modern' midwives during and since that period is particularly significant in the 'modernisation' of Taiwan. The 1920s saw the recognition of Taiwanese modern midwives (*chan-po*) as medical professionals and it was during this critical period that becoming licensed as a midwife was emerging as a respectable career for women. Private midwives and public ones (*kousetsu sanba*) were established in all local administrative areas, offering assistance for home delivery in the house of the pregnant women. Delivery at maternity clinics was not popular even towards the end of Japanese rule.

As a whole, modern professional midwives in Taiwan played an important role in maternity care, especially of middle- and lower-class mothers. Until the late 1970s, the majority of Taiwanese babies were delivered either by licensed modern midwives, or those traditional granny midwives (*jiesheng po*) or granny doctors/midwives (*xiansheng ma*). Thereafter, male

³⁸ They include the need to: (1) juxtapose the healers' perspectives with those of the patient and family; (2) relate these divergent perspectives to their concrete cultural and interactive settings; and (3) assess the sickness episodes and the treatment from the various actors' viewpoints, as Kleinman suggested (1980: 120).

obstetricians began to offer their services in competition with all kinds of midwives. From the perspective of medical history, the process of ‘modernisation’ of Taiwanese medicine first increased the power of female practitioners as licensed midwives, still within the framework of conventional home-based delivery. But subsequently it decreased such power with the preference for birthing in hospitals with male obstetricians after the 1970s. We have also seen that the creation of medical practices concerning birthing was politically entangled with colonial authority, bureaucratic power and gender in the course of history.

From a cultural and historical perspective, midwives did play an essential role at a turning point in Taiwanese pregnancy cultures. Midwives are both the candid eyewitnesses and the mediators of Taiwanese traditions. On one hand, their successful service, rooted in local communities, was attributed to their flexibility in dealing sensitively in confrontations with popular beliefs and practices. On the other hand, their home delivery service prescribing the conventional ‘sites of birth’ (Mallett 2002) (see Section 1-1-2) contributed to the foundation of Taiwanese pregnancy cultures. Moreover, the development and transformation of midwifery practice and home delivery in Taiwan, between the 1920s and 1970s to the early 1980s, is of great significance in the related issues of gender, professionalisation, and history (see J. Wu 2000). There remains much to be explored, which I hope to do in future research.

Moreover, it is also noteworthy that the very existence of medical pluralism in Taiwan reflects the ideological conflicts between male and female practitioners, which embrace different gender hierarchies in three medical traditions. As shown in Chapter 3, in traditional Chinese medicine men have expert textual-based knowledge as scholar doctors, while women (mostly illiterate) with experiential and oral knowledge, served as granny doctors/midwives (*xiansheng ma*) in the local village setting. No ‘professional’ female doctors or ‘modern’ midwives could render maternity care until the colonial 1920s, when Western biomedicine was implemented by the Japanese government and thus Taiwanese midwifery became a highly ‘institutionalised’ and ‘professionalised’ system. In this chapter, the socio-medical politics in empowering licensed midwives and male obstetricians in Western medicine was revealed.

Further explorations of the gendered hierarchy in such will be seen in Chapter 8 (see Section 8-1-3). As for the scene of Taiwanese local religious medicine, the respective roles of male *hongtou* priests and female spirit mediums (*angyi*) are crucial for Taiwanese pregnancy cultures surrounding home delivery. However, the gendered hierarchy and gender ideology such tradition entails is complicated at different levels. This will be elaborated on in Chapter 8 (see Section 8-3).

In the rest of this chapter, I further explored the influence that colonial rule had on Han Taiwanese traditions, rethinking the configuration of medical pluralism in Taiwan. The co-existence of Taiwanese local medicine together with Chinese medicine and Western biomedicine from the Japanese Colonial Era till contemporary Taiwan is an undeniable fact. Not only do the three co-exist, they counteract or complement each other, giving rise to a medical pluralism unique to Taiwan. Yet governments, including both Japanese and Nationalist ones, have never officially adopted or promoted local medicine.

In general, traditional Chinese medicine was always seen as the framework of Taiwanese local medicine, from the immigrant society of Taiwan under Qing rule. The best examples were the use of herbal medicine (*qingcao yao*) and soliciting prescription divinations (*yaoqian*), as previously described in Chapter 3. It was not until the colonial 1920s and thereafter, that the relation between modern Western medicine and those Oriental ones intensified. However, for most rural Taiwanese, like residents in Sankang and Waipu, the adoption of Chinese, Taiwanese or Western medicine was not so much about adopting one or the other but choosing from alternatives that were both competing and complementary—including those concerning pregnancy and birth.

The failure of the *Kominka* movement, during Japanese rule, helps shed light on a kind of surreptitious resistance of the local Taiwanese in this historical medical encounter, while the management strategy of the Nationalist government towards local medicine was passive rather than actively prohibitionist. Local medicine, which was long associated with Chinese medicine in daily practice, was and still is used as a strong and prevalent alternative in the rural society of

Taiwan, which entailed 'modern' midwives accommodating their home delivery service to Taiwanese traditions. Further explorations of local medicine as well as the illnesses related to pregnancy in Taiwanese culture will be made, through examining the local practice of soliciting prescription divinations in Chapter 5.

CHAPTER FIVE

Understanding Pregnancy and Illness through Prescription Divinations *Yaoqian*

As shown in Chapters 3 and 4, Taiwanese local medicine was (and is) still used as a strong alternative given the medical pluralism of rural Taiwan. This chapter will further explore local religious medicine for women associated with pregnancy and related illnesses. The focus will be on the local practice of soliciting prescription divinations (*yaoqian*), which local worshippers draw from the temples dedicated to the Gods of Medicine (*yi yao shen*) or the Goddess of Heaven (Mazu), such as Zhenlan Gong at Dajia and Fuxing Gong at Sankang Village of Waipu in my fieldwork region (see Section 2-1).

I aim to reveal a framework of illness and disorder posited in terms of a balanced body which links human temperament and female dispositions to morality, and to supernatural forces, which connect pregnancy to female illnesses. This linkage echoes the ‘gendered’ body assumed in traditional Chinese medicine (see Section 3-1-2). Moreover, the exploration of moral and cosmological illness in this chapter offers a broader context for the study of Taiwanese disorders, which is crucial for our discussion on foetal spirits (*taishen*) and ‘cosmological disorders’ during pregnancy in Chapters 6 and 7. In addition, the practice of *yaoqian* offers an example of the production and reproduction of medical knowledge. This sheds light on the process whereby the authority of certain *yaoqian* had been established in the course of social history, and how women were thus subject to understanding pregnancy and female illnesses through this medical tradition.

Initially, I will discuss the notions of pregnancy and female illnesses revealed in *yaoqian* within the context of Taiwanese local medicine, and the influence of *yaoqian* on both the

perception and experience of illness. That is, I aim to reveal what kinds of medical knowledge in illness have been constituted as authoritative in healing and especially in pregnancy and female illnesses.

Since illness is seen here as a part of culture, the object of study is culture rather than illness itself (see Augé and Herzlich (eds) 1983). The issues I raise involve how such medical knowledge has been transmitted as a local practice in the context of *yaoqian*; how its healing effectiveness has been perceived by the faithful; and what is thought to give *yaoqian* the power to cure women in particular in the rural society of Taiwan.

To begin with, Section 5-1 categorises the prescription divinations using a framework of ‘lineages’ for analysing the plethora of complicated information concerning *yaoqian* offered by temples in Taiwan.¹ This is done to shed light on the process whereby the authority of certain *yaoqian* had been established. It also reveals the micro-history of Fuxing Gong of Sankang, my fieldwork site, in establishing the authoritative knowledge of *yaoqian*, particularly for women. In Section 5-2, *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)* is taken as an example to illustrate the comprehensiveness of cultural notions of pregnancy and illnesses in the Departments for Male and Female. *Lüdi xianfang* refers to the early collection of *yaoqian* which Fuxing Gong of Sankang adopted; it is the most representative collection of the different lineages across Taiwan. Besides Chinese biological perspectives in categorising illnesses, other core cultural values apropos human temperament, morality, and supernatural forces are also explored to situate pregnancy and female illnesses in the medical tradition of *yaoqian*. In Section 5-3, the cultural mechanism for ‘soliciting divination for health problems’ (*zhanbu wenji*) are further discussed to illuminate the healing power and cultural metaphors deployed in the *yaoqian* context. Across several female generations who solicited *yaoqian* in their daily routines, this is how women’s embodied knowledge of pregnancy and illnesses was taught and shaped.

¹ Sample survey conducted in 1996–1997 and 2002–2003 all over Taiwan, mostly in Taichung County (West Central Taiwan), Ilan County (East Taiwan), as well as the most representative temples of Gods of Medicine in Tainan County (South Taiwan) and Taipei (North Taiwan). See Appendix 2-1: List of Temples.

The heyday of this service, with great demand for prescription divinations, lasted from the period of the localisation of immigrant communities established in mid Qing Taiwan (the late eighteenth century), through the Japanese Colonial Era, to the 1970s. Soliciting *yaoqian* was still very popular in colonial Taiwan such that severe criticism of *yaoqian* and their prohibition were discussed in newspaper articles in 1919 and 1924, respectively.⁴ Still, although banned during the period of the *Kominka* movement in the late Japanese Colonial Era as we have earlier seen (see Section 4-3-1), the police force could not intervene, as Mr Huang Qing-song told us, ‘in the minute details of everyday life’ and villagers still practised prescription divination in secret.

As a medical practice with healing powers, established in the course of immigrant history, *yaoqian* was indeed one of the predominant practices in rural Taiwan until the 1970s. Most temples acknowledge that there has been a marked decline in the number and frequency of worshippers seeking prescription divinations compared with two decades ago. In addition, legislations enacted after the 1970s concerning medical practice and drug prescription have caused temples to be more cautious in dispensing prescription divinations. In some temples, like Fuxing Gong of Sankang Village, Waipu and Zhenlan Gong of Dajia, the *yaoqian* containers have been removed from the front halls and placed in rather secluded areas. Requests from worshippers for prescription divinations will only be catered for after they have clearly stated how they intend to use them. Nevertheless, as observed in my fieldwork research, the authority and effectiveness of *yaoqian* as a medical practice among the rural people has never been undermined by changing social conditions or the reduced frequency of its use (see Section 5-3).

5-1-1. Insights from Lineage of *Yaoqian*

As shown, the prescription divinations found in temples and shrines of Taiwan vary widely and relate to different deities (J. Sung 1998b, 1999; see Appendix 2-1: List of Temples). On the whole, *yaoqian* are most often found in temples dedicated to the three Gods of Medicine,

⁴ *The New Taiwan Daily News (Taiwan riri xinbao; 台灣日日新報)*. 1 March 1919 and 18 September 1924, respectively.

namely Baosheng Dadi, the Great Sovereign Who Protects Life (also known as Dadao Gong); Shennong Dadi, the God of Agriculture and Medicine (also known as Wugu Wang or Yan Di); and Fuyou Dijin, the Reliable Sovereign Who Protects the People (also known as Lüdi or Lüzu). Temples dedicated to these Gods of Medicine constitute the largest prescription divination system in Taiwan. There are abundant folklores and legends about the Gods of Medicine relating to the themes of illness and treatment.⁵

Furthermore, temples offered to the Goddess of Heaven (Mazu) also dispense prescription divinations to the faithful; Zhenlan Gong of Dajia serves as the main resort for medical consultation and treatment for worshippers in the neighbouring areas. In addition, temples of other deities such as the Goddess of Mercy (Guanyin), Buddha (Fozu), the God of Chivalry (Guancheng Dijun), the God of the Eastern High Mountain (Dongyue Dadi), and the God of Plague and Epidemic Control (Wangye) also dispense prescription divinations (J. Sung 1999: 11, 18).

Most women in Taiwan hold in greatest respect the Goddess of Fertility and Childbirth (Zhusheng Niangniang), who has power over conception, pregnancy, delivery and childcare. There are also a small number of prescription divinations from her temple that are in wide use. However, the Nanxing Gong of Ilan, which is the only temple dedicated to the Goddess of Fertility and Childbirth all over Taiwan, has prescription divinations from the Goddess of Mercy; but no specific *yaoqian* from the Goddess of Fertility and Childbirth.⁶

⁵ This is due mainly to medical predicaments which resulted from Han immigration to Taiwan in the Qing Era; see Section 3-2-2. The definition of Gods of Medicine, as well as the folklore and legends about Baosheng Dadi, Shennong Dadi, and Fuyou Dijun can be found in J. Sung 1998: 45–49 and 1999: 11–13, 18–19.

⁶ Fieldwork research in Nanxing Gong of Nanguan Market, Ilan City conducted in November 1998. The keeper of Nanxing Gong, Mrs Li Chang Yue-jiao, and other followers are our key informants. The prescription divinations provided by Nanxing Gongong comprise 120—each filed under the Departments of Male and Female. Nanxing Gongong is the only temple in Taiwan dedicated to the Goddess of Fertility and Childbirth. However, during Japanese colonisation, according to the official registry of temples under Japanese rule, the key deities venerated in Nanxing Gongong were the Goddess of Mercy and Buddha. Hence, the prescription divinations from Nanxing Gongong were also known among the locals as *Fozu qian*, the *yaoqian* from the Buddha. With the change in sovereignty and religious policy, the key deity venerated in Nanxing Gongong, as stated in the registry, was changed back to the Goddess of Fertility and Childbirth after World War II (F. Shi *et al.* 1997: 281–82; Bureau of Civil Administration, Ilan County Government (ed.) 1979: 192–93, 202–04). Like the Goddess of Fertility and Childbirth, another female deity, Madam Merciful (Linshui Furen), also offers protection for women in difficult labour. However, there are no prescription divinations related to Linshui Furen. Instead, in the Ilan County, there are oracles doled out by Linshui Furen over matters through the Taiwanese spirit medium *tang-ki* (F. Shi *et al.* 1997: 229–33).

In general, keepers of all these temples claim that the adoption of prescription divinations can be dated back to the establishment of the temple, even to the time when the incense of its premier temple in China was brought over to Taiwan. In other words, though the origin may be hard to verify, tracing the history of prescription divinations adopted can surely lead us to the founding of individual temples. Ever since their establishment hundreds of years ago, these temples have been providing *yaoqian* to the faithful and flocks of worshippers have paid homage to these temples asking for *yaoqian*. The general historical background is mostly related to the Han immigrants' settlement or an outbreak of plague in this period (see T. Cheng *et al.* 2001). There remains much to be explored about the historical-social processes relating to the adoption of prescription divinations of individual temples.

Meanwhile, it is noteworthy that there exists great diversity among the various types of prescription divinations. For example, using solely the divine origins as an index for classifying prescription divinations will shed light only on a single limited perspective of the prescription divinations in the temples of Taiwan. Using a 'lineage' approach, my previous research offers a better categorisation than other studies of the diversity of the collections of *yaoqian* (see J. Sung 2003).⁷ More importantly, insights from the diverse lineages of *yaoqian* highlight the issue of the production and reproduction of such medical knowledge in every local setting and its micro-history.

As will be shown, the prescription divinations dispensed at temples all over Taiwan fall roughly under nine lineages (see Appendix 2-2: Lineages of *Yaoqian* Found in Temples of Taiwan). Among them, prescription divinations of Lineage I are the most widespread and popular. They are *fangyaoqian*, with details of the medication written on them but not symptoms of the related illnesses. The most widely circulated collection in my fieldwork area is that of *Mazu qian* (prescription divinations from Mazu) with 120 prescription divinations under the Department of Adults, sixty under the Department of Paediatrics, and eighty-four under the

⁷ These lineages are drawn up according to my fieldwork research conducted in 1996–1997 and 2002–2003, and the research results of Lin Mei-rong and Li Jun-xiong (1991), Qiu Nian-yong (1993), Shi Zhen-min (1977), Lu Zhao-lin (1998), Chang Yong-xun *et al.* (1999), and the author's work (1999).

Department of Ophthalmology. Those from Zhenlan Gong of Dajia and the later period of Fuxing Gong of Waipu in my fieldwork region are both *fangyaoqian*.

Lineage II contains a wide variety of prescription divinations including *fanglun qian*, *fangyaoqian*, *kongqian*, and other ‘odd’ ones. There are one hundred prescription divinations under the Departments of Male, Gynaecology, Paediatrics and Surgery respectively, as well as fifty-three under the Department of Ophthalmology. This collection is also the *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)* published by the Zhulin Publishing House (Zhulin yinshu ju) in 1977, which the Fuxing Gong of Sankang previously adopted.

As also can be seen in Appendix 2-2, Lineages V-IX are made up of individual cases but showing great discrepancy in contents and are thus regarded as separate lineages. These are often mixed up with *yaoqian* from temples dedicated to the God of Chivalry (Guancheng Dijun) and Respectful Benevolence Master (Enzhu Gong), which are obtained through *fuluan* or *jiangbi*. *Fuluan* is a ritual practice of placing a divination board or stick for invoking spirits performed by a male spirit medium (*tangki*). In performing *fuluan*, the *tangki* will write characters on a sand pan through this board, which is attached to a horizontal hanger of his god’s carriage supported by other worshippers serving as his assistants, and thus a list of divine prescriptions were prescribed (Figure 5.3). As previously noted, the practice of *jiangbi* also aims to produce a list of medications on a sand pan by a spirit medium (*tangki*), through placing his hand on the god’s carriage to invoke spirits. These facts show that *luantang*, the altar for performing such divination rituals of *fuluan* and *jiangbi*, plays an important role in the circulation of certain sorts of *yaoqian*.

One point worth noting here from all lineages is that there is no absolute correlation between the patterns and versions of prescription divinations given by a temple and the key deity venerated in that temple. In fact, temples giving prescription divinations of Lineage I are dedicated to different deities including not only Gods of Medicine like the Great Sovereign Who Protects Life (Baosheng Dadi), the God of Agriculture and Medicine (Shennong Dadi), and even the Goddess of Heaven (Mazu), but also others such as the God of Chivalry (Guancheng

Dijun), the Gods of Plague and Epidemic Control from Five Palaces (Wufu Wangye) and the Supreme Commander of the Central Altar (Zhongtan Yuanshuai). In other words, there is no way to determine to which lineage these prescription divinations belong according only to the deities venerated in the temple.



Figure 5.3. Male spirit medium (*tangki*) standing on the hangers of his god's carriage for invoking spirits (*Ilan wenxian* [Ilan Literature], vol. 37, 1999: 3).

Another point of interest is that Lineage I shown in Appendix 2-2 comprises another version potentially made up of prescription divinations from the Goddess of Heaven (Mazu). The representative collection is that of Zhenlan Gong, Dajia, which was compiled as *The Prescription Divination Book from the Goddess of Heaven in Dajia Area* (*Dajia tianshang shengmu yaoqian*) and published by the Association of Dealers of Chinese Herbal Medicine, Dajia region, Taichung County (Taichung xian zhongyao tongye gonghui Dajia qu lianyihui). Moreover, instead of being isolated, prescription divinations from Mazu, Dadao Gong (Baosheng Dadi), and Wugu Wang (Shennong Dadi) were used interchangeably in popular practice.

5-1-2. History, Authority and Practice

As seen above, there exist differences in terms of the department, content, and the number of prescription divinations in Lineages I and II, respectively. Apart from the variations in herbs used, the dosage of the prescriptions in the same collection under the same lineage also differs

sometimes. Three reasons can account for such differences. First of all, early prescription divinations are handwritten and errors may arise when copying the contents. Secondly, some of the herbs listed may not have been available in Taiwan and were then replaced by local substitutes. Thirdly, as mentioned above, some of these prescriptions were imported from the premier temple in China when the temple was founded. Since some temple keepers are also familiar with the use of herbs, they may have modified the prescriptions with local herbs found in the region.

As a matter of fact, the same collection of prescription divinations may have different names in different regions because the temples that offer them venerate different deities. For instance, in Lineage I, the 120 prescription divinations under the Department of Adult (also Department of Internal Medicine) are regarded as the common basis widely circulated among the temples in the same lineage all over Taiwan. In the Dajia area, this collection is known as the *Dajia Mazu qian* and it is included in *The Prescription Divination Book from the Goddess of Heaven in Dajia Area (Dajia tianshang shengmu yaoqian)* edited and published by the Association of Dealers of Chinese Herbal Medicine, Dajia region, Taichung County (Taichung xian zhongyao tongye gonghui Dajia qu lianyihui). This is also an example illustrating the role of the local gentry and Chinese medical practitioners in fostering the circulation of *yaoqian*. However, this collection of *Mazu qian* is known as *Wuguwang qian* among worshippers of the God of Agriculture and Medicine (Shennong Dadi, also known as Wugu Wang or Yandi) venerated in Fuxing Gong, my fieldwork site of Sankang Village, Waipu (see below). Moreover, it is called *Yandi qian* by the faithful of Shengxian Gong of Wufeng, Taichung County, also dedicated to the God of Agriculture and Medicine. This same collection is also named *Dadao Gong qian* by the congregations at Baoan Gong of Dalongdong, Taipei and the Ciji Gong of Xuejia, Tainan, who worship the Great Sovereign Who Protects Life (Baosheng Dadi, also known as Dadao Gong), and termed *Baosheng Dadi qian* in the collection *Annotations for Efficacious Divinations of Temples in Taiwan (Quansheng simiao lingqian zhujie)* published by Zhenghai Publishing House (see Daocheng jushi (ed.) 1988).

As mentioned, the adoption of prescription divinations (*yaoqian*) dated back to the establishment of the temple, with some coming originally from the premier temple in China. In other words, tracing the history of prescription divinations can lead us to the history of individual temples, even though the origin of *yaoqian* can no longer be traced. However, the abovementioned reveals that the same collection of prescription divinations may be given different names, and the collections within the same lineage can have variations and adaptations. Hence, there is no way to deduce from the collections of *yaoqian* the deity to which they are attributed, nor to predict the contents of the *yaoqian* according to the lineage wherein they are classified. I refer to this phenomenon as the ‘alienation’ between the title given and deities venerated of the collections of *yaoqian*. It highlights that the decision on which collection of *yaoqian* was to be adopted by individual temple was a strategy influenced by historical process. For every individual temple, the collection of *yaoqian* is a product of history.

The facts of ‘alienation’ can fully explain why and how different collections were handled by the Fuxing Gong of Sankang in its temple history. Fuxing Gong of Sankang once adopted some of the prescription divinations from its premier temple dedicated to Wugu Wang when it was founded, but later, the prescription divinations from Dajia Mazu were used instead. Mr Zeng Fu-lang (1942–) (Figure 5.4), chairman of the Fuxing Gong Committee and village head of Sankang (1983–2002, serving five terms of office), detailed as follows the changes in the course of prescription divinations adopted by Fuxing Gong.

Fuxing Gong was built in 1925 during the Japanese Colonial Era. Our premier temple here in Taiwan is Wugu Gong on the Five-Crane Mountain, Miaoli County, Central Taiwan, which was established by the Liu clan, the major clan of the earliest immigrants of our village of Hakka descent from Guangdong Province, Mainland China. This is why, after World War II, if we have sufficient funds, we will always make a long journey back to Wugu Gong every fourth month of the lunar calendar. We have not paid homage to Wugu Gong for four years. However, our villagers still join the annual pilgrimage celebrating Dajia Mazu’s birthday every lunar third month, just as in the past.

We got the *Wuguwang qian* from our premier temple Wugu Gong and there have been many cases showing that *Wuguwang qian* are very efficacious. We consider that the *Wuguwang qian* collected by Fuxing Gong are prescription divinations truly granted from Wugu Wang. The

prescription divinations contain oracles in verse on illnesses, symptoms and medications to be taken. There was once a temple keeper capable of interpreting oracles for people as he could read Chinese characters. Unfortunately, after he passed away some twenty years ago, his successors cannot offer the service anymore, and even the initial collection of our *Wuguwang qian* was lost. However, since our villagers/the faithful visit Zhenlan Gong, Dajia, frequently for soliciting *Dajia Mazu qian* [the most authoritative *yaoqian* with the widest circulation in Rural Dajia Community], our committee has finally decided to adopt *The Prescription Divination Book from the Goddess of Heaven in Dajia Area (Dajia tianshang shengmu yaoqian)* as our prescription divinations, for the sake of convenience. Our current collection of *Mazu qian* was also copied manually from the initial one.

Narrative 5.1. Mr Zeng Fu-lang explained changes in the course of prescription divinations adopted by Fuxing Gong (2003-03-16 and 2003-04-23; see also Appendix 1.VI – Lineage S0907).

According to our analysis of the ‘lineages’ of *yaoqian* found in temples of Taiwan, it is evident that the initial collection of *Wuguwang qian* adopted by Fuxing Gong should be *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)* with the pattern of *fanglun qian* (see Linage II, Appendix 2-2). While, this so-called *Wuguwang qian* by the faithful of Fuxing Gong is indeed the *Lüdi qian* dedicated to the Reliable Sovereign Who Protects the People (Fuyou Dijin; Lüdi). The abovementioned also clearly shows the later collection Fuxing Gong adopted is indeed the *Mazu qian*. It is from the same collection as *The Prescription Divination Book from the Goddess of Heaven in Dajia Area (Dajia tianshang shengmu yaoqian)* kept by Zhenlan Gong in Dajia with the pattern of *fangyaoqian* (see Linage I, Appendix 2-2). However, for the faithful of Fuxing Gong, this collection was still called *Wuguwang qian* and entitled anew as *The Prescription Divination Book from Wugu Wang, Fuxing Gong, Sankang Village (Fuxinggong wuguwang qian)* (Figure 5.5).

As with historical factors, the impact of social factors on the adoption of a prescription divination collection should not be ignored. So for instance, among the temples dedicated to the Gods of Medicine, it is common to find that *Lüdi qian* were used interchangeably with *Dadao Gong qian* and *Wuguwang qian* due to the wide circulation of the *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)* published by Zhulin Publishing House (Zhulin yinshu ju) in 1977. Indeed, the wide adoption of *Lüdi qian* by local temples contributes to the wide

circulation of *Lüdi xianfang*.⁸ This case reveals that though historical ties with the premier temple may determine which collection of prescription divination is to be adopted, the influence of printing and the printing press has also contributed to the widespread circulation of the published versions, which helps establish their high status as the sample collection of authority.



Figure 5.4. Mr Zeng Fu-lang explaining the history of *yao-qian* that Fuxing Gong collected (福興聖母生法會-0022-030423-2296).

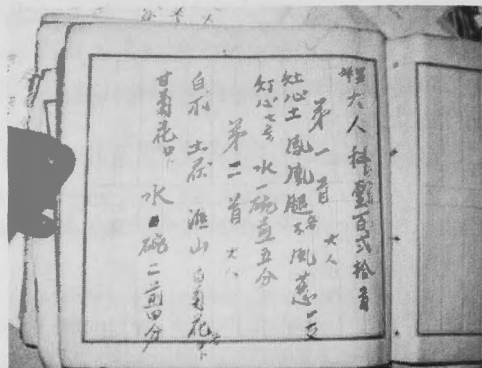


Figure 5.5. *The Prescription Divination Book from Wugu Wang, Fuxing Gong, Sankang Village (Fuxinggong wuguwang qian)* (福興聖母生法會-0079-030423).

As its name implies, the *Efficacious General Divinations and Prescription Divinations from Lüdi* (*Lüdi lingqian xianfang*) comprises both general divinations (*yunqian*) and prescription divinations (*yaoqian*) from Lüdi. It is the most widely distributed version in Taiwan and was published by the Zhulin Publishing House, Central Taiwan, in 1977. Its former edition appeared back in 1951, with 1000 copies printed under the title *Efficacious Prescription Divinations of Extensive Benefaction* (*Boji xianfang*). It was stated very clearly in this 1951 edition that the collection compiled both *yunqian* and *yaoqian* from the previous 1918 edition printed by Linshu Ge (Linshu Publishing House) in Guangzhou, Guangdong Province of China. Tracing their origins reveals that these prescriptions were obtained through *fuluan* or *jiangbi*, which is a ritual practice performed by a male spirit medium (*tangki*) for the divine medications prescribed, as found in temples dedicated to the God of Chivalry (Guancheng Dijun) and Respectful

⁸ For example, according to my fieldwork research conducted in 1997 in Baoan Gong of Sanxing, Ilan County, which is a famous local temple dedicated to Dadao Gong, the prescription divinations from Lüdi are given rather than those of Dadao Gong. The spokesman of Baoan Gong of Sanxing explained that the initial collection adopted by the temple dated back to the Qing Dynasty when the temple was established. It was the same as that used by Baoan Gong of Dalongdong, Taipei, its premier temple, but was lost when on loan. Since then, the 1977 version of *Lüdi xianfang* has been employed instead (see also X. Tsai 1999; see Appendix 2-1: List of Temples, with Location and Key Deity Worshipped).

Benevolence Master (Enzhu Gong) across Taiwan. Hence, *luanfang*, the altar where such traditional divination ritual was performed, served as a performative mediator, which thus played an important role in the establishment and spread of the authority of *Lüdi xianfang*.

Again, both the *Efficacious Prescription Divinations of Extensive Benefaction (Boji xianfang*; 1951) and the *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang*; 1977) found in Taiwan bear great resemblance to the collection of *Lüzü qian* published by Cheng Xiang-ji Publishing House, Hong Kong; *Lüdi xianfang* is commonly well known as *Lüzü qian* in the Cantonese-speaking area. This collection of *Lüzü qian* is also published under the title *Efficacious Prescription Divinations of Extensive Benefaction (Boji xianfang)* edited by Cheng Shao-xiu in the eastern Guangdong Province. However, the year when it was first published cannot be verified.



Figure 5.6. The front cover of the *Efficacious General Divinations and Prescription Divinations from Lüdi (Lüdi lingqian xianfang)*, 1977 version.

Moreover, the collections of *Lüdi xianfang* (1977) found in Taiwan were also published by Shoujing Tang of Guangzhou, China, in 1919. A new edition of this with interpretations added, which was edited by Li Fu-shan and Cai Mao-tang, was published in 1974 in Taiwan under the title the *Interpretations of Efficacious Prescription Divinations of Extensive Benefaction (Boji xianfang zhuji)* (Yoshimoto Syouzi 1990: 116–18). The most current publication in Taiwan that contains both general divinations and prescription divinations from *Lüdi* is *Annotations for Efficacious Divinations of Temples in Taiwan (Quansheng simiao lingqian zhuji)* published by Zhenghai Press, Tainan in 1988 (Daocheng Jushi (ed.) 1988: 3–110, 111–190). Over the years with so many editions published and widely circulated, *Lüdi xianfang* is beyond doubt the most

influential collection of prescription divinations in Taiwan, Hong Kong and the Guangdong area.

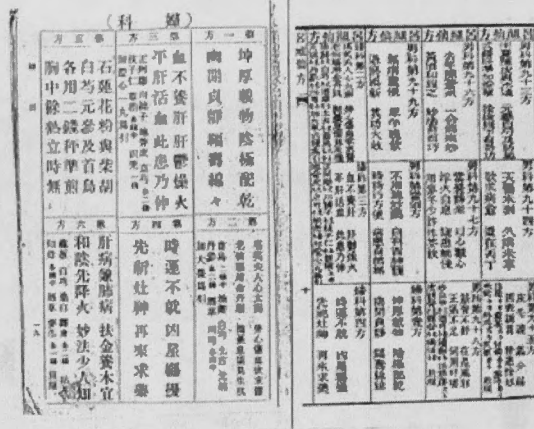


Figure 5.7. A comparison between *Lüdi xianfang*, Zhulin shuju edition, Taiwan and *Lüzu qian*, Chen Xiangji edition, Hong Kong.

Other cases also reveal that though historical ties with the premier temple may determine which collection of prescription divination is to be adopted, the influence of printing and the performative mediator of *luan-tang* have also contributed to the widespread circulation of the published versions of *yaoqian*, which helps establish their high status as the authoritative collection. Being a public space specific to the performance of the traditional divination ritual of *fuluan*, *luan-tang* dispensed the medications prescribed by the male spirit mediums (*tangki*). However, the prescription divination book adopted by *luan-tang* was mostly handed by the keeper of the altar, who was the sole literate to read the text. That is, only literate males had the power or authority to decide which published collection of *yaoqian* was accepted. The above discussion on the adoption and re-creation of *Lüdi xianfang* thus clearly shows that medical knowledge of *yaoqian* was created ‘in particular contexts and in changing arrangements of power’ (see Lindenbaum and Lock 1993).

5-2. Illness, Pregnancy, and the Female Body in *Yaoqian*

What I also observed from my fieldwork is that *yaoqian* has been of great significance in Taiwanese local medicine for woman, as seen in many prescriptions under the Department of Female (*nüke*) or Gynaecology (*fuke*). In this section, I explore cultural notions of pregnancy and illnesses from which the medical tradition of *yaoqian* emerged. The discussion will be made using the *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)* (Lineage II), the most representative collection of *yaoqian* as discussed, with a focus on the classification and concept of illnesses in the Departments of Male and Female; *Lüdi xianfang* is also the collection which Fuxing Gong of Sankang previously adopted. Other complementary collections used in my analysis include: *Prescription Divinations from Wugu Wang, Fuxing Gong, Sankang Village (Fuxinggong wuguwang qian)* currently used by Fuxing Gong of Sankang, Waipu; *The Prescription Divination Book from the Goddess of Heaven in Dajia Area (Dajia tianshang shengmu yaoqian)* used by Zhenlan Gong, Dajia (both Lineage I); as well as the most comprehensive collection for women, *The Prescription Divination Book from Baoan Gong (Baoan Gong yaobu)* (Lineage III) from Baoan Temple, Tainan.⁹

In this thesis, the term ‘illness’ denotes what are commonly known as *bing* among the Han Taiwanese, which refers to psychological or socio-cultural behaviour derived from culturally disordered conditions (see Introduction). Various types of illnesses revealed in the contents of *yaoqian* help shed light on the perception of illness in rural Taiwanese society and reflect cultural definitions of health, illness and pregnancy. Beyond a Chinese biological perspective on illness, I explore other dimensions, including psychological, moral and cosmological aspects. I analyse the interactive power of human temperament, morality and supernatural forces on female illnesses and pregnancy.¹⁰

⁹ Apart from one hundred prescription divinations under the Department of Male (including Paediatrics), this comprehensive collection has fifty prescription divinations under the Department of Female (General), fifty under the Department of Gynaecology and Obstetrics, and another ten concerning postpartum recuperation. As can be seen in Lineage III, Appendix 2-2, the medical care provided for women by this collection is the most wide-ranging with many distinct branches.

¹⁰ In doing so, I also gain insights from the informants’ experiences described in the narratives or stories related by the sick or supplicant. Such insights can help us reconstruct a common illness experience from its narrative representation (Kleinman 1988; Kleinman, Das and Lock (eds) 1997; Good 1994; Mattingly 1998; Mattingly and

According to the symptoms, causality, medication and treatment to which the texts of *yaoqian* refer, female illnesses and pregnancy mentioned in the collections of prescription divinations as described above fall under four main categories as follows: (1) physical illnesses caused by imbalance of external natural forces; (2) psychological illnesses caused by human temperament; (3) illnesses caused by immorality; and (4) cosmological illnesses caused by supernatural forces.

5-2-1. Physical Illnesses Caused by the Imbalance of External Natural Forces

The first category includes the so-called *liuyin zhi bing* in *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)*. In my analysis, they are illnesses caused by the six excessive external forces in Nature: wind (*feng*), fire (*huo*), cold (*han*), heat (*shu*), humidity (*shi*) and aridity (*zao*). That is, a person gets ill because of an imbalance in his/her body due to these external forces. This category accounts for the majority of illnesses, 69 percent and 65 percent under the Department of Male and Female, respectively, of *Lüdi xianfang*. On the whole, the malfunctioning of internal organs can be attributed to the imbalance of these external forces. This is in line with the basic theory of Chinese medicine concerning the dynamic correspondence between the internal organs of the body and the Five Elements in Chinese cosmology (*cang fu wu xing: feijin, ganmu, shenshui, xinhuo, pitu*), and the holistic approach to diagnosis. For example, the importance for women of keeping good energy flows and blood circulation are much emphasised in the texts of *yaoqian*, as earlier observed in the classic discourses in *Outline of the Complete Record of Sage Benefaction (Shengji zonglu zuanyao)*, *One Hundred Questions on Female Disorders (Nüke bai wen)*, and *All-Inclusive Good Prescriptions for Women (Furen daquan liangfang)*. It was observed that ‘Women are endowed with pure *yin* forces with blood as the source of energy,’ and ‘Nourishing the blood can ensure a smooth flow of energy and good health with regular menstrual cycles [for women]’ (Emperor

Garro (eds) 2000). Also, they can shed light on how temperament, morality and supernatural forces lead to illnesses, and how the interactions of these factors affect the illness narratives. However, the complex interconnections between narrative and experience in soliciting *yaoqian*, as well as the narrative representation in curing or healing, merits further exploration in the near future.

Sung Huizong 1781 [1111–1117], vol. 23; Z. Sung 1996 [1201–1204], vol. 1; Z. Chen 1982 [1273], vol. 1) (see Section 3-1-2).

Through my analysis, it can be found that this physical category of illness has a pathological foundation on the Theory of Five *Yun* and Six *Qi* (*wu yun liu qi xueshuo*). Five *Yun* (*wu yun*) denotes the circulation of *wuxing*, the Five Elements in Chinese cosmology, namely *mu* (wood), *huo* (fire), *tu* (earth), *jin* (metal) and *shui* (water). Six *Qi* (*liuqi*) denotes the circulation of the six meteorological conditions, namely wind (*feng*), fire (*huo*), cold (*han*), heat (*shu*), humidity (*shi*) and aridity (*zao*), in line with the six external forces in nature as mentioned.¹¹ From the perspective of ‘the discourse on symptoms and changes of illness’ (*yun qi binghou lun*), the pathology of these illnesses is rooted in the imbalance of the external forces of six *qi* on the basis of the regularity of five *yun*, which affects the corresponding internal organs and thus becomes the sites of illnesses.

Table 5.1 lists different associations corresponding to the Five Elements ‘*wu xing*’. Furthermore, the forces of *wuxing* are in constant motion mutually reinforcing or counteracting each other. Their reinforcing relation is as follows: *mu* → *huo* → *tu* → *jin* → *shui* → *mu*, while the relation counteracting each other is: *mu* → *tu* → *shui* → *huo* → *jin* → *mu*. Thus, the conditions generated by the Five *Yun* and Six *Qi* are wind-*mu*, heat-*huo*, humidity-*tu*, cold-*jin*, and aridity-*shui* (L. Yan 1993: 167–76). If either inadequate or excessive, they cause bodily imbalance, leading to illnesses in the liver (*ganmu*), heart (*xinhuo*), spleen (*pitu*), lung (*feijin*) and kidney (*shenshui*), respectively. For example, as seen in the *yaoqian* under the Department of Female, Prescription Divination No. 37 attributes lung problems (*fei-jin*) to excessive heat—the pain so caused would be relieved only by flourishing *shenshui*; and Prescription Divination No. 59 also states that inadequate *shui* leads to aridity, thus affecting the lungs.¹²

¹¹ Abbreviated as *yun qi xueshuo*, the Theory of Five *Yun* and Six *Qi* is the theory of the Universe/creators in Chinese magic-medical arts derived from the interaction between Five *Yun* and Six *Qi*. In essence, it directs the regularity and changes that five *yun* and six *qi* dominate over the symptoms and changes of illness, and even astronomical phenomena, weather and cropping conditions (L. Yan 1993: 135–36).

¹² Prescription Divination No. 37 states ‘燥火燄金，水火不調；扶金滋水，其痛自消’; and No. 59 states ‘肺金缺水，火炎燄之；調和中道，自有生機.’

In sum, the first category of illnesses shown in *yaoqian* are caused by imbalance of the six natural 'external' forces and manifested as disorders in the corresponding human internal organs. According to *Lüdi xianfang*, illnesses of this type, so-called *liuyin zhi bing*, can be cured completely by following the prescriptions given in the *yaoqian* with a sincere heart.¹³

<i>wuwei</i> 五味	acid	bitter	sweet	pungent	salty
<i>wuse</i> 五色	blue	red	yellow	white	black
<i>wufang</i> 五方	east	south	centre	west	north
<i>wuji</i> 五季	spring	summer	hot summer	autumn	winter
<i>wuqi</i> 五氣	wind	heat	Humidity	cold	aridity
<i>wuxing</i> 五行	<i>mu</i> (wood)	<i>huo</i> (fire)	<i>tu</i> (earth)	<i>jin</i> (metal)	<i>shui</i> (water)
<i>wuzang</i> 五臟	liver	heart	spleen	lungs	kidneys
<i>wufu</i> 五腑 (<i>liufu</i>)	gall	small intestines	Stomach	large intestines	bladder
<i>wuguan</i> 五官	eye	tongue	Mouth	nose	ear
<i>wuzhu</i> 五主	muscle	vein	Flesh	skin	bone
<i>wuzhi</i> 五志	anger	delight	contemplation	sorrow	fright

Table 5.1. Associations corresponding to *wuxing*

However, the dosage of medications prescribed in *yaoqian* is light in general, but effective to some extent. The majority of the prescriptions are adaptations of traditional standard Chinese prescriptions or popular herbal formulae among Han Taiwanese people.¹⁴ As a tradition of local medicine for the residents of Rural Dajia Community, *yaoqian* was practised under the framework of traditional Chinese medicine associated with local experience. It has also fostered the popularity of Taiwanese herbal medicine (*qingcao yao*) among the rural people.

¹³ In the section 'Ten Do's and Don'ts for Soliciting Lüdi Yaoqian', it is stated '誠心求數方，自可全愈' regarding this category of illness.

¹⁴ My careful review of *The Prescription Divination Book from Baoan Temple (Baoan Gong yaobu)*, a rare collection with pharmaceutical commentaries by contemporary medical experts in Taiwan, shows the following with respect to the sources. Most of the prescribed medications have their roots in standard prescriptions in traditional Chinese medicine. Some are modified according to formulae effective and popular among people, while some are derived from the local experience of Taiwanese herbal medicine (*qingcao yao*). It shows that popular conventions and local influences are more dominating than traditional medical roots, and thus there are many variations and combination of the herbs which can be used in *yaoqian*.

5-2-2. Psychological Illnesses Caused by Immoderate Human Temperament

The second category comprises the so-called *qiqing zhi ji* in *Lüdi xianfang*, which are illnesses caused by immoderate human temperament or disposition: delight (*xi*), anger (*nu*), melancholy (*you*), contemplation (*si*), sorrow (*bei*), fear (*kong*) and fright (*jing*). In other words, these seven internal forces of a person, if immoderate, under different social expectations may lead to health problems. This type of illnesses is relatively less mentioned in *Lyidi xianfang*, with a higher percentage among female illnesses (13%) than male ones (7%). Examples include Prescription Divination Nos 2, 63 and 78 under the Department of Female all mentioning health problems caused by worry and undue contemplation.¹⁵ However, the prescription divinations contain no description of the external symptoms. This type of illness is attributed to inappropriate internal emotion and temperament. According to *Lüdi xianfang*, a complete cure of these illnesses involves not just following the prescription but also taking rest, and more importantly, a change in human temperament. Without modifications in diet, daily living, and temperament, these illnesses stand a high chance of recurrence.

The low percentage of illnesses caused by personal disposition is quite surprising. Yet, there is a significant gender difference, with the percentage of female illnesses almost double that of males. Moreover, particularly in the descriptions of female illnesses, words related to illness of the liver—concerning the forces of *zao* (aridity) and *huo* (fire)—often appear in prescription divinations and related narratives. These symptoms of illness direct liver function for women, such as describing ‘hepatic fire’ (*kanhuo*) of anger. For example, my female informants of Sankang Village stated that

Although symptoms such as dark spots on the skin are often attributed to sunburn due to our long hours of field labour under the sun, it is the internal heat (*huoqi*) accumulated inside the body that leads to health problems. Therefore, treatment should begin from within, which

¹⁵ Prescription Divination No. 2 states ‘堪笑夫人心太癡，勞心傷血欲求醫；老仙賜用金丹服，拋憂息惱見生機’；No. 63 states ‘因思慮傷，心神已虧損；先解內裏憂，勿計與長短’；and No. 78 states ‘憂思過度，塵世紛紜；病宜靜坐，慎勿勞神’。

includes clearing the heat accumulated. External symptoms are caused by internal causes. A single internal organ, like the liver, governs hundreds of external functions.¹⁶

This indicates the possible existence of a certain ‘semantic link’ (Kleinman 1980: 119–78) between the internal psychological emotions and the personal bodily conditions of the worshippers seeking the prescription divinations, which merits future exploration.

In other words, these psychological illnesses caused by human temperament can be regarded as ‘gender-bound’, suggesting that women are more affected by social expectations and stress apropos their appropriate gender disposition. This perspective echoes the notion of gender temperament developed in ‘classical’ medical texts on Chinese gynaecology during the Tang and Sung Dynasties (618–1276 AD) in which women were depicted as weak, sentimental, emotional and always easy to hurt (see Section 3-1-2). This may also account for why women get ill more easily and are harder to heal. Moreover, it links gendered notions of temperament with the folk psychological category of illness shown in *yaoqian*, with a homologous connection between physical organs (such as *wu zang* and *wu fu*) and psychological sentiments (such as *wuzhi*) as shown in Table 5.1.

5-2-3. Illness Caused by Immorality

The third category includes the so-called *jinie zhi zheng* in *Lüdi xianfang*, which are illnesses caused by one’s evil deeds. That is, a person gets ill because of his or her immoral behaviours. These illnesses account for 16 percent and 12 percent of the illnesses in the Department of Male and Female, respectively, of *Lüdi xianfang*. They are mostly presented in *kongqian*, which contains a moral lesson rather than a prescription for treatment. As mentioned, ‘physical disorders (*youxing zhi bing*) require effective medication while non-physical disorders (*wuxing zhi bing*) need good counsel and sound advice.’ For example, Prescription Divination Nos 35, 69 and 100 under the Department of Male, offer advice on not doing evil (*fangxia exin*),

¹⁶ Fieldwork research conducted in April and November 2003, including interviews of Mrs Chang Lin Qiu-yin (1948–), Mrs Xie Xu Bi-xia (1951–), and Mrs Wu Xue Cun-tao (1941–).

practising charity (*xuduo xushan*) and being accommodating (*shishi xing fangbian*), respectively.¹⁷

Similarly, there are many moral lessons for women or pregnant women. For instance, Prescription Divination No. 8 under the Department of Gynaecology (*fuke*) advises women that ‘getting sick is a punishment from god for cursing others and relief can only come with “correcting evil doings and reverting to good deeds” (*gaiguo qianshan*).’¹⁸ Prescription Divination No. 89 under the Department of Gynaecology teaches women to perform charity (*duo xingshan*), which is the best cure for ailments and the best means to gain peace.¹⁹ Prescription Divination Nos. 39, 68, and 88 advise ill women to reform themselves (*tonggai*), to pray more (*duo song jingwen*), and to be prudent in words (*xiu kouguo*), respectively, in order to quit themselves of disorders or complications during pregnancy.²⁰

As can be seen, these *kongqian* emphasise the giving of counsel on personal behaviour instead of prescribing medication for treatment. They attribute illnesses to indecent behaviours or poor morality, and so cure can only be achieved through reform of character and virtuous conduct. In other words, morality is both the cause and the solution to these non-physical disorders. Some narratives from the illness experience of our informants strongly emphasised moral causes and cures. For example, male informants in Sankang reported that ‘I have experienced great suffering these days ever since I was absent from the regular practice of the chanting group for our Fuxing Temple,’ and ‘Had I not been practising charity all along, I might have been killed in the car crash last month.’ Many female informants emphasised that ‘Females are born with far fewer virtues and graces than males; hence, we must practise harder to win merits and mercy throughout our lives in order to stay in good health.’²¹

¹⁷ Prescription Divination No. 35 states ‘藥不用服，神不用求；放下惡心，方可無憂’；No. 69 states ‘運氣不佳，病體纏綿；須多許善，誠可格天’；and No. 100 states ‘不用施妙藥，自有吉神護；時時行方便，病患自然無。’

¹⁸ Prescription Divination No. 8 states ‘汝以辱罵為常，天以病痛罰汝；急須改過遷善，或可減輕而已。’

¹⁹ Prescription Divination No. 89 states ‘事到無何叩老仙，和平全在立心田；欲求妙藥多行善，一念精誠可格天。’

²⁰ Prescription Divination No. 39 states ‘此病來求藥，惡氣未曾除；急宜猛痛改，凶災或漸舒’；No. 68 states ‘運限阻滯，多煩經文；暫停服藥，且待緣因’；and No. 88 states ‘修口過，自無患；惹是非，成此難。’

²¹ Fieldwork conducted in April and November 2003, including interviews of Mr Zeng Fu-lang (1942–), Mr Fan

Morality here refers to the ideal person and a code of behaviour in compliance with cultural discipline. To Han Taiwanese, to be morally sound implies being filial and respectful, faithful and kind, ready to correct misbehaviour, do good, and be accommodating and patient, which in short, is to be self-disciplined. These moral values, apart from being cultural traditions, also have religious implications. With utmost sincerity, one can even win sympathy from the gods—what *Lüdi xianfang* described as ‘*yi nian jingcheng ke getian*’. Hence, treatments for these disorders have gone beyond considering the physical (natural forces) and psychological (human temperaments) and rather prescribe a moral philosophy. The prescription divinations for this type of illness aim to convince the sick person that immorality breeds negative conditions and to be healed requires repentance and individual reformation. Therefore, illness can be seen as punishment for inappropriate social behaviour—thus making it a means of social control.



Figure 5.8. Moral discipline in the everyday lives of Sankang Village worshippers (福興道祖生法會-0030-030316-張林秋英.范國育).

5-2-4. Cosmological Illness Caused by Supernatural Forces

The fourth category in *Efficacious Prescription Divinations from Lüdi* (*Lüdi xianfang*) includes the cosmological disorders (*suibing*) (see J. Li 1994b), which are illnesses caused by unruly powers, dangerous spirits or evil spirits. That is, a person gets ill due to supernatural forces

Guo-yu (1948–), Mrs Chang Lin Qiu-yin (1948–), Mrs Xie Xu Bi-xia (1951–), and Mrs Wu Xue Cun-tao (1941–).

involving ‘non-internal and non-external’ factors. These disorders account for 8 percent and 10 percent of the illnesses in the Department of Male and Female, respectively, of *Lüdi xianfang*. As mentioned, the word *sui* implies punishment from a ghost or spirit. Hence, *suibing* are seen as reprimands from ferocious and violent spirits (*xiongxing*), wicked and evil spirits (*xiexiong*), demons and devils (*guimo*), spirits that inherited previous incarnations as a sin or suffering (*yuanye*), and many other nameless beings of the nether world.²² They are often mentioned in the ‘odd’ *qian*, on which witchcraft with magic formulae, charms, or rituals given for healing are written. For instance, Prescription Divination No. 47 under the Department of Gynaecology suggests mixing excrement from children with vintage wine for medication, while Prescription Divination No. 51 advises drinking old charms dissolved in tea for driving away evil.

Among these, many divinations from *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)* relate to pregnant women. For example, Prescription Divination Nos. 4, 51, 70 and 79 under the Department of Gynaecology advise praying to the God of the Stove (Zao Shen; also known as Zao Jun),²³ drinking tea with a certain charm dissolved in it, putting a piece of bamboo at the head of the bed along with an official seal, and making peace with enemies as a means of healing, respectively.²⁴ As can be seen, little is said on the symptoms and pathology but the prescription divinations do contain some comments on aetiology with recommended solutions.

Additional examples referring to female illnesses and pregnancy can also be found in *The Prescription Divination Book from Baoan Gong (Baoan Gong yaobu)* of Baoan Temple, Tainan. All *yaoqian* concerning *suibing* are under the Department of Gynaecology and Obstetrics.

Prescription Divination Nos 3, 7 and 14 contain ‘dos and don’ts’ for pregnant women with

²² Li Jian-min (1994b) adopted the point of *xieqi* (evil influence, evil spirits) when discussing the causes and pathology of *suibing*, which cannot be fully explained by (external) natural forces or (internal) human temperament (J. Li 1994b: 101–16). Rather, *suibing* should be attributed to the ‘non-internal and non-external’ supernatural forces as previously suggested in Section 3-1-2. This highlights the essence of *suibing*.

²³ Zao Shen or Zao Jun is a low-ranking member of the supernatural bureaucracy in Taiwanese folk religion; see Section 8-2-1. However, Zao Jun is seen as a local official responsible for the family unit, and is important for the daily worship of household.

²⁴ Prescription Divination No. 4 states ‘時運不就，凶星纏擾；先求灶神，再來求藥’；No. 51 states ‘去歲端午符，茶中暗化之；密與病人服，邪凶立刻離’；No. 70 states ‘東方取青竹，床頭插一枝；現任官員印，合配鬼魔離’；and No. 79 states ‘冤家宜解不宜結，此語古今何有之；冤業重重來作病，縱有靈丹不易施。’

advice given on daily living, recommending them to avoid offending spirits like the God of the Stove (Zao Jun) or earth spirits (*tushen*). Otherwise, the foetus will be frightened, known in Taiwanese as *tungtou* or *tungtai*, and there will be complications in pregnancy and delivery.²⁵ Similarly, Prescription Divination No. 40 attributes pregnant women's disorder to slighting the God of the Stove (Zao Jun), and further, offers a moral lesson, which advises pregnant women to revere gods and gain compassion from Heaven through being sincere and filial.²⁶ Other examples also reveal that disorders related to pregnancy and delivery, generally called *renchen suibing*, are attributed to antagonising evil spirits and holding good spirits in contempt. All these practices in *yaoqian* are connected with the belief in foetal spirits (*taishen*) which are central to Taiwanese pregnancy cultures (see Section 6-2-3 and Section 6-4-1).

As stated in *Lüdi xianfang*, illnesses of the third and fourth groups require more than medications to restore health. It is suggested that the sick person should fast and remain pure in body and heart, offer incense sincerely, pray and do charity.²⁷ In other words, a sure healing without medications can only be achieved through repentance and individual reform, charitable acts and penance for past wrongdoing; otherwise, the condition will further deteriorate. In contrast to the first three categories of illnesses, the recognition of symptoms, aetiology, diagnosis and treatment of this fourth type of disorders (*suibing*) do not involve any logical association. They only offer an interpretative model by stating the ultimate cause or 'final attribution' (see Evans-Prichard 1937). In total, illnesses belonging to the third and fourth groups account for 24 percent (16% plus 8%) in the Department of Male and 22 percent (12% plus 10%) in Female of all health problems mentioned in *Lyidi xianfang*. Unlike that observed for illnesses caused by psychological factors, there is no significant gender difference in these cases, indicating that illnesses attributed to immorality or supernatural forces are indicative of

²⁵ Prescription Divination No. 3 in *Baoan Gong yaobu* states '妊娠虛驚孕不安，閨房不謹子宮寒；誠惶動土無迴避，若見腰酸保甚難' (see Figure 5.1); No. 7 states '胎兒觸得孕必災，難協身急以安胎；此方長服，臨產能推，須知謹慎，誤藥必危'；and No. 14 states '心煩霍亂氣難消，腹脹咽乾禍自招；觸瀆灶君兼動土，恐防吐瀉甚難療。'

²⁶ Prescription Divination No. 40 states '褻瀆灶君惹禍衍，焚香懇切莫遲延；遵行孝順天朝格，禳改尊誠病不纏。'

²⁷ See Section 'Ten Do's and Don'ts for Soliciting Lüdi Yaoqian' in *Lüdi xianfang*, Zhulin Publishing House, 1977.

the ‘human condition’ (Kleinman 1997) of Han Taiwanese in general rather than differences between male and female.

As a whole, the above analyses of *Lüdi xianfang* show that the texts written on *yaoqian* embody popular concepts of health and types of Taiwanese illnesses. Further, what I observed from my fieldwork is that *yaoqian* are of great significance for woman in local religious medicine—as seen in many prescriptions under the Department of Female or Gynaecology, which my informants in Rural Dajia Community practised routinely (see also Section 5-3). These provide strong evidence for the cultural constructionism much invoked in medical anthropology, as in Arthur Kleinman’s discussions on ‘kidney deficiency’ (*shenkui*)—a cultural syndrome peculiar to Chinese—as an example of ‘somatized’ syndromes.²⁸

Together with findings on cultural syndromes such as *shenkui*, the types of illnesses inscribed in *yaoqian* render further support to the dominant influence of culture on definitions of health, illnesses and disorders. In particular, these discussions highlight how pregnant women were portrayed and how illnesses were related to pregnancy in Taiwanese culture. They highlight differences in temperament imputed between male and female and draw attention to the alleged feminine temperamental characteristics of infatuation, obsession, anxiety, anger, worry and melancholy that may constitute the psychological catalyst of female illnesses and transform those conditions into somatic disorders. Moreover, Chinese culture has consistently endowed morality with power as both the cause and cure of illnesses; that is, morality is recognised as both a ‘trigger’ and ‘terminator’ of illnesses. Further, the supernatural forces were also implicated in illnesses in men as well as in pregnancy and female illnesses.

However, to understand thoroughly how *yaoqian* turns into a tradition of local knowledge and a medical practice in daily life among people, and women in particular, we have to go beyond the mere analysis of the authoritative texts and narratives and probe further into the

²⁸ In Kleinman’s model of somatisation of dysphoric affects and affective disorders, culture constitutes illness experience and behaviour. On one hand, culture models the affective experience. On the other hand, culture yields characteristic types of somatisation and models of affective styles in language (1980: 119–78). Tseng Wen-shing (1975) further suggested, we can understand the syndrome of kidney deficiency only if we contextualise it within the theory of *qi* in Chinese medicine, since the kidney was regarded as the place in which *qi* (vital essence) and *jing* (seminal essence) were stored in the body (pp. 237–45).

mechanisms behind everyday solicitations of *yaoqian*, as ‘practice always implies a cognitive operation, a practical operation of construction which sets to work, by reference to practical functions, systems of classification (taxonomies) which organize perception and structure practice’ (Bourdieu 1977: 97). Thus, in the following section, the cultural mechanisms of ‘soliciting divination for health problems’ (*zhanbu wenji*) and the issue of healing power are discussed. These shape how women perceive illnesses and pregnancy, using *yaoqian* in everyday experience.

5-3. Ways of Knowing and Everyday Experience

5-3-1. Healing Power in Soliciting *Yaoqian*

The origin of *yaoqian* is hard to verify but it is known to be related to the system of Taoist charms (*fulu*) or a religious campaign in Hahn Dynasty (206 BC–AD 220) marked by five dipper-like rice bins measuring five *dou* (*Wudoumi jiao*). According to the *Principles of Composition, Exegesis, and Phonetics of Chinese Characters* (*Shuowen tongxun dingsheng*) and *The Great Dictionary* (*Cihai*), *qian* is a bamboo slip engraved with signs or oracle verses. To solicit divination involves drawing such a bamboo slip in front of gods who will foretell the good or bad luck for the faithful (Hanyu zazidian bianji weiyuanhui (ed.) 1988: 3032–33; Y. Chang *et al.* 1999: 12). Those bamboo slips with general divinations on fate and fortune are called *yunqian* while those with prescription divinations on illness and health are called *yaoqian*. While, regarded as having spiritual power, both *yunqian* and *yaoqian* also function like magic charms (see Section 7-2).

As cultural vehicles in the communication between the world of mortals and the supernatural, soliciting *yaoqian* involves a series of procedures to empower their efficacy. Generally speaking, the ill person seeking *yaoqian* in Taiwan can come in person or send a representative who states clearly in front of gods the name of the sick or details of the request. After paying respects and expressing his or her intentions in a prayer, he or she can then draw out randomly a bamboo slip to procure a prescription divination from the god apropos the

illness concerned. The current procedure of soliciting a *qian* involves shaking a bamboo container, which holds bamboo slips each marked with a different number, in front of the holy statues. The bamboo slip that falls from the container is taken in exchange for a verse marked with the same number. Interpretations of the verse serve as the oracle from the god concerning the petition of the worshipper.

In addition, the supplicant has to cast two wooden blocks (*buabuei* [H]) three times to get divination from the god as a confirmation. If the two blocks (*buei* [H]) show one *Yin* and one *Yang* consecutively three times, this indicates the deity's approval, and the prescription divination can be taken as truly the divine will on the prayer intentions. Otherwise, another bamboo slip has to be drawn with the wooden blocks cast again until final affirmation is obtained. The supplicant can then proceed to fill the prescriptions at the Chinese herbal shop specified by the god or the temple (J. Sung 1999: 6). In this case, the *yaoqian* solicited contains all the information concerning medication, dosage, treatment and divination.



Figure 5.9. Soliciting *yaoqian* in Zhenlan Gong, Dajia (鎮瀾宮-0023-2000).



Figure 5.10. *Yaoqian* in containers, along with wooden blocks for divination in Baoan Temple, Ilan (Ilan xianshi guan (ed.) 1999: 92).

However, in some temples, the practice may be slightly different. Instead of being written on the *yaoqian*, details of the prescription are listed in a prescription divination book (*yaobu*). According to the bamboo slip drawn, the temple will provide a prescription with a serial number like 'Adult No. 34', meaning Prescription Divination No. 34 under the Department of Adult, to be filled at the herbal shop specified by the god or the temple. The temple may or may not have the full prescription divination book but the details of the *yaoqian* or particulars of the medication and treatment will not be disclosed to the worshippers (J. Sung 1999: 6–7). Zhenlan

Gong of Dajia in my fieldwork region is currently using this practice. Also, there are some temples that provide copies of the series of prescriptions only, with neither bamboo slips nor their container available. The worshippers after praying for their intentions can cast the wooden blocks on the desired prescriptions one by one for confirmation. Upon obtaining approval from the god, they can proceed to fill the prescription at the herbal shop specified (M. Lin and J. Li 1991: 39–40).

As seen, the approval and final affirmation from the god is crucial to the efficacy of the *yaoqian* procured. Some temples have a special practice for this. An examination by the god is needed and a diagnosis has to be obtained before the solicitation of *yaoqian*. The supplicant has to worship the temple god holding three joss sticks in both hands and describe the symptoms of his/her health problems. Then the three joss sticks will be put on the wrist to present to the god who is asked to perform the body check. After the ashes from each of the joss sticks have dropped once on the altar, the diagnosis is considered made (Y. Zhang *et al.* 1999: 23–24). The same procedures of drawing a bamboo slip and casting the wooden blocks then follow, similar to the practice of other temples given above.

Preparation of the medication also involves some rituals.²⁹ The concoction should be made in the main hall of the residence facing outside. Incense should be offered to pray for the coming of the deity. Then the burning incense should be placed either in the incense burner or the stove for brewing the herbal formula—a practice recommended in *Lüdi xianfang* as *fexiang zai lu*. Hence, taking the medication prescribed in *yaoqian* is also known literally as ‘eating the burning incense’ (*chia huiyen* [H]) (M. Lin and J. Li 1991: 39). The Chinese medicine practitioners in Dajia said, ‘When preparing the medication, people of the older generation will pray first, asking the deity to make up for any deficiency in the formula so that it can become more effective. Nowadays, people just simplify the practice but still burn three joss sticks on the side of the stove to show their sincerity.’³⁰ After the treatment begins, divine will concerning

²⁹ Fieldwork in Fuxing Gong of Waipu (Taichung County) and Wugu Miao of Ilan (Ilan County) separately conducted in 2003 and 1996.

³⁰ Fieldwork conducted in April 2003 at Yufang Tang, a renowned Chinese herbal shop in Dajia.

how much medication should be taken and whether the medication needs to be changed has to be solicited and confirmed through *buabuei*.³¹ When the prescribed medication proves to be unavailable or even inappropriate for the sick, Chinese medical practitioners will suggest the faithful refrain from taking it for some time even though the god's will for him or her to take it is beyond doubt. Instead, he or she has to copy the prescription once on a piece of golden paper, making a *huadan*, and then pray to explain to the deity that the prescribed medication will be taken later. The *huadan* will serve as an alternative to making the medication available. Such a suggestion is often welcomed by the supplicant.³²

In addition to following the instruction of the deity to fill the prescription at the herbal shop specified, the above procedures can be seen as mechanisms for multiple confirmations with the deity. It is interesting to note that temple keepers, members of the executive committee, Chinese medicine practitioners and the worshippers in general put great emphasis on the divine origin of the prescription divinations as a guarantee of their efficacy. However, worshippers seem to be very vague in describing the symptoms of their illnesses. Very general descriptions are given which show that they have neither a clear idea nor knowledge about their condition. 'In our days, most people can only describe themselves as having headache, stomach ache, bitter and dry mouth or fever....All we know is that we are feeling pain and discomfort but cannot say exactly where it comes from,' informants said (X. Cai 1999: 98). The report from Mr Xie Bing-lang (1914-), the most senior member of both Fuxing Gong Committee and Sankang Village, can shed light on the conditions under which people seek to solicit *yaoqian*:

Only when the faithful solicit *yaoqian* [following the procedures] with sincerity will the prescription divinations that Fuxing Gong offered become effective. My mother, Ms Feng Zhang Mian (1897-?), always went to Fuxing Gong to solicit *yaoqian* on the first and fifteenth day of every lunar month in her entire life. While soliciting *yaoqian*, everyone needs to state to deities whatever the symptoms he or she suffered, with a very sincere and respectful heart.

³¹ Fieldwork conducted in 2003 in Sankang Village of Waipu, in particular in April 2003 at Yufang Tang, Dajia. Similar arrangement of the medication can be found in other temples (see also J. Sung (1999): 15, 19).

³² Fieldwork conducted in April 2003 at Yufang Tang, Dajia.

I followed the ways of taking the prescription divinations from Wugu Wang of Fuxing Gong and got absolute proof of its efficacy. For example, I had a bad cough some twenty years ago. The Western physician suggested that I had to have my sputum tested. However, I sought for *yaoqian* instead and had the prescription filled at the specified Chinese herbal shop. I just took it once and did not have sputum anymore. There were still many village fellows soliciting *yaoqian* some twenty years ago in Sankang. Nowadays, we cannot even find those herbs listed in *yaoqian*. Needless to say, modern medical practitioners are more easily available than before and the government has also implemented labour insurance and health insurance.

In the old days, whatever symptoms suffered can be frankly stated to our deities, such as the common cold and flu, stomach ache and even surgical injuries. We just experienced a few types of illnesses in everyday lives. Moreover, the herbs the deities prescribed in *yaoqian* are not very expensive. It just cost us a few dollars, equivalent to ten dollars or so today

Narrative 5.2. Mr Xie Bing-lang explained why people seek to solicit *yaoqian* (2003-11-30 and 2004-02-28; see Appendix 1.I – Lineage S0701).

As previously mentioned, popular conventions and local influences are more dominating than traditional medical roots in Taiwanese *yaoqian*, and thus there are many variations and combinations of the herbs that can be used in the prescriptions (see Section 3-3-1). According to Chinese medical practitioners, some of the *yaoqian* are all-purpose—suitable for treating headaches, stomach aches, diarrhoea and many other kinds of illness. The worshippers attribute the cure to psychological reassurance offered by the protection and blessing of a certain deity through the *yaoqian*.³³ This echoes another observation that for those soliciting *yaoqian* for relief of health problems, their judgment in decision-making is not affected much by the type or severity of the illnesses. In other words, there are not many incurable or terminal cases opting for prescription divinations as the last-resort treatment. The sick seeking medical consultations and treatment through *yaoqian* make no distinction in the types of illnesses they suffer, whether physical, psychological, moral or cosmological.

It is also noteworthy that, in the era when ‘modern’ medical resources were not easily available and choices of medical treatment were relatively limited, solicitation of *yaoqian* was a widely recognised practice for seeking treatment for health problems. As seen in Narrative 5.2, female elders of the preceding generation to that of my fieldwork informants ‘always went to

³³ Fieldwork conducted in April 2003 at Yufang Tang, Dajia.

Fuxing Gong to solicit *yaoqian* on the first and fifteenth day of every lunar month in their entire life.’ This narrative shows the generality of this practice; soliciting *yaoqian* was a regular routine in their everyday lives and they transmitted the embodied knowledge to younger generations.

Soliciting *yaoqian* can even be seen as a family-based popular health care managed by female elders who had the latent medical power (see Section 2-3-2 and Section 8-1-2). For the faithful, *Lüdi xianfang* serves as a handbook for general medicine (*yiyao bianlan*) and in it, there is a simplified ritual for worshippers in remote areas with no access to temples to obtain prescription divinations at home with self-made bamboo slips and container. However, great emphasis is placed on ‘total surrender to the deities with a pure and respectful heart’ in order to obtain efficacious prescription divinations.³⁴ What is called ‘*jiecheng jinxin tingmingyushen yixin qiufang*’ (to seek for a prescription through total surrender to the deities with a pure and respectful heart) is the moral-cultural foundation by which the faithful self-examine the effectiveness of the *yaoqian* they are given. Apart from the moral requirement, the solicitation ritual with strict procedures is of equal importance in determining effectiveness, and *buabuei* plays a significant role.



Figure 5.11. A herbal medicine practitioner filling a prescription according to the *yaoqian* (林葆-0032-030503).



Figure 5.12. A faithful worshipper sincerely performing *buabuei* in Zhenlan Gong, Dajia (鎮瀾宮-0026-2000).

³⁴ See Section ‘Ten Do’s and Don’ts for Soliciting *Lüdi Yaoqian*,’ *Lüdi xianfang*, published by Zhulin Publishing House in 1977.

5-3-2. Moral-Cultural Foundation of *Buabuei*

As mentioned above, *buabuei*, the casting of two wooden blocks to get divination is a means of obtaining a confirmation of the god's will. One casting is for one question only and before each casting, personal particulars including the name, age and address of the worshipper have to be stated clearly followed by the question asked or the petition. These two wooden blocks have *Yin* on one surface and *Yang* on the other. The presentation of one *Yin* and one *Yang* (*hsinbuei* [H]) indicates the deity's approval while two *Yins* (*yinbuei* [H]) denote disapproval, and two *Yangs* (*chuobuei* [H]) imply pending approval. *Chuobuei* can mean that the deity cannot decide on the basis of the worshipper's vague description, or the deity is laughing at the outrageous request that can never be fulfilled. Bamboo slips drawn with *yinbuei* or *chuobuei* cast have to be discarded and re-drawn until *hsinbuei* is obtained.

In essence, *buabuei* is a basic divination method for divine confirmation, a ritual practice for knowing the unknown by means of oracles (see Evans-Prichard 1976).³⁵ Being widely used as a part of ritual elements in Taiwan, this method involves simple presentation and clear interpretations of the signs given, such as *hsinbuei*, *yinbuei* and *chuobuei*. Each casting of the wooden blocks with obvious visible results given confirms the religious zeal and moral attitude of the faithful. The result of *buabuei* can be assessed instantaneously and its efficacy is enhanced each time it is performed. The experience of Mr Xie Rong-jin (1931–), a master of religious ceremonies of Fuxing Gong in Sankang, vividly depicted the moral-psychological condition of the faithful when seeking divine confirmation through *buabuei*.³⁶

Ever since I became involved in religious ceremonies, I have often obtained *hsinbuei* in the first casting, rarely the second, and never the third.

For example, when paying homage to Tian Gong (the Supernatural Emperor), everyone should have a pure and respectful heart. I would ask everyone to abstain from meat, not only the local

³⁵ Just like the notions of the Azande people in Central Africa that 'divination' is a method of discovering what is unknown, and often cannot be known, by experiment and logic; 'oracles' are those techniques which are supposed to reveal what cannot be discovered at all, or cannot be discovered for certain. See Evans-Prichard, 1976, especially Appendix I on p. 228.

³⁶ Fieldwork conducted in Sankang Village of Waipu in April and May 2003.

headman but me also. It can be said that ‘God comes to those with a devout heart; no heart no God.’

There was one year that I knew I would not get *hsinbuei* even before casting the blocks. The first reason was that the local headman did not realise that we need to invite the Tudi Gong (Locality God) back to the temple for the religious ceremony. Second, many people were not aware that they had to abstain from meat and did not do so. Third, many people had not yet arrived when the ceremony was about to begin, a sign that they did not have a devout heart. Just as I expected, we got *yinbuei* in the first casting. Then I asked those who did not abstain from meat and had committed wrongdoings to pray for God’s pardon. After that, I got *chuobuei*. Finally, I decided to cast the block one more time, thinking that if I did not get *hsinbuei* or god’s approval of my petition, despite our sincere repentance, I will not serve in any religious ceremonies anymore.

What I mean to say is that I serve my village fellows in the religious affairs and I do that with a sincere heart. The deities should not humiliate me by not letting me get *hsinbuei*. I myself did no wrong, and god should only punish those who did so. God can warn me and cannot punish me by not letting me get *hsinbuei*.

Narrative 5.3. Mr Xie Rong-jin, a master of religious ceremonies of Fuxing Gong in Sankang, explained the moral-psychological condition of the faithful when seeking divine confirmation through *buabuei* (2003-05-01; Appendix 1.I – Lineage D0501).



Figure 5.13. Mr Xie Rong-jin, a master of ceremonies in Sankang (福興五穀王生-0136-030526).

There seems to be something of a rebellion against a negative divine outcome on the part of Mr Xie Rong-jin, since he saw himself as moral in administering the ceremony. However, this ‘challenge’ only suggests personal frustration or anger at the god, which mirrors the humanistic relationship between the supernatural and the faithful in Taiwanese folk religion. In expecting

not to get *hsinbuei* 'even before casting the blocks', Mr Xie Rong-jin had fully appreciated all the requirements he and his village fellows needed to fulfil for the ceremony. Ultimately, Mr Xie Rong-jin was deeply convinced of the divine power, thus making further confirmation through the performance of *buabuei*.

In sum, the solicitation of *yaoqian* is a mechanism of divination established on the basis of morality and godliness. To the faithful soliciting *yaoqian*, the choice of adopting the prescribed medication and treatment is not solely due to the effectiveness of the prescriptions, but perhaps more because of the approval of the deity in their petitions. In other words, it is a religious-medical approach implemented for the diagnosis and treatment of illnesses, as well as the assessment and interpretation of disorders through divine power, by means of divinations, oracles and other ritual procedures. Although treatment given by *yaoqian* has to rely on a physical prescription, true 'healing' is only achieved through identifying a culturally recognised and understandable underlying cause of the illness. To the sick, obtaining such authentic knowledge of an aetiology is more important than being relieved of the symptoms, and these causes of illnesses are often closely related to the cosmological order, moral states and value systems (see also H. Chang 1994: 17–24).

This is what Andrew Strathern and Pamela Stewart called 'the philosophy of healing' that alternative medicine and the medical systems of various cultures depend on,³⁷ in contrast with the 'curing' effect offered by most biomedicine (see Strathern and Stewart 1999). Curing refers to an act of treating successfully a specific condition, for example a wound or a case of diarrhoea, while healing here concerns the entire person or the whole body which is seen as an integrated system with both physical and spiritual components. The distinction between curing and healing, matches, to some extent, that between disease and illness. However, as Strathern and Stewart (1999) pointed out, more interesting than the simple dichotomous distinction is the idea that we should focus on the interplay between elements of curing and healing found in a given medical system. This offers inspiration to my further research on the curing and healing

³⁷ These surely include Western biomedicine, which also has a 'philosophy of healing'.

power of Taiwanese *yaoqian*. Going beyond the experience, religious-medical treatment through divination and *yaoqian* can sometimes offer interpretation as to ‘why such illness happens to one person and not to the others’. It can also provide further answers to ultimate concerns in how one faces the ‘uncertainty’ of misfortunes in human life (see Whyte 1997), such as a woman’s predicament during pregnancy and childbirth.

In the first part of this Chapter, I explored the process whereby the authority of *Efficacious Prescription Divinations from Lüdi (Lüdi xianfang)*, the sample collection Fuxing Temple of Waipu previously collected, had been established as a local practice in the course of social history. Using a lineage analysis, I highlighted how the decision on which collection of *yaoqian* was to be adopted by an individual temple was influenced by historical processes. Moreover, social factors also influenced the adoption and re-creation of *yaoqian* collections. Medical knowledge of Taiwanese *yaoqian* is created in particular contexts and with changing arrangements of power. Among these, men with textual knowledge at the administering temple (such as Mr Zeng Fu-lang in Sankang), the influence of printing, and the performative mediator of *luanfang* [altar], are crucial to the transmission of certain collections of *yaoqian*.

The implications of *yaoqian* concerning pregnancy and female illnesses, as well as male illnesses, were elaborated in the second part of this chapter. Various types of illnesses revealed in the practice of *yaoqian* help shed light on the perception of illness in Dajia community. Apart from biological causes isolated in Chinese medicine, I suggest that human temperament, morality and supernatural forces are also seen to cause illnesses among Taiwanese. The interconnection between texts, narratives, and embodied experience is a process of mutual interaction and revelation, which merits further study. Illnesses, especially of the first and second, and to some extent the third, reveal the influence of authoritative Chinese medicine on the local community of Taiwan. In addition, the third and fourth types of disorders rather show that *yao-qian* evinces the local embodied knowledge beyond traditional Chinese medicine.

Among these, gynaecological prescription divinations refer not only to female illnesses and local perceptions of ‘cosmological disorder’ (Ahern 1975b) during pregnancy, but to cultural

constructions of gender. The performance of soliciting *yaoqian* is a ritual process essentially of divination. Moreover, soliciting *yaoqian* is a way by which (pregnant) women were taught to follow do's and don'ts during their pregnancy. Textual knowledge of these *yaoqian* pervades the gendered disposition of women and guides their everyday life during pregnancy. It is usually a man who authorises and transmits textual knowledge in *yaoqian* (such as Mr Xie Rong-jin in Sankang), in contrast with those women who solicit *yaoqian* as a regular routine, whether in the community temple or in a family-based popular healthcare system.

Finally, through exploring the cultural mechanisms of soliciting *yaoqian* and the ways of women's knowing *yaoqian*, I have to conclude that there is a 'suggestive' function of *yaoqian* in certain illness experience. This resembles 'the placebo effect' (see Moerman 2002). 'Placebos are inert and, therefore, don't do anything. But they can be meaningful' (p. 151). This implies that placebos can yield different 'meaningful responses' that can be 'the psychological and physiological effects of meaning in the treatment of illness' (Moerman 2002: 14) which engages the biological consequences of experiencing knowledge, symbol, and meaning. The suggestive function of *yaoqian* is both subtle and complicated in a given socio-cultural context. There may be an emphasis on moral states and supernatural forces implicated in illnesses rather than symptoms or prescriptions, in particular for those women over generations who seek to solicit *yaoqian* as a daily routine. The exploration of soliciting *yaoqian* also shows how Taiwanese women experienced 'authentic' knowledge of pregnancy and illness in empowered practices, which echo the dialectic between biology and culture in the production of medical knowledge (see Lock 1993a, 1993b). This merits full exploration in the near future.

CHAPTER SIX

Pregnancy as a Cultural Complex: Concerns about Foetal Spirits

Besides the notions of pregnancy and female illnesses revealed in *yaoqian* within the context of local medicine explored in Chapter 5, data on the subject on women's illnesses and pregnancy could rarely be found in the texts of the Qing Dynasty. They were scarcely mentioned in either official or personal literature in mid-Qing Taiwan (the late eighteenth century), and the female image depicted in such records was very superficial. No records of female pregnancy were found during this era, with the exception of informal narratives obtained from the countryside in such forms as popular ballads and local sayings. Therefore, any data which contained detailed descriptions of pregnancy and female illnesses can be very helpful in reconstructing Han Taiwanese pregnancy cultures in rural society in this and later periods. They illustrate women's unique experiences at various stages of their life cycles. In the following Sections 6-1, 6-2 and 6-3, the image of women, pregnancy and components of pregnancy cultures from mid-Qing Taiwan, through the Japanese Colonial Era (1895–1945), to contemporary rural Taiwan, will be unveiled. My aim is to show that pregnancy was regarded as a cultural complex with a focus on the ritual of 'foetus-calming' (*antai*) to prevent miscarriage. The crucial beliefs and taboos related to the foetal spirits (*taishen* or *tushen*) will be explored in Section 6-4.

6-1. Female Pregnancy in Mid-Qing Taiwan and the Japanese Colonial Era

One popular ballad in the early days of Han Taiwanese rural society I found was the *Song for a Ten-Month Pregnancy* (*Shi yue huatai ge*). This ballad contains many bitter stories about the process of conception, childbirth, and child-raising. Moreover, a third of the ballad details the

duration of pregnancy itself (Zhulin shuju 1957: 46–48) (Figure 6.1). Although the precise date that this ballad was created is not clear, it is generally accepted that it was composed and popularly sung all over Taiwan long before the late Imperial period. There are also various other ballads and folk songs on this theme, such as *Morning Sickness of Pregnant Women* (*Huatai binzi ge*), and *Song on Showing Symptoms of Early Pregnancy* (*Binzi ge*).

From the lyrics of the above, we can find descriptions concerning the symptoms and illnesses caused by pregnancy, such as a state of ‘heavy obstruction in pregnancy’ called *renchen ezu*. These symptoms are similar to those described in the classic medical works throughout Sui, Tang and Sung Dynasties,¹ under the common framework of ‘foetus-calming during pregnancy’ (*renchen antai*) (see Section 3-1-1). Descriptions included the following symptoms that a woman could experience. She would:

loathe the smell of some foods, but crave for salty and sour fruits; this is so-called ‘lack of appetite’ (*eshi*); and languor, that is ‘to prefer sleeping to getting up.’ The conditions were worse during the first trimester of pregnancy; for example, severe vomiting and not being able to do anything due to heavy obstruction in pregnancy (see Y. Chao 1986 [1779/605–616], vol. 41; S. Sun 1986 [1781/652], vol. 2; Y. Zan 1990 [1881/897], vol. 1).



Figure 6.1. The manuscript of the songbook, *Song for a Ten-Month Pregnancy and Morning Sickness of Pregnant Women* published by Zhulin Publishing House, 1957.

¹ Such works include *Master Chao's On the Origins and Symptoms of Disease* (*Chao shi zhubing yuanhou lun*, AD 605–616); *Prescriptions Worth a Thousand* (*Qianjin yaofang*, AD 652); *Menses Efficacy and Birth Treasury* (*Jingjiao chanbao*, AD 897); and *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*; AD 1273).

Some other lyrics are also worth our attention, such as ‘*lague hautai hun lum li, kuongia thaisin e suanchi; safuan nachi wu seishu, chinhu gingchia gua shengku*’ [H].² It means that pregnant women who are haunted or disturbed by the foetal spirits (*taishen*) during pregnancy can seek a remedy either by performing a ritual, taking a cleansing charm (*chinhu* [H]), or just wearing a magic charm to guard themselves against *taishen*. This shows that pregnancy cultures link Taiwanese folk religion, related rituals and exorcism with the issue of female pregnancy and illness. Moreover, it highlights the influence of *taishen* during pregnancy.

As for official data, although authoritative records of Han Taiwanese society in general were becoming more common in the late-eighteenth and nineteenth centuries, unfortunately data on women were still as rare as the claws of the mystical phoenix. Not only were these data rarely found in official monographs, they were only mentioned in the broader accounts of Customs or Biography, without an individual volume or title (see S. Chen 1957 [1852], vol. 5; P. Chen 1956 [1871], vols 10–11). There were also other personal records written between 1862 and 1908, during the late Qing Dynasty. For example, *Recorded Events of Taiwan (Taiwan jishi)*, written by Wu Zi-guang, contains descriptions of the old custom of female ‘foot binding’, and also how women ran households in a meticulously calculating way. *My Travels in Taiwan (Taiyang jianwen lu)*, written by Tang Zan-gun, includes a part titled ‘Women Slaving for Others like Cattle’, depicting how women on Penghu Island were worn out by various chores (Z. Wu 1983 [1875]: 33–34, 37 and 164, 190–91; Z. Tang 1983 [1893]: 285, 288–89).

Miscellaneous Notes on Taiwanese Customs (Taifeng zaji), written by Sakura Magozou when he became a police officer in the Bureau of Civil Affairs, Office of the Governor-General, Japanese Colonial Taiwan, contains data on women’s daily lives, such as records about ‘foot binding’, wife-taking, marriage rites, women’s education, female entertainers *Geisha*, tea-harvesting women, prostitutes and the manners of both traditional granny midwives (*jiesheng po*) or granny doctors (*xiansheng ma*) and ‘modern’ midwives (Magozou 1961 [1903]: 1–4, 12–13, 18–20, 28–29). The issue of female pregnancy and birth was ignored in many

² The original text is ‘六月花胎分男女，恐驚胎神會參滋；三分那是有世事，靜符緊食葛身軀’ [H].

accounts, including *Miscellaneous Notes on Taiwanese Customs*, which is regarded as a model ethnographic report on Taiwanese customs in the early Japanese Colonial Era. There is, therefore, a dearth of records directly related to Taiwanese pregnancy cultures.

Under such circumstances, one particular piece of data obtained from a local survey in contemporary Jiayi County, Southern Taiwan, is very rare and extremely valuable. In the section ‘Miscellaneous Conventions’, *Interview Reports for the Jurisdiction of Jiayi (Jiayi guannei caifang ce)*, there are the following notes.

The folks believe in witchcraft. Whenever they suffer from illness, they will either ask a Taoist to help avert the calamity or a Buddhist monk to forestall the disaster. Among the rituals conducted, the ritual of ‘foetus-calming’ (*antai*) is the most useful. This is conducted by a *hongtou* priest (*hongtou fashi*, the red-head priest) who habitually wraps a piece of red cloth around his head when performing the rituals; it is believed that after the negotiations between the *hongtou* priest and *tushen* (Gods of the Earth; earth spirits), the foetus will become calm again and the ritual will be considered efficient in answering the people’s petition. Suddenly, a burst of noise from drums and horns played during the ritual is followed by a sensational shaking, dancing and charm recitation. Soon afterwards, people feel relieved with their safety assured (Anon. 1959 [1897–1901]: 13).³

This is a unique paragraph from the official provincial histories (*zhishu*) of the late Qing Dynasty which directly relates the ritual of foetus-calming conducted by a *hongtou* priest. Though brief, this paragraph gives a vivid portrayal of the general beliefs and customs of Jiayi County between 1895 and 1911, in early Japanese colonial Taiwan. In particular, it reveals that people relied on *hongtou* priests to ‘recite charms and practise magic’ (*anfu zuofa*) particularly when they were confronted by *tushen* and faced conditions harmful to pregnancy caused by *tushen*. Moreover, this paragraph also reveals the impact and the centrality of the foetal spirits (*taishen*) manifest in the ritual of foetus-calming, which will be further discussed in Section 6-4 and Chapter 7.

The literature on female pregnancy expanded during the Japanese Colonial Era in Taiwan. Two works by Japanese scholars are seen as valuable ethnographies on the ritual complex of

³ Original Texts: ‘俗又尚巫。凡人有疾病，或請道以禳災，或延僧以解厄，而最可用者，紅頭司以紅布包頭，土神安胎更應驗。一時鼓角喧天，跳舞動地，安符作法，隨解而安。’

pregnancy: *A Historical Record of Customs in Taiwan* by Kataoka Iwao (1921) and *Old Practices, the Capping Ceremony, Marriages, Funeral Rites, and Calendar Routines in Taiwan* by Seiichiro Suzuki (1934). Both contained some systematic statements on this topic though they lacked historical depth (Iwao 1921: 1–4; Suzuki 1934: 62–62, 85–92). The section ‘Superstition and Bad Customs in Child-raising’ in *Religion, Superstition, and Bad Customs in Taiwan*, written by Zeng Jing-lai, also recorded some Taiwanese social conventions concerning prenatal and postnatal care (J. Zeng 1939: 145–49), while the section ‘Miscellaneous Notes on Childbirth and Child-raising’ in *Domestic Life in Taiwan*, written by Toshio Ikeda, emphasised labour and delivery (Ikeda 1944: 240–43). Besides these, some journal articles presented in *Memorandum about Customs and Practices in Taiwan (Taiwan guanxi jishi)* and *Folklore Taiwan (Minsu Taiwan)* offered other collective sources of information on Taiwanese pregnancy cultures (see S. Xin 1902; A. Lü 1941; D. Tian 1941; Kaidoh 1943). After World War II, there was not much literature on the *antai* ritual although there were some works related to female rituals from authors such as Toshio Ikeda (1954), Huang Mei-xing (1967), Chao Jia-yi (1969), Guo Li-cheng (1969), Wu Ying-tao (1970), Huang Wen-feng (1992), Lin Ming-yu (1995) and Emily Ahern (1975a). These texts can be seen as offering the fundamental historical records of pregnancy rituals and pre- and post-natal conventions among rural Taiwanese throughout the Japanese Colonial Era till the post-war era in Taiwan.⁴

However, before I further discuss the rituals and the social conventions of a Taiwanese pregnancy—and the concepts of foetal spirits (*taishen* and *tushen*) these practices entailed, it is necessary to consider the historical relationships between Taiwanese tradition and traditional Chinese medicine. These relationships are examined in Section 6-2 to illustrate the details connecting Taiwanese cultural discourses and social practices. This section thus aims to explore the issue of historical continuity or change in the course of transmission and reproduction of

⁴ Still, this literature either lacks primary accounts and specific space-time coordinates of their objects, or lacks relevant socio-cultural accounts and ethnological context.

knowledge (see Bate (ed.) 1995; Farquhar 1994; Lindenbaum and Lock (eds) 1993; E. Hsu 1999), which will be discussed throughout Chapters 7 and 8.

6-2. Foetus-Nurturing and Foetus-Calming in Taiwan

As previously mentioned, ‘foetus-nurturing during pregnancy’ (*renchen yangtai*) is one of the fundamental themes in Chinese classical gynaecology, which focuses on the framework of ‘monthly nurturing of the foetus during pregnancy’ (*zhuyue yangtai*) (see Section 3-1-1). Its connotations encompass a wide range of knowledge and practice. In addition to positive injunctions on regimen and exercises for health, *zhuyue yangtai* also includes dietary taboos and other social regulations to which pregnant women should pay attention in their daily lives. This forms a generalised theory of ‘foetal education’ (*taichiao*). By contrast, it was not until the late Sung Dynasty that a more restricted theory of foetal education was clearly expounded in Chen Zi-ming’s *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*) in AD 1237. This more restricted sense of *taichiao* focuses particularly on ‘the only correct approach to recuperation by avoiding supernatural taboos’ (*jiangxi piji famen*). This was rather the key point in the framework of ‘foetus-calming during pregnancy’ (*renchen antai*), another fundamental theme in Chinese classical gynaecology (see Section 3-1-1).

As seen in my fieldwork, there were (and are) many taboos listed in all sorts of Taiwanese farmers’ almanacs (*nongmin li*), as well as in other almanac handbooks (*tongshu bianlan*), providing abundant information on religious practice and dietary habits. These publications were in popular use all over Taiwan, locally and regionally. Moreover, such local texts always contain a reference framework titled ‘*liujia taishen yueri guanzhan fangwei dingju*’, the knowledge for specifying certain objects, spaces, or relevant directions that foetal spirits (*taishen*) might occupy either by monthly or daily cycles; this is also abbreviated and commonly known as *taishen guanzhan* (see Section 6-4-2). It is worth noting that the knowledge of *taishen guanzhan*, referring to a narrow sense of foetal education, can be traced back to *jiangxi piji famen*, or more precisely speaking, to ‘the magic arts protecting pregnant women from *taisha*

before childbirth' (*taisha biji chanqian jianghu fa*), also introduced by Chen Zi-ming in his classical work.

As a whole, the grand classical framework of 'foetus-nurturing during pregnancy' (*renchen yangtai*) combined with that of 'foetus-calming during pregnancy' (*renchen antai*), covers the entire course of a Taiwanese pregnancy. There are many concerns and practices throughout the whole period of pregnancy. In this section, I reveal three concerns crucial for rural Han society in Taiwan. They are taboos in diet, foetus-calming in a general medical sense, and foetus-calming specifically in a magico-religious sense, which is adopted from the restricted sense of foetal education in the classic *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*).

6-2-1. Taboos in Diet

The foetus is the key concept in the classical discourse of 'monthly nurturing of the foetus during pregnancy' (*zhuyue yangtai*) and underlies the principles guiding women's daily lives throughout the duration of their pregnancy. These principles are nothing more than keeping an appropriate diet, a regular routine, a self-controlled sexual life, a balance between work and rest, and harmonised emotions and temperament. They have been followed in Han Taiwanese society for generations. For example, the dietary taboos followed by Taiwanese women are almost the same as those from *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*), *Prescriptions Worth a Thousand* (*Qianjin yaofang*; AD 652 in the Tang Dynasty), or even those tracing back to *Essentials of the Golden Casket* (*Jin gui yaolue*; AD 25–220 in the Eastern Han Dynasty). Many items prohibited in traditional Chinese medicine are proscribed in Han Taiwanese society, as seen in popular legends and social conventions (M. Lin 1995: 106–07, 109).⁵ In contrast, there are recommended items such as salty and sour foods, which are beneficial to the dietary condition of pregnant women as was revealed in the ballad *Shi yue*

⁵ In general, items forbidden include the meat of rabbit, dog, crab and sparrows mixed with fermented beans in a paste style.

huatai ge (*Song for a Ten-Month Pregnancy*). These constitute the first aspect of a Taiwanese pregnancy called ‘taboos in diet’ (*renchen shiji*).

Taboos in diet are derived from both the principle of the ‘interaction’ between the external (mother-to-be) and the internal (foetus), and the principle of ‘physical-imitation’, already discussed in Section 3-1-1. The issue of dietary taboo refers not only to the types of foods, but also their cultural categorisation, namely the basic assumptions of whether foods are hot/cold, pure/impure (poisonous), or balanced/imbanced.⁶ In *Reminder in Diet* (*Yinshi xuzhi*), each food has three attributes: taste, nature and safety (poisonous or not),⁷ according to a structural framework that is consistent with Chinese cosmology. In principle, food which is regarded as cold (*han*) in nature should be avoided during menstruation, whereas food regarded as hot (*re*) in nature and mild-natured herbs should be taken during the postnatal period. However, *The Collection of Medical Prescriptions by Category* (*Yifang leiju*) states that:

If during pregnancy the mother has a shock or eats too much hot food, the baby will suffer from deficiency and have phlegm; his eyes will be runny and sticky; he will cry and suffer from hiccough and constipation; his fists will stiffen and his legs will twitch; he may be squint-eyed and may also suffer from blood in the urine: this indicates ‘foetus heat’ (L. Jin (ed.) 1982 [1443]; Maciocia 1998: 573).

It seems that the category ‘balanced/imbanced’ matches the ‘cold/hot’ classification of foods in dietary taboos for most rural Han Taiwanese, as many informants reported (see Section 6-3-5).

In Han Taiwanese society, the principle of interaction between the mother-to-be and her foetus was also expressed in the principle of emotional and psychological requirements for the expectant mother, especially in the distinctive period in the first trimester of pregnancy.

Otherwise, certain conditions might adversely affect the foetus during the pregnancy. For

⁶ These discussions are based on three medical texts, which were regarded as paradigms and still prevail in specialist medicine in Taiwanese society: *Notes on Diet* (*Yinshi xuzhi*; written by Jia Ming; AD 1368 in Yuan Dynasty), *The Collection of Medical Prescriptions by Category* (*Yifang leiju*; ed. Jin Li-meng; AD 1443 in Yuan Dynasty), and *Systematic Material Medica* (*Bencao gangmu*; written by Li Shi-zhen; AD 1596 in Ming Dynasty).

⁷ For example, there are 24 kinds of ‘taste’, including sweet, sour, bitter, pungent, salty (alkaline) and puckery tastes. There are 17 types of ‘nature’, including fair, cool, chilly, cold, hot, mild and smooth natures.

example, *The Collection of Medical Prescriptions by Category (Yifang leiju)* describes a major condition called 'foetus-accumulated heat' as follows:

If during pregnancy the mother gets angry frequently, affecting her chest and causing stagnation and a feeling of oppression, this makes the foetus restless. The birth will be difficult. The mother is under shock, the milk will not flow, the baby screams, or vomits, or has no set pattern, the Spirit [of the foetus] is restless and on hearing sounds his hands twitch and contract (L. Jin (ed.) 1982 [1443]; Maciocia 1998: 573).

However, the essentials of *zhuyue yangtai*, rooted in the twelve key veins of the Chinese body (*shier jing mai*) and the corresponding six essential types of energy in the cosmos (*liu da jingqi*), were not generally found in the Taiwanese discourse on pregnancy. What my fieldwork in Rural Dajia Community has taught me is that only pregnant women from wealthy families had the privilege of avoiding domestic chores, thus ensuring the safe development of the foetus during her pregnancy, according to local views. Moreover, only wealthy families could afford sufficient recuperation for the pregnant woman, and ample nutritious food in her daily diet to assure both mother and child of a good recovery postpartum. Food generally regarded as nourishing includes the organs and meat of pig, or chicken, duck, or fish mixed with tonic. A very popular saying states that 'It is better to nourish the mother-to-be and the foetus during pregnancy than during the period of the mother's rest and other confinements after the birth of the baby' (*boutai ka he gueilai* [H]) (L. Guo 1969: 135; F. Zhu 1960: 1–12). It is clear that the subject matter of 'nourishing the mother-to-be and the foetus during pregnancy' (*boutai* [H]) entails day-to-day regulations concerning ordinary diet and routine in Taiwanese society.

The above-mentioned Taiwanese conventions concerning prenatal care and dietary taboo, coordinated by the woman's mother-in-law and her own mother were still practised even in the late 1970s. Furthermore, 'Taiwanese [modern] midwives seldom advise pregnant women to take vitamins, but rather advocate the traditional Taiwanese custom in which the pregnant woman eats food high in protein,' such as internal organs like liver, chicken and pork cooked with Chinese medicines to care for her child in the uterus, since 'eating the right kind of food is the way to "make" a healthy baby' (J. Kang-Wang 1980: 78). However, despite being included

within the scope of ‘foetus-nurturing during pregnancy’ (*renchen yangtai*), the connotation of *boutai* in Taiwan is much simpler than that in classical Chinese medicine. By contrast, a more restricted sense of foetal education and interrelated taboos become major concerns of pregnancy discourse in Taiwan, where performing the ritual of foetus-calming is a rather rich and well-developed aspect of the pregnancy cultures.

6-2-2. Foetus-Calming in a Medical Sense

The second aspect in the course of a Taiwanese pregnancy concerns foetus-calming (*antai*) in a medical sense. This focuses on the symptoms of, and the treatments and prescriptions for the illnesses of pregnancy, broadly categorised as the practices for ‘foetus-calming during pregnancy’ (*renchen antai*) in Taiwan; this can be traced back to Chinese classical gynaecology, as mentioned. These practices are related to most of the illnesses due to pregnancy, such as the state of ‘heavy obstruction in pregnancy’ (*renchen ezū*) (see Section 3-1-1). Another common illness of pregnancy in Taiwan is *tailou xiaxie* (vaginal bleeding during pregnancy). Discharges of amniotic fluid and subsequently a dead foetus suggest a threatened miscarriage, as recorded in classical medical texts.

In addition, the major illness *taidong buan* (a restless foetus; a frightened foetus) also corresponds to a threatened miscarriage, but with additional symptoms. Besides vaginal bleeding, the pregnant woman may experience backache, abdominal pain and a bearing-down feeling. *Taidong buan* was also known as *tungtai* or *tungte* [H] (frighten the foetus) in Taiwanese society. The main aetiological factors for ‘frightened foetus’ include irregular diet, overwork, emotional problems, excessive sexual activity during pregnancy, as well as sharp falls, jumps and traumas. The most mysterious factor comes from an offence against the supernatural, frequently described in detail in texts of late Sung China.

The people of Taiwan were (and are) convinced that the pregnant woman should be careful and discreet with all her movements during pregnancy in order to ensure a safe and smooth delivery, when the day comes. If she is thoughtless and does something improper or falls, it will

cause a miscarriage. This is referred to as ‘a frightened foetus’ so-called *tungtai* or *tungte* [H]. Once an expectant mother encounters this type of disturbance, people should try to pacify the foetus immediately with a prescription for foetus-calming (*antai yao*). They can either run to a Chinese herbal store to buy the medicine *shisan wei* or simply ask the herbalist to make up another prescription to prevent a miscarriage (L. Guo 1969: 135; M. Huang 1967: 16–17).

Shisan wei is a well-known prescription that includes thirteen ingredients, as its name implies.⁸ The prescription for *shisan wei* stems from *A New Edition of Some Efficient Prescriptions* (*Yanfang xin bian*; AD 1878 in the Qing Dynasty), and is frequently used for treating most of the illnesses of pregnancy and childbirth, from pacifying the foetus to hastening child delivery. It has been widely applied as a clinical treatment. Besides this, other conventional medications can be found in prescription divinations on bamboo slips from local temples, called *yaoqian*. There is convincing evidence that these prescriptions were very effective in calming the foetus and in ensuring an easier childbirth. For example, *danggui san* can be a remedy for illnesses of pregnancy when women encounter the situation of ‘a restless foetus’ (*taidong buan*), or have a miscarriage or even difficult labour in childbirth. According to textual research, *danggui san* had its origins in Eastern Hahn China in the *Essentials of the Golden Casket* (*Jin gui yaolue*) (N. Qiu 1993: 16, 35–36, 40, 51, 188–89, 364–65).

6-2-3. Foetus-Calming in a Magico-Religious Sense

Essentially, the term foetus-calming (*antai*) in the Han Taiwanese context points to a state in which ‘people offend against the foetal spirits’ (*taishen*). It is the most mysterious and ultimate cause in this aetiological framework. People will therefore endeavour to perform a ritual, to pacify the foetal spirits and thus ‘calm the foetus’ (*antai*). From a historical perspective, this is related to ‘the only correct approach to recuperation by avoiding supernatural taboos’ (*jiangxi piji famen*), as revealed by Chen Zi-ming in *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*) in the late Sung Dynasty. This constitutes the most important aspect during a

⁸ They are: *danggui*, *chuanxiong*, *tusizi*, *zhike*, *houpo*, *chuanbei*, *jingjie*, *shengqi*, *qianghuo*, *qiai*, *baishao*, *gancao*, and *jiang* (N. Qiu 1993: 16–18, 46–48, 51, 59, 72, 117–18, 188–89, 234–35 and 330–32).

Taiwanese pregnancy, and concerns the ritual of foetus-calming in a more restricted magico-religious sense.

According to ethnographic reports in the Japanese Colonial Era (S. Xin 1902; Kataoka Iwao 1921; Seiichiro Suzuki 1934; J. Zeng 1939; A. Lü 1941; D. Tian 1941; Hirohiko Kaidoh 1943; Toshio Ikeda 1944), and as revealed in the fieldwork conducted as part of this thesis, the ritual of foetus-calming has been the core of the ritual complex of pregnancy in Taiwanese rural society for several generations. In general, it is still scrupulously practised in contemporary rural Taiwan. As a modern midwife (*sanba*) and a public hygiene nurse (*kangohu*) trained in Japanese colonial obstetrics, Mrs Lu Jiang Xue-li (1927–)⁹ related her own experience as follows:

Some women would run to the Chinese herbal store to ask for prescriptions to be made up to prevent a miscarriage, whenever they happened to find some unexplained blush on their bodies during the early stage of their pregnancy. Sometimes, if they considered it necessary, they would invite male *hongtou* priests to practise magic. In 1961, I joined a team to make a short film *Whose Fault Is It?* on public hygiene for women and children... I still remember that there was a scene in the film titled ‘*Antai* Ritual’ which presented the details of such exorcism. Undoubtedly, some old customs were still practised and accepted widely at that time.

Narrative 6.1 Mrs Lu Jiang Xue-li reported on her public midwife career during the period 1948–1967 (1999-01-19, 1999-05-26 and 1999-07-16).

Alternatively, if the condition is not very serious, it is only necessary to gesticulate wildly with a broom three times, around the location where the foetus (and the woman) was frightened, chanting: ‘Please keep *taishen* out of the way. Please protect the pregnant woman and her foetus from harm’ (M. Lin 1995: 112–13). If the situation is serious, however, it is necessary to ask a professional male *hongtou* priest to practise magic, chant incantations and finally recite ‘the charms for calming the foetus’ (*antai fu*) or ‘charms for suppressing dangerous spirits *sha*’ (*zhensha fu*), in order to turn impending trouble into good luck (L. Guo 1969: 135; M. Lin 1995: 113). This is similar to the practice of ‘reciting charms and practising magic’ (*anfu zuofa*) recorded in *The Interviewing Report under the Jurisdiction of Jiayi* (*Jiayi guannei caifang ce*). In addition, the practice of ‘*kuongia thaisin e suanchi...chinhu gingchia gua shengku*’ [H]

⁹ See Section 4-2-2 for Mrs Lu Jiang Xue-li’s personal details and her career as a midwife.

revealed in the *Song for a Ten-Month Pregnancy* (*Shi yue huatai ge*), is another pattern of the ritual for calming the foetus practised throughout Taiwan. The details of the *antai* ritual in Central Taiwan and the magic charms the *hongtou* priests used for the ritual will be discussed in Chapter 7.

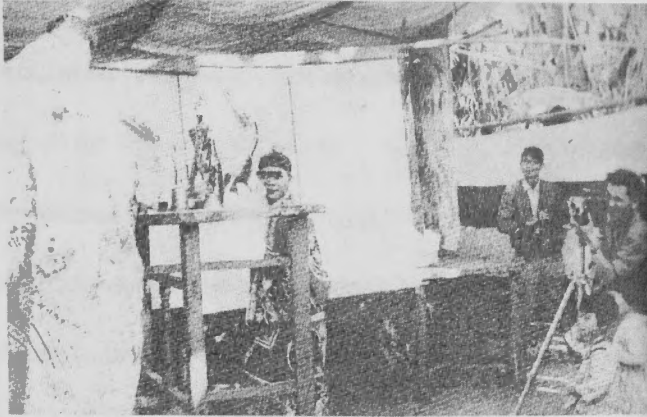


Figure 6.2. A photograph of the venue for the shooting of *Whose Fault Is It?* showing the *antai* ritual being performed by a *hongtou* priest, 1961 (courtesy of Mrs Lu Jiang Xue-li).

It shows that the central belief of the *antai* ritual is in the foetal spirits (*taishen*), which predominate over other supernatural powers for most pregnancies. This is linked to the Chinese/Taiwanese idea of ‘the foetus’ and the cultural concept of ‘coming into existence’ (see Aijmer 1992). The belief in *taishen* compels pregnant women to be very disciplined in their everyday lives. It underlies much knowledge of Han Taiwanese folk religion, such as the overall framework of dangerous and evil spirits *sha* (*fan sha guan*) and discourses about spirits with good and evil inclinations (*shen sha lun*). In fact, the illness category of cosmological disorder (*suibing*), which I derive from the gynaecological prescription divinations described in Chapter 5, should also be understood in a restricted magico-religious sense in the context of foetus-calming. The only difference is that people asked for the alternative practice of prescription divinations from their communal temple and all their requests were satisfied by the practice of soliciting *yaoqian* through the healing power in a divination which seems like gambling; if necessary, they might seek an end to their difficulties by employing a specialist in witchcraft to perform certain rituals. *Suibing* is the disorder, trouble or mischief created by some

evil spirits. Whatever the supernatural powers that lead to *suibing*, it is nothing more than a result of an offence against evil spirits, which include earth spirits (*tushen*), ferocious and violent spirits (*xiongxing*), wicked and evil spirits (*xiexiong*), demons and devils (*guimo*), spirits that inherited previous incarnations as a sin or suffering (*yuanye*) and many other nameless beings of the nether world (see Section 5-2-4). Essentially, *suibing* should be understood in the context of the overall framework of dangerous and evil spirits *sha* in Taiwanese folk religion, which will be discussed in Section 7-3.

In brief, the discourse of foetus-calming in Han Taiwanese society refers to ‘local knowledge’ (see Geertz 1983) and practices concerning cosmological disorder during pregnancy. Given that the aetiology of *suibing* is entirely different from that of general illnesses, people need to ask for a professional ritual practitioner, like a *hongtou* priest, to perform certain rituals instead. The most important Taiwanese discourse on pregnancy is thus the ritual of foetus-calming which focuses on the cosmological disorder that *taishen* may cause, and should be understood in the context of *suibing*, rather than in terms of medication alone.

6-3. Ritual Complex of Pregnancy

The variety of rituals, taboos, practices and regulations for women from the early stages of pregnancy to labour is not surprising given that this period of time is a ‘rite of passage’, but they are very elaborate. This period of time was particularly critical when public medicine or health care services for women were comparatively inaccessible, as in early Han Taiwanese immigrant society (see Section 3-1). No wonder there were many proverbs about pregnancy and childbirth, such as: ‘If successful in delivery, a woman can enjoy a tonic stewed with chicken and rice wine. However, if not successful, a woman will encounter great difficulty in death, facing her coffin made of “four pieces of wooden board”’ (*shide ban* [H]).¹⁰ These rituals, taboos, practices and regulations can be referred to as the great knowledge of ‘childbirth and childrearing for keeping

¹⁰ These words come from the *New Ballad for General Social Education* (*Shehui jiaohua xing*), a popular ballad well-known among the people throughout Taiwan over a long period of time. See Zhulin Publishing House (ed.) 1957, vol. 2, pp. 67–78.

the infant well and balanced' (*shengyang*) in ancient China, and have been preserved for generations as the core of 'local knowledge' in Han Taiwanese society. They start from the period prior to conception when women pray to become pregnant, and extend to the final postnatal period covering the health care for both mother and infant during parturition and beyond. Given the interrelationship between these periods, they are treated as one integral whole, which I refer to as the 'ritual complex of pregnancy' (see Chapter 1).

Drawing on the literature, particularly that of Japanese colonial Taiwan, referred to in Section 6-1, this section describes the great variety of rituals, taboos, practices and regulations as well as the entire course of pregnancy and childbirth, in addition to the categories of dietary taboos and foetus-calming discussed above. Key data also come from my fieldwork conducted in 1998–2000 and 2002–2003 in the broader Rural Dajia Community, Taichung County. Ordinary practices which involve the cooperation of general attendants, such as the pregnant woman's affinal and natal families, particularly her mother-in-law and her own mother, are included. Medical practices conducted by the traditional granny midwives (*jiesheng po*), granny doctors/midwives (*xiangsheng ma*), and modern licensed midwives (*sanba*) or public ones (*kousetu sanba*), as well as the professional practices conducted by local practitioners are also discussed. They include the rituals performed by male *hongtou* priests, female spirit mediums (*angyi*), female soul-retrieving practitioners (*shoujing po*) and male fortune-tellers (*suanming shi*). Settings surrounding home delivery involve general attendants and professional practitioners, and the gendered division of labour between female and male specialists will be further explored in Chapter 8.

6-3-1. Prior to Pregnancy: *Tan Huagong*

In the period prior to pregnancy, two kinds of rituals are conducted to promote a successful conception—particularly the conception of a son. One is known as 'exploring the flowery palace [for a prospective son]' (*tan huagong*). This ritual can be carried out by general male fortune-tellers (*suanming shi*), but, much more exclusively, by a kind of spirit medium (*angyi*),

who are female experts in communication with the nether world. The female *angyi* is the predominant practitioner for the ritual of ‘exploring the flowery palace’ in Taiwan. While performing the ritual, the *angyi* will predict how many daughters or sons her client will have in the future, by referring to the numbers of red or white flowers the client held in the ‘nether garden’—a supernatural realm of productivity. The number of red flowers refers to the number of daughters, whereas the number of white flowers refers to the number of sons the woman will bear in this world.

The other ritual conducted during this period is called ‘plucking a flower off [for a prospective son]’ (*zhaihua*) and involves the cooperation of the husband’s family. If a woman’s wish to bear a boy has not been realised over quite a long period of time, her affinal family, usually the mother-in-law herself, should pluck a white flower for the woman to wear directly behind her ear when she is ‘doing the month of resting and confinement within the month after childbirth’ (*zuo yuezi*) immediately after her latest childbirth. It was believed that the woman would get a son in her next pregnancy if she really did as requested. As in the case of the ritual of ‘exploring the flowery palace’, the white flower is the local signifier of a son for Han Taiwanese. The flower can be any kind of white flower, but a chrysanthemum is generally regarded as the favourable option.

6-3-2. Early Stage of Pregnancy: *Zaihau Huandou*

As mentioned in the discussion of ‘monthly nurturing of the foetus during pregnancy’ (*zhuyue yangtai*), the (male) foetus is privileged in the ontology of the Chinese maternal body. Regulations of foetal education (*taichiao*) always emphasise the distinctive period prior to the third month, since this is the crucial period when the sex of the baby can still not be determined. It is not until the fourth month of a pregnancy that the sexual distinction of the foetus can be confirmed (see Section 3-1-1). According to this idea from ancient China, all the practices undertaken to ‘turn a female foetus into a male foetus’ (*zhuan nu wei nan*) must be conducted before the third month, either by medicines, tonics or by professional astrology or witchcraft.

For example, some experts may advise people thus: ‘Take a piece of a bow string and put it into a deep crimson-coloured satchel. Let the woman carry it on her left-arm or tie it under the waist. Look after it well for one hundred days and then take it off’ (S. Sun 1986 [AD 1781/652], vol. 2, pp. 12–13; Y. Chen 1986 [1779/1174], vol. 17; Z. Chen 1982 [1273], vol. 10). The male foetus was strongly desired; and this amulet was thought to act as a sex-selection tool.

The same principle still applies to the Han Taiwanese but different tokens are used, as observed in my fieldwork. For example, a ritual called ‘planting another kind of flower in the nether world or changing a vessel resembling a woman’s belly’ (*zaihua huandou*) may be conducted during this early stage of pregnancy. *Zaihua huandou* is usually performed by the female spirit mediums (*angyi*) to communicate with the woman’s ‘nether garden’. This ritual aims to achieve the desired sex of the baby in the case of women who keep bearing daughters but wish to have a son. Essentially, the aim is to change the sex of the foetus. The same ritual applies in the case of women who want a daughter rather than a son. However, the latter case rarely arises in practice due to the strong preference for a male baby. Women who have not become pregnant for a long time or who have had a miscarriage, will also be requested to perform the same ritual to ensure a good pregnancy or prevent a miscarriage (see also Iwao 1987 [1921]: 1–2, 495; Suzuki 1978 [1934]: 89; A. Lü 1990 [1941]: 146; Ikeda 1962 [1954]: 97; J. Cao 1969: 17).

A similar practice is still used if a woman bears many daughters but still wishes to have a son. This is practised at around ten days after or during the first month after her latest childbirth. It is called ‘exchanging a woman’s belly [for an expected son]’ (*huandu*) by getting her a piglet’s belly to enable a son to be born next time. This requires first that someone from her natal family, usually her own mother, gets a dish of stewed piglet’s belly from a male piglet, to signify a son, and takes it to the household of her mother-in-law. The woman who wishes for a son must then consume the belly entirely while certain incantations are chanted. This ritual is thought to ensure a delivery of the son she expects (see also Suzuki 1978 [1934]: 89–90; Ikeda 1962 [1954]: 96; M. Huang 1967: 25–26).

6-3-3. Last Month before Childbirth: *Song Liuxia*

There are two kinds of rituals in the last month before childbirth. To exclude the possibility of a difficult childbirth or to solve the real problems of dystocia, *hongtou* priests are invited to preside at a ritual called 'hastening the delivery or inducing labour' (*cui sheng*). This involves the priests praying for a safe delivery or using a potion to hasten the delivery called *cuisheng fu*, which is given to the birthing woman to be taken with water. In so doing, this ritual can ward off any future difficulties (see also S. Xin 1987 [1902]: 122; Suzuki 1978 [1934]: 91).

Another important ritual, *song Liuxia*, is a special kind of exorcism to drive off the dangerous spirit *Liuxia*. This ritual is performed specifically for a particular category of women who share a distinguishing characteristic. In essence, they are believed to be carriers of a dangerous spirit *Liuxia* according to 'the details of their births', as foretold in their individual horoscopes (see below). Without this ritual, as soon as these women catch any red objects or even touch blood during their forthcoming childbirth, they will lose a great deal of blood (in haemorrhage) or even die. Since the character *xia*, pronounced *ha* in the South Fukien dialect [H], is also the pronunciation for both the character 蝦 (*ha*) meaning 'prawn' and the character 霞 (*ha*) meaning 'evening glow' in the South Fukien dialect [H]. The former is used as a substitute for the latter which signifies 'red blush', and which also has the meaning of 'blood' and 'bleeding'. The Han Taiwanese were convinced that these red objects could interact with the power of *Liuxia* in a magical, metaphorical connection, inducing a red blood-like burst during the delivery. Hence, the ritual of *song Liuxia* is performed with the help of male *hongtou* priests before the childbirth as a guarantee of safe delivery (see also Suzuki 1978 [1934]: 62–63, 96).

Of course, the decision as to whether the ritual of *song Liuxia* needs to be performed for a particular woman rests on the individual circumstances of a woman's own birth. For Han Taiwanese, a person's horoscope which includes the eight cyclic characters, comprising the year, month, day and hour of one's birth, known as the 'eight characters' (*bazi*), has great significance in one's fate, especially in the case of women. Usually, soon after a girl is born or during her early childhood, her family will take her to a fortune-teller (*suanming shi*) to have her horoscope

read. The fortune-teller—usually an old man—will check whether there is any sign of any spirits and constellations, either good or bad, auspicious or inauspicious, such as a Coin (an auspicious constellation), a Sword (an inauspicious constellation), a *Qinglong* (the Black Dragon; a good spirit), a *Baihu* (the White Tiger; an evil spirit), or a dangerous spirit *Liuxia*. My senior informants Mr Xie Bing-lang (1914–) and his wife Mrs Xie Shen Gan-mei (1919–) reported the significance of *Liuxia* as well as other details.

After a baby was born, we will take him/her to the fortune-teller to have his/her horoscope read. We will then learn about the future fate of the child, whether his/her constellation is auspicious and whether there are good or bad spirits with him/her. If the child is found to bring bad luck to the parents, then he/she will have to be given away or be raised by people other than his/her own parents. If the child is born with an inauspicious constellation, such as a Sword, or a dangerous spirit, *Liuxia*, in particular for girls, it will mean danger under delivery. Hence, rituals should be performed to drive away the spirits to ensure their future safety.

Narrative 6.2. Mr Xie Bing-lang and his wife Mrs Xie Shen Gan-mei reported the significance of *Liuxia* (2003-11-30 and 2004-02-28; see also Appendix 1.1. – Lineage S0701).

In any case, all the results will be recorded in a note for the girl and her family. By having this information, if the woman really does have a *Liuxia*, she needs only to perform the ritual of *song Liuxia* to drive away the dangerous *Liuxia* before her oncoming labour, to ensure her safety (see also J. Sung 2000a: 241).

6-3-4. Time for Delivery: Rites for Reducing Harm

As mentioned in Chapter 1, in Chinese societies pregnant women are frequently depicted as dangerous but vulnerable, and classified as a ‘tabooed’ category. Research on Taiwanese midwifery professionals conducted in 1977 also clearly shows that ‘women are regarded as both ritually polluted and dangerously powerful, and this is true among some older women who regard pregnant woman as especially dangerous’ (J. Kang-Wang 1980: 76–77). Moreover, many Taiwanese see pregnant women as ‘noticeably more emotional and vulnerable to evil spirits than non-pregnant women’ and birth is seen as a time of particular vulnerability, when death may be imminent and supernatural forces are in command. Thus, ‘each pregnancy and childbirth can be regarded as idiosyncratic in nature; the progress of labour, degree of ease of

childbirth and possible complications can all be seen in terms of the woman's relationship with her ancestral gods [and evil spirits]' (J. Kang-Wang 1980: 77). Rites for reducing harm performed at the moment of delivery were meant to counteract these situations, mainly in the setting of home delivery.

In addition, some experienced 'modern' midwives also tolerate their clients' belief by allowing the rites to be performed at the birth station, as reported by my informants, the midwifery professionals Mrs Dai Cai Shuang (1911–2003), Mrs Su Liu Xin (1923–) and Mrs Lu Jiang Xue-li (1927–), who were modern midwives and nurses of public hygiene trained in Japanese colonial obstetrics.¹¹ It is noteworthy that the rites for reducing harm

must be performed at the right moment, just before the birth of the child, and at the right place, using a symbolic element such as rice. Rice burning, with the ashes spread at the four corners of the room and on the head of the labour bed, is believed to frighten away the evil spirits which are harboured inside the pregnant body (J. Kang-Wang 1980: 77).

6-3-5. Postnatal Period: *Zuo Yuezi* and *Cang Taiyi*

Two series of practices for mother and infant are adopted separately during the postnatal period. One is the practice of 'doing the month' (*zuo yuezi*) (see Pillsbury 1981; L. Weng 1998), a practice of resting and confinement within the month after childbirth, which is coordinated by the woman's mother-in-law and her own mother. The experience of Mrs Chen Hong Huan (1924–), an elder informant in Sankang Village who was also known as a granny doctor/midwife (*xiansheng ma*), as well as a local expert in herbal medicine (see Section 3-3-2), can be seen as a representative case of the practice of *zuo yuezi* among most rural Taiwanese.

I married into the Chen family before they were separated into individual households (1948–1958). At that time, the entire household shared a single kitchen and ate together. We had around forty family members living under the same roof, including my husband, his seven brothers and six sisters-in-law (with one brother-in-law still single). I gave birth to three kids and my mother-in-law cared for me during my confinement after childbirth. In fact, most of the work and chores were done with the help of my sisters-in-law. I exchanged labour with my

¹¹ See Section 4-2-2 for the personal details and midwife careers of Mrs Dai Cai Shuang, Mrs Su Liu Xin and Mrs Lu Jiang Xue-li.

second and sixth sister-in-law; I looked after them, cooked for them during their confinement, doing what my mother-in-law was supposed to do.

During our confinement, we normally ate fish or noodles with sesame oil. If we reared domestic fowls, we may kill them for food. Generally speaking, better-off families could usually afford to have chicken cooked with wine for nutrition during confinement, but sometimes a whole chicken could be eaten for several days. Less well-off families like ours usually had sweet potato as a staple with rice rarely eaten. Hence, we did not have special food for confinement, or anything specific that could not be eaten. Normally, we would avoid food that is 'cold' by nature, such as bok choy and Chinese cabbage. Lettuce or other types of cabbage are 'less cold' by nature and hence could be eaten. In short, we paid attention to our physical condition and food to be taken after giving birth to make sure that we were in a balanced state. These are what I have heard from the seniors. My maternal grandmother was more experienced in these practices and often taught us the knowledge when we were still single.

Bed rest is important during confinement but there was no specific number of days before we could leave our beds. Poor people like us could not afford to stay in bed too long. We still had to do daily chores. Once we completed the one-month confinement, we would have to work in the fields or help out with the family labours.

Narrative 6.3. The experience of a granny doctor/midwife (*xiansheng ma*), Mrs Chen Hong Huan, an elder informant in Sankang Village (2003-11-22; see also Appendix 1.7 – Lineage S1109).

- Another series of practices concern the health and well-being of the infant, including the practices of 'removing maternal pollutant from the foetus', called *qu taidu* (Topley 1974: 233–49), 'storing and burying the infant's placenta (afterbirth)' (*cang taiyi*), 'worshipping the Goddess of Bed-Mother' (*bai Chuangmu*), 'strengthening the courage and bravery of the infant' (*tsuota* [H]), 'celebrating a baby's completion of its first month of life' (*tsuo muaguei* [H]), and 'performing the fourth month ceremony' (*suo hsigueijih* [H]).

Among these, the practice of storing and burying the infant's afterbirth (*cang taiyi*) is the most important, since it refers to the idea of the foetus' coming into existence and the key concept of foetal spirits (*taishen*) in Han Taiwanese pregnancy cultures. The significance of *cang taiyi* has been recorded in childbirth customs since early China (see Wilms 1992). It is also illustrated by the prominence given to it as mentioned in the interviews with midwifery professionals in this research, such as Mrs Dai Cai Shuang (1911–2003) and Mrs Lu Jiang Xue-li (1927–).

I started my own midwifery business as a private midwife and public *kousetsu sanba* during the Japanese Colonial Era. After childbirth, I always let the woman's affinal family take back the infant's afterbirth to their house to be buried. I did not know exactly the reasons behind this practice but just knew it was an old custom from long ago. People would dig a deep hole in their farmland or vegetable garden to bury the afterbirth. It was said that it should be buried underground, the deeper the better.

I was always very willing to let people take the afterbirth back home. They did not want to give it to other people in any case, since the afterbirth is really a treasured object for a family with a newborn baby. They preferred not to leave it at the birth station since they were afraid that other people might throw it away or lose it uncaringly. If so, the baby would be vomiting milk frequently and thus it would be difficult for the child to grow. This is the reason why they stored the afterbirth and had it buried deep underground. This could ensure that their baby would not be vomiting and thus would be easy to bring up. This is a matter that everyone talked about all the time, from the days of long ago.

Narrative 6.4. Mrs Dai Cai Shuang reported on both her private and public midwife careers during the period 1934–1971 (1999-04-01 and 1999-07-02).



Figure 6.3. Interviewing Mrs Dai Cai Shuang at her place (Wuqi-990702).

[At first] I found so many popular customs quite beyond my expectation and I was always shocked by these, because I was a public hygiene nurse and modern midwife trained in Western obstetrics....For example, in some cases, the delivery lasted a long time. Even after the infant was born, the afterbirth did not come out quickly because the woman's womb did not retract well. At that time, the woman's affinal family would get anxious and found the situation dreadful. Then, they would take a pestle and knock it against the ground behind the delivery room of their house, continually and fiercely, in order to hasten the coming out of the afterbirth from the woman. People were convinced that this knocking would assist the afterbirth to drop out quickly.

The husband's family always knew how to deal with this matter when they encountered such a problem with the afterbirth, and this task was always undertaken by the men; it was very

common in rural Taiwan. Then as soon as the afterbirth came out, the family started to make preparations for storing and burying it. I also believed that the afterbirth was very significant for her husband's family as the placenta was what the newborn baby depended on for the nutrition it needed from its mother. The family was not likely to let others take away the afterbirth. So we midwives would not take it away either.

Narrative 6.5. Mrs Lu Jiang Xue-li reported on her public midwife career during the period 1948–1967 (1999-01-19, 1999-05-26 and 1999-07-16).

As can be seen, Mrs Dai Cai Shuang and Mrs Lu Jiang Xue-li, as modern midwives and also public hygiene nurses trained in 'modern' colonial medicine, were both candid eyewitnesses of Taiwanese pregnancy cultures and mediators of those cultures. In comparison with midwifery professionals, local females in Sankang Village reported details of their own stories. For example, the elder informants Mrs Qiu Chen Cong (1928–) and Mrs Xie Chen Gan-mei (1919–)¹² illustrated the cultural significance of *cang taiyi* and the connections between the infant's afterbirth and the concept of *taishen*, respectively in the following narratives.

The very moment when a child is born, families in general will quickly find a place in their family field for a hole to be dug and the afterbirth to be buried. Usually the afterbirth will be tied before being buried underground, the deeper the better so as to prevent it from being dug up by dogs. As much as possible, the 'burial' ground will be pounded firm. In this way, the baby will be easy to bring up and no serious accidents will occur.

These tasks are mostly done by the mother-in-law or the husband. The placenta is like a cover on the child's head, and also the primary unit of a foetus's soul, the so-called *yuanshen*. It falls off right after the baby is born. The placenta for twins is often longer and must be separated into two from the centre. In this way, even when one of the twins gets sick, the other will not be affected. Otherwise, if one falls ill, the other will follow.

I have seen many families burying the afterbirth. When I worked as a granny doctor (*xiangsheng ma*), I helped with home deliveries. Besides cutting the umbilical cord, I sometimes helped with burying the afterbirth. This custom used to be prevalent till some twenty to thirty years ago and it is now less often seen. Nevertheless, no one will just throw away the placenta. Most of the people will take it to the hospital, which will make medicine out of it.¹³

¹² For the personal details of Mrs Qiu Chen Cong and Mrs Xie Chen Gan-mei, see Sections 3-3-2 and 3-2-1, respectively. Mrs Qiu Chen Cong was also a *xiansheng ma*, as well as a well-known expert in herbal medicine, as Mrs Chen Hong Huan was in Sankang.

¹³ The afterbirth of newborns can be made into 'dried human placenta', the so-called *zi hechea* in Taoist terminology. It is famed in Chinese medicine for its great power of regenerating energy (*qi*) and blood (*xie*) for both sexes. For

Narrative 6.6. Elder informant, Mrs Qiu Chen Cong illustrated the cultural significance of *cang taiyi* and the connections between the infant's afterbirth and the concept of *taishen* (2003-11-30; see also Appendix 1.8 – Lineage S0609).

As Mrs Xie Chen Gan-mei explained:

A hole should be dug for the placenta to be buried after birth. However, there is a difference between the place for the afterbirth of a male to be buried and that for a female. The afterbirth of male newborns should be buried under the window of the house. This can ensure that the child will grow up smart and intelligent. The afterbirth of female babies can be buried in different places, some in the family's vegetable garden, and some underneath the wooden pail for urine in the bedroom. Baby girls who had their afterbirth buried underneath the wooden pail are more likely to bear sons in the future. Anyway, the placenta cannot be disposed of thoughtlessly, nor allowed to be eaten by dogs. It is because there is a close relationship between the afterbirth and the child's fate.

I heard my husband and those educated men say that foetal spirits (*taishen*) are attached to the placenta. When I was pregnant, my husband had looked up the related information for me to follow but I (being illiterate) did not (read the information). Fortunately, my pregnancies were in general smooth, with no special mishaps. I gave birth to nine children between 1939 and 1961, and apart from having a slight cold, I did not encounter any problems with foetal spirits.

Narrative 6.7. Mrs Xie Chen Gan-mei discussed the connections between the infant's afterbirth and the concept of *taishen* (2003-11-30; see also Appendix 1.1 – Lineage S0701).

The above-mentioned are birthing practices also depicted in the literature particularly of Japanese Colonial Taiwan, 1895–1945, wherein the birthing sites were usually at home. These practices constituted a 'ritual complex of pregnancy' even though several practices were (and are) used interchangeably. On the whole, the ritual practices of 'exploring the flowery palace' (*tan huagong*), 'plucking a flower off' (*zhaihua*), 'planting another kind of flower in the nether world or changing a vessel resembling a woman's belly' (*zaihua huandou*), 'exchanging a woman's belly' (*huandu*), as well as the rituals of 'hastening the delivery' (*cuisheng*), 'driving off the dangerous spirit *Liuxia*' (*song Liuxia*), and certain rites for reducing harm were mainly prevalent in rural Taiwan from the Japanese Colonial Era till around the 1970s. Nevertheless, the practice of 'doing the month' (*zuo yuezi*) is still common in contemporary Taiwan though

example, it can be a medical treatment for the suffering from seminal emission, impotence and sterility. Also, it can be used to advance the development of the ovaries, genitals and mammary glands for women.

different arrangements pertain nowadays.¹⁴ Also still common is the practice of ‘storing and burying the infant’s afterbirth’ (*cang taiyi*), which refers to the idea of the foetus’ coming into existence, and particularly, of foetal spirits (*taishen*). Although the afterbirth cannot be disposed of thoughtlessly, after the 1970s most people took it to the hospital to be stored properly or even so that the medication *zi hechea* could be made out of it; instead of storing and burying it themselves.



Figure 6.4. Interviewing Mrs Xie Chen Gan-mei in the main hall of her husband’s house, a three-compartment complex (*sanho yuan*) (謝陳甘妹.陳邱網妹-0013-040228).

6-4. Foetal Spirits *Taishen*: Belief and Taboo

6-4-1. Nature of Foetal Spirits *Taishen*

As seen above, pregnant women were disciplined by the magico-religious traditions of the patrilineal society of Taiwan. It is particularly so in the case of *antai*, *song Liuxia*, *cang taiyi* and the rites for reducing harm performed at the moment of delivery, which were associated with

¹⁴ For example, the emerging centres providing postpartum service, so-called *zuoyuezi zhongxin*, in the metropolises of contemporary Taiwan can be seen as a transformation of the practice, where Western obstetric practitioners, instead of the woman’s affinal and natal families, offer care services after delivery in accordance with conventional Chinese philosophy.

evil spirits given the central belief in foetal spirits (*taishen*). In general, Han Taiwanese were convinced that once a woman became pregnant, she was considered as being in a particular state dominated by the overriding supernatural power of *taishen* and other evil spirits. This is a foundational presumption in Taiwanese pregnancy cultures that has prevailed in Taiwanese rural society, from one generation to the next.

In other words, belief in foetal spirits (*taishen*) predominated over other supernatural powers during a Taiwanese pregnancy. For Taiwanese pregnant women, the ritual of foetus-calming (*antai*) has served as a local practice, since late Qing China at least, to help them cope with the difficulties invoked by *taishen*, as revealed in the official provincial history *Interviewing Report for the Jurisdiction of Jiayi (Jiayi guannei caifang ce)* dating back to the years between 1895 and 1901. This *antai* ritual was depicted by both Japanese and Taiwanese ethnographers as the most stringent and important ritual during the Japanese Colonial Era, 1895–1945 (S. Xin 1902; Iwao 1921; Suzuki 1934; J. Zeng 1939; A. Lü 1941; D. Tian 1941; Kaidoh 1943; Ikeda 1944). The *antai* ritual was intended to calm down the foetus to prevent a miscarriage. In particular, it was intended to pacify the dangerous spirits ‘*taishen*’ which constituted a potential threat to pregnant women.

This section aims to show that the Taiwanese concept of foetal spirits needs to be fully understood from multiple perspectives, including textual and oral, scholarly and lay, embracing different ways of perceiving and experiencing the spirits. On one hand, *taishen* was (and still is) regarded as the spiritual entity of the foetus, the essence of the life of a foetus. From this point of view, it is a concept similar to that of *yuanshen*, the primary unit of a foetus’ soul. On the other hand, *taishen* was (and is) experienced as a kind of supernatural spirit that existed externally around the foetus and around the household of the pregnant woman. This thus entails a dynamic relationship between the *taishen* and both the mother-to-be and the foetus, with positive and negative potential powers in force at the same time, depending on the behaviour of the individuals concerned.

Taishen as a Spiritual Entity of the Foetus

Researchers who undertook fieldwork surveys of Taiwanese folk religion during the Japanese Colonial Era have indicated that foetal spirits (*taishen*) are the 'spirit' or 'energy' (*shen*) of a human being which are attached to the soul of the foetus; these spirits are sympathetic with the soul of the foetus (Suzuki 1934: 86–87). It was believed that *taishen* came into existence around a pregnant woman once she became pregnant; *taishen* would thus always be beside her to protect her, from the early stage of pregnancy until childbirth (D. Tian 1941: 107–71; Suzuki 1934: 87; A. Lü 1941: 144). Successive researchers have also indicated that the Chinese believed that a human being, when born, was provided with 'essence' (*jing*), 'vitality' (*qi*), and 'spirit' or 'energy' (*shen*). Here, *shen* refers to the 'vital energy' (*yuanshen*) or 'vital spirit' (*zhenyuan*) of a human being, which is equal to the soul of man. Once a woman becomes pregnant, *yuanshen* comes into existence and immediately attaches itself to the placenta. This is also what *taishen* means for the foetus (M. Huang 1967: 15). Accordingly, *taishen* comes into existence during the initial stages of a pregnancy. Soon after a woman realises that she is pregnant, the vital energy '*yuanshen*' will be attached to the placenta, and the foetus will have its soul (see also E.C. Cernada and G. Cernada, 1976: 47–59; G. Cernada 1979).¹⁵ *Taishen* comes into existence at the same time. *Taishen* here is a spiritual entity, regarded as the soul of the foetus.

There is controversy over how long the foetus is possessed by *taishen*, as evidenced by a range of opinions from different local residents and ethnic groups throughout Taiwan. In some areas, it is said that *taishen* vanishes soon after a successful delivery, and instead the newborn infant grows sturdy and healthy under the protection of the Goddess of Bed-Mother or Mother

¹⁵ A research on ethical judgements concerning inductive abortion conducted by George Cernada in 1974, helps shed light on the viewpoints of Taiwanese basic beliefs about human life, which include: a foetus coming into existence during the initial stages of a pregnancy; the soul of the foetus being given by supernatural powers; the soul coming into the human body once the woman is pregnant or during the initial stages of a pregnancy. It is also noteworthy in this research that a larger percent of the variance in ethical judgement scores could be accounted for by these basic beliefs than socio-demographic characteristics, such as age, marital status and education. In addition, Marc Moskowitz's research on the haunting foetus in modern Taiwan had its inspiration from a conventional Taiwanese concept that an aborted foetus can come back to haunt its family, due mainly to (I think) the foetus-spirit attached to the soul; while the popular practice of appeasing the foetus-ghost (*yin-ling*) might be seen as a commodification of woman's sin (Moskowitz 1997: 157–96; and 2001; see also Picone 1998, for the Japanese case).

of the Bed Spirits (Chuang Mu), until the baby becomes an adult (A. Lü 1941: 147; M. Huang 1967: 15); while others believe that *taishen* is still present but hides around the household of the pregnant woman, until the fourth month after the postnatal period (D. Tian 1941: 107–71; Suzuki 1934: 87).¹⁶

According to her fieldwork undertaken in Sanxia, North Taiwan, Emily Ahern reported that *taishen* comes into existence the moment the child is conceived and remains until four months after birth. Thereafter, *taishen* becomes more firmly attached to the child's body. Indeed, until about the fourth month, there is no need to fear striking the child inadvertently (Ahern 1975a: 196–97). It seems to me that those who maintain both practices of 'worshipping the Goddess of Bed-Mother' (*bai Chuangmu*) and 'doing the fourth-month ceremony' (*tsuo hsigueijih* [H]), for the most part believe that *taishen* remain until the fourth month after delivery.

Concerns about the potential dangerous power which emerges at childbirth from the superfluous blood surrounding the foetus, are also related to the beliefs in *taishen*. As Ahern explained: 'Because *taishen* may be present in the birth fluids, their disposal is most problematic. If they are disturbed while being removed, the infant may fall seriously ill' (1975a: 197). This accounts for many of the established postnatal practices concerning the health and well-being of the infants, including the elaborate management of birth fluids and the afterbirth. One of the most important practices is that of 'storing and burying the infant's placenta (afterbirth)', the so-called *cang taiyi* as discussed above. From this point of view, *taishen* here is the spirit or energy (*shen*) attached to the foetus internally. It is an essential element of a human being, the real ingredient that constitutes the soul of the foetus.

***Taishen* as an Evil Spirit Outside the Foetus**

However, *taishen* is not only known as a spiritual entity attached to the foetus. In many circumstances, *taishen* can be embodied-experienced as supernatural powers as 'deities' or

¹⁶ However, the distinction between *taishen* and *tushen* is anything but clear. According to a research survey conducted in the 1970s, many people were still convinced that *tushen* are spirits similar to *taishen*. The only difference is that *taishen* is responsible for the safety of the interior life during pregnancy while *tushen* is responsible for the safety outdoors (M. Huang 1967: 16).

'spirits' (*shen*) which control the foetus externally, through the body of the expectant mother (Iwao 1921: 10). That is, people experience *taishen* in their daily behaviour concerning pregnancy. *Shen* here can denote deities as in *shenming*, miraculous spirits as in *shenyi*, or ambiguous spirits endowed with both good and evil power as in *shensha*. They are all the supernatural powers which people regard as the Supreme Being of the world, either to be worshipped as deities or to be avoided as objects of taboo.

The relationship between *taishen* and the foetus thus involves both positive and negative influences, acting reciprocally. The nature of *taishen* is different from that of deities, such as Madam Linshui (Linshui Furen),¹⁷ the Goddess of Fertility and Childbirth (Zhusheng Niangniang),¹⁸ the Twelve Grannies (Shier Pojei), and Thirty Six Grannies (Sanshiliu Pojei). These deities help secure women against the danger of oncoming pregnancy and childbirth, generally only in a positive way. Moreover, these goddesses all have individual personalised names, their own graven image, and an orthodox status eulogised by followers according to the historico-religious context.

In contrast to the abovementioned goddesses, *taishen* is involved in a dynamic relationship with both mother-to-be and foetus. The presence of *taishen* is not only confined to a limited number of objects, but is all around the household of the pregnant woman. It was said that the objects and spaces that *taishen* may occupy were mainly in the surroundings of her household. For example, *taishen* may roam around the woman's bedroom, but also lie in concealment over the household's main gate, the hall, and other spaces and objects such as the bed, box, wooden

¹⁷ Linshui Furen is well known as the goddess who rescues women in difficult labour. It was documented that Linshui Furen is Chen Jing-gu who was born in Lishui County, Fukien Province, China. She was invested with the title of 'the Madam Merciful to Salvation' (Ciji Furen) in the Sung Dynasty, and was given an imperial tablet inscribed with *Shun Yi* to honor her virtuous and worthy character as a woman. Later, Linshui Furen was appointed as Bixia Yuanjun to be the rescuer of difficult labour for women. According to *The District History of Lishui County (Lishui xianzhi)*, 'Women who are imploring for an expected son should go to the Linshui Furen Temple to offer a sincere prayer. Afterward, they need to set a tablet for Linshui Furen in their households, worshipping with incense sticks and candles at the occasions of "bathing the baby on the third day after birth" (*xier*), "one-month-old celebration of a baby" (*miyue*), and "one-year-old birthday celebration" (*zhousui*).' This shows that Linshui Furen is a guardian deity who specialised in pregnancy, childbirth and childrearing in the Fukien and Taiwan areas (J. Xie and J. Zheng (eds.) 1962 [1807/Qing Dynasty], vol. 5; Y. Li (ed.) 1958 [1835/Qing Dynasty], vol. 1; F. Yao (ed.), 1989 [Qing Dynasty], vol. 3). As to whether Linshui Furen is Zhusheng Niangniang or not remains to be further verified.

¹⁸ Zhusheng Niangniang is well known in Taiwan as the goddess granting sons to worshippers. Zhusheng Niangniang is also a guardian deity who specialised in pregnancy, childbirth and childrearing for women (Suzuki 193: 85; A. Lü 1941: 145; Ikeda 1962 [1954]: 100; also refer to Section 5-1-1).

pail and wooden chest (Suzuki 1934: 86–87; A. Lü 1941: 144; Iwao 1921: 1, 492). However, the pregnant woman's household is the central focus of the roaming *taishen*. It was reported that some people emphasised the regulation of daily cycles, since *taishen* occupied certain objects or spaces daily (M. Huang 1967: 10, 15; J. Cao 1969: 18). While, there were also others who emphasised that *taishen* varied its occupancy according to seasonal and monthly cycles (Suzuki 1934: 86–87).

In brief, regardless of whether *taishen* varied its occupancy daily or monthly, its movement involves a 'rhythmic logic' pertaining to its very nature. *Taishen* is always present in the surroundings of the woman's household, according to such cycles. For example, it will appear at certain spots around the household, such as the pregnant woman's bedroom, the household's gate and main hall, on some specific dates. Sometimes, it will be attached to certain domestic objects, such as the woman's bed, box, wooden pail and wooden chest. The date on which *taishen* occupies the household's gate is called *taishen zhanmen*. Similarly, there are dates known as *taishen zaifang* (dates on which *taishen* occupies the bedroom), and so on (A. Lü 1941: 1; Kaidoh 1943: 47). This is why the pregnant woman and her family need to study carefully which places *taishen* will occupy on some specific dates during her pregnancy in order not to offend it (S. Xin 1902: 18; J. Zeng 1939: 146; D. Tian 1941: 170–71; Kaidoh 1943: 47; M. Huang 1967: 10, 15; J. Cao 1969: 18). The following report from Mr Xie Bing-lang (1914–)¹⁹ shows how the practice related to *taishen* was embedded in everyday life.

Pregnant women should never offend foetal spirits (*taishen*). We can see what the date is and check where the foetal spirits may occupy accordingly and then avoid going near there. For example, we can check when not to grind stones in the kitchen or break the ground, and pregnant women should not go near the kitchen or watch the construction of a new house [for fear of frightening the foetus]. Such information is written very clearly in farmers' almanacs. We just follow what is written there in our everyday life, and need not ask experts to help us check the information.

¹⁹ Mr Xie Bing-lang, born in 1914, is one of the most senior members of both the Fuxing Temple Committee and Sankang Village; see Section 2-3-1 and Appendix 1-1 for the details of Mr Xie's family and lineage in Sankang. He graduated from Colonial Waipu Primary School around 1928, and once pursued his further education in North Taiwan. Mr Xie is very knowledgeable about folk religion and local history among his contemporaries. He got married to Mrs Xie Chen Gan-mei (1919–) in 1935, who is another key informant for my research; see Section 3-2-1 for Mrs Xie's personal details.

In the case that the foetus is really frightened, help for relief is to be sought from *hongtou* priests; otherwise, there is the risk of miscarriage. It is best not to offend *taishen*; the same is true for *tushen*, the earth spirits.

Narrative 6.8. Mr Xie Bing-lang discusses how the practice related to *taishen* influenced everyday life (2003-11-30; see also Appendix 1.1 – Lineage S0701).



Figure 6.5. Mr Xie Bing-lang showing the information about *tai-shen* from a farmers' almanac (謝炳朗-0005-031130).

This is also the reason why there were so many household taboos around pregnancy including no scissors, needle or thread to be used and no tying, drilling, nailing or piercing to be performed in the pregnant woman's bedroom. Also, it is prohibited to remove the implements of her bedroom thoughtlessly or to carry out any renovation in the house during her pregnancy (S. Xin 1902: 18; J. Zeng 1939: 146; D. Tian 1941: 170–71; Kaidoh 1943: 47; M. Huang 1967: 10, 15; J. Cao 1969: 18). Moreover, there are other pregnancy taboos which originated from the concept of 'the countering power of offending' derived from the related supernatural forces. For example, pregnant women are not allowed to watch the building of a shrine or the engraving of an image of deities; pregnant women should not sit or sleep together; they should not enter a bride's room or the confinement-room during the first month after childbirth; and they are not allowed to enter a temple or to attend a wedding or funeral (M. Lin 1995; 100–05). It is most inauspicious for pregnant women to touch a coffin, or to witness 'the rituals towards the dead during the funeral period', called '*zuo gongde*', as previously mentioned in Section 1-2-1. However, belief in *taishen* constitutes the foundation of most household taboos during pregnancy and is related to the idea of offence (*chong fan*), as discussed further in Section 7-3.



Figure 6.6. Interviewing Mrs Zhang Lai Wei-mei at her place (張賴尾妹. 林秋英 -0009-031129).

There is another dimension to the belief in foetal spirits (*taishen*) for Han Taiwanese. If a *taishen* gets moved due to the improper behaviour of people rather than following its ‘rhythmic logic’, it will be offended (Suzuki 1934: 86–87). Given that *taishen* is interconnected with the soul of the foetus, such behaviour is likely to constitute a menace to the foetus, causing the mother-to-be to suffer from bellyache, miscarriage, difficulty in labour, making the foetus deformed in appearance or leading to stillbirth or premature death. This is called ‘frightening the foetus’ (*tungte* or *tungtai* [H]) (S. Xin 1902: 18; A. Lü 1941: 144; D. Tian 1941:170–71; Suzuki 1934: 86–87; M. Huang 1967: 10, 13, 15–16; J. Cao 1969: 18–19). An elder female informant of Sankang Village, Mrs Zhang Lai Wei-mei (1912–), reported her stories about ‘frightening the foetus’:

I have heard about foetus-calming (*antai*). For example, when problems arise during pregnancy, a foetus-calming prescription or *shisan wei* is to be taken though I have not taken such, fortunately. However, my first son died young (1937–1937). At that time, they attributed his death to the foetal spirits being offended. He was born premature at the eighth month and kept crying and vomiting. The seniors said that there were harvesting tools kept behind my bedroom and people came often to borrow them for use, thus frightening the foetus. Thereafter, I had pain in my belly for over ten days. Although I took opium for pain-killing, it was not effective. Moreover, my mother-in-law did not suggest my seeking medical help.

I myself had indeed heard about foetal spirits (*taishen*). When pregnant, if we go near places occupied by foetal spirits, we will have a frightened foetus and need to perform rites for foetus-calming. Even after the baby was born, we may offend the earth spirits (*tushen*) and the

child will be frightened. He/she will cry, get sick or cannot sleep. In this case, we need to call back his/her frightened soul by performing the rite of *shoujing*.

Earth spirits (*tushen*) are like foetal spirits (*taishen*) that we need to be very careful not to offend. Foetal spirits are spirits of the foetus carried inside the womb. A child who gets frightened after birth is no longer due to offending foetal spirits, but rather offending earth spirits.

Narrative 6.9. Mrs Zhang Lai Wei-mei of Sankang Village reported her stories about ‘frightening the foetus’ (2003-11-29; see also Appendix 1.9 – Lineage S1606).

Inappropriate behaviour that would cause difficulty in pregnancy and childbirth was fully recorded in the classical work *All-inclusive Good Prescriptions for Women* (*Furen daquan liangfang*; AD 1237) of the late Sung Dynasty, but there the foetal spirit was named *taisha*, rather than *taishen*.

Once a woman became pregnant, it is deemed as a taboo for her (and her family) to make a movement in places where *taisha* is present. If *taisha* is in her bedroom, it is improper to fix the mosquito net over the bed or clean up the room; such would be very inauspicious.

Drilling, digging, nailing, binding, grinding, or pounding anything is absolutely prohibited in places occupied by *taisha*. If people violate the rules, the foetus is likely to die due to miscarriage. The mother-to-be may also be harmed, if the condition is serious. Otherwise, the body of the infant is likely to be born deformed, either being lame or mute. Such has often been the result of any offences made to *taisha* (Z. Chen 1982 [1273], vol. 11, pp. 6–8; J. Sung 1996: 96).

Hence, no later than the Sung Dynasty, the peak era of Chinese classical gynaecology, the term *taisha* appeared as the foundation of household taboos during pregnancy, with special emphasis on verifying its causes and effects and the serious consequences any offence may cause. These subject matters correspond to Han Taiwanese household taboos during pregnancy caused by *taishen*, as discussed above as ‘frightening the foetus’ (*tungte* or *tungtai* [H]).

My elder informants Mrs Qiu Chen Cong (1928–) and Mrs Chen Hong Huan (1924–), both also known to be local experts in herbal medicine in Sankang, detailed how they verified ‘frightening the foetus’ in their stories, with a further connection between the foetal spirits (*taishen*) and earth spirits (*tushen*).

During pregnancy, care must be taken in every detail of daily life so as to avoid offending foetal spirits (*taishen*). For example, try not to move things in the bedroom, do not move big

pieces of objects around, as much as possible do not carry or nail anything. In addition, inattention when performing acts like piling up bricks, wiping walls, or drilling holes may cause damage to the foetus. This is what we called 'a frightened foetus caused by offence to the earth spirits *tushen* [*tungtou* [H]]. In sum, pregnant women should move around with care. If the foetus gets frightened, it needs to be calmed.

A simple foetus-calming ritual involves the water used for rice washing. Water used for the first rinse of rice will be discarded while that for the second rinse will be saved. It is to be splashed in places where the foetus gets frightened. A pregnant woman with her foetus frightened is pitiful. She will have severe bellyache and risk miscarriage. I have heard about such instances. People of the past led a hard life and the foetus often got frightened by *tushen* when the expectant mother needed to help out with field labours and household chores. Those who are sceptical are frequently the ones who offend the foetal spirits. There are also others who obtain a foetus-calming charm from fortune-tellers (*suanming shi*) or *hongtou* priests whenever they have bellyache. Nevertheless, there are serious cases where even putting up a foetus-calming charm cannot help and [the pregnancy will] end in miscarriage. These stories though old are true....I have also heard about the rite of *song Liuxia*.

Narrative 6.10. Mrs Qiu Chen Cong gave more information on 'frightening the foetus' (2003-04-29; see also Appendix 1.8 – Lineage S0609).

Mrs Chen Hong Huan (1924–), elaborated:

I married into the Chen family when I was 25 years old (1948). My husband's family is engaged in farming. Four days after our marriage, I began helping in the peanut fields. At age 27 (1950), I had my first child and was pregnant every two to three years. I had given birth to three sons and two daughters. In those days, we did not plan ahead how many children we wanted. My mother-in-law had no opinion on this either....

In fact, I had been pregnant seven times but had lost two children. My first-born died prematurely at one year old. It was because I had to help out with all kinds of field labours, like hay-stacking after harvest, and offended the earth spirits (*tushen*), thus my child was frightened.

My fourth pregnancy also ended in miscarriage. At that time, we were bullied by my brother-in-law and were forced to move out when I was five-months pregnant. In the month that followed, my child was born early and died after 12 days. It was because the foetal spirits (*taishen*) and also the earth spirits (*tushen*) were offended during the house moving, and the child could not be raised and died early. Some children are born with their face or limbs of a dark complexion; that was also due to the frightened foetus. People nowadays do not believe in such. In the old days, there were many taboos during pregnancy, such as not moving things around in the bedroom, or hitting nails or painting walls at will. Otherwise, the pregnancy would end in miscarriage; or the baby would be born deformed or with squint-eyed or vision

problems if the eyes are hit. These happen because the place in the bedroom where earth spirits (*tushen*) occupied was hit or moved during pregnancy.

If the earth spirits are offended after the baby was born, say the time when earth spirits occupy the room coincides with that when the moving is made, the child will be affected though less seriously than during the foetal stage. The situation can be improved by gesticulating wildly with a broom three times in the bedroom. Otherwise, the child will be difficult to raise. Some frail children will have more problems and need to be taken to the [Chinese] doctor. If that does not work, they may have to seek help from soul-retrieving practitioners and obtain divinations to see what has been offended.

Narrative 6.11. Mrs Chen Hong Huan explained the connections between the foetal spirits (*taishen*) and earth spirits (*tushen*) (2003-11-22; see also Appendix 1.7 – Lineage S1109).



Figure 6.7. Interviewing Mrs Chen Hong Huan at Fuxing Temple (陳洪換-福興五穀王生-0112-030526).

6-4-2. Rhythmic Logic of Foetal Spirits

All of the above are household taboos that are observed during a Taiwanese pregnancy, due mainly to the occupancy of foetal spirits (*taishen*) in certain objects and spaces on some specific dates. These reveal what Taiwanese women experienced during their pregnancy. But, what about the knowledge of *taishen* for Taiwanese society? And how was such knowledge transmitted from generation to generation?

In Taiwan, detailed knowledge of *taishen* is not difficult to find. It was (and is) recorded in a large number of mystical texts and charms owned by professional *hongtou* priests (see Section 7-1). Moreover, related practices were (and are) prevalent among rural Taiwanese society as detailed in farmers' almanacs, called *nongmin li*, and other almanac handbooks which are full of religious information, called *tongshu bianlan*. In these local texts, a reference framework for

taishen was always attached, written as ‘*liujia taishen yueri guanzhan fangwei dingju*’ or abbreviated as ‘*taishen guanzhan*’, which specifies certain objects, spaces or relevant directions that foetal spirits might occupy either by monthly or daily cycles.

局定位方占關日月神胎甲六											
正月房床	二月戶窓	三月門堂	四月廚灶	五月身床	六月床倉	七月確磨	八月關戶	九月門房	十月房床	十一月爐灶	十二月房床
甲子日	乙丑日	丙寅日	丁卯日	戊辰日	己巳日	庚午日	辛未日	壬申日	癸酉日	甲戌日	乙亥日
外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南
丙子日	丁丑日	戊寅日	己卯日	庚辰日	辛巳日	壬午日	癸未日	甲申日	乙酉日	丙戌日	丁亥日
外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北
戊子日	己丑日	庚寅日	辛卯日	壬辰日	癸巳日	甲午日	乙未日	丙申日	丁酉日	戊戌日	己亥日
外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南
庚子日	辛丑日	壬寅日	癸卯日	甲辰日	乙巳日	丙午日	丁未日	戊申日	己酉日	庚戌日	辛亥日
外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北	外占西門北
壬子日	癸丑日	甲寅日	乙卯日	丙辰日	丁巳日	戊午日	己未日	庚申日	辛酉日	壬戌日	癸亥日
外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南	外占東門南

Figure 6.8. The reference framework ‘*liujia taishen yueri guanzhan fangwei dingju*’ recorded in farmers’ almanacs.

If the family with an expectant woman in their household plans to move and settle the bed in a new place (*anchuang*), or to rearrange the implements in this pregnant woman’s bedroom, they will need to make a close check beforehand through all the details of *taishen guanzhan*, so as to be aware of the objects or spaces that *taishen* might occupy at that time. In addition, they can post up a sheet of red paper with the characters ‘*taishen* is here’ (*taishen zaici*), in order to fix *taishen* in a definite place, if they know about that in advance (A. Lü 1941: 144; Kaidoh 1943: 47; J. Cao 1969: 19). This is one of the cultural manifestations in pregnancy for conducting oneself properly according to the regulation of time and space, so as to avoid impending trouble and seek good luck (*shi fang qu bi*).

Figure 6.8 is a reference framework of *liujia taishen yueri guanzhan fangwei dingju* recorded in farmers’ almanacs (*nongmin li*). It was also recorded in almanac handbooks

(*tongshu bianlan*),²⁰ which were mainly held by *hongtou* priests and those masters responsible for choosing auspicious dates (*zeri shi*). Apparently, the data about *taishen guanzhan* in these local texts are of two categories: *zhuyue zhan fang* and *zhuri zhan fang*.

According to our informants, who are professional *hongtou* priests and *zeri shi*, the former *zhuyue zhan fang* literally means ‘the *taishen* system of occupation by monthly cycles’. This is a system according to the lunar succession of seasons (*shier suishi*) or the simplified twenty-four seasonal changes (*shier jieqi*) by which the Chinese reckon a year. Accordingly, since *taishen* will occupy the woman’s bedroom and her bed in the first lunar month, then all the stuff in her bedroom and her bed should not be moved arbitrarily during that month. While in the second lunar month, *taishen* will be shifting to the single-panelled door (*hu*) and windows of her household. Thus, there should not be nailing on the single-panelled door and windows during that time.²¹ That is, *taishen* will keep shifting its way, occupying somewhere or something every month. Thus, twelve designated names of *yueyou taishen* were created as follows: the *taishen* of first lunar month, called *zhengyue taishen*; the *taishen* of second lunar month, called *eryue taishen* and so on.

It clearly shows that the twelve *yueyou taishen* occupy most of the objects and spaces of a rural Taiwanese household. On the one hand, the variety of spaces in the household such as washroom, kitchen, grain storage, and her bedroom are all related to the ordinary activities of a pregnant woman. On the other hand, the various objects such as the furnace, cooking stove, pestle, grind and her bed are also commonly used in her everyday life. It is noteworthy that most of the time *yueyou taishen* occupies the bedroom and bed of the pregnant woman. There are

²⁰ These include *Tongshu bianlan* by Prophet Lin (*Lin xianzhi tongshu bianlan*), *Tongshu bianlan* by Master Feng-yuan Lü (*Lü Fengyuan tongshu bianlan*), and *Qizheng jingwei tongshu* by Master Bing-jun Cai (*Cai Bingjun qizheng jingwei tongshu*) found in my fieldwork.

²¹ The rest of the monthly cycles include: In the third lunar month, *taishen* will be occupying both the gate and main hall of the household; in the fourth lunar month, it will be in the kitchen and cooking stove; in the fifth lunar month, it will possess the body of the pregnant woman and her bed; in the sixth lunar month, it will be occupying the bed and grain storage; in the seventh lunar month, it will be in the mortar and pestle; in the eighth lunar month, it will be in the washroom and the single-panelled door; in the ninth lunar month, it will be in the gate and her bedroom; in the tenth lunar month, it will be in her bedroom and bed; in the eleventh lunar month, it will be in the furnace and cooking stove; and in the twelfth lunar month, it will again be in her bedroom and bed.

four months in total in which *taishen* occupies her bedroom; and for five months, her bed. These reveal that the *yueyou taishen* targets mainly the woman's bedroom and bed.

The latter, *zhuri zhan fang*, literally means 'the *taishen* system of occupation by daily cycles'. This is a much more complicated system comprising a cycle of sixty units called *liushi huajia* or *huajia*. In practice, these so-called *riyou taishen* are more emphasised than *yueyou taishen*. The sixty units are a combination of the set known as Ten Heavenly Stems (*shi tiangan*) and the set known as Twelve Earthly Branches (*shier dizhi*).²² The combination of one character from *tiangan* and another from *dizhi* forms a term by which a Chinese year or date is known. The corresponding order of such combination yields sixty denominations of a cycle of sixty units, called *yi jiaz*. When a cycle of the sixty units ends, another cycle begins again.

Accordingly, on the day of *jia-zi*, *taishen* will occupy the gate and pestle (inside the pregnant woman's household), as well as the southeast direction outside her bedroom. On the day of *yi-chou*, *taishen* will be present in the mortar and pestle, and washroom (inside her household), as well as the southeast direction outside her bedroom. On the day of *bing-yin*, *taishen* will be in the kitchen, cooking stove, furnace, as well as the south direction outside her bedroom; and so forth. *Taishen* will keep shifting its way, occupying somewhere or something daily according to the order of Ten Heavenly Stems (*shi tiangan*) and Twelve Earthly Branches (*shier dizhi*). Therefore, sixty designated names of *riyou taishen* were created as follows: the *taishen* of the day of *jia-zi*, the *taishen* of the day of *yi-chou*, the *taishen* of the day of *bing-yin* and so on. They consist of a well-integrated structure for reckoning the dates.

Compared with *yueyou taishen*, *riyou taishen* involves the concept of 'direction' rather than 'space' for household activities and objects used in everyday lives. According to Figure 6.8, the places occupied by *riyou taishen* are around the household, again targeting mainly the pregnant woman's bedroom. Moreover, *riyou taishen* occupies the directions inside the woman's

²² *Tiangan* is a decimal cycle of ten characters, namely *jia, yi, bing, ding, wu, ji, geng, xin, ren* and *gui*. They are used as serial numbers like A, B, C and D, by which the Chinese reckon the years. *Dizhi* is a duodecimal cycle of twelve characters, namely *zi, chou, yin, mao, chen, si, wu, wei, shen, you, xu* and *hai*, by which the Chinese reckon the years, days and the hours of a day. The decimal cycle *tiangan* is usually used in conjunction with the duodecimal cycle *dizhi*, abbreviated as *ganzhi*.

bedroom in sequence, including those of the north, the south, the east, and the west.²³ *Riyou taishen* also occupy the directions outside the woman's bedroom, including those of the northeast, the east, the southeast, and so on.²⁴

In addition, there is both continuity and change between Han Taiwanese and Chinese denominations concerning the ordered structure of *taishen*. For example, the regulations that *riyou taishen* set for both inside and outside the woman's bedroom, coincide with the regulations set for 'the spirits daily occupying certain spaces, directions, or objects', called *riyou*, that *Essential Secret Prescriptions of the Palace Library (Waitai miyao fang; AD 752)*²⁵ recorded in the Tang Dynasty, under a framework of 'the magic arts of calculating where and when *riyou* will occupy, to ensure a safe childbirth' (*anchan tui riyou fa*) (T. Wang 1778 [752], vol. 33, pp. 69–71; 1981 [752], vol. 33, pp. 45–46; J. Sung 1996: 168). Moreover, as mentioned in Section 3-1-1, it was in Master Chen Ziming's *All-Inclusive Good Prescriptions for Women (Fujen daquan liangfang)*, the Sung Dynasty, that a system with intrinsic logical connections between the titles of foetal spirits (*taisha*) was fully established. In this work, a special section titled the 'Magic Arts Protecting Pregnant Women from *taisha* Before Childbirth' (*taisha biji chanqian jianghu fa*) contains all the categories and names of the supernatural powers of *taisha*.

²³ The details are as follows: *Taishen* will be in the north direction inside the bedroom for five days from the day of *guisi*; in the south direction inside the bedroom for five days from the day of *wuxu*; in the east direction inside the bedroom for five days from the day of *jiachen*; and in the west direction inside the bedroom only on the day of *guimao*.

²⁴ The details are as follows: *Taishen* will be in the northeast direction outside the bedroom for six days from the day of *jiyou*; in the east outside the bedroom for five days from the day of *yimao*; in the southeast outside the bedroom for six days from the day of *gengshen*; in the south outside the bedroom for five days from the day of *bingyin*; in the southwest outside the bedroom for six days from the day of *xinwei*; in the west outside the bedroom for five days from the day of *dingchou*; in the northwest outside the bedroom for six days from the day of *renwu*; and in the north outside the bedroom for five days from the day of *wuzi*.

²⁵ The *Essential Secret Prescriptions of the Palace Library*, in a total of forty volumes, was compiled by Wang Tao, AD 752, Tang Dynasty. Among these, the 33rd and 34th volumes contain medications for women. In vol. 33, there is considerable data concerning the art of divination for a safe childbirth, which was rarely found in classical Chinese gynaecology. These data, including drawings and texts, were derived from the *Essential Prescriptions to the Point (Zuanyao fang)* and *The Drawing Guidelines for a Safe Childbirth (Chan tu)* both written by Cui Zhi-ti between AD 650 and AD 683, Tang Dynasty (L. Yan 1993: 117, 131–32). Followed by the *Essential Secret Prescriptions of the Palace Library*, these data were included largely in obstetric works and general medical texts afterwards, contributing towards mainstream thought in the Sung Dynasty, such as in the *Childbirth Treasury Collection of Prescriptions (Chanyu baoqing jifang)*, ed. Li Shi-sheng and Guo Ji-zhong), the *Imperial Grace Formulary (Taiping shenghui fang)*, Wang Hui-yin), the *Outline of the Complete Record of Sage Benefaction (Shengji zonglu zuanyao)*, Sung Huizong), *Essentials on Childbirth Preparedness from the Treasury of the House of Good Health (Weisheng jiabao chanke beiyao)*, ed. Zhu Rui-zhang), *Treasury of Prescriptions for Childbirth (Chan bao zhufang)*, Anon.), as well as in the *All-Inclusive Good Prescriptions for Women (Furen daquan liangfang)*, Chen Zi-ming).

On the whole, there are five main categories of *taisha*, including *yueyou taisha*, *taishiju riyou taisha*, *shi gan riyou taisha*, *shier zhi riyou taisha* and *liujia xunyou taisha*.²⁶ In addition, there are also *xiaoer sha*, *bennian san sha*, and *chanmu shenhuang dingming*.²⁷ They are all foetal spirits not to be offended (Z. Chen 1982 [1273], vol. 11, pp. 6–7; J. Sung 1996: 171). Among these *ta-sha*, *yueyou taisha* and *taishiju riyou taisha* described in Master Chen's work are closely related to the framework of *liujia taishen yueri guanzhan fangwei dingju* (*taishen guanzhan*) elaborated in Taiwan as mentioned above.

Yueyou taisha is the *taisha* system according to the order of the seasonal markers, known as the twelve solar terms of the Chinese lunar calendar, such as 'Beginning of Spring' (the 1st solar term *lichun*), the 'Waking of Insects' (the 3rd solar term *jingzhe*), 'Pure Brightness' (the 5th solar term *qingming*), 'Beginning of Summer' (the 7th solar term *lixia*), and 'Grain in Ear' (the 9th solar term *mangzhong*). On the other hand, *taishiju riyou taisha* is the *taisha* system similar to Han Taiwanese *riyou taishen*.²⁸

The above-mentioned reveals that Master Chen Zi-ming, as well as his contemporary in the late Sung Dynasty, had already ascribed pregnancy taboos to a category of *taisha*. Meanwhile, the title of *taisha* was adopted much earlier than that of *taishen* in the authoritative Chinese medical tradition. However, according to research on farmers' almanacs, the title of *taishen* was commonly seen in prevalent local almanac handbooks rather than in medical works; and it was

²⁶ The details of *shi gan riyou taisha*, *shier zhi riyou taisha* and *liujia xunyou taisha* are listed below for reference.

Shi gan riyou taisha: on the day of *jiaji*, in the gate; on the day of *yigeng*, in the grinder; on the day of *bingxin*, in the well; on the day of *dingren*, in the kitchen; and on the day of *wugui*, in the grain storage.

Shier zhi riyou taisha: on the day of *zichou*, in the main hall; on the days of *yinmao* and *chenyou*, unknown; on the day of *siwu*, in the gate; on the day of *weishen*, under the bamboo fence; and on the day of *wuhai*, in the pregnant woman's bedroom.

Liujia xunyou taisha: during the ten days preceded by *jiazi*, in the windows and pestle; during the ten days preceded by *jiaxu*, in the main hall; during the ten days preceded by *jiashen*, in the main courtyard; during the ten days preceded by *jiawu* and another ten days preceded by *jiachen*, in the pregnant woman's bedroom; and during the ten days preceded by *jiayin*, in the gate.

²⁷ The details of *xiaoer sha*, *bennian san sha* and *chanmu shenhuang dingming* need to be verified.

²⁸ The details are as follows: *taisha* will be in the north direction inside the bedroom for five days on the days of *guisi*, *jiawu*, *yiwei*, *bingshen* and *dingyou*; in the south direction inside the bedroom for three days on the days of [*wuxu*] *xinchou* and *renyin*; in the west direction inside the bedroom only on the day of *gui-mao*; in the east direction inside the bedroom for four days on the days of *jiachen*, *yisi*, *bingwu*, *dingwei*; and in the centre of the bedroom for twelve days on the days of *liu wu ri* and *liu ji ri*. During the rest of the [60] days, *taisha* will not occupy any directions outside the bedroom.

likely that the substantial contents of *taishen* appeared later between the Ming and Qing Dynasties, around the sixteenth to seventeenth centuries (S. Zhang 1994: 53–56).²⁹ Some research also suggests that the term *taishen* was most likely created by rural people (M. Ling 1995: 95–97).

I thus presume that the Taiwanese *taishen* system recorded as *liujia taishen yueri guanzhan fangwei dingju* in farmers' almanacs may stem from *taisha biji chanqian jianghu fa* recorded in Master Chen's *All-Inclusive Good Prescriptions for Women*, under a framework of *yueyou taisha* and *taishiju riyou taisha*, with the former being more complete than the latter. The framework of Taiwanese *taishen* displays a layout with the corresponding combinations between Ten Heavenly Stems (*shi tiangan*) and Twelve Earthly Branches (*shier dizhi*). This yields a total of sixty units of a *hua-jia*, also known as *jia-zi*. A refined theory of *ganzhi jiazi* is thus developed. In addition, the regularity in the circulation of *riyou taishen* in Han Taiwanese society can be traced back to that of *riyou*, the so-called *anchan tui riyou fa*, which is related to the Timing Medicine of 'the eight divinatory symbols' (*bagua*) from ancient Chinese philosophy in *The Book of Changes (Yijing)*. These form an integrated framework with an ordered time-space structure as shown in the section of *zhuri zhan fang* (see Figure 6.8).

As a whole, according to the Chinese lunar succession of seasons (*shier suishi*) and the cycle of sixty units of *hua-jia* (*liushi huajia*), the Taiwanese *taishen* system is developed to categorise a time-space relationship. There are numerous titles of monthly *yuyou taishen* and daily *riyou taishen*, as well as a variety of objects, spaces and relevant directions that *taishen* may occupy. Still different, *yuyou taishen* and *riyou taishen* share a common characteristic when they move around. That is, the circulation of *taishen* has an intrinsic logic according to the axes of time and space for the rhythm of its movements. This is what I denoted as 'rhythmic logic',

²⁹ Zhang's research was derived from the following almanac material of the Qing Dynasty: *The Best National Complete Collection of Farmers' Almanacs (Aotou tongshu daquan)*, *The Farmers' Almanacs for Avoiding Impending Trouble and Seeking Good Luck Issued by Jincheng House during the Reign of Emperor Jiaqian 21st (Jiaqing ershiyi nian Jincheng Tang qubi tongshu)*, *The New Edition of the Complete Collection of Farmers' Almanacs for a Good Omen (Xinzeng xiangji tongshu daquan)*.

the regularity of movements that *taishen* created. This logic embraces when and where, as well as how *taishen* might occupy definite objects, spaces or directions.

On one hand, the objects that *taishen* might occupy during a Taiwanese pregnancy include many household appliances and furniture used in daily routines, such as the furnace, cooking stove, wooden pail and the pregnant woman's own bed. They also include certain spaces of the family's everyday lives, such as the kitchen, washroom, main hall and the woman's bedroom. Further, the movements of *taishen* are not confined to the inside of her bedroom. *Taishen* expands its control from some indoor directions—such as the north direction inside her bedroom and the south direction inside her bedroom—to other outdoor directions—such as the northeast direction outside her bedroom and the east direction outside her bedroom. On the other hand, regardless of the number and variety of objects, spaces and directions wherein *taishen* occupy monthly or daily, its rhythmic logic always follows the Chinese lunar succession of seasons and the cycle of sixty units of a *huajia*, where the connection between time and space was highlighted. From this point of view, the Taiwanese *taishen* system, which comprises *shier suishi yueyou taishen* and *liushi huajia riyou taishen*, is a well-arranged ordered structure underlying Han Taiwanese cosmology.

In the first part of this chapter, I sketched an image of women's illnesses and pregnancy from Late Imperial China till the Japanese Colonial Era to contemporary rural Taiwan, by considering the official and personal writings rare in the literature, as well as the ballads and colloquial sayings popular in the rural society.

Drawing on my fieldwork research and particularly the literature on Japanese colonial Taiwan, I further revealed a variety of ritual practices for a Taiwanese birth, focusing on the social setting surrounding home delivery from the late Qing Taiwan to the 1970s. These practices constitute a 'ritual complex of pregnancy', such as 'exploring the flowery palace' (*tan huagong*), 'changing a vessel resembling a woman's belly' (*zaihau huandou*), taboos in diet, as well as a variety of foetus-calming rituals (*antai*) given the central belief of foetal spirits (*taishen*). All these together demonstrate that, in Chinese patrilineal society, different aspects of

the ritual complex of pregnancy share a common preference for a son in an expected childbirth. Some ritual practices, such as the rituals of *song Liuxia* and *cang taiyi*, enrich our understanding of the nature of foetal spirits, and of the elaborate system of foetal spirits comprising *Liuxia* and other supernatural powers, which will be discussed further in Chapter 7.

In the rest of this chapter, I reviewed thoroughly the Taiwanese concept of foetal spirits (*taishen*). My aim was to explore *taishen* from several perspectives, including textual and oral, scholarly and lay, and from different embodied experiences and ways of knowing, which were mostly transmitted by knowledgeable male informants and ritual specialists, but also orally by midwives and knowledgeable women.

Furthermore, I demonstrated in this chapter that the *taishen* system is an ordered structure with an intrinsic ‘rhythmic logic’. This characteristic thus invokes a negative power or menace to both the mother-to-be and the foetus. It also constitutes the foundation of many household taboos which enjoin people to conduct themselves properly according to the regulation of time and space so as to avoid impending trouble and seek good luck (*shi fang qu bi*) during a pregnancy. Otherwise, difficulties for the pregnant woman will arise and the foetus will be frightened. In the case where *taishen* is seriously offended, people will need to perform rituals for calming the foetus, and regain the ordered relationship between the mother-to-be and the supernatural, which will be explored in Section 7-1.

That is to say, the practice of *taishen guanzhan* forms a complex of household restrictions, shaping pregnancy periodically and spatially, with a comprehensive ‘confinement’ (Lukere and Jolly 2002) through spiritual powers. It reflects the imposition of Chinese patriarchal and paternal thinking on the maternal body. From my point of view, Taiwanese pregnancy cultures evince rather tight confining controls.

As learnt from Mr Xie Bing-lang (1914–), the practice related to *taishen* was embedded in people’s everyday life. It is also noteworthy that pregnant women experienced *taishen* through the language in which women’s reproductive bodies were perceived. These folk categories include ‘foetus-calming’ (*antai*), ‘frightening the foetus’ (*tungtai*), or ‘a frightened foetus caused

by an offence to the earth spirits *tushen*' (*tungtou*), as reported in Mrs Zhang Lai Wei-mei (1912–), Mrs Qiu Chen Cong (1928–) and Mrs Chen Hong Huan's (1924–) stories. Through these folk categories, the detailed knowledge of foetal spirits—although mostly monopolised by males—was thus visualised and the significance of *taishen guanzhan* was verified in women's embodied experiences. To some extent, *taishen* and *tushen* were lumped together; this might be a reflection of women's physical spaces due to their livelihood in a small-scale farming economy.

Finally, I suggested that the connotation of Taiwanese *taishen* is inseparable from the category of dangerous and evil spirits *sha*, derived from Chinese classical medicine. *Taishen* is in many ways equivalent to *taisha*, considered to be a kind of dangerous spirit during pregnancy which had its linguistic roots in Han Taiwanese folk religion; these will be discussed further in Section 7-3.

CHAPTER SEVEN

Knowing *Taishen* Spirits: Bureaucratic Structure, Cosmic Order and *Sha*

In the discussion on the ritual complex of pregnancy in Chapter 6, my main focus was on the important ritual of foetus-calming (*antai*), a practice intended to calm the foetus, prevent miscarriage and, particularly, to counter the evil and dangerous foetal spirits (*taishen*), that form such an important part of Taiwanese pregnancy cultures. The previous chapter further explored the relation between the concepts of *taishen* conveyed in authorised textual knowledge and those embodied experiences of pregnant women. In this chapter, Section 7-1 details the ritual of calming the foetus in rural Taiwanese society, from the Japanese Colonial Era to contemporary rural Taiwan, with a special emphasis on the role of charms, as discussed in one of the written documents in bureaucratic Chinese society. Section 7-2 further elaborates on how magic charms were cultural vehicles essential to the communication between the world of mortals and the supernatural. Making a charm was seen to resemble the exercise of socio-political control in an earthly bureaucracy. Section 7-2 also contains a textual analysis of the magic charms used in the *antai* ritual, focusing on the structure and the form of these charms that are standardised and serve as testimonies of bureaucratic authority. In Section 7-3, this textual analysis reveals an elaborate system of foetal spirits related to an embracing cosmic order for pregnant women. It evidences the existence of the ‘cosmology of pregnancy’ centred on dangerous and evil spirits ‘*sha*’ derived mostly from *taishen* and *tushen* spirits, which to a certain extent, underlie the *sha* consciousness in Taiwanese folk religion (see F. Li 1993). It also reveals the comprehensive ‘confinement’ of the maternal body in rural Taiwanese society.

7-1. Foetus-Calming Ritual

As described in Chapter 6, the foetus-calming ritual is performed to appease the foetal spirits (*taishen*) that haunt or disturb a pregnant woman. In contrast to the rituals of *tan huagong* and *zhaihua* performed by the female spirit mediums (*angyi*), the *antai* ritual is mainly conducted by local male *hongtou* priests.

Developed from the central belief in foetal spirits (*taishen*), the *antai* ritual was depicted by both Japanese and Taiwanese ethnographers as the most stringent but prevalent ritual in rural Han Taiwanese societies for several generations, including Japanese colonial Taiwan between 1895 and 1945. It is meant to pacify and calm down the foetus, prevent miscarriage and, in particular, to counter the evil and dangerous spirits *taishen* which constitute a potential menace to pregnant women (see Sections 6-2-3 and 6-4). This *antai* ritual has continued to exert a great influence on contemporary rural Taiwanese societies, particularly in the decades prior to the 1970s. But there is a generational difference among its adherents. Mr Lai Jun-xiong (1938–),¹ the master of the soul-retrieving shrine Long Hu Shoujing in Taichung City, observed at the end of the twentieth century:

Still, there are people coming here asking me to perform the *antai* ritual for them. The *antai* ritual is still popular now, mostly among the elderly aged above sixty, but not so among the younger generation. Many old people even bring along their daughters-in-law, relatives, and friends.

To me, the practice of the younger generation going for injections at the hospital for calming the foetus when they have a problem during pregnancy is rather ‘unnatural’. Instead, the Taiwanese *antai* ritual performed by *hongtou* priests which evokes some wonderful mysterious power beyond our understanding is comparatively more ‘natural’.

Narrative 7.1. Mr Lai Jun-xiong reported on the prevalence of the *antai* ritual (March and July, 1999 and July 2000).

The terms ‘natural/unnatural’ here present Mr Lai Jun-xiong’s adjudication from a native point of view and are representative of most Taiwanese *hongtou* priests’ opinions apropos Western

¹ Mr Lai is the second-generation master of Long Hu Shoujing, Taichung City. In 1958, at the age of 21, the then single Mr Lai began assisting his father Lai Jin-shan in his family business as a *hongtou* priest. His work includes performing the following rituals: *choushen*, *xieyuan*, *bai Tiangong*, *zhiyao*, *zhensha*, *gaiyun*, *shouhun*, *shoutu*, *shoujing*, *hehe*, *antai*, and *cuisheng* (see Section 8-1-3). Now, Mr Lai performs mainly soul-retrieving rituals (*shoujing*) (Fieldwork research conducted in March and July 1999, July 2000).

biomedicine. Mr Ke Jin-kun (1936–),² master of the Taoist shrine Waipu Xianshi Tan in Waipu, said:

The magic charms of the *antai* ritual are quite efficacious and practical. I have been serving my clients here for thirty years or so and most of my clients get well after the ritual has been performed on them, and having it once is enough. Some of my clients were young women who had a miscarriage for their firstborn, while there were others who had repeated miscarriages not knowing what to do. There was also a young woman who happened to ‘frighten the foetus’ (*tungte* [H]) before delivery. Even the obstetrician could not handle the situation. Finally, she came here for help and I prescribed an *antai* charm for her to take and another to be stuck on the wall in her bedroom and her problem was resolved.

Narrative 7.2. Mr Ke Jin-kun reported on the prevalence of the *antai* ritual (October 1999 and July 2000).

In practice, *antai* rituals are performed in different ways in Han Taiwanese society.³ As described in the literature of the Japanese Colonial Era (1895–1945), the general procedures for an *antai* ritual are as follows. The presiding *hongtuo* priest strikes a gong and plays the fife at the bedside of the pregnant woman being disturbed. At the same time, the *hongtuo* priest has to chant incantations, and draw the charms for calming the foetus (*antai fu*) or the charms for protecting the mother-to-be against evil spirits (*baotai fu*), which are to be attached to the place where the foetus was frightened. In so doing, the *taishen* that was haunting both the mother-to-be and foetus will soon be subdued (Iwao 1921: 1; Suzuki 1934: 63, 87; J. Zeng 1939: 146–47; Kaidoh 1943: 47). Finally, the *hongtuo* priest needs to chant incantations again before the *antai fu* is burnt into ashes and mixed with water to be taken by the pregnant woman. In this way, the haunting *taishen* will be driven off and the foetus will become safe and sound again (Iwao 1921: 1). It was said that this sort of *antai fu* should be put to use together with the charms for subduing dangerous spirits *sha*, called *zhensha fu* or *yasha fu*, thus making up a complete set of charms for the efficacious calming of the foetus; i.e. first suppressing the evil spirits and then calming the foetus. *Yasha fu* is to be stuck on walls while *antai fu* is to be taken

² See Section 3-3-1 for Mr Ke Jin-kun’s personal details and his work, such as *mingxiang zeri*, *hehe*, *an shenwei*, *gaiyun*, *shoujing*, *shoutu*, *an bagua*, *antai*, *huagu*, *zhi xieruzhai*, *shou yinsha*, and *shou masha*. See also Section 8-3-3 for further details.

³ It is due to local variations, diverse ritual systems, as well as ritual practitioners’ acquiring knowledge from different masters. For a comparison between the different ways *antai* rituals were performed during the Japanese Colonial and post-war eras, see M. Huang 1967; and J. Cao 1969.

with water (D. Tian 1941: 171). Moreover, in some areas, some magic charms are to be worn by the pregnant woman after the ritual as depicted in the *Song for a Ten-Month Pregnancy* (*Shi yue huatai ge*) as ‘*kuongia thaisin e suanchi...chinhu gingchia gua shengku*’ [H] (see Section 6-1).⁴

My fieldwork research has found that the *antai* ritual is mainly performed by *hongtuo* priests who claim to be professionals from the Taoist sect of *Lüsan* (*Lüsan pai*), the most influential Taoist sect in Taiwan. For minor cases where the foetus is frightened (*tungte* [H]), the pregnant woman will seek help from *hongtuo* priests in Taoist shrines. For more serious cases, *hongtuo* priests will be invited to perform the ritual at the house of the affected.⁵ At Long Hu Shoujing, the essence of an *antai* ritual was as described below.

Generally speaking, what I really have to do in an *antai* ritual is just to have ‘the charm for calming the foetus’ (*antai fu*) burnt into ashes for the pregnant woman to drink and to have the other charm stuck at a certain place in the house. There is nothing more important than these. In fact, we have all along two types of magic charms: one is to be taken by the affected and the other is to be stuck somewhere in the house of the affected. The two are quite distinct from each other. While the latter are usually stuck right in the middle of ‘the top of the door hinge’ (*mentao tieng* [H]), the former are burnt into ashes and mixed with water for the pregnant woman to take. Sometimes, I will advise my client not to drink all of it but to leave some for bathing her body or to be sprinkled all over her bedroom.

Narrative 7.3. Mr Lai Jun-xiong reported on the essence of an *antai* ritual (March and July 1999; and July 2000).

At Xianshi Tan, Waipu, the important elements of the *antai* ritual were described as follows:

The most important part of the *antai* ritual is to draw the charms for calming the foetus well. I have two types of magic charms for calming the foetus—one is to be taken (see Figure7-3-3 in Section 7-2-3), and the other is to be stuck (Figure7.3-4 in Section 7-2-3). I will use two of each in every ritual I perform. Both types of magic charms are drawn on bronze-yellow paper. The former are written with genuine edible (red) cinnabar and the latter, black ink. Charms to be taken can also be used for washing the body. First, the charms are burnt into ashes, which is then put in a tub of *yin* (cold) and *yang* (hot) water, the so-called *yinyang shui*. Artemisia is also added to the bath, which is also very efficacious.

In addition, another two charms are to be stuck on the walls at both ends of the bed of the pregnant woman. However, they should be loosely attached to the wall for easy removal

⁴ Here, the charm they used is a cleansing charm (*chinhu* [H]); but this needs to be confirmed by further research.

⁵ Fieldwork research in Taichung County combined with fieldwork survey in Ilan County, Northeast Taiwan including the following locations: Shengfa Tan, Daying Tan and Yingzhen Tan.

afterwards. As the time of childbirth nears, the charms should be torn off the wall; otherwise, the baby cannot be delivered. It is because the purpose of the charm is to safeguard the foetus against harms from *tushen* and *taishen*. If the charms are not removed, it would mean that the foetus is still 'firmly secured' in the womb.

All our charms that are enchanted after incantations are endowed with power from deities against demons and evil spirits. Hence, charms after being removed should be properly disposed of. They should be burnt together with a bundle of *shoujin*,⁶ as a sign of solemn farewell to the deities' return to Heaven.

Narrative 7.4. Mr Ke Jin-kun reported on the important elements of the *antai* ritual (October 1999 and July 2000).

The above clearly indicates that the significance of an *antai* ritual lies in the execution of *fuling*, the magic charm and the order it inscribes.

7-2. Magic Charms as Cultural Vehicles

There are indeed a variety of magic charms used by different Taoist sects and *Fajiao*⁷ in Taiwanese folk religion. However, the most widely used are those charms for individual protection (*baoshen fu*), those for correcting deformed bodies (*huagu fu*), those for alleviating the torment of being frightened or troubled by evil spirits, and those for bringing down a fever. Besides these, charms related to pregnancy and childbirth such as those for calming the foetus (*antai fu*) and those for inducing labour (*cuisheng fu*) are very popular as well. Literally, the character 'fu' (charm) means 'to conform with the right of the natural law, and to fight off the perversity of evil ways.' Thus, the authority for professional *hongtuo* priests depends on their ability to administer magic charms and whether the charms administered are efficacious in use.

Charms, as one of the written documents in bureaucratic Chinese society, are cultural vehicles essential for communication between the world of mortals and the supernatural. According to the *Principles of Composition of Chinese Characters* (*Shuowen Jiezi*), *fu* is a token of promise stemming from the Hahn Dynasty (206 BC–AD 220). From a cultural-historical perspective, those *fu* written on bamboo served as certificates for the

⁶ *Shoujin* is a sort of paper money (*zhiqia*) burnt for the deceased or the lower-ranking spirits in Han Taiwanese folk religion.

⁷ *Fajiao* is a religious sect that places great emphasis on magic arts as the core of its discipline.

exchange of goods or money, and for renting a house or land in the then local society, while those cast in bronze, gold, silver and jade were used for honouring nobles, installing an officer into a position, appointing ambassadors and for transferring troops and generals. It was only later in the Jihn Dynasty (AD 265–420) that the term *fu* was borrowed by shamans, alchemists, and Taoists for the charms they made. They sketched standardised characters or icons in symbolic styles on *fu*, thus turning them into charms that were endowed with power from the deities. Moreover, these *fu* which served as tokens or certificates for the execution of the divine power had to be written or drawn only on specified paper, stiff silk, wood or stone. This established the form of *fu* seen in Chinese societies in the later periods in history (Z. Yao 1994: 6–7; Hanyu dazidian bianji weiyuanhui (ed.), 1988: 2956–58).

In Taiwan, whether it looks simple or complicated, each *fu* contains three basic parts: top, *futou*; body, *futi*; and bottom *fudan*. *Futou* is the topmost part of a charm that always contains a note that makes ‘a solemn request to a certain deity’, suggesting that the deity is summoned by people to execute an order or command.⁸ *Futi* is the narrative body of a charm describing the substantial expression relevant to the purpose of the ritual, such as ‘subduing evil spirits’, or ‘driving away dangerous *sha*’. *Fudan* is a specific notation at the bottom of a charm, indicating that the ritual practitioners are fully responsible for the effect brought by the charm they administer (J. Sung 1994: 173–78). Such notations illustrate the original meaning of *fu* as ‘a token of promise’ (*fu zhi wei xin*).

Drawing *fudan* at the end of a charm is the most important task for ritual practitioners like the *hongtou* priests. Moreover, what *hongtou* priests intend to highlight is the cultural meaning underlying the functional effectiveness of *fudan*. Mr Ke Jin-kun, the master of Xianshi Tan, provided examples as follows:

Each charm we make should have a *fudan*, which serves the purpose of fighting off evil spirits or countering the evil force. When drawing *fudan*, we need to chant certain incantations at the same time, such as ‘With the first brush, the sky and earth are opened; with the second brush, the sun and moon become bright.’ Also for example, when writing the word ‘*Gang*’ (the Taoist

⁸ Sometimes, the *futou* is marked with a seal of the deity from whom its power is derived.

name of the Great Dipper) in the *fudan*, I need to chant each of the Twelve Chinese Hours (*shier shichen*),⁹ such as *zi*, *chou*, *yin*, *mao*. In so doing, the pregnant woman would be watched over every hour of the day. That is, evil spirits like *tushen* and *taishen* will not disturb or trouble the pregnant woman at any time around the clock.

Narrative 7.5. Mr Ke Jin-kun, the master of Xianshi Tan, explained the function of the *fudan* at the end of a charm (October 1999 and July 2000).

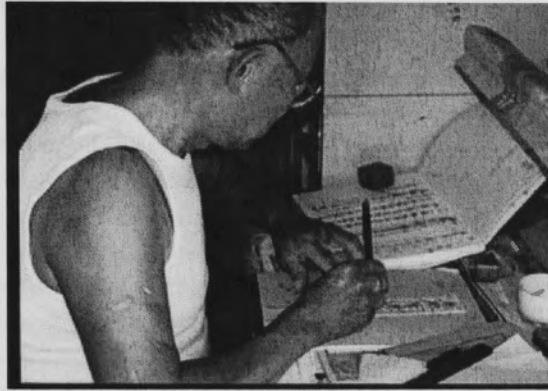


Figure 7.1. *Hongtuo* priest Mr Ke drawing magic charms for foetus-calming ritual (外埔天師壇-03-2000.07).

7-2-1. Charms in Bureaucratic China

The above narratives reveal that chanting incantations is also compulsory for all *hongtuo* priests when making a charm. Ritual practitioners like Mr Ke not only stressed the importance of *fudan* as part of a charm and the specific related incantations, they also pointed out that continuous chanting was required until a *fu* was completely written or drawn. In other words, the making of charms was not complete without a ritual of empowerment, called *ti* [H]. Only with this transitional ritual could charms be transformed from a mere secular piece of raw material into an efficacious *fuling* that possessed divine power. The ritual of *ti* involved drawing magic characters on the very material of *fu*, and completing it with a *fudan* while chanting incantations at the same time (J. Sung 1994: 273–76).

The function of the ritual of empowerment (*ti*) can be further revealed from the perspective of political bureaucracy of Ancient Imperial China. According to *Interpretations of Names* (*Shiming*), '*fu* means delivery. It is written in order to deliver Imperial orders throughout the

⁹ *Shier shichen*, abbreviated as *shichen* or *shi*, denotes the Twelve Hours of the day according to the Chinese. *Shi* equals two hours, and each *shi* round the clock is named after the Twelve Earthly Branches (*shier dizhi*) starting from 11 pm, known as *zi*, *chou*, *yin*, *mao* etc; see also Section 6-4-2.

country by emissaries.' *Fu* was originally a style of written document in the highly hierarchical structure of bureaucratic Ancient China.¹⁰ Even officials in the Qing Dynasty (1684–1911) wrote their reports, memorials, petitions and proposals to the emperor or other officials in the style of *fu* and received the same in return. *Fu* can be used to store or transfer information and *fu* can be utilised to bring the power of incumbents in bureaucratic office to bear on a being that they wish to control. Thus, what have been called a *fu*, in a sense of written communication to or from the supernatural, can be understood as intending to have the same kind of effect as orders, mandates or injunctions (Ahern 1981: 16–17).

John McCreery (1973) and Emily Ahern (1981) pointed out that many characteristics of charms make sense in the light of having an authority to execute a divine order: properly drawn, activated and sealed; they are always written on yellow paper,¹¹ in the ink of (red) cinnabar,¹² and they bear a red seal. The charms exercise the authority of the deities precisely analogous to the way in which secular legal documents exercise political authority among people (McCreery 1973: 107; Ahern 1981: 24–27). However, such written documents for communicating with spirits are different from those used in the secular world in that it is not essential for an authorised charm to bear the seal of the deity. As with earthly bureaucracies, there are alternatives in the way that the superior authority delivers power. The magic charms I collected had some special characters and symbols only intelligible to ritual practitioners with special charm-writing skills, such as 'lin' or 'tilin' [H] (to order, to command) written in the *futou* (see Figures 7.2 and 7.3). According to my informants of ritual specialists, the *fudan* at the end of charms drawn by a *hongtou* priest in his capacity as 'mandarin of the deities' (see Saso 1972) is equivalent to an authorised seal affixed to official documents. These show that the power of charms has been specifically authorised by the *hongtou* priests who enforced them. In other

¹⁰ It has been so ever since the Hahn Dynasty when some official *fu* were created as tokens of promise, such as *zhoufu* (the prefecture's authorised token), *juanfu* (the authorised token for tax exemption), and *zhengfu* (the authorised token for summoning someone for an Imperial interview or appointment) (X. Liu, 1791 [Hahn Dynasty]; Hanyu dazidian bianji weiyuanhui (ed.), 1988: 2957).

¹¹ Yellow is commonly recognised as an imperial colour.

¹² Bright red used to be employed by emperors and officials to mark their writing as authentic and in the custom of *biaopan*, a practice which embellished documents with a series of special characters written in red ink.

words, *fudan* signifies the force of supreme control and its effect exercised through the hands of *hongtuo* priests. To conclude a *fudan* is crucial to what has been called a *fu*, which is an empowered order from higher-ranking deities.

7-2-2. Magic Charms for Foetus-Calming in Taichung Region

As mentioned, there exists in Taiwan a wide variety of magic charms of different types, with different contents and for different functions. For ritual usage, charms can be taken or worn by the affected or attached to certain places. Most magic charms are written on bronze-yellow paper of approximately 15 centimetres long and about 3.2 centimetres wide (D. Tian 1941: 173). Figure 7.2 shows a pair of classical charms for the *antai* rituals found in Taiwan: one is a charm called *baotai fu* for protecting pregnant women against evil spirits, and the other charm, called *zhensha fu*, is particularly for suppressing dangerous spirits, *sha*. The two charms were first found in the text *Minsu Taiwan (Folklore Taiwan)* in 1941, written by Tian Da-xiong. Even before that, both charms had been widely circulated in local Taiwanese society. They could be found in farmers' almanacs (*nongmin li*) and almanac handbooks (*tongshu bianlan*).¹³ As can be seen, there are notes on the side of the charms detailing their functions and usages. It is evident that Han Taiwanese are convinced that *zhensha fu* 'is endowed with the miraculous power of suppressing and driving away *tushen* and *taishen*' and 'is very efficacious and works fast.' When a pregnant woman has offended *taishen*, *zhensha fu* should be stuck at the place where the foetus is frightened. 'When used, this charm can also insure you against bad luck.' The body of *baotai fu* contains a message saying, 'This efficacious charm would rescue the mother-to-be and the foetus in the womb...completely,' with a note beside it: 'If a pregnant woman has offended *taishen* and her condition is very serious, she can take this *fu* after it is burnt into ashes and mixed with water. Then her foetus will be calmed.'

¹³ Such as *Version of Almanacs, Printed and Published by Ding-fu Tang, Taipei (Taipei Dingfu Tang bianxingben)*; *Version of Almanacs by Yu-wen Tang, Tainan (Tainan Yuwen Tang bianxingben)*; *Version of Almanacs by Ju-fu Tang, Taipei (Taipei Jufu Tang bianxingben)*.

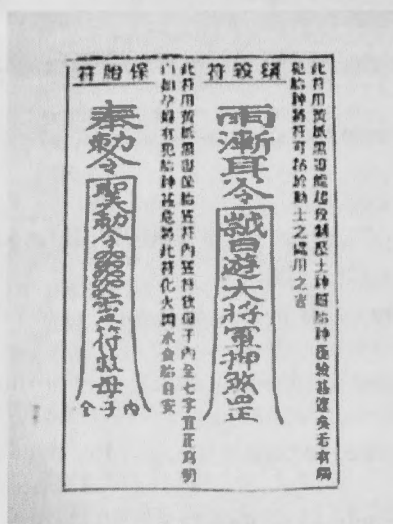


Figure 7.2. Two classical charms found in farmers' almanacs.

A variety of handwritten charms for calming the foetus were collected during my fieldwork in Taichung County in 1999, 2000 and 2003,¹⁴ which offer a better understanding of the complexity of *taishen*. Some of the charms were gathered from Taoist shrines in Taichung County, while some were generously donated by a private collector, Mr Guo Shuangfu of Wufeng.¹⁵ Guo's collections include: *Handwritten Collection of Taoist Magic Charms: Mr Guo's Collection* (*Guo cang shoushao fuzhou ben*; abbreviated as *Guo's Fuzhou Ben*) (vols 1–6), and *Handwritten Collection of Prescription with Taoist Magic Charms: Mr Guo's Collection* (*Guo cang shoushao yaobu fu fulu*; abbreviated as *Guo's Fulu*) (vols 1–2). Besides these, some handwritten charms came from a photocopy made by the Old Books Press (*Guce Chubanshe*), Qingshui. These include *The Magic Arts of Operating Charms for Suppressing Wicked Spirits* (*Zhenxie fufa*), and the *Collection of Taoist Magic Charms* (*Fubu*).¹⁶

¹⁴ My key informants include: Mr Ke Jin-kun, the master of the Taoist shrine Xianshi Tan in Waipu; Mr Lai Jun-xiong, the master of the soul-retrieving shrine Long Hu Shoujing in Taichung City; ritual practitioners in Taoist shrine Xinfu Tan and Fufa Tan, Wufeng; Mr Xie Rong-jin (1931–), the serving master of ceremonies of Fuxing Temple, Sankang, who is very knowledgeable about local rituals and ceremonies; and the former master of ceremonies of Fuxing Temple, Mr Huang Qing-song (1912–) and his son Mr Huang Zhen-zhi (1931–).

¹⁵ Guo's collections were mainly from Central Taiwan but the exact source of each charm could not be traced. The charms he had were handwritten duplicates of the original copied by specialists, some of which had been circulated for a long time since late Qing China. Among these, some copies were full of misspelled or incorrect words, while some had words missing. Each volume of Guo's collections here is given a tentative title because their original titles could not be found.

¹⁶ That is, I also deal with some reprinting copies from the firsthand handwritten collections while those typographic printed copies in current bookshops of Taichung were excluded in this research, since most of them are duplicates.

No	Item	Deities in <i>Futou</i>	Content of <i>Futi</i>	<i>Fudan</i>	Source
01	<i>antai fu</i> , also used as <i>liujia zhangzhan tie fu</i> ; to be stuck onto the mosquito net.	Tianhuang Shangdi Lei Shen	Hard to decipher, probably a kind of <i>Tiangang Disha</i>	+	<i>Zhenxie Fufa</i> , p. 13
02	<i>bixie zhenzhai fu</i> , also used as <i>antai fu</i> ; to be stuck onto the mosquito net	Xinghuang Shangdi Tianhuang Shangdi Lei Shen	<i>liuding liujia</i> ; the rest hard to decipher; probably words about exorcising evil spirits	+	<i>Zhenxie Fufa</i> , p. 13
03	<i>antai fu</i> , also used as <i>baoshen fu</i> & <i>liujia furen shenshang dai fu</i> ; to be worn by the pregnant woman	Tianhuang Shangdi Sanshisan Tianzushi	-----	-	<i>Zhenxie Fufa</i> , p. 13
04	<i>antai fu</i> ; to be worn by the pregnant woman	Wu Lei	<i>liujia [shichen]</i> ; hard to identify what kind of <i>sha</i> it is	-	<i>Fubu</i> , p. 27
05	<i>antai fu</i> ; to be worn by the pregnant woman	Sanqing Daoren	<i>Lauding liujia</i> ; <i>antai shen fu</i>	+	<i>Fubu</i> , p. 28
06	<i>zhi liuxia fu</i> ; to be worn by the pregnant woman	Xinghuang Shangdi Santai Xing	<i>liujia [shichen]</i> ; <i>Taisui Yinjiao</i> , <i>Liuxia</i> , <i>Hongyang</i>	+	<i>Zhenxie Fufa</i> , p. 16
07	<i>baotai fu</i> ; to be taken	The Buddha Xuantian Shangdi Doumu Xingjin Jiutian Xuannu	'Refreshing and protecting the foetus with rapid efficacy; rescuing the mother-to-be and her infant from danger; calming and relieving her of worries'	+	<i>Guo's Fuzhou Ben</i> , 4, p. 13
08	<i>baotai fu</i> , also used as <i>baoshen fu</i>	Sanqing Daoren Xuantian Shangdi	<i>Zhuque</i> at the right; the rest hard to decipher	-	<i>Fubu</i> , p. 32

No	Item	Deities in <i>Futou</i>	Content of <i>Futi</i>	<i>Fudan</i>	Source
09	<i>baotai fu</i> ; to be taken or stuck onto places	Tianzushi	'Within <i>liujia [shichen]</i> , ... will be suppressing <i>liujia taishen</i> or confining those spirits to somewhere appropriate to prevent them from wandering around. There will be no more taboos during pregnancy and the pregnant woman will be released from what disturbs her'	+	<i>Guo's Fuzhou Ben</i> , 6, p. 20
10	<i>baotai fu</i>	Wu Lei	'Both male and female foetuses will be protected and their safety ensured'	+	<i>Guo's Fulu</i> , 1, p. 38
11	<i>baotai fu</i> ; to be taken, used for bathing or stuck onto places	Shengren	'Pacifying <i>liujia taishen</i> '	+	<i>Guo's Fulu</i> , 1, p. 45
12	<i>antai fu</i> ; to be taken or stuck onto places	Tianzushi Tanlang Xingjun	'Suppressing <i>liujia taishen</i> ' ' <i>liujia [shichen]</i> ... the efficacious charm'	+	<i>Guo's Fuzhou Ben</i> , 2, p. 11
13	<i>antai fu</i>	Huangjun Furen	<i>liujia shichen</i> ; '[The woman was] freed from being disturbed by <i>liujia taishen</i> '	+	<i>Guo's Fulu</i> , 1, p. 39
14	<i>antai fu</i> ; to be worn after securing the pregnant woman's bed in place	Huangjun Furen	'Protecting the embryo in this woman's womb,... subduing [evil spirits], and calming the foetus to protect it against danger'	+	<i>Guo's Fulu</i> , 1, p. 45
15	<i>antai fu</i>	Buddha	<i>liuding liujia</i> ; 'Calming the foetus, and protecting the woman against evil spirits'	+	<i>Guo's Fuzhou Ben</i> , 3, p. 19
16	<i>antai fu</i> ; to be stuck onto door hinges	Xinghuang Shangdi	'Riyong Dajiangjun is descending here to subdue dangerous <i>sha</i> '; <i>Cangmu</i> , <i>Lianqiao</i> , <i>Xiaomei</i>	+	<i>Guo's Fuzhou Ben</i> , 3, p. 38

No	Item	Deities in <i>Futou</i>	Content of <i>Futi</i>	<i>Fudan</i>	Source
17	<i>antai fu</i> ; to be stuck onto the mosquito net	Buddha Xinghuang Shangdi Jiutian Xuannu	'[The deities is descending here to] settle <i>liujia taishen</i> and rescue both mother-to-be and her foetus from danger, thus ensuring their health and safety'; 'This efficacious charm is subduing <i>Jinshen Musha, Tushen Qisha</i> , and <i>Yibailingba Sha</i> ', 'driving away these spirits speedily and forcefully'	+	<i>Guo's Fuzhou Ben</i> , 4, p. 2
18	<i>antai fu</i> ; to be taken	Sanqing Daoren	<i>liujia [shichen]</i> ; '(Probably means) the foetus is safe'	-	<i>Fubu</i> , p. 27
19	<i>antai fu</i> ; to be used as plasters	Hard to decipher	<i>liuding liujia</i> ; 'Subduing (something)'	-	<i>Fubu</i> , p. 29
20	<i>antai fu</i>	Shengren, We Lei	'(Probably the word) <i>Gang</i> ... this charm rescues both mother and child'	-	<i>Fubu</i> , p. 29
21	<i>antai fu</i> ; to be taken or stuck onto places	Shengren	'[The evil spirits are] suppressed by this charm; the charm is good for all purposes'	+	<i>Fubu</i> , p. 28
22	<i>antai fu</i> ; to be taken or stuck onto places	Sanqing Daoren Shengren, Wu Lei	' <i>liujia [shichen]</i> ; <i>Tugong</i> and <i>Tumu</i> would be subdued'	+	<i>Guo's Fuzhou Ben</i> , 6, p. 41
23	<i>antai fu</i> ; to be stuck onto the top end of bed	Sanqing Daoren; the rest hard to decipher	'(Probably) protecting the foetus'; 'the pregnant woman is safe'	+	<i>Guo's Fuzhou Ben</i> , 6, p. 25
24	<i>fan taisha fu</i>	Taiyi Zhenren; the rest hard to decipher	'Subduing dangerous <i>sha</i> '; the rest hard to decipher	+	<i>Guo's Fuzhou Ben</i> , 6, p. 20
25	<i>hau taishen fu</i> ; to be taken	Puan Buddha, Xinghuang Shangdi; the rest hard to decipher	Hard to decipher	+	<i>Zhenxie Fufa</i> , p. 16
26	<i>hau taishen fu</i>	Wu Lei	'Hastily appeasing the foetal spirits and calming the foetus'	+	<i>Zhenxie Fufa</i> , p. 17
27	<i>dongtutai fu</i> ; to be stuck onto places	Wu Lei	Hard to decipher	-	<i>Guo's Fulu</i> , 1, p. 39

No	Item	Deities in <i>Futou</i>	Content of <i>Futi</i>	<i>Fudan</i>	Source
28	<i>antai fu</i> ; to be taken or used for bathing	Sanqing Daoren Shengren, Wu Lei	'This efficacious charm rescues both mother-to-be and her foetus from danger completely'	+	Xian-shi Tan, San-kang Village
29	<i>antai fu</i> ; to be stuck onto places	Sanqing Daoren Wu Zhenren	'Protecting the mother-to-be and her foetus against danger... complete internal safety'	+	Xian-shi Tan, San-kang Village
30	<i>antai fu</i> ; to be stuck onto places	Xinghuang Shangdi	'Riyou Dajiangjun is descending here to subdue the dangerous <i>sha</i> '	+	Long Hu Shoujing, Taichung
31	<i>antai fu</i> ; to be taken	Shengren	'This efficacious charm calms the foetus rescuing mother-to-be and her foetus from danger'	+	Xin-fa Tan, Wu-feng
32	<i>antai hau qingshui fu</i>	-----	'Ensure a peaceful and quiet state of mind'	+	Xin-fa Tan, Wu-feng

Table 7.1. A Summary of Magic Charms for the *Antai* Ritual, Taichung Region.

Note. The original texts in the *futi* are respectively as follows: 07--急下清涼保胎; 救母子平安; 定心中平安. 09--六甲[時辰]藏蓋女人; 六甲胎神百無占忌. 10--男女保安胎. 11--六甲胎神安住. 12--收藏六甲胎神. 13--六甲胎神自在. 14--保胎母卵中念習鎮[煞]安胎定吉. 17--到此安頓六甲胎神, 救母子, 保安康; 靈符押金神木煞, 土神七煞, 一百零八煞, 急退他方. 20--罡符救母子兩全. 21--封在下; 通用之吉. 22--安住土公, 土母神煞. 23--六甲安全. 26--催安胎神劫. 28--靈符救母子全安. 29--保你母子內子全安. 30--日遊大將軍押煞. 31--靈符安胎救母子. 32--心神清淨.

All together, there are thirty-two entries containing various titles as below: *antai fu* (charms for calming the foetus), *baotai fu* (charms for protecting pregnant women against evil spirits), *liujia zhangzhantie fu* (the charm attached onto a pregnant woman's mosquito net where evil spirits resided), *liujia furen shenshangdai fu* (the charm worn by pregnant women), *zhi liuxia taimu shenshangdai fu* (the charm worn by pregnant women for subduing dangerous spirits *liuxia*), *fan taisha fu* (charms used by pregnant women who had offended dangerous foetal spirits *taisha*), *hau taishen fu* (charms for reconciliation with the foetal spirits *taishen*), *dongtutai fu* (charms used by pregnant women who had offended *tushen* and whose foetus was frightened), and *antai hau qinghui fu* (the charm to be mixed with purified water for calming the foetus) (see Table 7.1). Though the titles are different, all of these entries are the same in essence and can be classified under the broad category of *antai fu*.

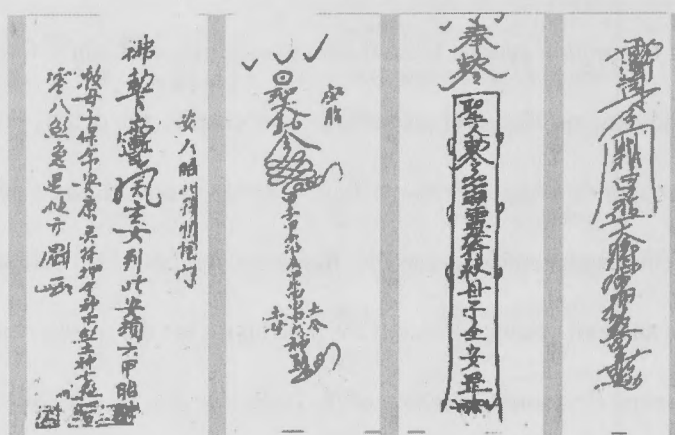
7-2-3. Textual Analysis of Charms

According to *hongtou* priests, these thirty-two charms are mainly Taoist in terms of their patterns and content. However, as seen in these charms, the deities invoked solemnly for the *antai* ritual include a huge variety of Taoist, Buddhist and *Fajiao*'s deities. For example, Shengren (the sages) and Zhenren (the Immortal) are both Taoist deities specialised in seizing the demon and evil spirits; Qi Bao (Seven Gems)¹⁷ are the most revered seven deities in Taoism; Jiutian Xuannu (Primordial Women of the Nine Heavens; the Goddess who assisted the Yellow Emperor to subdue Chi-you) is one of the most important deities in *Fajiao* who specialised in killing demons and evil spirits; the Buddha (*Sakyamuni*) and Puan Fo are Buddhist deities. Hence, instead of belonging to a particular religion or sect, the above collection of *antai fu* evidences an 'integrated' charm system of typical Taiwanese folk religion.¹⁸ Although they are all grouped under *antai fu*, some of the charms are used not only for calming the foetus, but also for seizing demons and subduing wicked spirits. The following discussion focuses mainly on four of the most typical, widely circulated, and most efficacious charms (see Figure 7.3), highlighting their structure and the form of their markings that serve as testimonies of bureaucratic authority.

As seen in Figure 7.3-1 (see also No. 17 in Table 7.1), the *futou* of this charm begins with the word 'Fo', revealing Buddha was solemnly requested to preside at this *antai* ritual. Then there is the phrase 'tiha' [H] (to command; the deity's order had been given), followed by a jade seal of Xinghuang Shangdi, the Almighty Star Emperor and also one of the most revered Seven Gems (Qi Bao) in Taoism. Hence, it appears that Xinghuang Dadi and Buddha are both deities sincerely summoned for this *antai* ritual and the related charm.

¹⁷ These seven Taoist deities are: Yuqing Yudi, Shangqing Shangdi, Taiqing Dadi, Yuhuang Dadi, Tianhuang Shangdi, Xinghuang Shangdi, and Houtu Huang Diqi (the God of the Earth); see *The Taoist Magic Charms Circulated by Taoist Shrine Daohualei Tan, Pingxi Area (Pingxi Daohualei Tan fuzhouling)*, hand-copied by Chen Qian-xiu in 1880, the Qing Dynasty. This is one of the archives courtesy of the private collector Mr Guo Shuang-fu, Wufeng.

¹⁸ Among these, some are even unknown to *hongtou* priests, and some contain characters or symbols that can hardly be deciphered because these ritual practitioners may belong to or acquire their practice from masters of different religions or sects.



Figures 7.3 (1–4). Four typical charms for *antai* rituals collected in fieldwork, mainly from Taoist shrines and private collectors. Figures 7.3-1 to Figure 7.3-4 are displayed in sequence from left to right.

The contents of the *futi* are many. At the top, it is written: ‘*Jiutian Xuannu daoci andun liujia taishen, jiu muzi, bao ankang.*’ This shows that Jiutian Xuannu, together with Buddha and Xinghuang Dadi, is descending here to settle *liujia taishen* in a designated place, thus rescuing both the mother-to-be and her foetus from danger, ensuring their health and safety. What follows is: ‘*Lingfu ya Jinshen Musha, Tushen Qisha, Yibailingba Sha,*’ meaning that this efficacious charm is meant to subdue *Jinshen Musha, Tushen Qisha, and Yibailingba Sha*. In essence, *Jinshen Musha, Tushen Qisha, and Yibailingba Sha* all belong to the category of evil spirits or malignant deities in Taoism. They are often mentioned in Taoist mythology and scripture (see below Section 7-3). Finally, the *futi* ends with the phrase ‘*ji tui tafan*’, revealing that Buddha, Xinghuang Dadi, and Jiutian Xuannu were endeavouring to drive away all evil spirits, speedily and forcefully. The end of this charm is a *fudan*. This charm is named ‘*antai fu*’ with a note highlighting its function as ‘calming the foetus. It is to be attached to the top of the mosquito net where evil spirits resided in the bedroom of the pregnant woman.’

The top of the charm seen in Figure 7.3-2 (see also No. 22 in Table 7.1) has three ‘V’ symbols marked in sequence from the centre, then the left and finally the right. They symbolise the Taoist deities Sanqing Daoren (Three Pure Lords), three of the most revered deities of Qi Bao, namely Yuqing Yudi, Shangqing Shangdi, and Taiqing Dadi.¹⁹ Four words ‘*Shengren ti*

¹⁹ They were also known as Yuanshi Tianzun (Celestial Being that Created the Universe), Taishang Laojun (Most

lieng' (the sages are giving their magic orders) then follow. It is clear that Sanqing Daoren and all sages among Taoist celestials are the key deities solemnly requested to preside at this *antai* ritual.

At the top of the *futi*, there are some symbols of the Taoist Wu Lei (the Five Thunder Gods)²⁰ followed by the phrase '*ti lin*' [H] (the deity's order had been given). This shows that besides Sanqing and Shengren, Wu Lei who specialised in defeating demons and evil spirits is also one of the deities involved in this *antai* ritual. The rest of the *futi* contains the phrase '*liujia [shichen]*' following '*anzhu Tugong Tumu shensha*,' meaning that the dangerous spirits *Tugong* and *Tumu* would be subdued throughout the entire *liujia shichen*. There is a *fudan* at the end of this charm.

According to the ritual practitioners interviewed, '*liujia shichen*' here indicates a category of time. It represents all the sixty units of Chinese hours named after the combination of Ten Heavenly Stems (*shi tiangan*) and Twelve Early Branches (*shier dizhi*), and led by *jia-zi*, *jia-chen*, *jia-shen*, *jia-wu*, *jia-xu*, and *jia-yin*. It means 'all the time'. *Tugong* and *Tumu* are just the targets that Sanqing, Shengren and Wu Lei will be driving away. In essence, *Tugong* and *Tumu* are those spirits that belong to the category of *tushen* or *tusha*. They are both evil spirits and malignant deities at the same time, and will potentially harm the pregnant woman (see Section 7-3 below). This charm titled '*antai fu*' is to be taken or attached to something, but the function as revealed here is specialised for subduing *tushen*. It also shows that the charm for subduing *tushen* is identical to *antai fu* (the charm for calming the foetus), and can be used interchangeably in practice.

Exalted Lord Lao) and Tongtian Jiaozu (Extraordinary High Founder of Tongtian Sect).

²⁰ According to a quoted passage from *Studying the Phenomena of Nature in Order to Acquire Knowledge* (*Gezhi Jingyuan*), Wu Lei is 'the flowing force of *Yin* and *Yang* that creates and forms the thunder. The five categories of Wu Lei are sky, water, land, spirit, and tribe; also known as sky, land, water, deity, and monster' (see F. Yao, 1989 [Qing Dynasty], p. 45). Another version of Wu Lei is 'the thunder power of the Five Elements (*wuxing*): metal, wood, water, fire, and earth (*jin mu shui huo tu*). Since the Five Elements are all in a state of motion where every element mutually reinforces and also counteracts each other, every slight movement due to the interaction of *Yin* (the negative energy, the passive force) and *Yang* (the positive energy, the active force) will thus create thunder. Since each element can create the thunder and its relevant power, there are Five Thunders to be formed' (see S. Li 1970, p. 168).

The *antai fu* shown in Figure 7.3-3 (see also No. 28 in Table 7.1) bears the same title as it is found in the *Books on Secrets of the Laws of the Universe (Wanfa Miji)* edited by Taimingzi (pseudonym). There is a note illustrating its function and how it is to be used: 'If a pregnant woman has offended *taishen* and her condition is very serious, she can take this *fu* after it is burnt into ashes and mixed with water. Thus, her foetus will be calmed' (Taimingzi 1990 [1964]: 31). This *antai fu* was (and is) one of the most typical charms in rural Taiwanese societies. As previously mentioned, this charm was first found in 1941 in *Minsu Taiwan (Folklore Taiwan)*, a major journal in Japanese Colonial Taiwan. However, it has been widely circulated in Han local societies and is found in farmers' almanacs (*nongmin li*) and almanac handbooks (*tongshu bianlan*), called *baotai fu* (charms for protecting pregnant women against evil spirits). Except for the titles, the annotated sections of *antai fu* and *baotai fu* are almost the same.

Identical with the charm seen in Figure 7.3-2, the top of this charm also contains three 'V' symbols, which represents Taoist deities Sanqing Daoren, as part of its *futou*. In the same order, they are Yuanshi Tianzun, Taishang Laojun, and Tongtian Jiaozu in the centre, then left and right, respectively. Following Sanqing Daoren is the phrase '*hong tilin*' [H] (in receiving a deity's order) implying that this *fu* is working under magic orders from Sanqing.

The *futi* begins with the characters 'Shengren' followed by some symbols denoting Taoist Wu Lei (the Five Thunder Gods). It is clear that besides Sanqing Daoren, Shengren and Wu Lei are also requested to be in charge of this charm. The rest of the *futi* describes the function of this charm: '*Lingfu jiu muzi quanan*,' meaning that this efficacious charm could be used to rescue both mother-to-be and her foetus from all danger.

On the whole, this *antai fu* was (and is) one of the most widely circulated charms in Taiwanese folk societies. Comparatively, it is in a more classic style. The charm is written with genuine edible (red) cinnabar on bronze-yellow paper. After the *antai* ritual, it can be burned and then taken with water, with some saved for bathing by the mother-to-be.

The last charm (4) shown in Figure 7.3 (see also No. 30 in Table 7.1) has a *futou* featuring a jade seal of Xinghuang Shangdi, one of the most revered Qi Bao in Taoism. The word '*lin*' [H]

(to command) then follows. It appears that Xinghuang Shangdi is the key deity solemnly requested for this *antai* ritual. This style of *futou* is typical of Taiwanese charms popular in local society.

The *futi* contains the phrase '*Riyou Dajiangjun yasha*,' revealing that Riyou Dajiangjun is descending here to subdue dangerous spirits *sha*. Riyou Dajiangjun is the Great General Riyou who can take control of the spirits of *riyou taisha* — the evil spirits roaming around and occupying certain spaces, directions, or objects daily in the house of the pregnant women.²¹

This charm is also named *yasha fu* in the *Books on Secrets of the Laws of the Universe* (*Wanfa Miji*). A few notes are added at the side of the charm, illustrating that this *yasha fu* 'has a miraculous capacity of subduing *tushen* and driving out *taishen*....If you have offended *taishen*, the charm can be stuck on the place where the foetus is frightened. This *yasha fu* when used will thus insure you against bad luck' (Taimingzi 1990 [1964]: 31). As mentioned, this was (and is) one of the most widely circulated charms recorded in Taiwanese *tongshu bianlan* and *nongmin li* under the title *zhensha fu* (charms for suppressing evil spirits *sha*). However, the annotations of *zhensha fu* and *yasha fu* are almost the same.

In brief, both *zhensha fu* (Figure 7.3-4) and *baotai fu* (Figure 7.3-3) are still very common for *antai* rituals and are popularly circulated via Taiwanese farmers' almanacs. Moreover, their patterns approximate conventional ones with only minor differences. For example, *zhensha fu* should be written in black ink on yellow paper and can be stuck where the foetus was frightened, while *baotai fu* should be written using genuine edible (red) cinnabar and are meant to be eaten or sometimes used for bathing. However, it was said that it would be more powerful in practice if *zhensha fu* can be used along with *baotai fu* to make a perfect combination of magic charms: one to be stuck or secured, and the other to be eaten or to be washed with.

²¹ My initial understanding of Riyou Dajiangjun was acquired after an informal discussion with Professor Li Feng-mao, Institute of Chinese Literature and Philosophy, Academia Sinica, Taipei.

7-3. Micro-Cosmology for Pregnant Women: *Sha* Consciousness in Taiwanese Folk Religion

In Section 7-2, I offered a textual analysis of the magic charms for the ritual of foetus-calming. The details of foetal spirits *liujia taishen* or *taishen* were (and are) not only habitually recorded, prevailing among the populace through farmer's almanacs or almanac handbooks, but were (and are) also recorded in many mystical texts and charms owned by *hongtou* priests. Examining the magic charms widely collected in Taichung County reveals much concerning foetal spirits and the system of spiritual powers worshipped by the faithful in rural Taiwanese society. As can be seen, apart from *liujia taishen* as previously explored in Chapter 6, the realm of the knowledge and the spiritual powers related are expanding much further, including such spirits as: *Liuxia*, *Yibailingba Sha*, *Jinshen Musha*, *Tushen Qisha*, *Tugong*, *Tumu*, *Taisui*, *Riyong*, *Zhuque*, *Xuanwu*, *Hongyang*, *Xiaomei*, *Cangmu*, and *Lianqiao*.

In the first half of Section 7-3, I will demonstrate the subject matter of these spirits. The essential characteristics of these spirits will be further discussed in the contexts of Taiwanese folk religion and local culture. In the rest of this section, a model for a 'cosmology of pregnancy' will be explored, which expresses the efforts a pregnant woman makes in striking a balance between the deities and spirits involved in her pregnancy, so as to maintain an ordered relationship with different supernatural powers. This also invokes certain cultural values for Taiwanese women in the state of pregnancy.

7-3-1. Details of *Sha*: The Content

As shown in Table 7.1 and Figure 7.3, the magic charms for *antai* rituals collected in Taichung address a variety of spirits, such as *liujia taishen*, *Liuxia*, and *Yibailingba Sha*. Among these, *liujia taishen* is the key category of spiritual powers, which are derived from *liujia taishen yueri guanzhan fangwei dingju* with two sections: the *taishen* system of occupation by monthly cycles, called *zhuyue zhan fang*, and the *taishen* system of occupation by daily cycles, called *zhuri zhan fang* (see Section 6-4-2). *Liujia taishen* is obviously the thematic focus of the foetus-calming

ritual; it forms the core of the cosmic order of pregnancy. In addition, *Liuxia* are the dangerous spirits which may constitute a menace to women in their prospective childbirths, as revealed in the special exorcism called *song Liuxia* (see Section 6-3-3).

The term *Yibailingba Sha* is short for *Tiangang Disha*. It is also known as *sanshiliu Tiangang qishier Disha*, literally meaning ‘the 36 Heavenly Constellation/Star Gods and 72 Territorial Spirits/Ground Deities’ in the Taoist cosmos. Each denomination and its ranking in this cosmos can be found in *A Historical Novel of Chinese Gods and Ancient Heroes* (*Fengshen Yanyi*) and *The Four Novels*.²² From the perspective of Chinese semantics, the term *Yibailingba Sha* represents all evil spirits in the Universe (J. Sung 1994: 289).

As for *Jinshen Musha* and *Tushen Qisha*, the *hongtuo* priests in Taichung County have no ideas about the details as revealed in the handwritten materials I collected. I presume that they are most likely artificial errors from the handwritten duplicates of *Jinshen Qisha*—a kind of Seven *Sha* of Land. According to the entry of *Jinshen Qisha* in *A Record of the Listener* (*Yijian zhi*) written by Hong Mai in the Sung Dynasty,

People in the region of Yangtze River, so-called *Wu Chu zhidi*, incline to believe in shamans. When people rebuild their houses around someone’s residence, all of his family should stay away from his place. This is called ‘*chugong*’. In such circumstance, *Jinshen Qisha* and the like would be the most dangerous spirits his family feared. They can thus perform rituals to drive off the dangerous spirits by specifying the individual titles of these spirits (F. Yao 1989 [Qing Dynasty]: 426).

This indicates that *Jinshen Qisha* are a kind of ‘spirits of land’ which are similar to *tushen* or *tusha*, as previously mentioned.

Tugong, literally meaning the God of the Earth, and *Tumu*, literally meaning the Goddess of the Earth, also belong to the category of ‘spirits of land’, called *tushen* or *tusha*. The sayings of *fan-tu* (to offend *tushen*) and *situ* (to worship *tushen*) are deeply rooted in Ancient Chinese culture. According to *Emperor’s Reading* (*Taiping yulan*) issued in the Sung Dynasty: ‘The

²² The Four Novels include *Dongyou ji: Baxian guohai* (*Journey to the East: The Eight Immortals Crossing the Sea*); *Xiyou ji: Tangzhuang gujing* (*Journey to the West: Tangzhuang’s Quest for Buddhist Scriptures*); *Nanyou ji: Huaguang chushi* (*Journey to the South: The Birth of Huaguang*); and *Beiyou ji: Xuandi shengtian* (*Journey to the North: Ascension of God of Northern Heavens*).

folks are convinced that there is a God of the Earth called *Tugong*, and it is prohibited to offend *Tugong* when people move. If someone offends *Tugong*, he/she will get sick and can only recover after some special treatments. This will make him/her truly realise the very existence of the God of the Earth and the spirits of land “*tushen*”. In *Essentials for Governing People* (*Qimin yaoshu*), an ancient encyclopaedia of Chinese agriculture written between AD 533 and AD 544, a note about *Tugong* was recorded: ‘There are five Gods of the Earth in Five Directions....In the East, there is the reverend Blue Emperor *Tugong*; the South, the Red Emperor *Tugong*; the West, the White Emperor *Tugong*; the North, the Black Emperor *Tugong*; and the Centre, the Yellow Emperor *Tugong*.’ These five Gods of the Earth are in fact the deities which local people specified when they worshipped *tushen* from one generation to another. However, the individual titles of *Tugong* in the later period in Chinese history are too many to be numbered (F. Yao (ed.) 1989 [Qing Dynasty]: 271; T. Li 1989 [1812/Qing Dynasty]: 74).

In rural Taiwanese society, there are some local sayings referring to *Tugong* and *Tumu*, such as the ritual practices of *tungtou* [H] (see Section 6-4-1) and *shutou* [H]. *Shu-tou*, also known as *shou tushen* or *qitu shousha* (J. Xie 1952: 8), is a ritual of seizing the haunting earth spirits (*tushen*). According to my informant Mr Ke Jin-kun (1936–), the professional *hongtou* priest of the Taoist shrine Xianshi Tan in Waipu, *tungtou* refers to the state in which people offend the earth spirits (*tushen*), and the foetus is thus frightened, if, for example, people remove the implements of a pregnant woman’s bedroom thoughtlessly, or people repair or rebuild their house during her pregnancy. Again, it is noteworthy that people always lump *tushen* and *taishen* together; *tushen* is seen as similar to *taishen* by many Taiwanese, as seen in my informants’ narratives in Section 6-4-1. Given that *tushen* have characteristics similar to those of *taishen*, the relationship between *tushen* and the foetus thus involves both positive and negative influences. On one hand, *Tugong* and *Tumu* can safeguard the foetus from being injured. On the other hand, *Tugong* and *Tumu* can be a menace to the foetus, similar to other evil *sha* spirits, thus becoming the so-called *tusha*. That is, *Tugong* and *Tumu* are empowered with dual forces:

good, in a certain context, and evil, in the other. In case people offend *Tugong* or *Tumu*, it is imperative to perform a ritual of *shutou* in order to seize these *tusha* spirits.

Taisui, also known as *Zhinian Taisui* (Deified Prince Ruling the Years), or *Shier Zhinian Xingjun* (the Twelve Star Gods Presiding over Each Year by Turns), can be seen as the Supreme Ruler of the Year. In Taiwanese society, *Taisui* has a popular title, *Suijun*, the star gods presiding over the year. Accordingly, there are different surnames for the *Taisui* of each year. It is clear that *Taisui* is a kind of *nian-shen* (the gods of the year) or *nian-sha* (the dangerous spirits of the year) roaming by yearly cycles. It was written in *Contrarian Essays (Lunheng)* of the Han Dynasty, ‘According to craftsmen, if you change your residence at the time of confronting *Taisui*, it is inauspicious; if your move conflicts with the cycles of *Taisui*, it is inauspicious, too.’ This shows that *Taisui* has been a taboo for a long time in history. There was a claim, which originated most likely from *A Historical Novel of Chinese Gods and Ancient Heroes (Fengshen Yanyi)*, that *Sui-jun* was named *Ying Jiao*. The learned people in the Qing Dynasty were convinced that such a claim was absurd (T. Li 1989 [1812/Qing Dynasty]: 17–18). However, according to magic charm No. 6 in Table 7.1, the name *Taisui Yinjiao* has been widely circulated in rural Taiwanese society.

In contrast to *Taisui* being the gods or spirits of the year, *Riyou* are those *taisha* spirits who roam around in certain spaces, directions or objects in daily cycles according to the framework of the sixty units of a *hua-jia* in the Chinese lunar calendar (see Section 6-4-2). In addition, *Zhuque* is the spirit of the Southern Sky, also known as the Rose Finch, while *Xuanwu* is the spirit of the Northern Sky, also known as the Water Spirit in Chinese mythology.

Hongyang is the evil *sha* spirit personified as a male while *Xiaomei* is the evil *sha* spirit personified as a female. Both *Hongyang* and *Xiaomei* are wild ghosts (*yegui*) who died unjustly or in a wrongful death. *Cangmu* is the evil spirit which roams regularly around trees, while *Lianqiao* is the evil spirit which roams regularly around bridges. Both *Cangmu* and *Lianqiao* are dangerous and evil *sha* spirits wandering around certain spaces, and are similar to ‘the *sha* spirits in a remote warehouse, at a remote pond, or over a mysterious ancient tomb; those in

secret places and households; and those on the pails and roof tiles' (Guoli ziran kexue bowuguan renleixue zu ed., NMNS-002350, pp. 26–29). The aspects of these evil spirits relate to a comprehensive 'confinement' to the maternal body, which will be explored below.

7-3-2. Details of *Sha*: The Context

Etymology of Sha

From a historical perspective, the source of *sha*, initially written as 殺 [*sha*], can be found in the *Principles of Composition of Chinese Characters (Shuowen Jiezi)*, the Eastern Hahn Dynasty. The character 煞 [*sha*] appeared later than 殺; however, 煞 and 殺 were used interchangeably in practice. According to the structure of Chinese characters, the part '灠' [*huo*] (fire), at the bottom of the later made 煞, is recognised as the radical of this character. Similarly, in another radical 炁 [*qi*] (spirit, vitality) which emerged later in the Hahn Dynasty, '灠' [*huo*] is utilised to express the existence of a mysterious power in the Universe, which is invisible, but somehow, perceivable by ordinary people. The upper right part 攴 [*pu*] means hitting or attacking and the upper left part 𠂔 [*chu*] denotes a certain object which is the target to be smashed. These show that the original meaning of 煞 is likely to be an image of evil which is to be beaten and driven out forcefully in local rituals (F. Li 1990: 281–82).

In fact, this latter character 煞 appeared long before the founding of Chinese Taoism in the Eastern Hahn Dynasty. This character was later assimilated into Taoist tradition. According to *Source of Chinese Rhetoric (Ci Yuan)*, 'The word 煞 means "xiongshen", the evil spirits or demons. The masters of an ancient school of astrology "Yinyang Jia" can differentiate the details of the eight spirits of *sha*.' This clearly shows that the concept of *sha* is an inherent subject for the Chinese Taoist school of *Yinyang Jia*. All *sha* spirits are regarded as evil spirits 'xiongshen', which are synonymous with the so-called ferocious spirits called *esha* (F. Yang 1985: 187).

At the same time, the character 煞 has been widely used by shamans and other ritual specialists in local society. Many articulations of *sha* alongside their vivid performances were

(and are) found in Taoist rituals of China and Taiwan, as well as in those of the religious sect *Fajiao*. Diverse ritual practices were conducted depending on how fierce the evil spirits were. For example, since Ancient Chinese times, the Han have long believed in the return of the soul of the deceased to his/her place a few days after death. This is the so-called *guisha* or *huisha*. Thus, all of his/her family will stay away from the house on the date of *guisha* to avoid the *sha* spirits the deceased have turned into; this is the practice known as *bisha* (J. Sung 1994: 285–86). However, it is the Han Taiwanese funeral and burial ceremony that makes the most reference to *sha*, as discussed below.

Presence of Sha in Rural Taiwanese Society

In Taiwanese society, the corpse and coffin are regarded as the abode of most ferocious spirits, particularly at the moment when the dead person is placed in a coffin and it is carried to the burial place. Hence, the practice of *zhi-sha* is conducted in order to subdue these *sha* spirits (Z. Liu 1980: 117–27).²³ In addition, some ritual practices performed by *hongtou* priests also represent the ferocious power of *sha* as above, such as in the ritual of *zhenzhai yasha* for subduing dangerous *sha* spirits and guarding one's place; the ritual of *song waifang* for deporting evil *sha* spirits outside the territory (J. Xie 1952: 8–9); the ritual of *shou yinsha* for seizing evil *sha* spirits stemming from the nether world; and the ritual of *shou masha* for seizing evil *sha* spirits arising from the disturbed state of a funeral wherein people are typically wearing hemp clothes.²⁴ As a whole, the targets for these rituals are seemingly the souls of the deceased, namely ghosts in nature; however, many other denominations are generally adopted to convey the concept of *sha* spirits, including *egui yaohun*, *egui shenmo*, *sangsha*, *yinxie*, or whatever referring to ghostly spirits.

The Taiwanese concept of *sha* is also vividly revealed in many contexts of popular culture and local medicine. Take for example a wedding custom in early Taiwan. When a girl is ready to

²³ That is, people must stay away from such venues at critical moments, such as when the coffin is carried or escorted to the burial place. In particular, for those who are born in a designated year of the Chinese lunar calendar which coincides with that of the deceased, it is imperative for them to stay away from the venues concerned, to avoid offending the dead.

²⁴ Fieldwork research conducted in October 1999 and July 2000, at the Taoist shrine Xianshi Tan, Waipu.

be married into another family, her mother will arrange a warm undergarment to protect her abdomen. Also enclosed in this undergarment is an almanac, which symbolises best wishes to subdue any potential dangerous *sha* spirits for the bride. In addition, two fragments of cumquat crackers are tightly bound onto her belly, which are supposed to bring her good fortune (H. Lin 1963 [1893]: 313; J. Hu 1961 [1771]: 153).²⁵ It seems that the target for the practices has nothing to do with ghostly spirits. As a whole, these practices belong to the same category of ‘ritual for subduing the evil spirits’, called *yansha*. Many different ritual practices of *yansha* for subduing evil *sha* spirits can also be found in Taiwanese folk religion. *Sha* here are better regarded as the dangerous and evil spirits, which conflict with the Chinese symbolic structure of time, as well as the lunar succession of Chinese seasons, rather than the souls of the deceased. The very purpose of *yansha* is to re-regulate the ordered structure of time between the mortal world and the supernatural, so as not to offend the dangerous powers of the supernatural.

The most well-known dangerous *sha* spirits with periodical characteristics in Taiwanese society are perhaps ‘the star gods presiding over the year’ called *Taisui*. As observed in my fieldwork, if people find that the year of their birth—according to the Chinese lunar calendar—coincides with the designated *Taisui* which is in power in the year by turns, they will then need to ask *hongtou* priests to perform a ritual for settling the *Taisui* of the year, so as to avert the bad luck that the offence against the *Taisui* may cause. This is what the popular ritual of *an Taisui* signifies.

Besides *Taisui*, *Tiangou*, *Baihu*, *Zhuque* and *Xuanwu* are also evil and ferocious spirits, if offended, and they are (and were) prevalent in rural Taiwanese society. *Tiangou* is the star god presiding over the month, and is the target in a popular ritual of *ji Tiangou* for subduing *Tiangou* spirits (L. Yun *et al.* 1983 [1741], vol. 4). The influence of *Baihu* (White Tiger) can be found in the ritual of *anlong songhu*—the ritual of settling *Qinglong* (Black Dragon), which is seen as a good spirit, and deporting *Baihu*, an evil spirit. It shows that *Taisui*, *Tiangou*, *Baihu*, as well as

²⁵ Besides these, there is another old custom, called *fenhu*, which includes the burning of a paper-tiger on Chinese New Year’s Eve, signifying the driving away of the evil *sha* spirits that preside over the year (see X. Fan, 1961 [1747], p. 789; W. Yu, 1962 [1762], p. 920).

Zhuque and *Xuanwu* as earlier discussed, have dual characters. On one hand, they embody the intrinsic logic of time cycles; on the other hand, they have the potential power to menace those who offend against their time cycles.

Moreover, *tushen* (the Gods of the Earth; earth spirits) and *tusha* (earth spirits; spirits of land) can also be categorised as evil *sha* spirits often seen in rural Taiwan. For example, people will invite *hongtou* priests to their house to perform a ritual of seizing the haunting earth spirits when they offend these spiritual powers during house renovation and thus their family might become severely ill or have bad luck. This ritual is called *shutou* [H] or *qitu shousha*. It is clear that the very purpose of *shutou* is to re-regulate the order of space between the supernatural and the mortal world. *Tushen* and *tusha* are supernatural powers which constitute a menace to people. They also embody an intrinsic order of space.

Confining a Maternal Body from Sha

In fact, there are many other names and titles with spatial attributes in charms for subduing dangerous *sha* spirits. The handwritten copies owned by *hongtou* priests in local Taiwan contain a variety of such names and titles which are not found in orthodox traditions of Chinese knowledge such as the *Book of Changes* (*Yijing*). Among them, some refer to general indications or directions in space, such as ‘the *sha* spirits over the 124 directions....the *sha* spirits of the sky and ground, respectively....the *sha* spirits of the East, the South, the West, the North, and the Centre, respectively (Guoli ziran kexue bowuguan renleixue zu (ed.) NMNS—002350, pp. 26–29). More importantly, many others refer to a designated space, such as

the *sha* spirits on bamboo hedges, under the trunk of a tree, on the supporting beams of a house, respectively; the *sha* spirits at gates, at bridges, along the paths, at the three-fork intersection and the four-fork intersection, respectively; the *sha* spirits in a remote warehouse, at a remote pond, and over a mysterious ancient tomb....the *sha* spirits in secret places and households, respectively (Guoli ziran kexue bowuguan renleixue zu (ed.) NMNS—002350, pp. 26–29).

As can be seen, the framework of *sha* is focused on the concept of ‘territory’. Accordingly, worshipping *tushen* (Gods of the Earth; earth spirits) and *tusha* (earth spirits; spirits of land) is a popular local practice. Many annual ceremonies at Fuxing Gong of Sankang Village, my

fieldwork site, are also the venues for reinforcing the spatial characteristic of *sha*, by means of a collective arrangement with Tudi Gong (the God of Locality).²⁶ These include: that in celebration of Mazu's birthday held every lunar third month; that in celebration of Wugu Wang's birthday held every lunar fourth month; and that observed in the great event of the thanksgiving ceremony to 'earth spirits' in celebrating the completion of the reconstruction of Fuxing Gong in 2003, called *xie-tu* or *qingcheng xietu* (see Figure 7.4). When performing the ritual, all Tudi Gong in Waipu, as well as those Tudi Gong having historic ties with Fuxing Gong, were sincerely summoned to join the ceremony together (see Figure 7.5).

Meanwhile, 'the host spirits of the ground (of Fuxing Gong)', the so-called *diji zhu* in general, were also offered sacrifices (see Figure 7.6). *Diji zhu* are regarded as the evil *sha* spirits of the territory of Fuxing Gong that have to be driven off once the reconstruction of the temple is completed. It clearly shows that *sha* belief, as a crucial part of the cosmic order of Han Taiwanese, is often manifested in terms of space and territory.

This spatial characteristic of *sha* is of great significance in relation to pregnancy. The spatial characteristic can be found in *liujia taishen yueri guanzhan fangwei dingju* as shown in farmers' almanacs, which specifies not only certain objects, but also spaces and relevant directions that foetal spirits *taishen* might occupy either by monthly or daily cycles (see Section 6-4-2). The presence of *taishen* surrounds the household of the pregnant woman, and coincides with the typical surroundings of a Taiwanese farming family. Beliefs in *taishen*, as well as the household restrictions relevant to pregnancy, aim to confine the sphere of daily activities of pregnant women to protect their foetus against danger. They are pervasive practices whereby Taiwanese pregnant women are disciplined in the patrilineal society. In particular, the spatial characteristic of *sha* is also found in the popular language of *tungtou* [H]; a foetus is frightened by offending the earth spirits (*tushen*), which has sometimes been easily connected to the concept of *taishen*

²⁶ Tudi Gong is known as a guardian deity of the local community who protects every corner of farmland in Taiwanese rural society; see also Section 8-2-1. Temples for worshipping Tudi Gong are established almost in every Han village (*zhuang*). In general, the temples were built on a small scale with no managerial staff but people in the village would feel free to keep watch and worship. According to my fieldwork survey, there are in total about thirty temples all over Waipu. That is, there are more than two temples for worshipping Tudi Gong in each Han village of Waipu, a typical rural area in Taiwan where people have been engaged in farming for generations.

(see Sections 6-1 and 6-4-1), indicating the veneration given to the cosmic order of space regarding land and farmland for many rural Taiwanese.



Figure 7.4. *Sha* consciousness of Taiwanese folk religion permeating the thanksgiving ceremony of *xietu* (福興慶成謝土-0194-031123).



Figure 7.5. Tudi Gong, the God of Locality (福興五穀王生-0231-030526).



Figure 7.6. The tablet for the host spirits of the ground '*diji zhu*' (福興慶成謝土-0004-031122).

7-3-3. The Dichotomy of *Sha*: A Model for the Cosmology of Pregnancy

As seen in the textual analysis in Section 7-2-3 and the demonstration of a variety of spiritual powers that the fetus-calming charms and rituals entailed in Sections 7-3-1 and 7-3-2, there

was (and is) a 'cosmology of pregnancy'. This implies the existence of an elaborate system of foetal spirits, related to an embracing cosmic order for pregnant women. Not only is there an ordered structure of *liujia taishen* as earlier discussed, there is a micro-cosmology for pregnant women wherein a variety of spiritual powers are involved during her pregnancy. This elaborate system of foetal spirits and spiritual powers constitutes the core of the model of 'cosmology of pregnancy' that is centred on evil *sha* spirits.

First of all, Taiwanese women bodily experienced their pregnancy, closely related to two major categories of spiritual powers in Han Taiwanese folk religion. These two categories can be named the category of 'primary relevance' and 'secondary relevance', respectively, for pregnant women. The term 'primary relevance' denotes a category of supernatural powers that pregnant women encountered primarily in the foetus-calming charms and rituals, such as *liujia taishen*, *Taisui*, and *Liuxia*. The term 'secondary relevance' rather denotes the category of supernatural powers that pregnant women perceived as secondarily involved. Spirits of 'secondary relevance' are those deities that assume authority over the foetus-calming charms written and rituals performed, such as Sanqing Daoren (Three Pure Lords), Shengren (the sages; the wise men), Wu Lei (Five Thunder Gods; also known as Lei shen), and Jiutian Xuannu (Primordial Women of the Nine Heavens; also known as the Goddess who assisted the Yellow Emperor to subdue Chi-you). The difference between these two categories lies in the nature and the degree of interaction between these spiritual powers and the pregnant women; that is, whether the involvement of the power in the rituals is direct or indirect, or whether the spirit-woman relationship is close or distant.

Secondly, foetus-calming charms and rituals serve the purpose of restraining, overpowering, subduing or even driving away the spirits of 'primary relevance'. The ritual of calming the foetus is, in essence, an exorcism; an act of subduing dangerous and evil spirits. This situates pregnant women in a direct encounter with these evil *sha* spirits. Besides the spiritual power given in *liujia taishen yueri guanzhan fangwei dingju*, namely *liujia taishen*, the dangerous and evil spirits disclosed in magic charms include *Liuxia*, *Yibailingba Sha*, *Jinshen Qisha*, *Tugong*,

Tumu, *Taisui*, *Riyong*, *Zhuque*, *Xuanwu*, *Hongyang*, *Xiaomei*, *Cangmu*, *Lianqiao*, and many other *sha* with no names. As can be seen, the spirits of 'primary relevance' are mainly *sha*, while foetus-calming charms are mostly *sha*-centred. Foetus-calming rituals are performed in the context of interaction between *sha* and pregnant women. There thus exists a dichotomy, *sha* and non-*sha*, in the cosmology of pregnancy.

What I learned from my fieldwork is that Taiwanese women upon becoming pregnant are thought to enter a supernatural state and come into interaction with many deities and spirits, in particular with dangerous and evil *sha* spirits. These spirits including *liujia taishen*, *Taisui* and *Liuxia* belong to the category of 'primary relevance' in this context. Pregnant women have to deal frequently with the control and restraint of these supernatural forces whether by daily or monthly circulation. Pregnant women need to be rescued from encounter with these spirits by a male *hongtou* priest. When performing a foetus-calming ritual, the *hongtou* priest uses magic charms to calm the foetus, and makes a solemn request to certain deities, such as Sanqing Daoren, Shengren, Wu Lei, and Jiutian Xuannu. These deities are those of 'secondary relevance' in this context.²⁷

According to their very natures, as previously discussed, the spirits of 'primary relevance' all belong to the same category of *sha*. *Sha* in this cosmology of pregnancy is related to both ghostly spirits as well as those evil spirits that exist due to their intrinsic cycles of time and space being offended. Thus, they can be classified as *gui ling chongsha* and *shi kong chongsha*, respectively. *Gui ling chongsha* refers to the ferocious power due to an offence against the deceased, and examples of this type of *sha* include *Yibailingba Sha*, *Cangmu*, *Lianqiao*, *Xiaomei* and other *sha* with no names. *Shi kong chongsha* denotes the ferocious power due to an offence against the normative time-space order. *Sha* such as *liujia taishen*, *Taisui*, *Liuxia*, *Riyong*, *Jinshen Qisha*, *Tugong* and *Tumu* belong to this category. Among these, only *liujia taishen*, *Liuxia* and *Riyong* retain the reference of time and space in their names, while other *sha* have

²⁷ These figurations referring to the deities and spirits involved in a Taiwanese pregnancy also challenge the romanticised accounts of 'traditional' childbirth in non-Western maternity, against which many scholars have cautioned (see Ram and Jolly (eds) 1998).

incorporated personified designations and titles within their names. However, both *gui ling chongsha* and *shi kong chongsha* refer to the ferocious powers which result from the idea of offence (*chong fan*).

No doubt the essential meaning of *sha* in this cosmology of pregnancy is better understood from the context of Han Taiwanese folk religion and related cultures. It is interesting to note that *gui ling chongsha* and *shi kong chongsha* are those spirits embodying initially both good and evil inclinations, as Li Feng-mao suggested (see F. Li 1990: 282–85). However, the evil dimension of *sha*, a potential menace to pregnant women, is more emphasised in local settings. According to the above analysis, these evil *sha* spirits in the foetus-calming ritual were, and are, experienced by rural Taiwanese as *taisha*, literally meaning ‘the dangerous and evil foetal spirits encountered during pregnancy’. This denotes the reign of *sha* and a state of disorder and unpredictable chaos confronted by the pregnant woman. Needless to say, the concept of *sha* is central to the magic charms of foetus-calming ritual and the relation between *sha* and pregnant women is the crucial axis of the ritual.

What I observed in my fieldwork is that *sha* are often too easily identified as ‘ghosts’ by people when being haunted by indescribable supernatural powers. In fact, *sha* though similar to ghosts, being classified as *gui ling chongsha* in part, cannot be simply identified as ghosts, since *sha* also involve a ferocious power due to offending the overarching order of time and space, the so-called *shi kong chongsha*, as shown in the cases of *liujia taishen*, *Taisui*, *Riyou* and the like. Besides sharing the same characteristics of inferiority and marginality with ghosts, *sha* also have other distinct characteristics. They are more unstable, wander more aimlessly, and are more easily offended (see Sections 8-2-2 and 8-2-3). Furthermore, *sha* spirits cannot be confined by the fixed categories of gods, ancestors and ghosts, as Arthur Wolf (1974) implied in his social landscape model of Chinese religion. The spiritual powers of *gui ling chongsha* and *shi kong chongsha* are neither gods, ancestors nor ghosts—three common categories familiar to rural Taiwanese people. Rather, *sha* constitute a dangerous, liminal fourth category. This will be explored further in Chapter 8.

In brief, the cultural foundation of this *sha*-centred cosmology of pregnancy has its roots in broader beliefs in dangerous and evil *sha* spirits in Han Taiwanese folk religion. The *sha*-centred cosmology of pregnancy is but one dimension of the large and complex cosmic order of Taiwanese culture (see Figure 7.6). Needless to say, pregnant women are certainly not the only group that can interact and be affiliated with *sha*, nor are they the only ones to be affected or frightened by *sha*. Nevertheless, the main focus is no doubt the state of female pregnancy and pregnant women. Moreover, all supernatural powers of 'primary relevance', such as *liujia taishen*, *Tushen*, *Riyou* and *Liuxia*, share the common feature of being related to pregnancy and childbirth. They are the sources of illness and misfortune for women throughout the ten-month pregnancy from the moment of conception through childbirth.

In the first part of this chapter, I detailed the ritual of calming the foetus (*antai*) which is mainly performed by male *hongtou* priests. Seen as the most stringent but prevalent ritual in rural Han Taiwanese society for several generations, including the Japanese colonial Taiwan period, the *antai* ritual is particularly meant to counter the evil spirits (*taishen*) which constitute a potential menace to pregnant women. The significance of the *antai* ritual lies in the execution of the magic charm and the order it entails.

I explored further how charms, as one of the written documents in bureaucratic Chinese society, are cultural vehicles essential to the communication between the worlds of mortals and the supernatural. There is nothing more important in making a charm than being empowered by a superior authority. My textual analysis of the magic charms for the *antai* ritual suggested that the structure and the form of these charms are testimonies of bureaucratic authority, which was enforced by the *hongtou* priests.

In the final section of this chapter, I suggested that there is an elaborate system of foetal spirits, which is related to an embracing cosmic order for pregnant women. Apart from *liujia taishen*, this 'cosmology of pregnancy' comprises such spiritual powers as *Liuxia*, *Yibailingba Sha*, *Jinshen Musha*, *Tushen Qisha*, *Tugong*, *Tumu*, *Taisui*, *Riyou*, *Zhuque*, *Xuanwu*, *Hongyang*, *Xiaomei*, *Cangmu* and *Lianqiao*. My textual analysis evidenced the existence of a cosmology of

pregnancy centred on evil *sha* spirits. That is, there exists a dichotomy, *sha* and non-*sha*, in the cosmology of pregnancy, which I also refer to as the spirits of 'primary relevance' and 'secondary relevance', respectively. Pregnancy is thus a constant process of dialogue and negotiation between the pregnant woman and related supernatural forces, as suggested in Chapter 1.

My analysis from Taiwanese folk religion helped shed light on the ways that people know *taishen*, as well as the Taiwanese concept of *sha*, derived mostly from the foetal spirits (*taishen*) and earth spirits (*tushen*). That is to say, the evil *sha* spirits in the foetus-calming ritual were (and are) embodied and experienced by rural Taiwanese women as *taisha*; *taishen* is in many ways equivalent to *taisha*. In particular, examining the *sha*-centred cosmology of pregnancy revealed much about the system of spiritual powers with spatial characteristics. This can be seen to help redefine the normative circle of space regarding pregnancy, in terms of territory.

In brief, the evil *sha* spirits confine a Taiwanese pregnancy, not only to the physical sphere of space, but also to the maternal body in Taiwanese society. As an emerging cultural category in classifying the supernatural powers in Taiwanese folk religion, *sha* spirits embody certain characteristics which resemble the cultural meaning of pregnant women in a patrilineal society like Taiwan. This will be explored further in Chapter 8.

CHAPTER EIGHT

Power of Dis/order: Gender Hierarchy and Cosmology in Taiwanese Birth

Following the depiction of the cultural complex of pregnancy in Chapter 6 and the cosmology of pregnancy in Chapter 7, in this chapter I explore the interpenetration between gender and the division of labour in Taiwanese practices of pregnancy and childbirth surrounding home delivery. First of all, general attendants involved in this cultural complex of pregnancy are discussed, such as the pregnant woman's affinal and natal families, and in particular the pregnant woman's mother-in-law and her own mother. Besides these, local practitioners involved in this complex include traditional granny midwives (*jiesheng po*), granny doctors/midwives (*xiansheng ma*), modern licensed midwives (*chanpo*) (or *sanba* in Japanese), as well as female soul-retrieving practitioners (*shoujing po*), male fortune-tellers (*suanming shi*), female *angyi* and male *hongtou* priests.

Gender specialisation pervades the cultural construction of medicine and religion in many Asian rural societies. I point out in Section 8-1 of this chapter that each practice involved in Taiwanese pregnancy cultures entails a gender division of medical labour. As earlier shown, there is a gendered boundary among general attendants. Moreover, gendered hierarchies pertain to male and female practitioners in both medical and ritual domains. For example, granny *jiesheng po*, *xiansheng ma*, and modern midwives (*chanpo*) joined the medical structure but were limited to the secular aspects of birth, before being replaced by male obstetricians in the 1980s. This gendered division of medical labour generates some competition between male and

female practitioners, whereas the relations between female medical practitioners tend rather to be complementary.

In Section 8-2, I develop a detailed exegesis and critique of the classic ‘social landscape’ model of Chinese religion proposed by Arthur Wolf and other Western scholars. I revisit this model in the light of my previous discussion of evil *sha* spirits, in which pregnant women were epitomised as unruly evil *sha* spirits with potential power beyond the everyday social order. Moreover, this examination of the fixed categories in Taiwanese folk religion is related to the cultural significance of both male and female ritual specialists involved in pregnancy and childbirth. In Section 8-3, I explore further the issue of gender, order and spiritual powers with reference to the model, and argue that the gendered division of labour between male and female ritual specialists—including female *angyi*, male *tangki* and male *hongtou* priests—reflects the Taiwanese ‘social landscape’. I thus suggest that the gendered hierarchy in the Taiwanese ritual complex of pregnancy was grounded in a broader gendered cosmic order, in which male *hongtou* priests have absolute superiority over both female *angyi* and male *tangki*, in communicating with the spiritual world.

8-1. Attendants, Practitioners and Gender Specialisation

8-1-1. Ways of Knowing in Patrilineal Society

Before I detail the relationship between the male and female ritual specialists involved in local village childbirth, I first explicate the relation between lay and expert knowledge and how authoritative knowledge of pregnancy and childbirth was shaped.

In 1983, a survey was conducted among Taiwanese pregnant women aged between twenty and forty years to understand the acceptance and practice of ‘taboos’ in Taiwanese customs concerning pregnancy (see Z. Zhou 1983).¹ Respondents were asked to state whether they had

¹ This closed-structure questionnaire survey was conducted in 1983 at the National Taiwan University Hospital, where there were about 300 deliveries per month. A total of 200 effective responses were collected. Among the respondents, over two-thirds had no experience of miscarriage or stillbirth. Those with and without previous pregnancy or childbirth experience were of equal proportion. The majority of the respondents were of age 21–30 (65.5%), followed by those of age 31–40 (32%). Over 70 percent of the respondents were originally from the

heard of, believed in, or practised the eleven taboos on daily living listed in the questionnaire.

The survey results showed that among the listed taboos, there were four that over 50 percent of the respondents had (a) heard of, (b) believed in, and (c) practised. These four taboos were: (1)

Do not touch nails in the bedroom of the pregnant woman (a. 94%, b. 56% and c. 52%,

respectively); (2) Do not move the furniture in the bedroom (a. 93.5%, b. 53.3% and c. 52%); (3)

Do not offend foetal spirits (*taishen*) (a. 79.5%, b. 57.5% and c. 54%); and (4) Do not watch

when the dead is put in the coffin (a. 66.5%, b. 50% and c. 57.5%). Among these, the first two

are also specific prohibitions against offending foetal spirits (*taishen*), thus revealing the

pervasive influence of taboos related to foetal spirits in the metropolis of Taiwan in the 1980s.

Results of the same survey also showed that compared with Taiwanese customs related to dietary and daily activities of pregnant women, far fewer respondents had heard of, believed in, or practised those 'regulations' concerning foetal-calming (*antai*). Those regulations were: (1)

Taking foetal-calming potions like *shisan wei* (a. 52%, b. 27% and c. 21.5%, respectively); (2)

Wearing foetal-calming charms (a. 32.5%, b. 12.5% and c. 8.5%); and (3) Taking concoctions

mixed with ashes of burned foetal-calming charms (a. 31.5%, b. 10.5% and c. 3.5%) (Zhou

1983). Here again, *taishen* was deemed a key concept, from which those regulations concerning

foetal-calming were derived. Nevertheless, statistical data revealed that only one-third of the

respondents had heard of the related foetal-calming customs and even fewer really believed in

or practised them. These findings implied that female respondents of younger age, despite

showing acceptance of conventional taboos concerning pregnancy, enjoyed greater freedom in

choosing whether to follow the regulations or not and had many more alternatives in calming

the foetus. This reflects the social change in Taiwanese pregnancy cultures in the metropolitan

setting of the 1980s.

The results of the survey also revealed that only the variables of educational level and

religion showed a statistical correlation with the extent to which pregnant women accepted

Southern Fukien Province and 74 percent of them were either Buddhist or Taoist followers. In terms of educational level, 39 percent of the respondents were high school graduates while 45 percent had college education or above (Z. Zhou 1983: 395-404).

conventional concepts and practices. This can also explain why residents of Sankang Village continued to practise household taboos and rituals concerning foetal spirits, during the era prior to the early 1980s, as previously described. On the whole, there has been a gradually diminishing prevalence of rituals for calming the foetus in recent years. Such a reduction in prevalence is indicative of social change, more pronounced in urban areas and with the younger generation. In contrast, ancient taboos related to foetal spirits (*taishen*) in rural Taiwanese society have remained essentially the same as previously noted in the practice of *cang taiyi* and *antai* rituals for instance.



Figure 8.1. Group interview with key informants Mrs Chun Lin-Chen, Mrs Zhu Huang-Chen, Mrs Huang Yue-jiao and others (陳茂男-0035-040229).

However, in my fieldwork in Rural Dajia Community, when speaking to older female interlocutors aged mainly above 65 year (born before 1937 in the Japanese Colonial Era), I found they had few explicit or positive ideas on how they had managed their own pregnancies and childbirth surrounding home delivery. Despite the rituals they undertook and the medical practices they underwent, these female elders seemed to suggest they had no control whatsoever over the processes and tended to situate themselves as merely passive participants.

In other words, despite their first-hand experience of pregnancy and childbirth in their life histories, from which I learnt much, these elder women had little self-consciousness of the range of birthing practices, their origins, nor even their own role in them. They had little awareness of how these practices might have influenced their own pregnancies and childbirth. The same was

true for the older women of my fieldwork site, Sankang Village. This lack of awareness among the female interlocutors was for me quite unexpected, but perhaps not really so surprising given their separation from the authoritative knowledge of texts.

In stark contrast to this general majority, there was a small minority of women who might or might not have experienced pregnancy or childbirth themselves but who were connected to local practitioners and had a heightened awareness of the ritual complex of pregnancy. They include female soul-retrieving practitioners (*shoujing po*) and the spouses of *hongtou* (red-head) or *wutou* (black-head) Taoist priests.² Well-versed in many ritual practices, these women were either themselves practitioners or related to the practitioners performing the rituals. They could distinguish the diverse rituals and medical practices which were part of pregnancy and childbirth and could articulate where and when they learnt them; they had a complete grasp of the ritual complex, tradition and history.³

Nevertheless, compared with the majority of women who know little and the minority of female practitioners who know more, it is the *hongtou* and *wutou* priests, all male, who are in fact the experts and leading professionals in the knowledge of Taiwanese pregnancy and childbirth, passing on the beliefs and administering the rituals. Such Taoist priests have had expert knowledge and control of birthing practices since the mid-eighteenth century when 'localised' Han Taiwanese immigrant communities became established in late Qing Taiwan (see Section 2-2). The *hongtou* priest was and is not only the person who carries out the central ritual practice of calming the foetus, but he also instructs others in such knowledge concerning pregnancy and childbirth. This professional group consists solely of men, a phenomenon which will be explored further in Section 8-3.

Women were, and are, involved to some extent in transmitting birthing knowledge, orally, and by learning through example, in particular during the era prior to the 1970s where home

² The *wutou* priests are experts in ritual affairs concerning the deceased, in contrast to *hongtou* priests who handle issues of the living.

³ An additional source of information can be found in a compilation of interviews with the soul-retrieving practitioner, Mrs Lai Yan Su-huang (J. Sung 2000a: 240–43).

delivery was the only setting for Taiwanese birth. However, women were always confined by patriarchal authority and the prevailing patrilineal structures, as shown in the male authority in the ways of knowing *taishen* spirits and the embracing cosmology of pregnancy. The power relations between men and women were revealed in educated male elders' instructing women, including their wives, to follow household taboos concerning *taishen* spirits (e.g. Mr Xie Bing-lang, in Sections 6-3 and 6-4), and male ritual specialists' performing *antai* rituals (e.g. the *hongtou* priest Mr Ke Jin-kun, in Section 7-2).

Another example comes from my key informant Mr Huang Qing-song (1912–), a senior member of the Fuxing Gong Committee, and a master of religious ceremonies in Sankang who taught Mr Xie Rong-jin (1931–) ritual practices and textual knowledge and then handed over his position to Mr Xie around 1993 (Figure 5.11). Born in 1912, during the Japanese Colonial Era, Mr Huang Qing-song is the eldest villager and also one of the most respected residents in Sankang. He is very knowledgeable and thoughtful compared to his contemporaries. In my interview with Mr Huang, together with his son Mr Huang Zhen-zhi (1932–) and his daughter-in-law Ms Huang Chen Yu-ying (1939–) (Figure 8.2),⁴ we see clearly how male authority in the textual knowledge of Taiwanese folk religion was transmitted in a patrilineal society like Sankang.

During Japanese colonisation, I graduated from Colonial Waipu Primary School. Thereafter, I continued my studies in the evening school and learned Chinese. Hence, compared with ordinary people, I had learned more literature and classics. I also read widely on rituals for subduing evil *sha* spirits, soul-retrieving, foetus-calming, and charm-making. I taught myself all these without following any master. I also learned by myself knowledge of geomancy or *feng-shui*. The *Collections of Practising Divination Without the Least Loss (Yuli ji)* is the rare book I often consulted when choosing auspicious dates. My grandfather, Huang De-lai

⁴ Mr Huang Zhen-zhi, born in Sankang in 1932, graduated from Colonial Waipu Primary School. During the Japanese Colonial Era, he studied at the Colonial Taichung First Senior High School, Taichung State, but graduated only in 1951. Among his fellows and peers, he was the best educated with the highest qualifications, being able to read literature and classics (as his father was among his contemporaries). He taught himself local medicine and read widely on folk therapies involving breathing techniques, acupressure therapy, and medicated bathing. By contrast, being an adopted daughter from her early childhood, Ms Huang Chen Yu-ying (1939–) studied in Primary School for only one year and soon suspended her schooling due to the need of family labour for daily chores. She was engaged in other chores as a thrifty housewife after her marriage. She had lived with her father-in-law for 45 years at the time of my fieldwork in 2003. As observed, Ms Huang Chen was always humbly waiting and seeing how her father-in-law responded to our interview and had few ideas on related issues.

(1862–1890) also taught himself many things related to religious ceremonies and often prayed and chanted for others.

I have been the one in charge of the annual ceremonial celebrations of our Fuxing Temple for several years and have served on the Fuxing Temple Committee. Before I handed over my work to Mr Xie Rong-jin, I used to preside at big ceremonies like thanksgiving for all villagers, worshipping the Supernatural Emperor Tian Gong, and thanksgiving to the Gods of the Earth (*tushen*). The other people did not know what to do. I had done a lot and had much experience, so I wrote down what I knew for others' reference.

I also know about *taishen guanzhan*; that is, how foetal spirits (*taishen*) occupy different objects or spaces on different days. If by accident the pregnant woman hits the door, which happens to be where *taishen* are living on that day, then she will have problems. We can find the details of where *taishen* are occupying from the almanac handbooks; and the same can be found also in farmers' almanacs, in general.

The charms of the Taoist master and Founder Zhang can be used for foetus-calming. I also know how to draw charms. Nevertheless, pregnant women should try to avoid offending the earth spirits (*tushen*); they should stay calm and serene emotionally and should not lose their temper or quarrel with others; then they would not encounter the difficulties of having a frightened foetus. The book *Master Liao-fan's Teachings on Four Aspects (Liaofan si xun)* written by Master Yuan Liao-fan of the Qing Dynasty is very good, since the author left for his children teachings on four aspects with the main focus on how to cultivate one's moral character.

Narrative 8.1. Mr Huang Qing-song presented male authority in the textual knowledge of Taiwanese folk religion (2003-05-02, 2003-11-23 and 2003-11-29; Appendix 1.10 – Lineage S1002).

As seen from Narrative 8.1, Mr Huang (as well as his grandfather Mr Huang De-lai (1862–1890), is a Confucian ritual expert, who is a rare literate among his contemporaries, and able to read the religious texts through self-education and family tradition. A general portrait of the 'genealogy' of textual knowledge is thus revealed. This is similar to the majority of Confucian medical experts in Qing Taiwan, who became Chinese doctors with textual knowledge, through imperial education, family tradition or even through personal research.

By contrast, women's role in Taiwanese pregnancy cultures was confined to more mundane daily practices. Moreover, women were often seen as passive bearers of such cultures rather than creators or controllers of the related ritual practices, which were perceived as expert, textually-based knowledge primarily in the hands of men. Men dominate the processes of

knowing and soliciting prescription divinations (*yaoqian*) in Sankang. For example, Mr Zeng Fu-lang who served as the village head of Sankang (1983–2002) and, at the time of the research, was the vice-chairman of the Fuxing Gong Committee (see Figure 8.3), and Mr Xie Rong-jin who is very knowledgeable about religious ceremonies and served as a ritual executor for Fuxing Temple (see Figure 5.11), are the most influential in transmitting birthing knowledge in *yaoqian*. In contrast, women solicited *yaoqian* as an embodied everyday routine, which was less valued in local practice (Sections 5-1 and 5-3). Another example concerns the services rendered by granny *jiesheng po*, *xiasheng ma* and modern midwives, and the minor expertise administered by female *angyi*. The major expertise is rather administered by male *hongtou* priests, as previously described in Chapters 6 and 7.



Figure 8.2. Male authority: Mr Huang Qing-song and Mr Huang Zhen-zi (黃慶松. 黃振枝. 黃邱玉妹-0026-030503).



Figure 8.3. Male authority: Mr Zeng Fu-lang (曾富朗-福興五穀王生-0097-030526).

8-1-2. Pregnant Women in Context

Gendered hierarchical power pervades the dominant cultural construction of pregnancy and childbirth through different ways of transmitting knowledge and performing practices, as seen in my fieldwork observations in Sankang. A gendered precedence not only pertains to local practitioners, but to all attendants. In this section, I situate the power of general attendants in the context of medical pluralism in Taiwan in which pregnant women were situated. It shows that

some female elders—such as the pregnant woman's mother-in-law and her own mother—not only shared the medical labour of birth in the setting of maternity care at home, but also played an essential role in broader medical decision-making policy given medical pluralism. This is an expression of the latent medical power of women, which challenged paternal male authority, and showed the ties between mothers-in-law and daughters-in-law in the extended family.

As pointed out earlier, traditional Chinese medicine, Taiwanese local medicine, and modern Western biomedicine have been co-existing and practised in Taiwan from the Japanese Colonial Era till today. Still, irreconcilable conflicts between different traditions might emerge under the situations of pluralism, for example, in the rather fraught relations between Oriental and introduced Western medicine. Pluralism is not benign but entails power struggles with different competing models of gendered hierarchy, as previously shown in Chapters 3 and 4.

Arthur Kleinman (1980) proposed a general model for decision-making surrounding health care in the context of medical pluralism, suggesting that certain determinants would be essential according to their concrete interactive settings.⁵ It is noteworthy that the results of this research confirmed the enormous extent of family treatment before the 1970s: 93 percent of all illness episodes interviewed were first treated in the family, and 73 percent were treated only by the family. This shows that diagnosis and treatment by the family and the intimate social network were preferred by Taiwanese adults when dealing with illnesses in this period (pp. 179–202).⁶

As Kleinman concluded, 'Decisions regarding whom to consult are [primarily] based on illness beliefs, course and type of sickness [illness], past family experiences with health care, and other factors, such as local health ideology' (p. 187). This also highlights what being ill entails for a Taiwanese. Many examples illustrate that popular health beliefs had direct implications for choosing between treatment alternatives in Taiwan in the 1970s. In particular,

⁵ This research was conducted in both Taipei and rural Taiwan around 1969 and 1970. The determinants include: (1) type and severity of symptoms; (2) course of illness; (3) specific illness labels and the aetiologies they implicate; (4) family's socio-economic status, ethnic background, orientation to Western or traditional values, and past experience with health care; and (5) nature of patient's social network and lay referral system.

⁶ However, some 'patients turn to Western-style doctors only after they have tried and received no relief from self-treatment... In difficult-to-treat, chronic, and severe acute disorders, patients commonly use several forms of therapy simultaneously until relief is obtained [while] recourse to sacred and secular folk practitioners may occur at any stage of illness' (Kleinman 1980: 187, 194).

in the 'hierarchical' patterns of health-seeking behaviour usually employed by adults in illness, resorting to secular and sacred folk practitioners for referral and treatment might involve only the elder female family members without the patient (pp. 188–89). On the other hand, in the 'simultaneous' pattern usually adopted when a child was seriously ill, the female members of the family, who were deemed 'more commonly involved with sacred folk medicine,' would guide their families to employ healing rituals, or at times, they would have such practices performed in secret (pp. 195–97).⁷ Similar research results can also be found in Chang Hsun's work (1983).

Until the 1980s, married female elders served as actual practitioners in family-based popular health care as well as family deputies in practising local medicine. According to H. Chang's research (1996c), the majority (90–95%) who sought medical treatment/advice from folk practitioners were married women; the powerful 'stewards of the house' in the private domain.⁸ In particular, in those places where female healers/spirit mediums took charge of the related rituals, the clients also consisted mostly of female elders, usually without the patient concerned. They sought counsel on various concerns, such as whether they themselves should have an abortion or not, whether they themselves should bear a child in a certain year, as well as on broader concerns related to their mothers' health conditions, their family's business partner or their husbands' career (H. Chang 2001: 129–31).

These help shed light on how the Sankang villagers of my fieldwork site chose between medical alternatives, in general, as well as the gender variables associated with that process. On the basis of households in Sankang with senior informants co-residing, I found that the female elders in the extended family were crucial in practising medicine at home (see Section 2-3-2). As key family members in decision-making and major figures in the 'lay referral system',

⁷ In the light of these examples, Kleinman claimed that 'the major role assigned to the family, even over the individual, in the health-seeking process is one of the chief differences in illness behaviour and the sick role between Taiwan and the States.' Even though 'modernization has made some inroads into the family locus of care' after the late 1970s, 'the family is still viewed as most responsible for the patient' (Kleinman 1980: 197, 201).

⁸ Among them, half of the female clients consulted local practitioners for their own conditions and another half for those of their family members, including elder and younger generations in both natal and affinal families (H. Chang 1996c: 4–6).

female elders were authorities on advising family-based popular health care, particularly in those decades prior to the 1970s when Taiwanese herbal medicine (*qingcao yao*) and religious medicine were powerful prevailing traditions in the medical structure. Some male elders might know how to use herbal medicine. Still, local knowledge of herbal medicine was primarily transmitted orally and reinforced firmly via female elders, whose latent medical power was thus realised in practice.

Beyond doubt, female elders had such latent power in comparison with the patriarchal power of the Chinese patrilineage. For several generations they were powerful in all decision-making relating to maternity care and home delivery. In essence, home delivery implies 'natural' childbirth and the inclusion of both affinal and natal family members in the women's pregnancy and birthing experience. This involves the cooperation of family attendants. Among them, the roles of the woman's mother-in-law and her own mother were crucial.

Many cases from my fieldwork in Sankang suggest comparable situations of decision-making on seeking maternity care. For example, the ritual of 'plucking a flower off for a prospective son' (*zhai-hua*) conducted in the period prior to a pregnancy involves the cooperation of the husband's family; usually, the pregnant woman's mother-in-law was responsible for completing this ritual soon after the latest childbirth of the daughter-in-law (see Section 6-3-1). The practice of 'nourishing the mother-to-be and the foetus during pregnancy' (*boutai* [H]) and the dietary taboos associated were coordinated by female elders in the family, including the woman's mother-in-law and her own mother (see Section 6-2-1). The conventional practice of 'resting and confinement within the month after childbirth' (*zuo yuezi*) was also coordinated by the woman's mother-in-law and her own mother (see Section 6-3-5). More importantly, apart from being attended by male authorities for the concern of foetal spirits, a pregnant woman of the younger generation (accompanied by her mother-in-law) usually went to Taoist shrines for foetus-calming rituals (see Chapters 6 and 7).

Thus, the latent power of female elders in Taiwanese pregnancy played an important role in the decision-making surrounding child delivery. As I observed in Sankang and elsewhere in

Taiwan 'most pregnant women are referred to a midwife by relatives or elder women who know the midwife well....Although Taiwan is a patri-local and patrilineal society, the mother and the mother-in-law of the pregnant women are authorities in recommending a midwife' (J. Kang-Wang 1980: 72-73).⁹ It was suggested that 'birth rituals depend greatly on the supportive figures the parturient woman had about her at the moment of childbirth' (ibid: 77). Nevertheless, when a family did not have supportive figures other than the husband, the conventional beliefs surrounding Taiwanese birthing, of 'female pollution' for example, would not hinder him from rendering necessary support.¹⁰

However, husbands were rarely supportive figures in rural Taiwanese society since most Taiwanese families had elder women helping during a woman's childbirth until the late 1970s. The family structure in rural Taiwan was then predominantly an extended family, similar to the household structure described for Sankang Village (see Section 2-3-2). At that time, Taiwan was a developing country and was dominated by an agricultural rather than an industrialised economy. I thus suggest that the extended family in rural Taiwanese society was the supportive social environment for home delivery, in which both affinal and natal family members served as general attendants. At the same time, the Taiwanese home-based delivery made possible the persistence of the 'ritual complex' of pregnancy as an essential part of pregnancy cultures in Taiwan.

Apart from female elders serving as general attendants, other female elders—such as traditional granny midwives (*jiesheng po*) and granny doctors/midwives (*xiansheng ma*), were also part of the medical structure of birth, but only at its lower echelons. Yet, they were all limited to the secular aspects of birth. From the point of view of authoritative knowledge controlled by men, these female elders were thought to have only 'minor' expertise. From the

⁹ Janet Kang-Wang was a Taiwanese private midwife trained by Western medicine after World War II. She practised her midwifery in rural Taiwan between 1958 and 1963. In 1963, she was arranged by matchmakers to a son of a well-known professional midwife in Taipei. After she had worked with her 'mother-in-law' for several years, she was sent to the U.S. to marry the son. She obtained a degree in nursing in the U.S. and later worked as a professor teaching maternity nursing to American students. This report was made on the basis of her research on Taiwanese midwives when she returned to Taiwan in 1977.

¹⁰ One of the extreme cases recorded by Janet Kang-Wang was of once seeing the husband of the woman in labour gathering all the bloody sheets after childbirth and then washing them in the stream.

colonial 1920s, the modern midwives (*chanpo* or *sanba*) also joined the medical labour associated with Taiwanese birth. They were empowered by the Japanese government but subsequently 'secularised' the female gender within the medical hierarchy (see below).

8-1-3. Female Specialisation in Child Delivery: With an Assessment of Midwifery Professionals

A Chronological Review of Taiwanese Midwifery Practices

At the outset, it is important to acknowledge the historical changes in birthing practices in Taiwan. As a whole, medical practitioners involved in Taiwanese childbirth include local grannies (*lao aber* [H]), traditional granny midwives (*jiesheng po*), granny doctors/midwives (*xiansheng ma*), as well as modern licensed midwives (*chanpo* or *sanba*) trained by the Japanese colonial government and male obstetricians educated in Western biomedicine, as earlier discussed. From Qing Taiwan, Taiwanese granny midwives—including *lao aber*, *jiesheng po* and *xiansheng ma*—were a source of quasi-professional help for the majority of Taiwanese women. Even though a small number of births were performed in a clinical context like the birth station from the mid-colonial era, most births were still attended by Taiwanese granny 'professionals'. These granny 'professionals' can be categorised together as *xiansheng ma*, which suggests the broad coverage of their service.

Xiansheng ma is literally translated as

a grandmother whose knowledge is like that of a doctor....There was an emphasis on the sex role in the definition of *xiansheng ma*: the midwife was described as a woman who possessed the quality or skill of a man, not as a woman doctor. Yet in general, the granny midwife never attended school and was unable to read or write (J. Kang-Wang 1980: 71–72).

This implies a gender difference linked to social status; women were separated from the textual knowledge controlled by male authorities such as traditional Chinese and Western doctors.

Apart from assisting in home delivery, the services rendered by *xiansheng ma* were broad, including general treatment of female disorders concerning pregnancy and childbirth as well as paediatrics. They were regarded as experts in Taiwanese herbal medicine (*qingcao yao*), which

was deeply rooted in people's daily experience in an easily accessible local setting, as shown in informants' reports (see Narratives 3.1 and 3.2 in Chapter 3). Moreover, *xiansheng ma* were also practitioners of Taiwanese folk religion, and could offer conventional ritual practices for children (see Narrative 3.3). Such granny 'professionals' usually did this as well as domestic duties, rather than as a regular occupation. Thus, it is difficult to estimate the total number of *xiansheng ma*. However, their services were very easily accessible and hard to replace in rural Taiwanese society where people had little or no access to the then limited biomedical resources.

The conflict between the Taiwanese granny 'profession' of *xiansheng ma* and the emerging modern experts of midwifery arose, when the service of modern licensed midwives (*chanpo* or *sanba*) became available in the early Japanese Colonial Era. First of all, the Japanese colonial government treated the work of *xiansheng ma* as entirely archaic and permeated with Taiwanese superstition without any sense of 'hygiene' or any medical skill, as we can see in the following examples.

A newspaper article titled 'On an Imperative of Restraining Taiwanese Granny Doctors/Midwives' (April 1904) claimed that 'The so-called "*xiansheng ma*" on this island cannot be categorized as a regular occupation; these granny *xiansheng ma* are only spouses of ordinary people....*Xiansheng ma* are specialised in Taiwanese herbal medicine, involved in the treatment for adults, children, and little infants without any discrimination. Blamefully, the islanders do not disapprove of this kind of treatment, and are convinced of its effect.'¹¹ The report on the *Hygienic Conditions in Taiwan* (1904) issued by the Association of Official Doctors, Taiwan, also mentioned that 'Due to "superstition", a Taiwanese family would invite *hongtuo* priests to perform certain rituals instead of seeking medical advice when confronted with difficult labour. After the rituals, they then asked traditional granny midwives or *xiansheng ma* to handle the delivery' (J. You 1993: 51–52). Hence, many tragic stories of pregnant women wrongly 'put to death' in labour had been circulating in rural Taiwan.

¹¹ 'On an Imperative of Restraining Taiwanese Granny Doctors/Midwives', the *New Taiwan Daily News* (*Taiwan riri xinbao*; 台灣日日新報), 5th printed page of Chinese version, 3 April 1904, No. 1775.

Severe criticism of *xiansheng ma* was mounting in the 1910s, from both the Japanese colonial government and public intellectuals including modern Japanese midwives as seen in newspaper articles (Y. Hong and L. Chen 2002: 11–16). In the decade that followed during which Western midwifery was formally introduced by the colonial government and when Taiwanese licensed midwives (*chanpo*) became an emerging female profession, *xiansheng ma* were still looked upon with disapproval. Such belittling continued even till the end of World War II when modern *chanpo* and granny *xiansheng ma* were joined together in the medical structure of child delivery. As a modern midwife and a modern nurse of public hygiene trained by Japanese colonial obstetrics, my informant Mrs Dai Cai Shuang (1911–2003),¹² a midwife between 1934 and 1971, reported some criticisms of Taiwanese *xiansheng ma*.

In the past, when we assisted in home delivery, we would come in contact with some conventional Taiwanese customs....As far as I know, before there were licensed midwives who offered assistance in delivery, most people asked the elderly, that is, those senior members in the neighbourhood, to help with the delivery. It was because there were very few licensed midwives or the midwives were too far away from where they lived. Therefore, they would invite those so-called ‘old ladies’ or ‘*xiansheng ma*’ to help with the childbirth. After the baby was born, these *xiansheng ma* would tie the end of the umbilical cord with a string or something, and then cut it with scissors. That is how they handled the umbilical cord. Hence, tetanus often occurred.¹³

Narrative 8.2. Mrs Dai Cai Shuang reported on the criticism on Taiwanese granny doctors ‘*xiansheng ma*’ (1999-04-01 and 1999-07-02).

As previously mentioned, the number of modern licensed midwives increased from the mid-1920s and the majority was trained in a colonial Western tradition of midwifery. They include both public midwives (*kousetsu sanba*) and private midwives (*sanba* or *chanpo*), as well as the former private midwives so-called *genchi kaigyō sanba*, who managed their own businesses with restricted licences (see Section 4-2-1). These modern midwives were different from general birth attendants and granny *xiansheng ma* who did not receive any formal training.

¹² For Mrs Dai Cai’s personal details and midwifery career, see Section 4-2-2.

¹³ To some extent, this is a part of the history of stigmatisation (or labelling) of Taiwanese granny *xian shengma*. For further discussions on the correlation between the tetanus and infant mortality rate in colonial Taiwan, see D. Fu 2005: 93–97 and Y. Fan 2001.

By contrast, they were mostly young and unmarried women, and further, were recognised as respected professionals; ‘they know obstetrics and use sterilized sheets and equipment’; and ‘they work closely with obstetricians of their choice’ (J. Kang-Wang 1980: 79).

The empowerment of modern midwifery practice can be seen as a mirror of national policy enforced by the Japanese government. Still, modern midwives trained in the colonial era constituted the major workforce in post-war Taiwan, when the promotion of maternity and child care at grassroots level was important as part of the national population policy under the Nationalist Chinese Government. As my informant Mrs Su Liu Xin (1923–) told us, modern midwives were very experienced in making a ‘proper’ judgment regarding any circumstance concerning home delivery (see below). In general, modern midwives in the then Taiwan seldom gave medication to hasten the delivery or anesthetics to dull the painful uterine contractions. Nor did they use forceps or other instruments because childbirth was generally easy for rural Taiwanese women, as also observed in my field research. These midwives usually sent complicated cases to the obstetrician of their choice or the general hospital; and thus, they secured fairly low infant and maternal mortality rates.¹⁴

However, not only did modern midwives contribute to lowering infant mortality and simultaneously controlling the high population rate, they also merited much of the credit for maternity care, in terms of ‘gendered’ medicine in Taiwan. As Janet Kang-Wang (1980) suggested, modern midwives’ best asset ‘was not the technological aspect of maternity care, but a conservative, humanistic, supportive, and more important, holistic approach toward family care’ (p. 71). First of all, their successful service rooted in local communities was often attributed to their accommodating the Taiwanese ‘ritual complex’ of pregnancy when confronted with popular beliefs and practices, as detailed in my fieldwork observation (see Section 6-3). In general, the majority of modern midwives had to be flexible allowing their clients to observe their individual preference in birthing rituals (see Section 4-2-2). The midwives also attended to

¹⁴ For another example, Janet Kang-Wang delivered more than 2000 babies in rural Taiwan, between 1958 and 1963, and she had only two infant deaths and no maternal mortalities at all (J. Kang-Wang 1980: 74–75).

conventional Taiwanese beliefs concerning prenatal care and dietary taboos, advising the pregnant woman on a balanced diet according to Chinese *Yin Yang* principles (see Section 6-2).

It was the easy accessibility of their service and their flexible accommodation with Taiwanese beliefs that generated the celebration of modern midwives in the practices of birth, given the medical pluralism of Taiwan. Mrs Chen Hong Huan (1924–) of Sankang detailed how in her own birthing experiences modern midwives combined conventional and biomedical practices.¹⁵

I have heard and I also believe in the practice of foetus-calming (*antai*). For example, when I was pregnant with my first son (1952–), I almost had a miscarriage after a fall while I was carrying straw. At the Hygiene Office (Weisheng Suo) of Waipu, the modern public midwife (*kousetu sanba*) examined me and suggested foetus-calming. She asked me to fill the foetus-calming prescription at a herbal medicine shop, brew it and take it. Normally, after taking the medicine twice or thrice, everything should be fine. I remember that the public midwife at the Office was Mrs Tang Ke Mai, who passed away long ago. At that time, the other public midwife at the office was from Dajia. They two helped deliver all the children here in Sankang Village; they would come to the house to assist in childbirth and cut the umbilical cord. Mrs Tang Ke Mai helped deliver my five or six children, except the last one, whose birth was assisted by the other one.

Narrative 8.3. Mrs Chen Hong Huan reported on the credit for modern midwives' service and their accommodation of Taiwanese belief (2003-11-22; Appendix 1.7 – Lineage S1109).

As a modern midwife who graduated from the Private Taichung Institute of Midwife in 1942, my informant Mrs Su Liu Xin (1923–)¹⁶ proudly reported her midwifery career which 'met the needs of the age' as well as the then pregnant women as follows.

In a way, when we served as modern midwives, we met the needs of the age and hence made some contribution to the society at that time. For more than forty years beginning from the Japanese colonial days when I started my own business, I had helped deliver more than 10,000 babies. On busy days, I sometimes helped deliver more than ten babies in one afternoon.

During Japanese colonisation, when I received calls from the families with newborn to be delivered, I often rode my bicycle to offer my assistance in home delivery. I was always on call. Some well-off families would send a pedicab for me to ride, while some richer households

¹⁵ For Mrs Chen Hong Huan's personal details, see Section 3-3-2; see Narrative 6.3 and 6.11 in Chapter 6 for her other reports on ritual practices of pregnancy.

¹⁶ For Mrs Su Liu Xin's personal details and midwife career, see Section 4-2-2.

would even send a sedan to pick me up. Between 1943 and 1945, when I received calls for my service, whether day or night, rain or shine, or even during air raids, we midwives had to answer the calls. At that time, my sister-in-law Ren-mei was offering midwifery services in the suburb near Houli; almost all newborns in downtown Houli were delivered under my assistance. In fact, not only in the Houli area, I also helped deliveries in rural areas of Miaoli County. After a safe delivery, some families would give me a *hong-bao*, a cash gift put in a red packet. How much they gave was up to them.

Perhaps it was my luck, both mothers and babies that I helped with in the delivery were safe. There were no complications in the process. No mother or baby died or got tetanus. In fact, I was also very timid and did not take risks. I had never encountered problems in my practice because I could judge well the condition of the mother-to-be. Just by touching the belly, I could tell whether the position of the foetus was normal. If I knew in advance that the foetal position was abnormal, I would send the woman to the hospital in Fengyuan or Taichung City. Even in the middle of the night, I would take her in my car. That had to be done no matter how. In a word, I had to make proper judgments of such circumstances. Otherwise, there would be danger. I think my midwifery practice had always been prosperous because both mothers and babies were safe after delivery. I also felt proud that people trusted that I would ensure a safe delivery. I think that is also why people had all along called me 'Oshin Sensei' (Teacher Oshin) out of respect.

Narrative 8.4. Mrs Su Liu Xin reported her private and public midwifery career in Houli from 1943–1987 (1999-07-15, 1999-08-12 and 1999-08-14).

Apart from home-based delivery, many female informants of Sankang Village found that modern midwives provided a 'convenient' service with client-centred maternity care that served their needs and included prenatal checkups, postpartum visits, as well as postnatal care for both the mother and the newborn infant. That is to say, modern midwives also served as health consultants particularly for problems concerning pregnancy and childbirth. During the late 1970s, many midwives dispensed medications, to some extent illegally. 'They prescribe medications and treat clients with minor ailments of pregnancy....They also screen candidates for elective surgery; the midwives may arrange for a physician to come to the birth station to perform surgery and treatment' (J. Kang-Wang 1980: 73–76),¹⁷ while some midwives still referred complications to an obstetrician's clinic or a neighbourhood hospital, as did Mrs Su Liu

¹⁷ In these cases, the profits were shared and it was common for the midwives to receive one-third of the fees charged during the 1970s.

Xin (Oshin Sensei). Ordinarily, the midwives dealt properly with 'normal' conditions, while the obstetricians assumed full control in abnormal deliveries.

Gender Specialisation and Gender Hierarchy in Midwifery Practices

A further review of Taiwanese midwifery practices in the course of history helps shed light on the division of medical labour involved in Taiwanese home delivery, as well as the gender specialisation implied.

As previously discussed, there was a constant increase in the number of modern midwives—including general modern midwives (*sanba* or *chanpo*) and those public ones (*kousetu sanba*)—as well as the infants delivered by these licensed midwives in Colonial Taichung State, between 1924 and 1931 and between 1931 and 1941, respectively (see Table 4.2 and Table 4.3 in Chapter 4). This section further analyses the statistical data of infants delivered by various midwifery practitioners—involving general *sanba*, *kousetu sanba* and granny doctors/midwives (*xiansheng ma*)—according to the *Statistics Collections of Colonial Taichung State* edited by the Government of Colonial Taichung State, between 1931 and 1941 (see Figure 8.4).

As calculated according to the statistics in Table 4.2, the percentage of infants delivered by modern midwives (*sanba*)¹⁸ was 14.8 percent in 1928. The percentage then increased steadily at about 3.0 percent per year. As can be seen in Figure 8.4, it was 21.7 percent in 1931, and soared to 39.2 percent in 1936 with a growth rate of 6.0 percent in a single year. The percentage of infants delivered by these general modern midwives further topped 40.0 percent in 1937, and reached its peak of 47.3 percent in 1941.¹⁹ The percentage of infants delivered by *kousetu sanba* was 16.2 percent in 1931. It had also been growing steadily, and rose to about 30 percent in 1939.²⁰ However, in 1941, the percentage of *kousetu sanba* births dropped drastically to 8.0

¹⁸ According to the statistical raw data from the *Statistics Collections of Colonial Taichung State*, 'modern midwives (*sanba*)' there in Table 4.2 include private *sanba* and *genchi kaigyō sanba*, but exclude those public ones '*kousetu sanba*'. This category is the same as that in Figure 8.4, referring to 'general modern midwives'.

¹⁹ Still, similar to Table 4.2, it is difficult to estimate the percentages of infants delivered by *genchi kaigyō sanba* in the corresponding year, since there was no individual category of '*genchi kaigyō*' listed in the statistical data.

²⁰ This should be attributed to the widespread establishment and the institutionalisation of *kousetu sanba* promoted

percent as recorded (see also Y. Hong and L. Chen 2002: 123–24, 142–43). I think that this percentage may be an underestimation. According to my understanding from fieldwork research, the wartime conditions and the transference of nurses to military service may have contributed to this significant decrease.

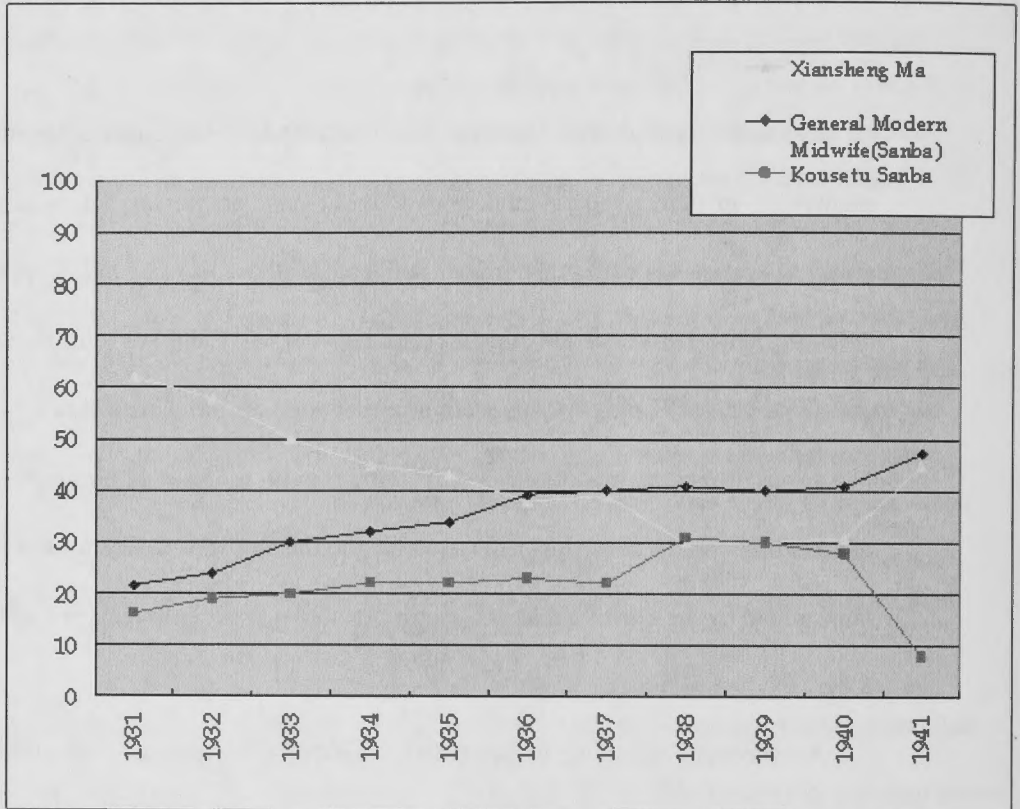


Figure 8.4. Percentages of Infants Delivered by Different Types of Midwives in Colonial Taichung State, 1931–1941.

Source. Government of Taichung State, Office of the Governor-General, Japanese colonial Taiwan ed., 1931–1941, *Statistics Collections of Colonial Taichung State* (臺中州統計書).

Note. According to the statistical raw data, the blue line indicated here should be the percentage of ‘general’ modern midwives, including private *sanba* and *genchi kaigyō sanba* but excluding those public ones (*kousetu sanba*). This figure was also revised from Y. Hung and L. Chen (2002: 142–43) by correcting the individual coordinate of each year and the overall curve, since some firsthand statistical data pertaining to *xianshen ma* cannot be found in the *Statistics Collections of Colonial Taichung State*.

As calculated according to the statistics in Table 4.2, the percentage of infants delivered by modern midwives (*sanba*)²¹ was 14.8 percent in 1928. The percentage then increased steadily at

by the Government of Colonial Taichung State from 1928; see Section 4-2-1.

²¹ According to the statistical raw data from the *Statistics Collections of Colonial Taichung State*, ‘modern midwives (*sanba*)’ there in Table 4.2 include private *sanba* and *genchi kaigyō sanba*, but exclude those public ones ‘*kousetu sanba*’. This category is the same as that in Figure 8.4, referring to ‘general modern midwives’.

about 3.0 percent per year. As can be seen in Figure 8.4, it was 21.7 percent in 1931, and soared to 39.2 percent in 1936 with a growth rate of 6.0 percent in a single year. The percentage of infants delivered by these general modern midwives further topped 40.0 percent in 1937, and reached its peak of 47.3 percent in 1941.²² The percentage of infants delivered by *kousetu sanba* was 16.2 percent in 1931. It had also been growing steadily, and rose to about 30 percent in 1939.²³ However, in 1941, the percentage of *kousetu sanba* births dropped drastically to 8.0 percent as recorded (see also Y. Hong and L. Chen 2002: 123–24, 142–43). I think that this percentage may be an underestimation. According to my understanding from fieldwork research, the wartime conditions and the transference of nurses to military service may have contributed to this significant decrease.

Figure 8.4 also shows that in 1931, the percentage of infants delivered by modern midwives, along with those of general *sanba* and *kousetu sanba*, was about 40 percent in Colonial Taichung State. It was rising year by year, and reached its peak of 70 percent in 1940. Comparatively, the percentage of infants delivered by granny *xiansheng ma* in 1931 reached as high as 62.0 percent, but reduced by half to only 30.0 percent in 1940.

Another source, *Statistics Collections by Office of the Government-General, Japanese Colonial Taiwan*, gives an overall picture of colonial Taiwan apropos the medical labour offered by different types of practitioners between 1918 and 1940. These include ‘modern midwives (*sanba*)’,²⁴ *genchi kaigyō sanba* of the old, granny *xiansheng ma*, as well as modern male obstetricians mostly trained in Japan (see Figure 8.5).

First of all, the percentage of infants delivered by modern male obstetricians was almost constant, at about 2 percent between 1932 and 1940 in the late Japanese Colonial Era, showing no signs of increase.

²² Still, similar to Table 4.2, it is difficult to estimate the percentages of infants delivered by *genchi kaigyō sanba* in the corresponding year, since there was no individual category of ‘*genchi kaigyō*’ listed in the statistical data.

²³ This should be attributed to the widespread establishment and the institutionalisation of *kousetu sanba* promoted by the Government of Colonial Taichung State from 1928; see Section 4-2-1.

²⁴ Please note that ‘modern midwives (*sanba*)’ here include *kousetu sanba* and those private ones, but excluding *genchi kaigyō sanba*, according to the statistical raw data from the *Statistics Collections by Office of the Government-General, Japanese Colonial Taiwan*.

Second, the percentage of infants delivered by modern *sanba* was 29.4 percent in 1932. The percentage then increased steadily at about 0.8 percent per year. As can be seen, it reached as high as 36.0 percent in 1940.

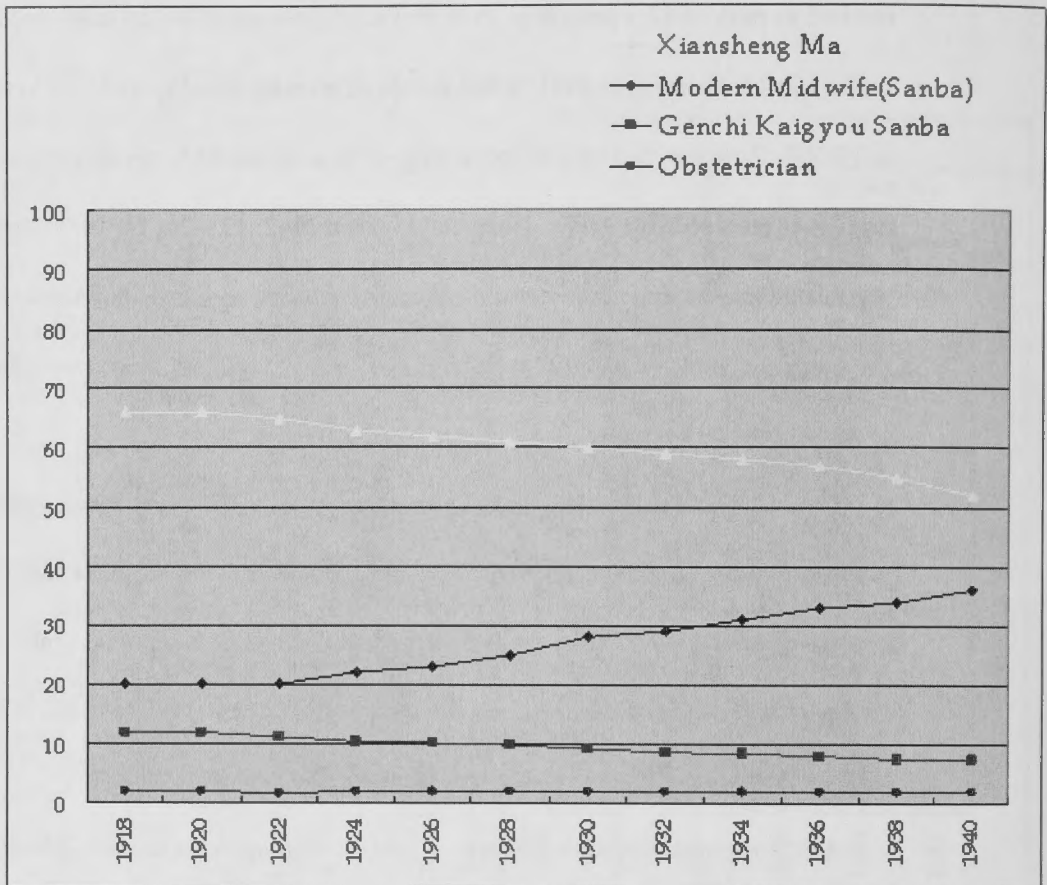


Figure 8.5. Percentages of Infants Delivered by Different Types of Practitioners in Colonial Taiwan, 1918–1940.

Source: Revised from Y. Hung and L. Chen (2002: 136-137).

Note: According to the statistical raw data, ‘modern midwife’ (*sanba*) here includes *kousetu sanba* and those private ones, but excludes *genchi kaigyou sanba*. However, not all the firsthand statistical data contained in the *Statistics Collections by Office of the Government-General, Japanese Colonial Taiwan* (臺灣總督府統計書) can be verified according to my library research. I thus just revise this figure into a ‘rational’ one, by correcting the curve indicated and those fragmentary statistical data offered by Y. Hung and L. Chen.

Third, the percentage of infants delivered by *genchi kaigyou sanba* was decreasing year by year, dropping from 9.3 percent in 1932 to 7.5 percent in 1940. Meanwhile, the number of infants delivered by *xiansheng ma* was still constant, being as high as 53–60 percent between 1932 and 1940. If we count the percentage by *xiansheng ma* along with those by *genchi kaigyou sanba*, ‘these’ granny *xiansheng ma* delivered almost 70 percent of newborns in 1932 Taiwan (see also Y. Hong and L. Chen 2002: 122, 136–37). Although the percentage of infants delivered

by *xiansheng ma* was on the decline year by year in Taiwan, its decrease was not precipitous. In 1940, the percentage was still about 53 percent, reaching as high as 60.5 percent if including the *genchi kaigyou sanba*. It clearly shows that during the 1930s, the demand for services offered by modern midwives fell short of the Japanese government's expectations, since granny *xiansheng ma* still played an important role in Taiwanese births.

This sketch of the history of delivery in Taichung State during the Japanese Colonial Era and the decades thereafter, when Western biomedicine gradually became dominant in the medical structure, is supported further by the report from my informant Mrs Lu Jiang Xue-li (1927–),²⁵ who is an outstanding modern midwife as well as a modern nurse of public hygiene trained in Japanese colonial obstetrics.

Around 1926–1930 in the mid-Japanese Colonial Era, we can say that almost all babies were born at home; and most midwives [*sanba*] were licensed or had passed the qualifying examinations organised by the Japanese government. At that time, many people hired traditional granny midwives (*jiesheng po*) or granny doctors/midwives (*xiansheng ma*) to help with the delivery. These granny midwives were more experienced and active in local communities, but it can be said that they did not have any concepts about hygiene.

After Taiwan came under Nationalist rule, at the time around 1950, about 60 percent of all newborns in Taichung area were delivered at home under the assistance of private licensed midwives or granny (*xiansheng ma*). Another 30 percent were delivered (by public licensed midwives) at the Hygiene Office (Weisheng Suo) and the remaining 2–3 percent at various hospitals in Taichung. During my terms as the Head of the 5th Department of Bureau of Public Health, Taichung County (1968–1992), I did some surveys. The results obtained showed that in the early years between 1959 and 1990, the number of deliveries assisted by licensed midwives was climbing, reaching its peak around the 1970s. From then on, the number of deliveries assisted by male obstetricians was rising because Caesarean birth was gradually getting popular.

Narrative 8.5. Mrs Lu Jiang Xue-li reported the transformation of maternity care and childbirth in Taiwan (1999-01-19, 1999-05-26 and 1999-07-16).

All of the above shows that granny doctors/midwives (*xiansheng ma*) and the new emerging modern midwives *sanba* or *chanpo* coexisted in the colonial Taichung area, from the 1920s,

²⁵ For Mrs Lu Jiang Xue-li's personal details and midwifery career, see Section 4-2-2.

through the Japanese Colonial Era, to the end of World War II. In general, the relation between 'modern' and 'traditional' midwives was tense only at the initial stage, when colonial medicine was introduced. It also shows the competing relations between different types of practitioners in the medical structure of Taiwanese birth from the 1950s onwards, including male obstetricians educated in Western biomedicine.

As a whole, the granny *xiansheng ma* were still predominant over modern licensed midwives in birth practices from the 1930s to the 1940s. It was from the 1940s that the power of *xiansheng ma* declined in relation to those colonially empowered midwives. Still, many granny *xiansheng ma*, with local rather than professional biomedical knowledge, continued to play a role in maternal and infant healthcare during the colonial era by providing herbal medicine. Even as late as the 1950s after World War II, most childbirths in rural Taiwanese areas were attended at home by either granny *xiansheng ma* or modern midwives (*sanba*), as Janet Kang-Wang reported: 'When I became one of the youngest trained (modern) midwives to go into the rural areas [around 1958], I was competing with the granny midwives. Because I was in my early 20s and had no children of my own, I was at a disadvantage' (J. Kang-Wang 1980: 72).

As I learned from the survey conducted by Mrs Lu Jiang Xue-li, as well as my own fieldwork (Section 4-2-2), the majority of newborns in Taichung area at the time around 1950 were still delivered at home with the assistance of exclusively female midwifery practitioners, and the number of deliveries reached its peak around the 1970s. Even until the late 1970s, the majority of Taiwanese babies were delivered either by public or private licensed midwives or granny *xiansheng ma*. Still, all these female 'professionals' delivered most infants until the late 1980s in a setting of home delivery, which Han Taiwanese had maintained for several generations.

However, around the 1980s, granny *xiansheng ma* and these bio-medically trained midwives could not extend their functions. From around the 1970s 'those senior *xiansheng ma* slowly passed away and no new ones took their place,' as Mrs Xie Chen Gan-mei (1919-) reported (see Section 3-2-1). According to the midwife careers of Mrs Dai Cai Shuang

(1911–2003) and Mrs Su Liu Xin (1923–) (see Section 4-2-2), as well as my fieldwork observation, most of these aging bio-medically trained midwives finally abandoned their practices by the mid-1980s, when the hospitalisation and bio-medicalisation of birth was burgeoning. These findings also echo the medical history of birth in the local setting of Sankang Village, my fieldwork site. That is, at the latest by 1986–1988, the delivery service provided by different types of midwives in Taichung was taken over by Western-style obstetricians and hospitals. It is only in the late 1970s that Taiwanese obstetricians, all males,²⁶ started to compete with midwives in delivering babies in a new clinic or hospital setting. As part of this trend, luxurious hospitals, which offered Western-style obstetrical care, were available only in Taipei, from the late 1970s.

That is to say, the 1980s saw the replacement of home delivery by hospital delivery and the important historical phase in the substitution of female midwives by male obstetricians, in pregnancy cultures and maternity care. In my opinion, the decrease in demand for midwifery services beginning from the 1980s, matched by the increase in demand for maternity care offered by obstetricians, was related to Taiwan's progress in industrialisation and the subsequent transformation in the family structure of Taiwan. In this process, the extended family, of several generations with grandfather, father and son by patrilineal descent under the same roof, was replaced by the nuclear family, which comprised only the patrilineally related father and son living together. Today, the overwhelming majority of childbirth takes place in maternity hospitals where male obstetricians are in control; only a handful of midwives offer childbirth assistance at home or at a private birth station. Nevertheless, Taiwanese ritual practices and medicine still prevail in the local village context during pregnancy, childbirth and the post-partum period, as shown in Sankang Village.

²⁶ There seemed to be very few female obstetricians in late-1970s Taiwan. According to Mrs Lu Jiang Xue-li (1927–), her friend Mrs Su He Shu (1920?–), also a graduate of the Institute of Nursing and Midwifery, Colonial Taichung Hospital, was the only well-known female obstetrician in Taichung City, operating an obstetrics and gynaecology hospital with her husband. Her schoolmate Ms Huang Mei (1923–) was also expert in Western obstetrics, but never worked as an obstetrician. Ms Huang's career is very rare among her contemporaries; she pursued her studies in the Royal Academy of Midwifery Teachers (UK), getting a Masters degree in Public Hygiene. She then took on many positions, and greatly contributed to making legislation on midwifery and obstetrics practices in Taiwan.

I thus suggest that the emergence of modern midwives in Japanese colonial Taiwan is a historical product of colonial modernity and a process of the empowerment of the women. The training of modern midwives established by the Japanese colonial government through the coercive force of the state was a complicated process whereby Taiwanese midwives became more 'scientific' and more 'professionalised' (see Turner 1987), but also more 'secularised', compared with granny *jiesheng po* and *xiansheng ma*. Moreover, the process of 'modernisation' of Taiwanese medicine at first increased the power of female midwifery practitioners as modern licensed midwives. But, after the 1970s, such power was subsequently decreased with the preference for birthing in hospitals with male obstetricians taking precedence. From then on, apart from the many orthodox branches of Western medicine introduced by Japanese colonialism, monopolised by literate people composed only of males,²⁷ Taiwanese male doctors have occupied the apex of biomedicine, including obstetrics.

8-2. Power, Authority and Structure

In Taiwanese pregnancy cultures surrounding home delivery, the gendered nature of power between female spirit mediums (*angyi*) and male *hongto* priests was, and is, more restricted than the competitive relations between female midwifery practitioners and male obstetricians engaged in the secular aspects of Taiwanese birth. In the rest of this chapter, the division of labour between female spirit mediums (*angyi*) and male *hongtuo* priests will be detailed. Before I analyse the relationship between these ritual specialists in the local setting, as well as the cultural significance this entailed, I argue that the gendered division of labour between male and female ritual specialists in pregnancy and birth reflects the Taiwanese 'social landscape', and especially the cosmic order of Han Taiwanese folk religion. I suggest that the gendered hierarchy in Taiwanese pregnancy and birth was grounded in a broader cosmological order pervaded by a gendered ideology.

²⁷ For research on the social status of Taiwanese male doctors during the Japanese Colonial Era, as well as the tradition they established, see J. Chen, 1992.

Drawing on the framework of a 'cosmology of pregnancy' as outlined in Section 7-3, here I develop a more detailed exegesis and critique of the 'social landscape model' of Chinese religion developed by Arthur Wolf and other Western scholars. This aims to re-examine the fixed categories in classifying the supernatural and their basis in Taiwanese folk religion so that I can further explore how this social landscape model was reinscribed through the cosmology of pregnancy. I suggest that through the cosmology of pregnancy, notions of gender were simultaneously created. This links gender ideology to the Han Taiwanese cosmic order and clearly situates men in a superior category and a dominant position over women in general and pregnant women, in particular.

8-2-1. Bureaucratic Hierarchy and Structural Authority

In Chapter 7, I offered a textual analysis of the magic charms of the ritual of foetus-calming, which revealed an elaborate system of foetal spirits. This elaborate system of foetal spirits and spiritual powers constitutes the core of the 'cosmology of pregnancy' centred on evil *sha* spirits, the supernatural powers of 'primary relevance'.

In contrast to *sha*, the supernatural powers of 'secondary relevance', which are secondarily invoked to preside over the ritual of foetal-calming, are clearer both in their nature and their ranking in the deity-spirit system of Han Taiwanese folk religion. Examples of these spiritual powers include Sanqing Daoren (Three Pure Lords), Shengren (the sages; the wise men), Wu Lei (Five Thunder Gods), Jiutian Xuannu (Primordial Women of the Nine Heavens), Tianhuang Shangdi (the Almighty Heaven Emperor), Fozu (the Buddha), Xinhuang Shangdi (the Almighty Star Emperor), Beidi (God of Northern Heavens), Donmu Xingjun (Star God of *Doumu* which lies to the top of the Dipper), Tianzushi (the Taoist master and Founder Zhang), Tanlang Xingjun (Star God of *Tanlang*), Huangjun Furen (Madam Huangjun, Madam of the Lord), Wu Zhenren (the Immortal Master Wu) and Riyou Dajiangjun (the Great General Riyou who takes control of *riyou taisha*). According to Chinese cultural categories, these spirits are closer to what people generally know as gods or deities. For the most part, gods are of a higher rank in

the Universe and possess a supreme masculine character. They represent the moral, bright and positive forces in the cosmic order, blessing all humankind.²⁸

As I observed in my field research, Han Taiwanese folk religion mirrors the 'social landscape' of its adherents; the significance of the adherents' acts of worship is largely determined by the worshippers' conception of their social world. This classic 'social landscape' model of Chinese religion was first proposed by Arthur Wolf (1974) and later elaborated and criticised by Stephan Feuchtwang (1974, 1992), Stevan Harrell (1974), Emily Ahern (1981), Steven Sangren (1980, 1983, 1987), and Meir Shahar and Robert Weller (1996). Still, Wolf's social landscape model proved very influential, and has become the paradigmatic model of Han Taiwanese folk religion (see also S. Xie 1995: 107–34).

Wolf saw the supernatural in rural Taiwanese society as a detailed reflection of the social landscape of traditional China, as viewed from the small village of Sanhsia in North Taiwan.

Prominent in this landscape were first the mandarins, representing the emperor and the empire; second, the family and the lineage; and third, the more heterogeneous category of the stranger and the outsider, the bandit and the beggar....The mandarins became the gods; the senior members of the line and the lineage, the ancestors; while the stranger was preserved in the form of the dangerous and despised ghosts (Wolf 1974: 175)

Thus, the supernatural world of spirits was modelled on the imperial bureaucracy (gods), on senior kinsmen (ancestors), and on strangers (ghosts). Moreover, 'the form and manner of offerings to the gods [and the ancestors and ghosts] reflect their relative status in the supernatural bureaucracy' (Wolf 1974: 178–181). Wolf thus argued whenever the rural Taiwanese think about the supernatural, they think in terms of these three categories: the gods (*shen*), the ancestors (*zuxian*), and the ghosts (*gui*).

Wolf elaborated, 'In Imperial China every local official was responsible for a discrete administrative district, and this was as true of the supernatural bureaucracy as it was of their human counterparts' (pp. 134–35). The supernatural bureaucracy and the human bureaucracy were 'parallel systems, in which the higher-ranking members of one bureaucracy have authority

²⁸ Of course gods also have the power to condemn those who offend them or hold them in disrespect.

over the low-ranking members of the other' (p. 144). From the point of view of most rural Taiwanese, 'all gods are bureaucrats' (Wolf 1974: 140–41). For example, Yuhuang Dadi (the Jade Emperor and Supreme Ruler), the mightiest god in the rural Taiwanese pantheon, is but a reflection of the human emperor. Zushi Gong (the most Revered Founder) is also seen as the spiritual equivalent of the human emperor. Baosheng Dadi (the Great Sovereign Who Protects Life) is treated as a town's chief bureaucrat, comparable in many ways to Cheng Huang (the God of City) found in administrative centres of the empire. Tudi Gong (the God of Locality) governs a community and is like a policeman who wears a uniform, while Zao Jun or Zao Shen (the God of Stove) is responsible only for a single family and more like a plainclothes policeman (Wolf 1974: 132–45).

In other words, the social landscape of Han Taiwanese believers comprises two levels: family-lineage and state-officialdom. They conceive of the cosmic order and their relationship with the supernatural according to patrilineal principles with the privileged father-son relation, alongside the imperial hierarchy of human bureaucracy. On one hand, the clear bureaucratic hierarchy of the deity-spirit system is a projection of the patrilineal descent group and human bureaucracy. On the other hand, the relationship between people and supernatural powers, including spatial distinctions and the preparation of food offerings in worship that Feuchtwang (1974) detailed, reflects the basic structure of human society.

In a framework like this, it is much easier to understand the given roles and functions of, for instance, the Sanqing Daoren (Three Pure Lord), Shengren (the sages), Wu Lei (Five Thunder Gods), and Jiutian Xuannu (Primordial Women of the Nine Heavens). These deities are all included in the 'secondary relevance' in the magic charms of the foetal-calming ritual (see Section 7-2). Even more significantly, the distinction between ghosts and ancestors, two crucial cultural categories in Han Taiwanese folk religion, can be better clarified.

First of all, the deities involved in the cosmology of pregnancy as those of 'secondary relevance' undoubtedly belong to the category of gods. According to their responsibilities and the source of power when presiding over and executing a foetal-calming ritual, these gods are

organised in a hierarchical structure. However, there are important differences between their duties and, moreover, between the sources of their power.

Take charm No. 22 for example, the deities are invoked in the order written from top to bottom: that is Sanqing Daoren followed by Shengren and finally Wu Lei (see Figure 7.3-2). When invoking Sanqing Daoren—the Three Pure Lords, namely Yuqing Yudi, Shangqin Shangdi and Taiqing Dadi—the order is also fixed, beginning from the middle, then left and finally right, respectively. In other words, the order of how the names of the deities are written on the charms is indicative of the rank or seniority of these deities. This reveals that there exists a certain power structure among these deities, distinguishing their different roles and responsibilities. In charm No. 22, Sanqing Daoren and Shengren, like commanders-in-chief, assume full authority in the foetal-calming ritual. Their divine power comes from their supreme status and elevated positions in the entire deity-spirit system of Han Taiwanese folk religion. That is to say, the good power of Sanqing Daoren and Shengren provoked by the ritual derives from their rank and their rank bestows upon them powerful authority in the ritual performed. The supernatural power possessed by Sanqing Daoren and Shengren is thus a direct consequence of their authoritative power, modelled on a bureaucratic hierarchy. Hence, their supernatural power is a kind of ‘structural authority’.

However, Wu Lei is believed by most to be primarily responsible for suppressing wicked and dangerous spirits and driving away evil. In charm No. 22, Wu Lei is assigned by Sanqing Daoren and Shengren to shoulder the task of administering the ritual. Wu Lei was also deemed to be a member of the same supernatural bureaucracy, but was credited rather with the power of salvation, an ‘efficacious power’ derived from moral stature, teachings and good works, rather than from bureaucratic rank. In other words, Wu Lei’s supernatural power may have nothing to do with its rank in the hierarchical structure of the deity-spirit system. Rather, its efficacious power is due to its own moral practice and creative powers reproduced through the legendary texts transmitted and rituals performed.

A similar power dyad of commander-in-chief and front-line executor can also be seen in the tension between Tianhuang Shangdi vs. Lien Shen in charm No. 1; Fozu, Beidi, Donmu Xingjun vs. Jiutian Xuannu in charm No. 7; Tianzushi vs. Tanlang Xingjun in charm No. 12; Fozu, Xinhuang Shangdi vs. Jiutian Xuannu in charm No. 17; Xinhuang Shangdi vs. Riyou Dajiangjun in charm No. 30 (see Table 7.1). This hierarchical power structure and dyadic differentiation of structural and moral authority is one of the major features of Han Taiwanese folk religion.

8-2-2. Revisiting Social Landscape Model in View of *Sha*

However, from a Taiwanese point of view, the extreme contrast is between the gods and ancestors on one hand, and between the gods and ghosts on the other. My major argument in this chapter is inspired by Wolf's work, but criticises and elaborates upon it.

According to the *Principles of Composition of Chinese Characters (Shuowen Jiezi)*, an ancient Chinese dictionary from the Hahn Dynasty, 'The ultimate destination of human beings is to be "ghosts", the creatures of the soil, the spiritual residues of the most material part of man' (*ren suogui wei gui*). Another text, *gui suogui wei zuxian*, suggests that 'the ultimate destination of ghosts is to become ancestors.' Both ghosts and ancestors are spirits of the deceased in different phases. However, 'Whether a particular spirit is viewed as a ghost or as an ancestor depends on the point of view of a particular person' (Wolf 1974: 146). As he explained, 'Your ancestors are my ghosts, and my ancestors are your ghosts' (p. 173). That is, their difference is that ghosts are some other persons' 'ancestors' of unknown origin or associated with a violent death or a 'wrong' death, or the one to whom no people pay homage. 'On one hand, there would be those dead represented by the tablets on one's family altar who would have the right to receive regular death-day offerings; on the other, there would be those dead enshrined on altars in other people's homes, the deceased members of descent lines other than one's own, outsiders, to whom no obligation was owed' (Wolf 1974: 146; see also Jordan 1972; L. Lü 1990). These solitary or wild ghosts are roaming around, much like the marginalised in human society as

outsiders, vagrants, or wanderers. Hence, the central distinction between ancestors and ghosts is that homage is paid to the former but not the latter.

That is to say, the very way to distinguish whether the dead will become ghosts or ancestors is the loss or renewal of relationships in Chinese patrilineages—a relation of discontinuity or continuity between the social world of mortals and their supernatural counterparts. This is similar to the code ‘forgotten’ vs. ‘remembered’ proposed by Feuchtwang (1974: 117) as the metaphorical basis for relegating the dead to either the category of ‘ghost’ or ‘ancestor’. From this point of view, the orderly procession of the funeral service is aimed to transform the deceased from the category of ‘ghost’ into that of ‘ancestor’; thus the category ‘ghosts’ includes (1) temporal propinquity (recently dead), and (2) social distance (the ancestors of strangers). Therefore, the position of the ghosts is ambiguous and dangerous, roaming beyond the ordered parameters of Chinese patrilineages (L. Lü 1990: 110–12). A ‘ghost’ is often seen as in a transitional state before the newly dead is turned into an ‘ancestor’. ‘Ghost’ thus has an ambiguous status in the traditional patrilineal structure of Chinese society since it does not fall into the favoured, bounded category of ancestor.

From another point of view, solitary or wild ghosts cannot also be categorised as gods. Ghosts as outsider spirits, or some other persons’ ancestors, are mostly excluded from the category of god. As Wolf mentioned, ‘The malicious ghosts are those discontented souls who are forced by their circumstances to prey on the living. They include the neglected dead—those who have no descendants...and those who died away from home and were forgotten—and those hateful souls who receive no sacrifices because they remain at the scene of death seeking revenge....The weaker of these unhappy beings gather outside temples to beg for a living like the derelicts of this world, while the more powerful among them roam the countryside like so many bandits’ (Wolf 1974: 170). And so, the only way to transform ghosts into ancestors is to erect a tablet and initiate regular propitiatory offerings. ‘It is only ghosts with recognizable identities who become intermediate spirits and whose status is susceptible to rapid change’ (Harrell 1974: 205). And further, only when sacrifices are offered or homage is paid to them can

ghosts have a chance to lose their intermediate status, become sanctified and be entirely transformed into fully fledged gods.²⁹ Otherwise, the majority of ghosts without any individual identities are always hungry and homeless, condemned to be ‘wandering ghosts’ (*guhun*), ‘wild ghosts’ (*yegui*), ‘evil spirits’ (*guisui*), ‘malicious ghosts’ (*ligui*) or whatever.

It is said in Mandarin that gods are transcendently celestial spirits, situated ‘above (*Yang*)’ while ghosts are spirits in the nether world hidden ‘beneath (*Yin*)’ (*shen Yang er gui Yin*). In Chinese metaphysics, as Wolf explained, ‘The positive, immaterial, and celestial aspect of the human soul is termed “*shen*” (god); the negative, material, and terrestrial side of the soul is called “*gui*” (ghost)’ (1974: 169). At a general level, the ancestors and gods were seen to stand for productive social relationships, while their spiritual opposites—the ghosts—represented those social forces that were dangerous and potentially destructive (Wolf 1974: 163–75). That is to say, gods and ancestors are alike the epitome of social order, whereas ghosts are the epitome of social disorder.

Thus ‘Gods and ancestors are granted the respect due [to] social superiors; ghosts are despised’ (Wolf 1974: 169). Ghosts are inferior to ancestors and gods according to Chinese bureaucratic principles. Generally speaking, people always pray to gods and ancestors for blessing while ghosts are often associated with death, illness and misfortune—potentially or purposely. No matter whether they are wandering ghosts, wild ghosts, malicious ghosts or evil spirits, ghosts are always likened to bandits, city loafers, beggars or other dangerous strangers in the human world, potentially menacing ordinary people. Ghosts are malignant spirits, haunting the world of mortals, making conflicts and mischief.

Such a native point of view persists in Taiwanese folk religious worshippers’ naming some ghosts as *haoxiogdi* or *laodagong*, which literally means ‘ghosts that are seen as friendly to people’ and ‘ghosts that are seen as elders or gang leaders to people’. During the Feast of the

²⁹ An extreme example is the worshipping behaviour corresponding to *Cuilau Kong*, *Iuieng Kong* and *Taiciog Ia* [H]. But in some cases, it is difficult for informants to classify them as gods or ghosts (see Harrell 1974: 193–206). However, my field research in Sankang Village revealed that all these different spiritual powers are collectively named *yinshen*. *Yinshen*, literally the gods (*shen*) who govern the homeless or hungry spirits of the nether world, is a sub-category of powerful gods, who originally possess the characteristics of ghosts but are finally sanctified and re-categorised as gods.

Hungry Ghosts celebrated in the seventh month of the Chinese lunar calendar, the so-called *pudu* or *zhongyuan pudu*, universal prayers are offered for those unburied dead, malignant spirits, or hungry ghosts to whom no one offers sacrifices or pays homage. The ceremony assists them to approach their final destination of becoming sanctified so they will have a chance to escape from the category of perpetual ghost or malicious entity which brings harm to humankind.

Wolf's social landscape model of Chinese religion, as discussed above, is capable of encompassing the contrasts between gods and ancestors, and between gods and ghosts. In particular, it is capable of articulating the distinctive features of ghosts as inferior and marginalised spirits in a bureaucratic hierarchical structure, whereas the Chinese heavens resemble the elevated bureaucratic Chinese state in complex hierarchical forms and modes of communication.³⁰ However, as with all theories, this social landscape model has its limitations.

First of all, Wolf failed to acknowledge that the Chinese supernatural bureaucracy might fashion and not just mirror the earthly human bureaucracy. As Anna Seidel suggested, 'the Chinese supernatural bureaucracy does not, after all, seem to be a copy of social conditions; it is the other way around. The Han administrative structure was itself based on a pre-existing religious model' (Seidel 1989–1990: 256 [French]; cited in Shahar and Weller 1996: 8).

Second, Wolf over-emphasised the one-to-one correspondence between the supernatural bureaucracy and the earthly one, and thus failed to understand the diverse deities and spiritual powers beyond the bureaucracy. In fact, as Shahar and Weller (1996) pointed out, 'the bureaucratic idea applies only to one segment of the Chinese supernatural... The Chinese heavens were neither a passive metaphor for Chinese political order nor a simple reification of its social hierarchy. Rather, the heavens expressed and negotiated the tensions within society' (p. 3).

Third, I argue that the fixed three-category model of gods, ancestors and ghosts falls short of including all the divine powers in Taiwanese folk religion, and, thus of exploring the

³⁰ For example, charms (*fu*) were often used in rituals as earthly official documents exercised in Chinese bureaucracy, as revealed in Section 7-2-1.

relationship between the production of identity and deity. For example, the magical power attributed to most gods, ancestors and ghosts, as in Steven Sangren's (1987) sense of 'spiritual efficacy' (*ling*) does not rely only on the secular political structure, but on moral attributes beyond it. Social institutions and Taiwanese historical consciousness were dialectically connected in the process of social and cultural reproduction. The 'efficacious power' of Wu Lei (Five Thunder Gods), as discussed in Section 8-2-1, has exceeded the framework of bureaucracy, in ways similar to those of Jiutian Xuannu, Tanlang Xingjun and Riyong Dajiangjun in the foetus-calming charms earlier analysed (see Section 7-2).

Finally, having no regard for the cultural significance of female gender in the realm of Chinese divinities was another crucial limitation of Wolf's social landscape model. The category of *sha* spirits and their diverse sources of power, which I have already discussed in detail, were overlooked entirely in Wolf's paradigmatic model.

The spiritual powers of *sha* are even more dangerous and ferocious than ghosts, epitomising social disorder and cosmological chaos. While *sha* are empowered with dual forces in different contexts, they are mostly experienced as evil spirits that exist within a certain logic of time and space but are easily offended. There was, and is, a micro-cosmology for pregnant women centred on evil *sha* spirits implied in the charms practised and rituals performed in relation to foetus-calming (*antai*). This micro-cosmology helps shed light on the 'gendered' cosmic order of Taiwanese folk religion, and offers a better understanding for the Taiwanese supernatural world. This new fourth category, the spiritual powers of *sha*, is a major original argument to emerge from my research and differentiates my approach from Wolf's model.

8-2-3. Pregnant Women as the Unruly Ghosts: *Gui* and *Sha* Categories

The fact that ghosts are inferior and marginalised spirits, is also evident in the *sha*-centred cosmology of pregnancy. Such characteristics of inferiority and marginality are clearly manifested in the sub-category of ghostly spirits, classified as *gui ling chongsha*. This refers to

the ferocious power due to an offence against the deceased, including *Yibailingba Sha*, *Cang-mu*, *Lian-qiao*, *Xiao-mei* and other *sha* spirits with no names (see Section 7-3).

In the bureaucratic hierarchy of the Han Taiwanese supernatural, the ghosts and *sha* were not just deemed inferior and marginalised; they were menacing, with a potential power beyond the ordinary social structure or normative moral order. Though *sha* spirits initially embody both positive and negative inclinations, their potential evil menace to pregnant women is far more emphasised in the local settings of the foetus-calming ritual. For example, as star gods presiding over the year in succession, *Tai-sui* were also the most dangerous and ferocious spirits if offended. Such menace is especially manifested in *shi kong chongsha*, a sub-category of *sha* spirits. This denotes the ferocious power due to an offence against the normative time-space order. They include *Liuja Taishen*, *Tai-sui*, *Liu-xia*, *Ri-you*, *Jinshen Qisha*, *Tu-gong*, *Tu-mu* and the like (see Section 7-3).

The several characteristics of ghosts and *sha*—inferiority, marginality, but menacing—are the very same characteristics attributed to women. This is especially pertinent for pregnant women, who are (and were) frequently depicted as vulnerable but dangerous in Chinese societies (see Section 1-2-1). For example, a ritual called ‘Sifting Four Eyes’ (*shai si yan*) in Taiwan is performed before a bride’s dowry is sent to the groom’s house because of the danger pregnant women pose to the bride. However, when nails are about to be hammered into the coffin at a funeral, a cry will go out to warn pregnant women to stay away, or else something will happen. Contextually, pregnant women can either threaten or be threatened. Moreover, while Chinese medicine labelled women as the ‘sickly sex’ (see Furth 1987) evincing bodily vulnerability, and menstrual blood and postpartum discharge were considered ‘polluting’ in ceremonial rituals, married fertile women were divergently seen as a potential menace to the structural order of Chinese patrilineal society. Pregnant women were *both* deemed as dangerous mothers with ‘negative sexual power’ and vulnerable wives with a ‘socially acceptable weakness’, their contrary characteristics being combined in a single maternal body.

As seen as above, there exists great symbolic similarity between the distinctive representations of ghosts and *sha* in Taiwanese folk religion and of pregnant women in the Chinese patrilineal social structure. Ghosts, *sha* and pregnant women are assigned to the same domain in the two systems, resulting in the many associations between pregnant women, and ghosts and evil *sha* spirits. Pregnant women can be likened to ghosts and *sha* at diverse and different levels. This likeness explains why Taiwanese women are thought to be entangled in a micro-cosmology centred on *sha* in the state of pregnancy. Pregnant women were thus seen to be akin to ghosts and *sha*, and were ultimately classified in the same cultural categories as those of ghosts and *sha*.³¹

The several characteristics of pregnant women—inferiority, marginality, but menacing—are due in part to the popular folk belief in ‘female pollution’ by rural Taiwanese. However, inspired by Douglas’s (1966) and Ahern’s (1975a) frameworks as discussed in Section 1-2-1, I propose that this ambiguity for pregnant women can be better understood through the concept of ‘being easily offended against their intrinsic logic’ in ways akin to *sha*.

This also implies that *sha* cannot be simply categorised as ghosts. Apart from sharing the characteristics of inferiority and marginality with ghosts, *sha* have other characteristics which distinguish them from ghosts: they are more unstable, wander more aimlessly, and are easier to offend. They thus image an order of dangerous inconstancy (see F. Li 1990, 1994), and even anti-structure (see Turner 1969). *Sha* spirits, even more pertinent than ghosts, are the epitome of social disorder and destruction in Chinese culture.

Since both ghosts and *sha* are seen as roaming beyond the limits of ordinary society, they are alike a potential threat to social order. Neither ghosts nor *sha* possess structural authority like that of Sanqing Daoren, Tianhuang Shangdi or other venerated gods of higher rank. Nor have they acquired any efficacious power through their own moral practice, like that of Wu Lei

³¹ This also relates to the cosmological foundation of the gendered division of labour between ritual practitioners, in particular between female *angyi* and male *tangki* in Taiwanese folk religion (see Section 8-3-2). In addition, the forming of the ‘cosmology of pregnancy’ and its internal order further strengthens the hierarchical structure of the deity-spirit system in Han Taiwanese folk religion, as revealed in Section 8-2-1, and accounts for the circulation of authority and power between the mainstream and the marginalised, the structural and the anti-structural.

or Jiutian Xuannu. Rather, what gives ghosts and *sha* their spiritual efficacy to cause harm or danger to living people? In line with Victor Turner's theory of *communitas*,³² I argue that ghosts and *sha*, roaming outside the established settlements, evoke 'the power of the weak' beyond the hegemonic structural forces. In the Han religious system of Taiwan, ghosts and *sha* are seen as inferior and marginalised spirits; but they also possess a potential power unrestrained by the social structure. The power ghosts and *sha* possessed to make mischief came from the unruly power of anti-bureaucracy and anti-structure. They might thus evoke not just 'the power of disorder' but 'the power of the weak' as in Victor Turner's model (1969).

8-3. Gender Ideology in the Ritual Complex of Pregnancy

8-3-1. Female Gender in Chinese Religious Symbols

The final limitation of Wolf's social landscape model which I observed above, was his lack of concern for the cultural significance of female gender in the realm of Chinese divinities.

In his research on the three Chinese goddesses, namely Guanyin (Goddess of Mercy), Matzu (Goddess of Heaven) and Wangmu Niangniang (Goddess of Heaven, the Queen Mother; the Eternal Mother), Steven Sangren (1983) criticised Wolf's over-emphasis on the one-to-one correspondence between supernatural and human bureaucracies, and offered inspiring insights into forms of power beyond the bureaucracy which were associated with gender qualities. Sangren claimed that 'Gender qualities, be they attributed to deities or persons, are culturally constituted and embedded in symbolic matrices of meaning that vary considerably from one society to the next....[But] the gender qualities ascribed to deities and to women are not necessarily isomorphic' (Sangren 1983: 4). In my view, the correspondence between Chinese popular cosmology in rural society and the political bureaucracy of empire is better understood as a dialectical relationship situated in changing socio-cultural contexts, not as a simple

³² Chen Wei-xin (1988) also used the concept of *communitas* to explain why 'ghosts', a category of spirits not venerated by people, can exercise efficacious power to offer advice about lottery numbers in the popular wave of *Dajia le* (Everybody Gambling) in Taiwan of the 1980s. It was a very inspiring observation (see W. Chen 1988: 575-92).

one-to-one relation. The power of female deities in folk religion might rather be not the reflection of imperial bureaucracy, but the refraction of the tensions in the position of women in a patrilineal Chinese society. Since Wolf simplified the correspondence as a direct projection of social categories onto the supernatural, he could not grasp the meanings and sources of power beyond bureaucracy and beyond formal politics that female deities might embody in the folk religion of rural Taiwan.



Figure 8.6. Dajia Mazu is relied on as the last resort by rural Taiwanese beyond territories (Zhenlan Temple, Dajia; WP10-44, February 2001).
Photographer: Jin-shiu Jessie Sung.

Sangren pointed out that the ‘fanatic’ behaviour of the worshippers of Guanyin, Matzu, and Wangmu Niangniang has great importance in Taiwan and the meanings of these female deities contrast sharply with those of the male bureaucratic deities. First of all, the cults of these female deities are not associated with clearly defined territories such as those that male bureaucrats administered in Imperial China, where bureaucracy was inherently masculine. These female deities are not considered to show any bureaucratic characteristics, but rather epitomise female qualities, including purity, solidarity, mediation and the capacity for alliance. Still, they have great divine power. For example, Sangren did not consider the ‘purity’ of female deities as a simple transfer of the ‘purity’ imputed to female mortals. Rather, he suggested that ‘Female purity as manifested in female deities involves the negation of woman as wife and affirmation of her role as mother’ (p. 14). In Chinese domestic life, wifhood is deemed a divisive force

while motherhood a unifying force for patrilineal and patriarchal authority. In this way, Guanyin, Matzu, and Wangmu Niangniang condense only the *positive* attributes of female gender—not of womanhood in general, but of motherhood in particular. Indeed, ‘Discontinuities between qualities associated with female deities and those associated with women highlight important culturally-posed and, in practice, irresolvable existential dilemmas for Chinese women’ (Sangren 1983: 14).

On the contrary, male deities show the gendered qualities of the bureaucracy, both positive and negative. Male deities, like officials of different ranks in the imperial administration system, possess political power of various degrees and structural authority which comes with their ranks in the divine bureaucratic hierarchy. Male deities are always associated with hierarchy, authority and legitimacy. These qualities bear a striking resemblance to the conventional gender qualities of men in the real world of mortals. As seen earlier in Section 7.3, deities invoked to preside over foetus-calming rituals do not include female deities such as Matzu and Guanyin. Nor do they include those goddesses, who are usually involved in protecting and blessing women during pregnancy and childbirth, such as Zhusheng Niangniang (the Goddess of Fertility and Childbirth), Linshui Furen (Madam Merciful), Shier Pojei (the Twelve Grannies) and Sanshiliu Pojei (the Thirty Six Grannies) (see Section 6-4-1). Jiutian Xuannu (Primordial Woman of the Nine Heavens) is the only female deity invoked in foetus-calming charms where she alone confronts the pantheon of male deities.

Jiutian Xuannu is among deities of ‘secondary relevance’ that are invoked to preside over or execute foetus-calming rituals and assume authority over the charms written and rituals performed. However, Jiutian Xuannu is a kind of deity endowed with a spiritual power that comes from her own moral practice for administering foetal-calming rituals. She belongs to the second division of the deities distinct from those of the first, as indicated in charm No. 7 with Fo (the Buddha), Beidi and Donmu Xingjun, and in charm No. 17 again with Fo (the Buddha) and Xinquang Shangdi above her (see Section 7-2-2, Table 7.1 and Section 7-2-3). This suggests that there exists a specific hierarchical structure of power between these two divisions of deities,

with the first serving as the commander-in-chief and the second, the front-line executor, in foetus-calming rituals (see Section 8-2-1). To some extent, this further reinscribes the legitimate position of male deities in the rituals, and helps shed light on the continuities of gender qualities between male deities and male mortals.

8-3-2. A Structuralist Analysis of Gendered Power

Inspired by Sangren's analysis on the cultural constitution of the gender qualities of deities and mortals (1983), I now consider the dynamic relations between male and female ritual practitioners involved in Taiwanese pregnancy and childbirth. Examining the power relations and divisions of labour between these ritual practitioners is important for understanding how notions of gender are constructed, and how a gender hierarchy is inscribed, connecting living peoples with relations between female and male deities.

According to my field research and literature review from the late Ming and Qing Dynasties (seventeenth century) through the Japanese Colonial Era, to contemporary rural Taiwan, it is abundantly clear that men have been the dominant authorities on pregnancy, even though pregnancy is confined to women, their bodies and life histories.³³ Throughout the ten-month pregnancy period, *hongtou* priests, a religious community composed of men only, articulate expert knowledge about pregnancy and childbirth, and play the most important role as cultural instructors for pregnant women. Even in the actual administration of rituals, *hongtou* priests are the sole actors with sufficient authority and power to overcome potential supernatural dangers. In other words, in terms of 'competent' actors, only *hongtou* priests are in a legitimate position to control affairs related to pregnancy and childbirth, and to intrude on the nether world of ghosts and evil *sha* spirits.

My fieldwork survey of Taoist shrines in Taichung County clearly shows that performing foetus-calming rituals is a main task in the job description of *hongtou* priests (red-head priests),

³³ Many practices suggest that Chinese/Taiwanese reject the autonomy of the female body, including those of Buddhist nuns, ritual specialist, and ordinary women. Only if sexuality is restrained is the autonomy of the female body possible. For example, the practice of 'ceasing the menstrual flow' has been practised as an essential lesson for female specialists. It was also known as 'slaying the red dragon' (*zhan chilong*) through individual moral lessons of great stature (see H. Chang 1997: 235–65; Rittgasser 2004).

while some *wutou* priests (black-head priests) also perform foetus-calming rituals occasionally, such as Mr Wu Chao-jin (1928–), the master of the Taoist shrine Xinfu Tan in Wufeng.³⁴ Mr Wu considered his family business to be in the tradition of Taoist *wutou* priests, but he occasionally performed rites and ceremonies which are the speciality of *hongtuo* priests. He once performed foetus-calming rituals on request and two typical charms were used in rituals selected from a handwritten *Volume of Magic Charms (Fubu)*, which was inherited from his family (see charms Nos 31 and 32 in Table 7.1, Section 7-2-2). However, Mr Wu frankly stated that this was only a temporary act in a distinctive situation, adding that: ‘the *hongtuo* priest is the only legitimate practitioner performing the *antai* ritual.’ Indeed, the foetus-calming ritual is seen by the *hongtuo* priest as his monopoly.

As a female practitioner, the *angyi* performs certain professional work for women in Taiwanese pregnancy. She performs two rituals, which are optional during pregnancy. One is called ‘exploring the flowery palace’ (*tan huagong*) conducted in the period prior to pregnancy to promote a successful conception (see Section 6-3-1). The second ritual is called ‘planting another kind of flower in the nether world or changing the vessel resembling the woman’s belly’ (*zaihau huandou*) conducted in the early stages of the pregnancy to attain the preferred sex of the baby (see Section 6-3-2). In essence, both refer to communication with the woman’s ‘nether garden’ – a supernatural realm of productivity; the female *angyi* is thought expert in communication with this nether world.

As a female practitioner expert in communicating with the nether world, the *angyi* predominates in a very common ritual in Taiwan; that of ‘going through the nether world in order to communicate with the deceased’, called *guan luoyin* or *qianwang*. This is what was depicted in official provincial histories (*zhishu*) of Qing Taiwan as the major business for *angyi* as ‘seeking divination and revelation by going through the nether world’ (see Section 3-2-2). This was also reported in the *Pictorial Magazine by Dianshi Studio (Dianshi zhai huabao)*,

³⁴ Field survey conducted in July 2000. Mr Wu is the fourth-generation master of Xinfu Tan with his grandson now keeping the family business as the sixth-generation master.

edited by Wu You-ru between 1884 and 1898: 'There was a female spirit medium so-called *angyi* who could go through the nether world when possessed by the souls of the deceased. Thus, *angyi* was often asked by the weak for treatment [in her altar]' (Y. Wu (ed.) 1990 [1884–1898]) (Figure 8.7).

That is, the *qian-wang* ritual was, and still is, always held at the private altar of the *angyi*. When performing the ritual, *angyi* can articulate discontent on behalf of the deceased kin of her clients, when her body is possessed by the spirits of the dead. Taiwanese believe that some serious illnesses may be caused by their deceased kin or other family members due to kinship relationship or related social norms being violated. Further, women are especially prone to traffic with the world of the dead, due partly to their being periodically polluted from their menstruation and childbirth. More specifically according to Ahern's argument (1975a), the defining characteristic of a polluting substance in Chinese society is that it prevents those who come in contact with it from associating with the gods. The prohibition is most rigorous for those who come into closest contact with women's menstrual and birth fluids, and the presence of a polluted woman can prevent the gods from making close contact with other people as well (Ahern 1975a: 202–04). According to this logic, the polluting substances associated exclusively with women are closely associated with dangerous spiritual power. Thus, in rural Taiwanese society, ritual practitioners who specialise in raising the souls of the dead are inevitably women.

Angyi are female spirit mediums expert in trafficking with ghosts, as mentioned above, whereas *tangki* are other spirit mediums, predominantly men, whose bodies when possessed by gods' spirits can speak or write out the details of appropriate divination. Compared with those of *angyi*, the ritual which *tangki* performed is much more vivid and visible.

Further, in contrast with *angyi* who serviced their clients at private altars, *tangki* serviced their clients in communal temples and usually performed communal activities. We can find certain accounts of their performances from official provincial histories (*zhishu*) of Qing Taiwan, which mentioned *tangki*, with swords or knives in hand, invoking spirits for prescription through offering blood to the gods, and performing rituals for obtaining prescriptions and

oracles in verses written on a sand pan. Also, there are reports of vivid performances wherein *tangki* were drenched with blood, but seemly protected by some kind of ‘body armour’ in the Taiwanese ceremony of welcoming the deity or the thanksgiving festival associated with parades (see Figure 8.8). The rituals *tangki* often performed include those: for seeking help from deities (*wenshen*); for placing the writing divination board for invoking spirits (*fuluan*); for making deities descend into the world by giving some written instruction or prescribing a list of medications (*jiangbi*) (see Section 3-3-1).



Figure 8.7. The performance of the female spirit medium ‘*angyi*’, from *Pictorial Magazine by Dianshi Studio* (*Dianshi zhai huabao*), Wu You-ru (ed.) 1990 [1884–1898].



Figure 8.8. The performance of the male spirit medium ‘*tangki*’ (鎮瀾宮進香陣頭-0016-030319).

Tangki literally means virgin or unmarried male, and they are expected to be so when they are first initiated into such specialist communication with the holy gods. Serving as spokespersons for the gods, which are *Yang* by nature, is of course the job of men, who also belong to the *Yang* domain. Hence, *tangki* in Taiwan are predominantly male.

In fact, due in part to the concept of female pollution, in Han Taiwanese society, there is a hierarchy of spiritual beings worshipped by the Taiwanese: at the top are clean, high gods worshipped at important times by men; at the bottom, dirty, lowly spirits and ghosts worshipped and tended by women. For example, when the high gods are worshipped on special festival

occasions, it is usually men who perform the act of worship; by contrast, where low-ranking supernatural spirits are concerned, women are quite free to play a predominant role. Moreover, women are also permitted to traffic with residents of the world of the dead. When sessions are held in which villagers enter a trance, travel to the underworld, and visit deceased friends and kinsmen, women can participate fully either as observers or as mediums. The spirits of the dead and their world are unclean. Women, also periodically unclean or polluted due to menstruation and childbirth, may appropriately enter into contact with the deceased, ghosts and *sha* (see also Ahern 1975a: 202–07).

Thus there is a strong gendered specialisation between ritual practitioners, especially between female *angyi* and male *tangki* in Taiwanese folk religion: *angyi* are female spirit mediums expert in trafficking with ghosts, whereas *tangki* are male spirit mediums skilled in communicating with gods.

<i>Yin</i>	<i>Yang</i>
the negative power	the positive power
ghost	god
polluted	sacred
the private domain	the public domain
implicit	explicit
female	male
<i>angyi</i>	<i>tangki</i>

Table 8.1. The series of binaries developed by utilising a structuralist analysis of gender and ritual power.

Thus, we might integrate all the relevant details so far into a structuralist analysis of gender and ritual power, and come up with a series of binaries summarised above. Table 8.1 has also been inspired by Xie Shi-zhong's research (1986) on the gender hierarchy in the division of labour between *angyi* and *tangki*.

This is the cosmological foundation of the gendered division of labour between ritual practitioners. That is, *angyi* are spirit mediums expert in communicating with the client's deceased family members in the nether world—the ghosts. Following this, women and ghosts belong to the same domain of *Yin*, albeit in two different cultural categories.

The binary model outlined in Table 8.1 is, I believe, well founded and reflects both cultural categories and social realities in rural Taiwanese society. Thus we would expect the female *angyi* to be the practitioners performing the foetus-calming rituals that concern women (*Yin*) and deal with the negative forces of ghosts. But, this is not the case. It is in fact the male *hongtou* priests. They are the only practitioners who have the legitimacy to know how to perform the *antai* ritual on pregnant women in their private altars. Only in life-threatening cases when the pregnant woman is in grave danger is the ritual performed in the house of the affected woman. In any case, the main purpose of foetus-calming rituals is to subdue or drive away all ghosts and *sha* which disturb the pregnant women. The fact that it is male *hongtou* priests but not female *angyi* who perform foetus-calming rituals in suppressing ghosts and *sha* reveals that the ghosts and *sha* in the cosmology of pregnancy are *not* simply the same as *gui ling chongsha* or evil forces of the deceased; they include *shi kong chongsha* as well, a sub-category of ferocious power which threatens the given cosmic order. Moreover, since foetus-calming rituals are monopolised by *hongtou* priests, male *hongtou* priests have absolute superiority over both female *angyi* and male *tangki* priests. Their distinctive roles in pregnancy rituals reveal the ideology of gendered hierarchy at work.

8-3-3. *Hongtou* Priests, Crossing Boundaries

The superiority of male *hongtou* priests in these rituals has its roots deeply embedded in the Chinese social structure. From the late Qing Taiwan, there were two social strata that discriminated superior from inferior occupations: the *shang jiuliu* (the nine superior occupations) and the *xia jiuliu* (the nine inferior occupations), respectively. The former includes the professions of office counsellors, doctors, commercial painters, geomancers, diviners,

fortune-tellers, Buddhist monks, Taoist priests (such as *hongtou* priests) and music masters. These professionals were all men, and they were mostly intellectuals or well-educated persons. The latter includes prostitutes, actors or actresses, shamans/wizards (such as *angyi* and *tangki*), players or musicians, sow-maters (those who mated sows with boars), barbers, domestic servants, masseurs and grave-diggers. The lineages of *xia jiuliu* were socially despised, and children of these practitioners were not permitted to attend any examination in that era when the imperial examination was crucial for entry to the Chinese bureaucracy (Iwao 1987 [1921]: 181–85). It shows that the status of *hongtou* priests is much higher than that of *angyi* and *tangki* in the hierarchy of ritual specialists in Taiwanese society. Although they are spirit mediums of the same sex, the symbolic roles and ritual powers of male *hongtou* priests and male *tangki* are quite different.



Figure 8.9. Male *hongtou* priests in a thanksgiving ceremony to ‘earth spirits’ (*tushen*), the so-called ‘*xietu*’ (福興慶成謝土-0201-031123).

As I observed in my fieldwork, the *hongtou* priest is usually the practitioner invited by the local community to direct the public religious rites in their communal temple. These ceremonial activities are presented to the gods, and are often very large, lasting more than seven days and involving at least two to three ritual specialists, or sometimes more than ten. These large-scale activities include the ceremonies: of worshipping the Supernatural Emperor (*bai Tiangong*); of

making a retribution to the gods (*choushen*); of holding a sacrifice to appease the gods or exorcise the demons (by setting up a temporary altar for prayers) (*jianjiao*); of redeeming a vow pledged before the gods (*xieyuan*); and the thanksgiving ceremony to earth spirits ‘*tushen*’ (*xietu* or *qingcheng xietu*) (see Figure 8.9). Here there seems to be some overlap in the division of labour between the *hongtou* priest and *tangki*. *Tangki* can also perform public rites. But, the major and most solemn ceremonies *bai Tiangong*, *jianjiao* and *qingcheng xietu*, for instance, must be performed *only* by the *hongtou* priest.

However, such large-scale ceremonies are not held frequently. More often, at a private altar in his own house (similar to the private altars of the *angyi* and *tangki*), the *hongtou* priest performs rituals for individual persons. However, the *hongtou* priest’s altar is also a kind of ‘private temple’ in contrast with the communal temple open to the public. His business at this altar includes: fortune telling and choosing auspicious dates (*mingxiang zeri*); the ritual for turning bad luck into good fortune (*gaiyun*); the ritual of calling back a child’s frightened soul when a child receives a shock or is in state of coma, the so-called *shoujing*; the ritual of seizing the haunting spirits ‘*tushen*’ (*shutou* [H]); the general ritual of pressing down the evil spirits (*zhensha*); the magic for maintaining marital harmony (*hehe*); and the ritual of calming the foetus for preventing miscarriage (*antai*). As can be seen, the rituals that the *hongtou* priest performs in his private altar serve a variety of purposes as Master Ke of Waipu previously reported (see Section 3-3-1). Apart from performing foetus-calming rituals for pregnant women, *hongtou* priests are also practitioners who can perform a special exorcism to drive off the dangerous spirit *Liuxia*, called *song Liuxia*, to ensure a safe delivery in that special circumstance for a particular category of women in the last month before childbirth (see Section 6-3-3).

It is worth noting that Master Ke’s ritual business also includes the exorcism for clearing evil spirits from a residence (*zhi xieruzhai*), the ritual for seizing evil *sha* spirits stemming from the nether world (*shou yinsha*), and for seizing evil *sha* spirits arising from the disturbed state of a funeral wherein people are typically wearing hemp clothes (*shou masha*). These rituals are representative of the major business of the *hongtou* priest as a spirit medium for ghosts. To some

extent, all these rituals are closed in terms of the attendants and personnel involved.

Overall, the *hongtou* priest is a kind of ritual practitioner whose professional work embraces both the public and private domains. His overarching boundary-crossing character is also obvious in that in his ritual performances he communicates not only with the holy gods but with malicious ghosts and evil *sha* spirits. Hence, the role that the male *hongtou* priest plays is equivalent to that of the male *tangki* as a spirit medium for the gods. But most significantly, the male *hongtou* priest also overlaps, and ultimately eclipses, the role of the female *angyi* as a spirit medium for ghosts.

I suggest that the overarching power the *hongtou* priest holds is a manifestation of the authority and legitimacy derived from the bureaucratic hierarchy. The supernatural bureaucracy is mostly paralleled by a 'human' bureaucracy which has men at the apex and women at the nadir. The ritual power of the *hongtou* priest thus exceeds the power predicted by the simpler binary model discussed above. The fact that the *hongtou* priest transcends both male *tangki* and female *angyi* indicates that he ultimately eclipses the cultural binaries which inscribe the gendered division of ritual labour. The *hongtou* priest crosses over the boundaries between males and females, between gods and ghosts, and between public and private domains. Thus, the ritual power of the *hongtou* priest in administering foetus-calming rituals, and the related magic charms, can only be properly understood within the context of the broader patterns of gendered power.

Moreover, gender superiority is also apparent in that the male *hongtou* priests, regarded as authoritative and legitimate in both social and ritual levels, possess power over pregnant women who are considered marginalised and polluted in Taiwanese society. This again reinscribes the ancient structural authority of the imperial bureaucratic hierarchy in the contemporary cosmology of pregnancy. This links male power to imperial might and social order, and female power to dangerous ghosts, evil *sha* spirits and threatening disorder. The ritual complex of pregnancy and birth thus reinscribes the gendered hierarchy of Han Taiwanese cosmology. In other words, gender ideology plays a significant role in forming the cosmic order for Taiwanese

pregnancy. Thus, in the rural societies of Taiwan, pregnancy and foetus-calming practices are not mere archaic aspects of ritual or culture, but are pervaded by, and powerfully re-inscribe, contemporary notions of gendered hierarchy.

APPENDICES

Appendix 1

Lineage of Key Informants in Sankang, Waipu

I. Mr. Xie Bing-lang, Mrs. Xie Chen Gan-mei and Mr. Xie Rong-jin

Source: JS582(1943) 謝馮阿安 + JS582(1942) 謝馮琳坤 + S0701 謝炳朗 + S0702 謝阿銘 + S0703 謝錦蘭 + D0501 謝榮金

II. Mr. Liu Zou Chang-wen, Mr. Liu Qing-wen and Mr. Liu Zou Kun

Source: JS593(1927) 劉運添 + JS450(1931) 劉運紛 + JS593(1937) 劉阿水 + JS593(1937) 劉運春 + JS593(1937) 劉運發 + JS593(1937) 鄒運華

III. Mr. Liu Qin-xi and Mr. Liu Ru-yan

Source: JS561(1908) 劉親喜 + S1101 劉汝炎

IV. Mr. Chen Wei-lai, Mr. Chen Huo-cheng, Mrs. Chen Qiu Tian-mei, Mr. Chen A-yong and Mrs. Chen Huang Qin-mei

Source: JS626(1908) 陳日輝 + S0806 陳維來 + S0807 陳阿勇.陳黃勤妹 + S0809 陳火城.陳邱添妹 + S0811 陳信雄

V. Mr. Xie A-zeng, Mrs. Xie Luo Xu-mei, Mrs. Xie Zhang Ting-mei and Mrs. Xie Xu Bi-xia

Source: JS593(1915) 謝阿庚 + JS436(1916) 謝阿發 + S0705 謝阿增.謝羅戌妹 + S0704 謝張庭妹 + S0706 謝阿進 + S0707 謝蔡玉梅 + S0717 謝發通 + S0717 謝發雲 + S0716 謝徐碧霞 + S1711 謝發文 + S1710 謝發金 + S1704 謝發枝 + S1807 謝阿浮 + S1811 謝發達

VI. Mr. Zeng Fu-lang

Source: JS685(1927) 曾水生 + JS676(1936) 曾冬才 + JS685(1938) 曾從來 + JS685(1944) 曾添才 + JS676(1946) 曾添丁 + S0907 曾富朗 + S1302 曾新德 + S1303 曾福來 + S1303 曾玉霞

VII. Mrs. Chen Hong Huan

Source: JS672(1930) 陳遠 + S1109 陳敏益. 陳洪換 + S1104 陳敏庭 + S1105 陳敏昭 + S1106 陳敏遜

VIII. Mrs. Qiu Chen Cong

Source: JS581 (1937) 邱清俊 + JS587 (1937) 邱清珍 + S0609 邱火壽.邱陳蔥 + S0610 邱昭賜

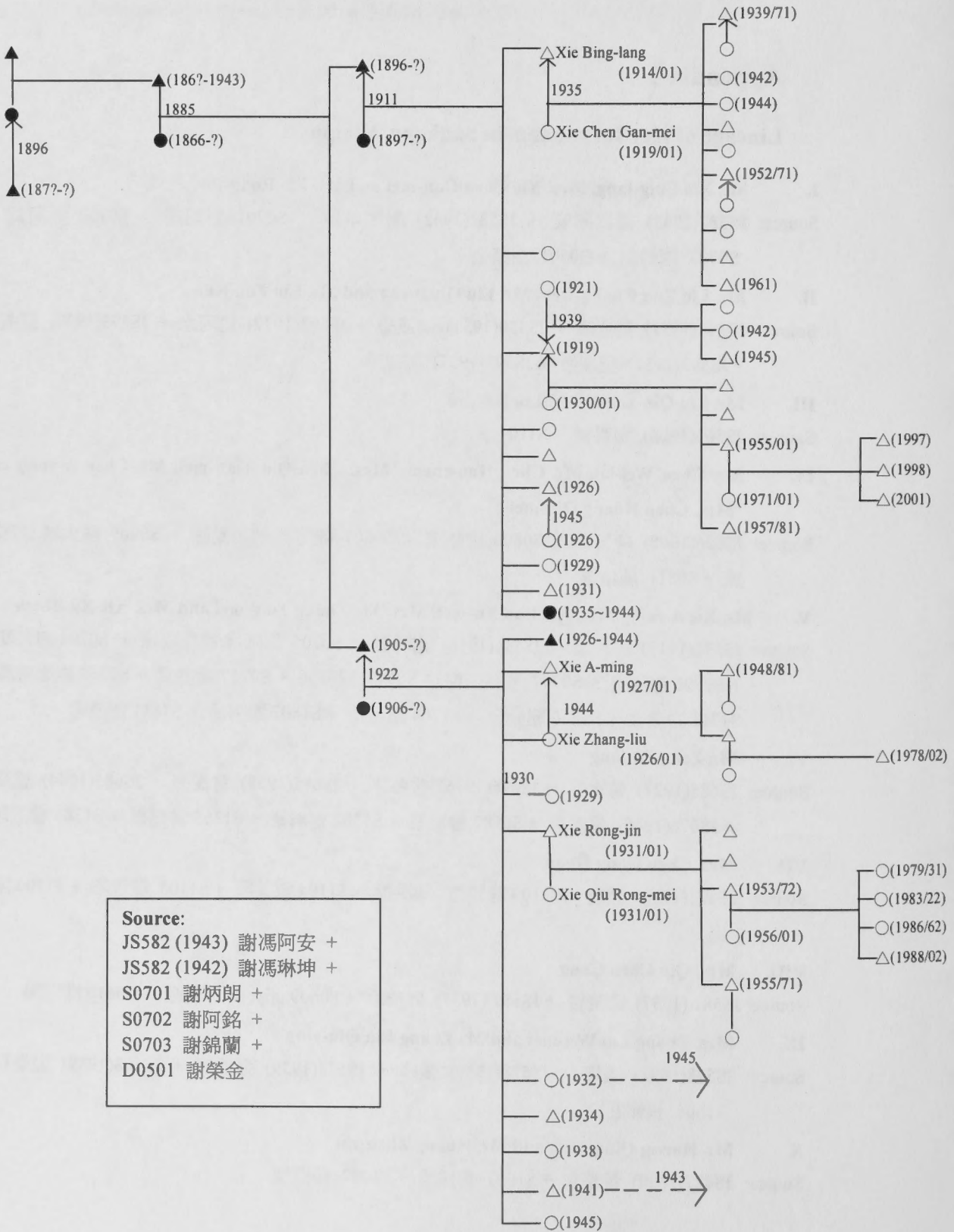
IX. Mrs. Zhang Lai Wei-mei and Ms Zhang Lin Qiu-ying

Source: JS578(1892) 張輝 + JS578(1939) 張宗 + JS578(1939) 張清送 + JS578(1939) 張登科 + S1606 張賴豎妹

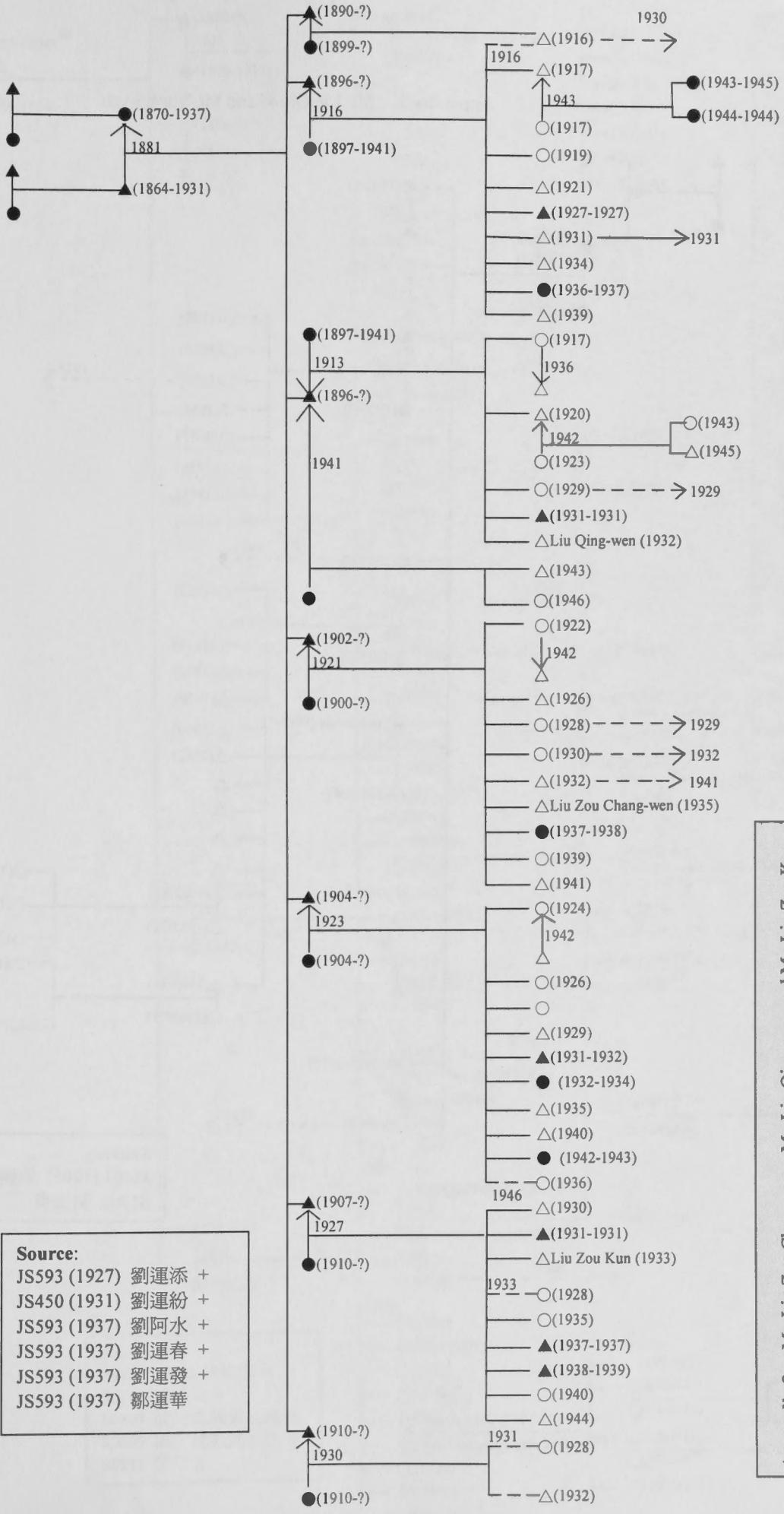
X Mr. Huang Qing-song and Mr. Huang Zhen-zhi

Source: JS427(1890) 黃德來 + S1001 黃鐵成 + S1002 黃振枝

Appendix 1. Mr. Xie Bing-lang, Mrs. Xie Chen Gan-mei, Mr. Xie A-ming, Mrs. Xie Zhang-liu, Mr. Xie Rong-jin and Mrs. Xie Qiu Rong-mei



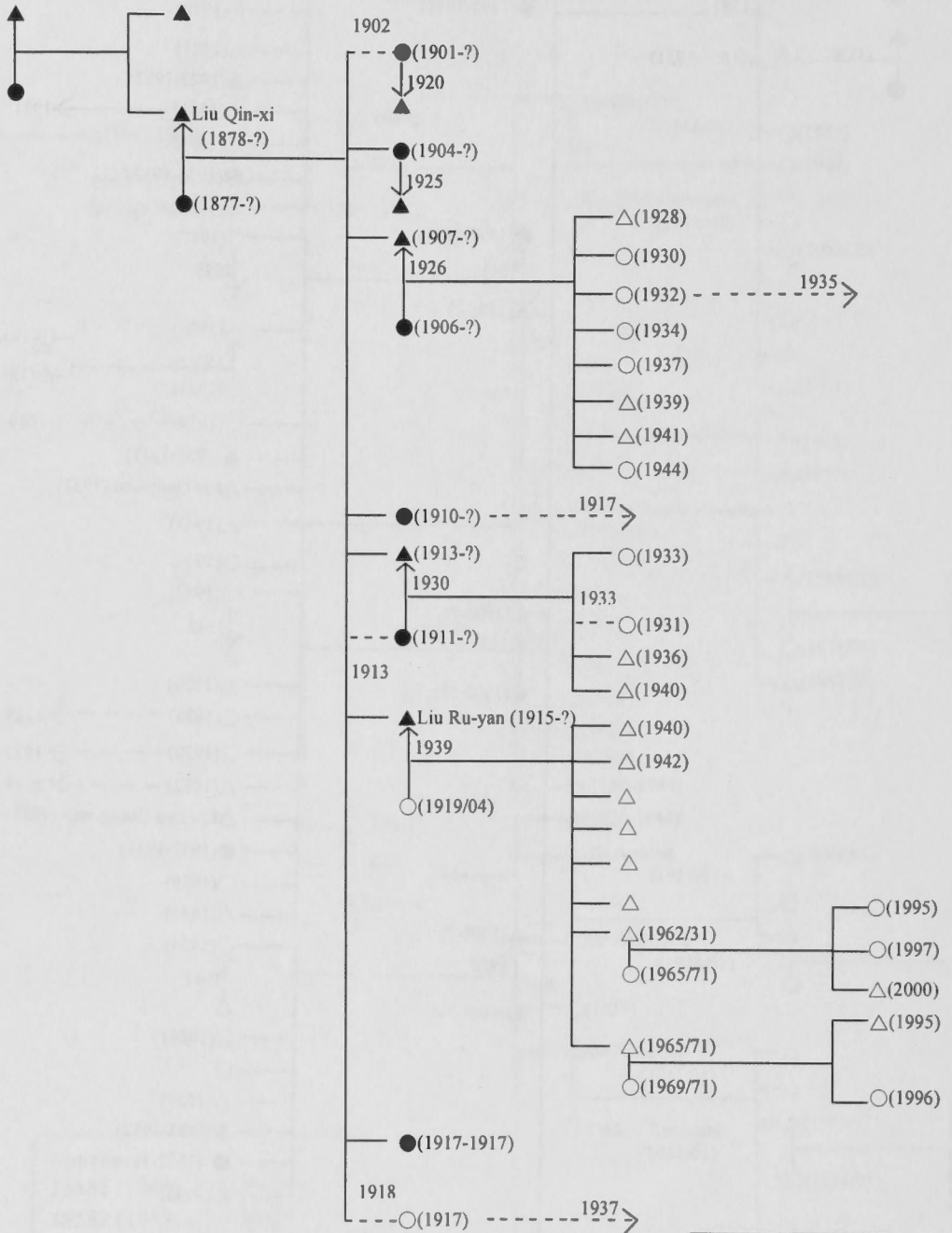
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 S0703 謝錦蘭 +
 D0501 謝榮金



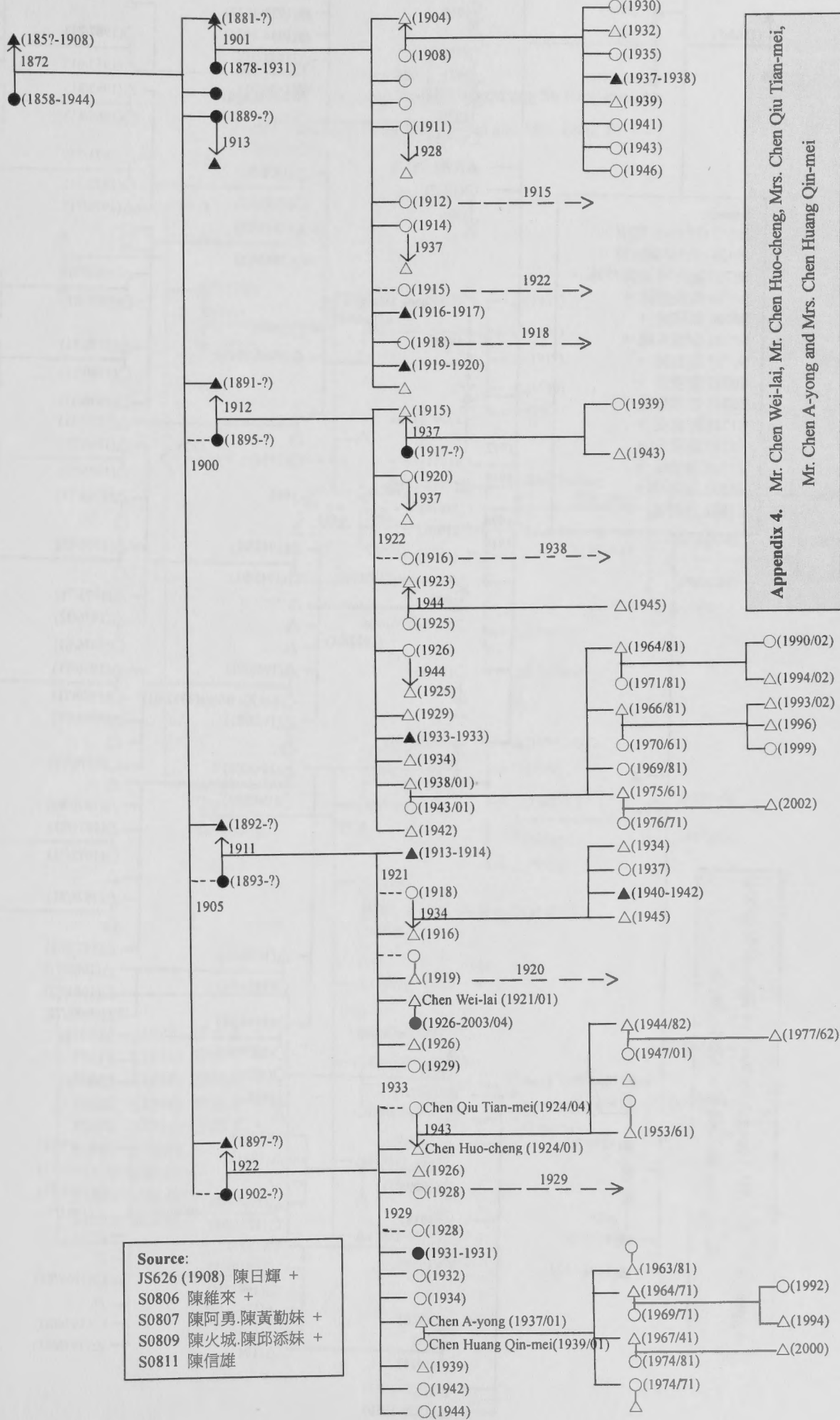
Source:
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 JS593 (1937) 劉阿水 +
 JS593 (1937) 劉運春 +
 JS593 (1937) 劉運發 +
 JS593 (1937) 鄒運華

Appendix 2. Mr. Liu Zou Chang-wen, Mr. Liu Qing-wen and Mr. Liu Zou Kun

Appendix 3. Mr. Liu Qin-xi and Mr. Liu Ru-yan



Source:
 JS561 (1908) 劉親喜 +
 S1101 劉汝炎



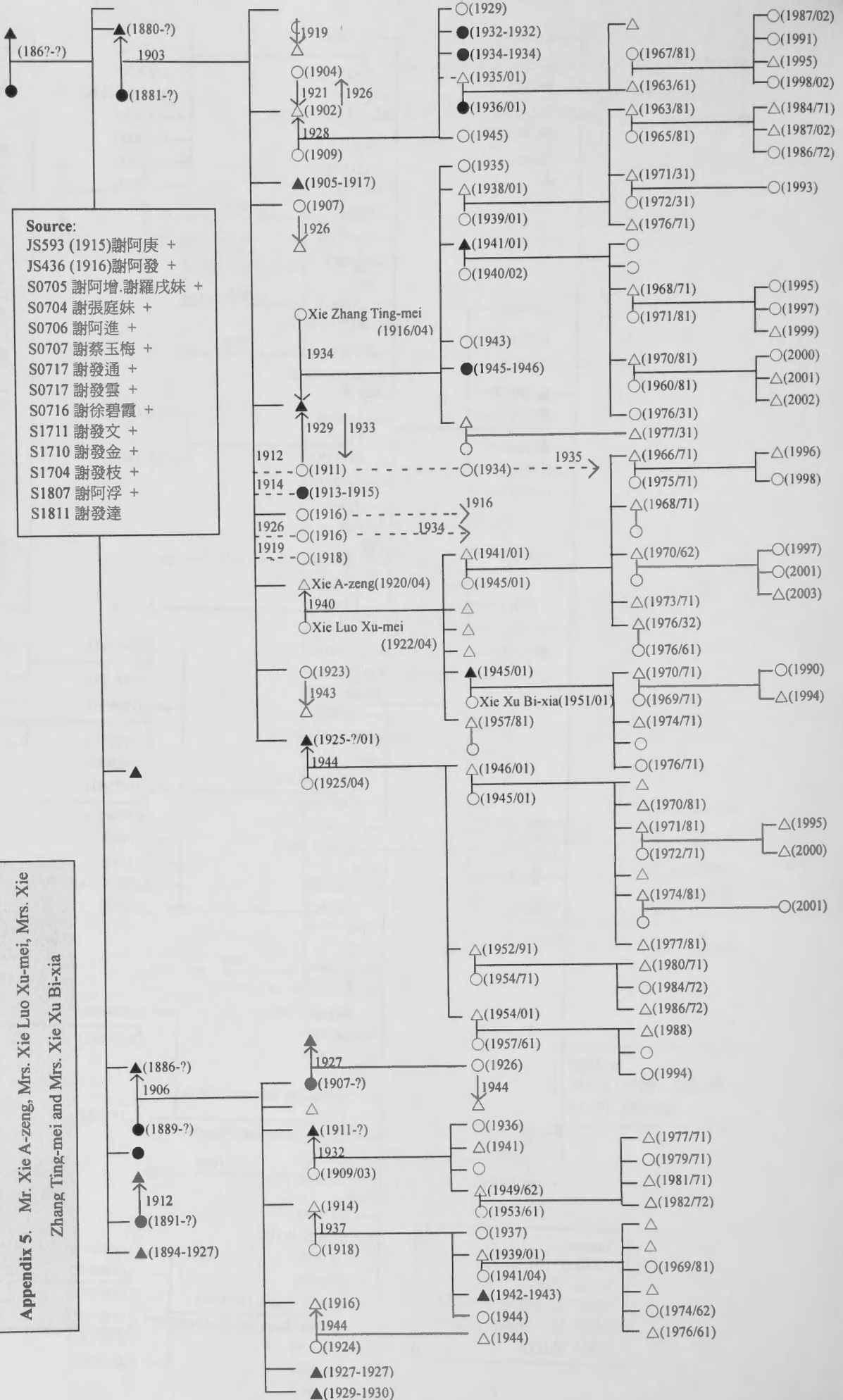
Appendix 4. Mr. Chen Wei-lai, Mr. Chen Huo-cheng, Mrs. Chen Qiu Tian-mei,
Mr. Chen A-yong and Mrs. Chen Huang Qin-mei

Source:
 JS626 (1908) 陳日輝 +
 S0806 陳維來 +
 S0807 陳阿勇.陳黃勤妹 +
 S0809 陳火城.陳邱添妹 +
 S0811 陳信雄

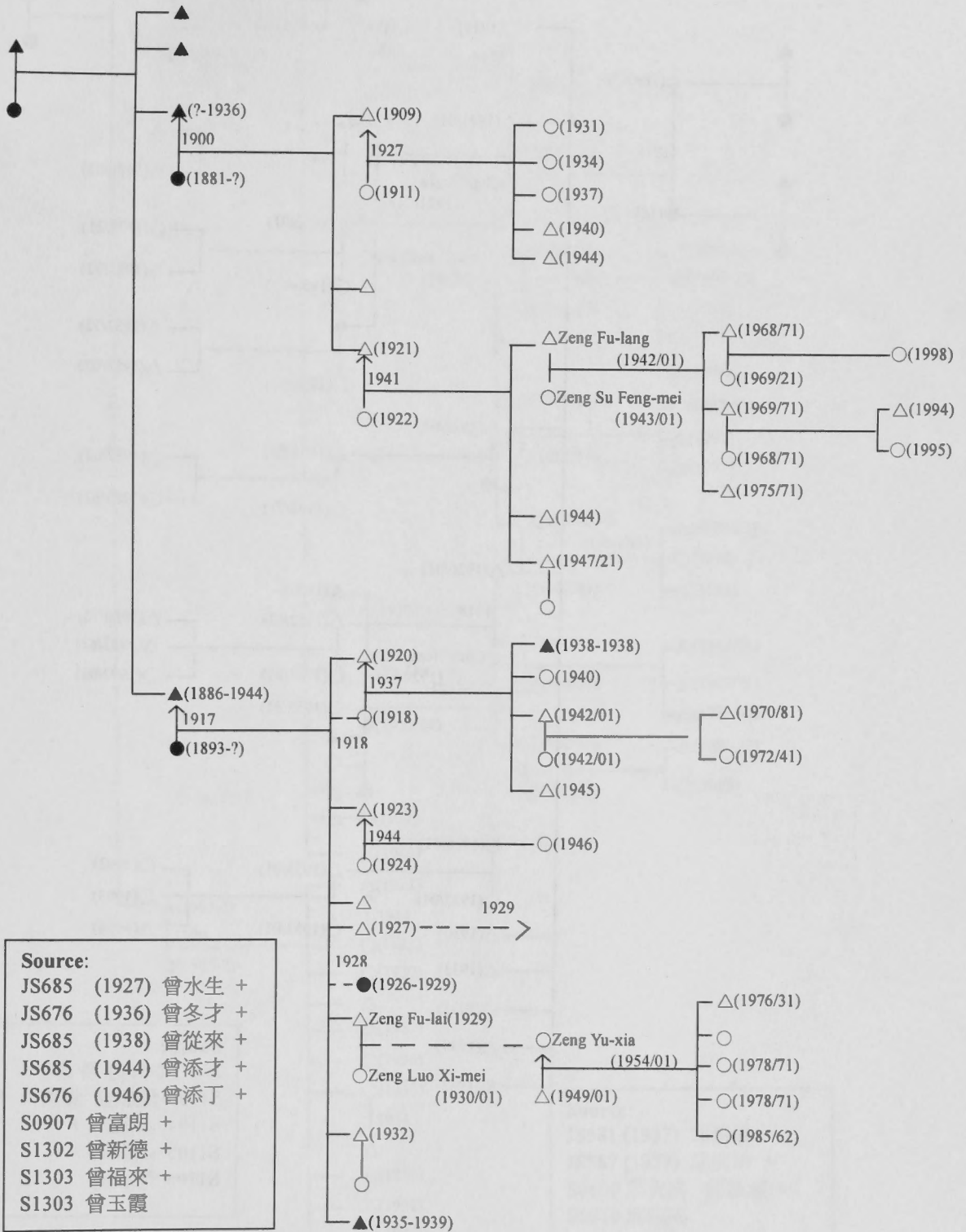
Source:

JS593 (1915)謝阿庚 +
 JS436 (1916)謝阿發 +
 S0705 謝阿增.謝羅成妹 +
 S0704 謝張庭妹 +
 S0706 謝阿進 +
 S0707 謝蔡玉梅 +
 S0717 謝發通 +
 S0717 謝發雲 +
 S0716 謝徐碧霞 +
 S1711 謝發文 +
 S1710 謝發金 +
 S1704 謝發枝 +
 S1807 謝阿浮 +
 S1811 謝發達

Appendix 5. Mr. Xie A-zeng, Mrs. Xie Luo Xu-mei, Mrs. Xie Zhang Ting-mei and Mrs. Xie Xu Bi-xia



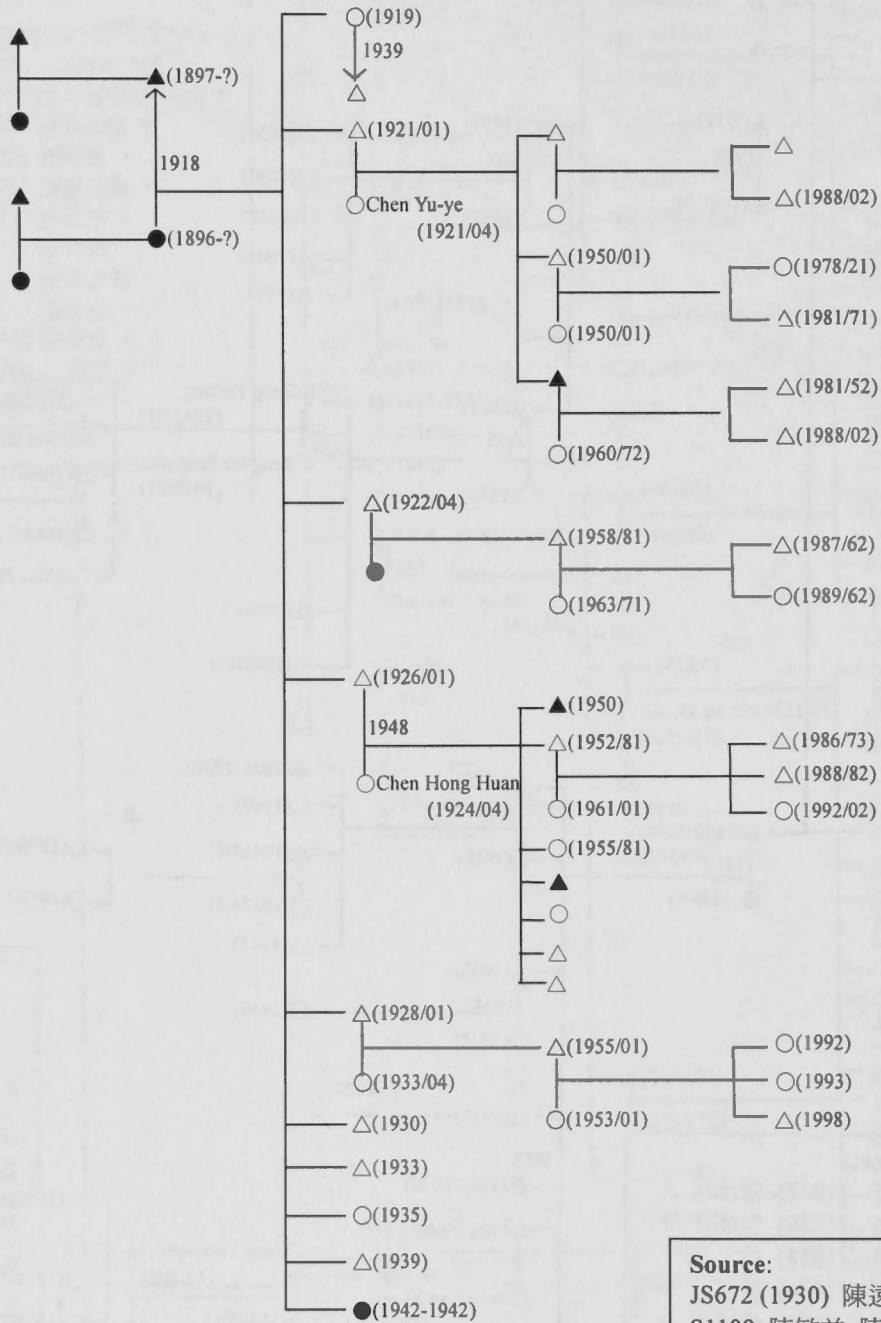
**Appendix 6. Mr. Zeng Fu-lang, Mrs. Zeng Su Feng-mei, Mr.
Zeng Fu-lai, Mrs. Zeng Luo Xi-mei and Mrs. Zeng Yu-xia**



Source:

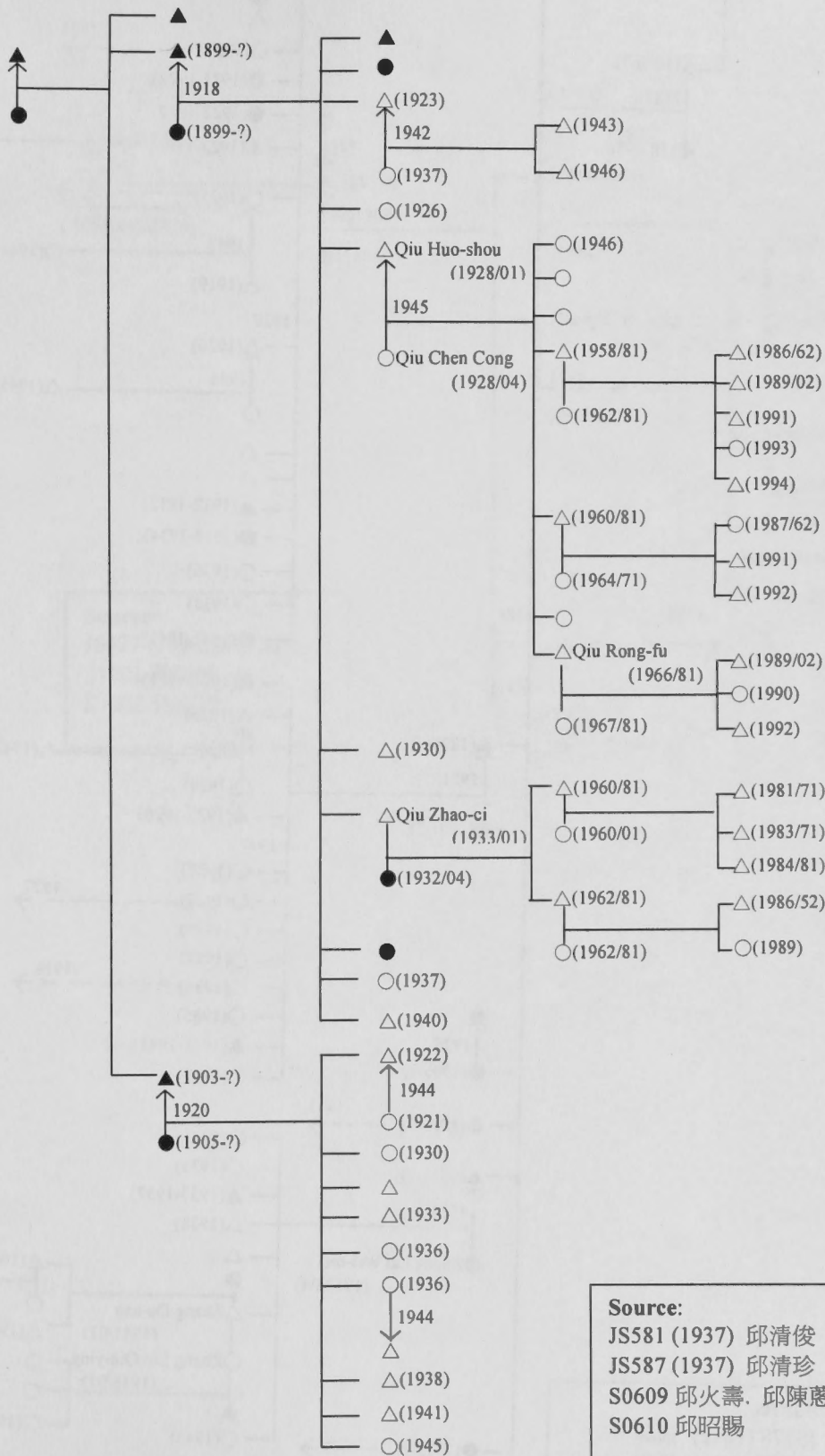
- JS685 (1927) 曾水生 +
- JS676 (1936) 曾冬才 +
- JS685 (1938) 曾從來 +
- JS685 (1944) 曾添才 +
- JS676 (1946) 曾添丁 +
- S0907 曾富朗 +
- S1302 曾新德 +
- S1303 曾福來 +
- S1303 曾玉霞

Appendix 7. Mrs. Chen Hong Huan and Mrs. Chen Yu-ye



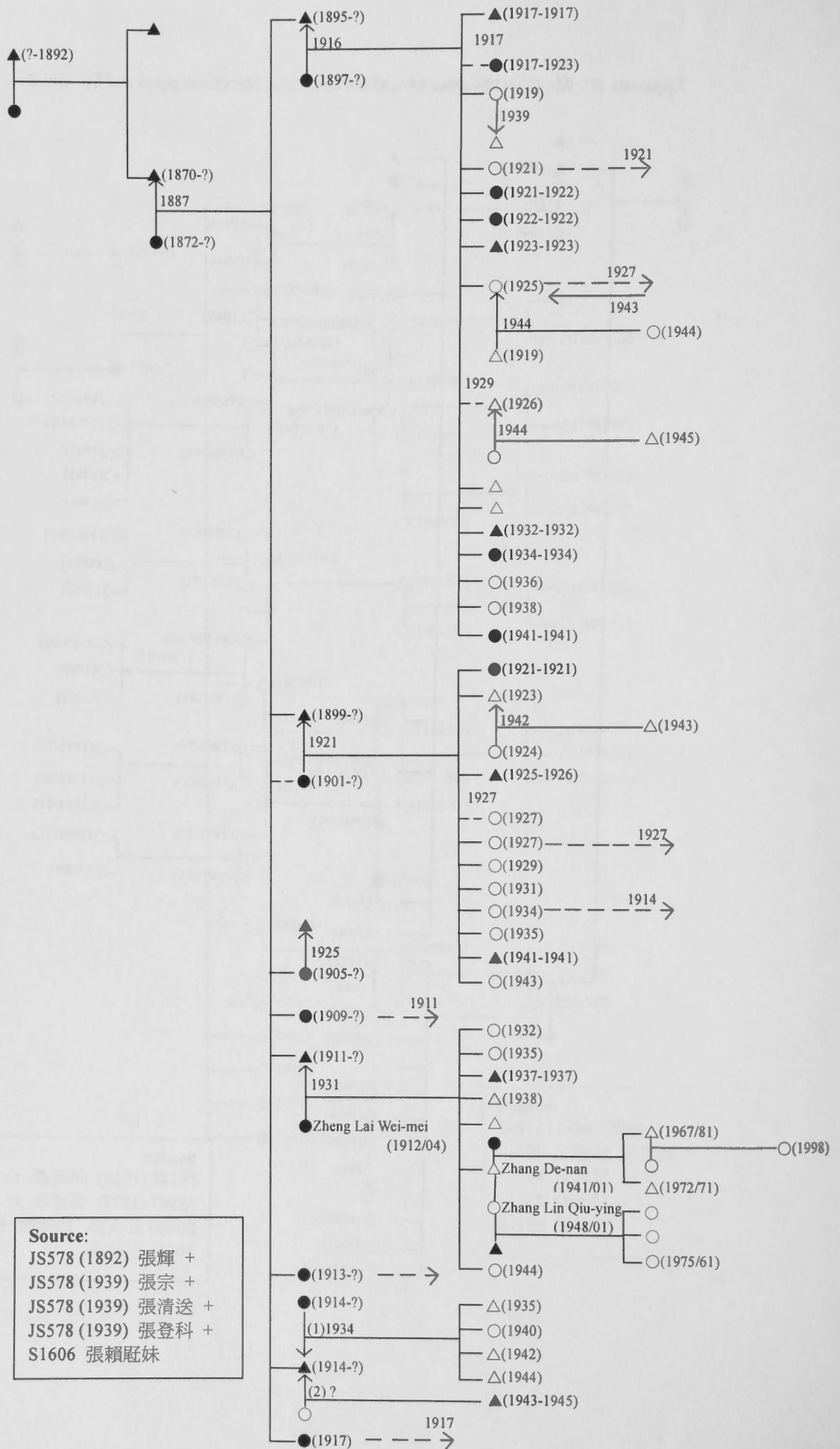
Source:
 JS672 (1930) 陳遠 +
 S1109 陳敏益 陳洪換 +
 S1104 陳敏庭 +
 S1105 陳敏昭 +
 S1106 陳敏遜

Appendix 8. Mr. Qiu Huo-shou, Mrs. Qiu Chen Cong, Mr. Qiu Zhao-ci and Mr. Qiu Rong-fu



Source:
 JS581 (1937) 邱清俊 +
 JS587 (1937) 邱清珍 +
 S0609 邱火壽, 邱陳蕙 +
 S0610 邱昭賜

Appendix 9. Mrs. Zhang Lai Wei-mei, Mr. Zhang De-nan, and Ms Zhang Lin Qiu-ying



Source:
 JS578 (1892) 張輝 +
 JS578 (1939) 張宗 +
 JS578 (1939) 張清送 +
 JS578 (1939) 張登科 +
 S1606 張賴厝妹

Appendix 2-1

List of Temples

Name	Location / Region	Key Deity Worshipped
<i>Wugu Miao</i> 五穀廟	Ilan City, ET	Shennong Dadi
<i>Nanxing Gong</i> 南興宮	Ilan City, ET	Zhusheng Niangniang
<i>Tiannong Miao</i> 天農廟	Jiaoxi, Ilan County, ET	Shennong Dadi
<i>Baoan Gong</i> 保安宮	Sanxing, Ilan County, ET	Baosheng Dadi
<i>Zhenan Gong</i> 鎮安宮	Sanxing, Ilan County, ET	Baosheng Dadi
<i>Baoan Gong</i> 保安宮	Dalongdong, Taipei City, NT	Baosheng Dadi
<i>Zhinan Gong</i> 指南宮	Muza, Taipei City, NT	Fuyou Dijin
<i>Mazu Miao</i> 媽祖廟	Hsinchu City, NT	Mazu
<i>Wugu Gong</i> 五穀宮	Zhunan, Miaoli County, CT	Shennong Dadi
<i>Xieyun Gong</i> 協雲宮	Shitan, Miaoli County, CT	Guancheng Dijin
<i>Puguang Si</i> 普光寺	Touwu, Miaoli County, CT	Buddha
<i>Yundong Gong</i> 雲洞宮	Touwu, Miaoli County, CT	Guancheng Dijin
<i>Jishi Gong</i> 濟世宮	Touwu, Miaoli County, CT	Guancheng Dijin
<i>Yuqing Gong</i> 玉清宮	Miaoli City, CT	Guancheng Dijin
<i>Chaoqing Gong</i> 朝清宮	Caotun, Nantou County, CT	Mazu
<i>Yuanbao Gong</i> 元保宮	Taichung City, CT	Baosheng Dadi
<i>Tianyi Gong</i> 天乙宮	Taichung City, CT	Shennong Dadi
<i>Renren Shi</i> 仁仁寺	Taichung County, CT	Buddha
<i>Zhenlan Gong</i> 鎮瀾宮	Da-jia, Taichung County, CT	Mazu
<i>Fuxing Gong</i> 福興宮	Waipu, Taichung County, CT	Shennong Dadi
<i>Shengxian Gong</i> 聖賢宮	Wufeng, Taichung County, CT	Shennong Dadi
<i>Shengnan Gong</i> 聖南宮	Qingshui, Taichung County, CT	Fuyou Dijin
<i>Nanyao Gong</i> 南瑤宮	Zhanghua City, CT	Mazu
<i>Qingan Gong</i> 慶安宮	Zhanghua City, CT	Baosheng Dadi
<i>Tianhou Gong</i> 天后宮	Lukang, Zhanghua County, CT	Mazu
<i>Chaotian Gong</i> 朝天宮	Beigang, Yunlin County, CT	Mazu
<i>Xingji Gong</i> 興濟宮	Tainan City, ST	Baosheng Dadi
<i>Taizi Gong</i> 太子宮	Xinying, Tainan County, ST	Zhongtan Yuanshuai
<i>Daitian Fu</i> 代天府	Beimen, Tainan County, ST	Wufu Wangye
<i>Ciji Gong</i> 慈濟宮	Xuejia, Tainan County, ST	Baosheng Dadi
<i>Huiji Gong</i> 惠濟宮	Xuejia, Tainan County, ST	Baosheng Dadi
<i>Baoan Gong</i> 保安宮	Tainan County, ST	Baosheng Dadi
<i>Wenheng Dian</i> 文衡殿	Chaozhou, Pingdong County, ST	Guancheng Dijin
<i>Donglong Gong</i> 東隆宮	Donggang, Pingdong County, ST	Mazu

Abbreviations: NT = North Taiwan; CT = Central Taiwan; ST= South Taiwan; ET= East Taiwan.

Appendix 2-2

Lineages of Yao-qian Found in Temples of Taiwan

Lineage	Temple	Key Deity	Department and Total No. of Prescriptions	Sources
Lineage I fang-yao pattern	Xingji Gong	Baosheng Dadi	Adult - 120 Paediatrics - 60 Ophthalmology - 90 Surgery - 60	Zhang Yong-xun <i>et al.</i> (1999) - System I
	Zhenan Gong	Baosheng Dadi	No distinct departments - 120	Sung Jin-shiu (1999)
	Baoan Gong (Taipei)	Baosheng Dadi	Internal Medicine - 120 Paediatrics - 36 Surgery - 36	Zhang Yong-xun <i>et al.</i> (1999) - System I Lu Zhao-lin (1998) Author's fieldwork, 1997
	Tianhou Mazu Miao	Mazu	Adult - 120 Paediatrics - 60 Ophthalmology - 84	Zhang Yong-xun <i>et al.</i> (1999) - System I
	Zhenlan Gong	Mazu	Adult - 120 Paediatrics - 60 Ophthalmology - 84	Zhang Yong-xun <i>et al.</i> (1999) - System I Author's fieldwork, 1997, 2003
	Fuxing Gong	Shennong Dadi	Adult - 120 Paediatrics - 60	Author's fieldwork, 2003
	Shengxian Gong	Shennong Dadi	Adult - 120 Female - 60 Paediatrics - 60	Author's fieldwork, 1997
	Chaoqing Gong	Mazu	Adult - 120 Paediatrics - 60 Ophthalmology - 84	Lin Mei-rong and Li Jun-xiong (1991)
	Tianhou Gong	Mazu	No distinct departments - 120	Dr. Xu Xue-ji
	Qingan Gong	Baosheng Dadi	No distinct departments - 120	Ms Yang Ling
	Nanyao Gong	Mazu	Adult - 120 Paediatrics - 60	Lin Mei-rong and Li Jun-xiong (1991)
	Chaotian Gong	Mazu	Adult - 120 Paediatrics - 60 Ophthalmology - 84	Shi Zhen-min (1977) Lin Mei-rong and Li Jun-xiong (1991) Author's fieldwork, 2002
	Daitian Fu	Wufu Wangye	Adult - 120 Paediatrics - 60 Ophthalmology - 91	Lin Mei-rong and Li Jun-xiong (1991)
	Ciji Gong	Baosheng Dadi	Internal Medicine - 120 Paediatrics - 60	Zhang Yong-xun <i>et al.</i> (1999) - System I
Huiji Gong	Baosheng Dadi	Internal Medicine - 120	Zhang Yong-xun <i>et al.</i> (1999) - System I	

Lineage	Temple	Key Deity	Department and Total No. of Prescriptions	Sources
	Taizi Gong	Zhongtan Yuanshuai	Adult - 120 Female - 64 Paediatrics - 60 Ophthalmology - 96	Zhang Yong-xun <i>et al.</i> (1999) - System I
	Donglong Gong	Mazu	Adult - 120 Paediatrics - 60	Zhang Yong-xun <i>et al.</i> (1999) - System I
	Wenheng Dian	Guancheng Dijun	Adult - 120	Zhang Yong-xun <i>et al.</i> (1999) - System I
Lineage II <i>fang-lun</i> pattern	Wugu Miao	Shennong Dadi	Male - 100 Female - 100 Paediatrics - 100	Author's fieldwork, 1996
	Baoan Gong (Ilan)	Baosheng Dadi	Male - 100 Female - 100 Paediatrics - 100 Surgery - 100 Ophthalmology - 53	Sung Jin-shiu (1999)
	Tianyi Gong	Shennong Dadi	Male - 100 Female - 100 Paediatrics - 100 Surgery - 100 Ophthalmology - 53	Zhang Yong-xun <i>et al.</i> (1999) - System II
	Puguang Si	Buddha	Male - 100 Female - 100 Paediatrics - 100 Surgery - 100 Ophthalmology - 53	Qiu Nian-yong (1993) Zhang Yong-xun <i>et al.</i> (1999) - System II
Lineage II <i>fang-lun</i> pattern	Yuqing Gong	Guancheng Dijun	Male - 100 Female - 100 Paediatrics - 100 Surgery - 100 Ophthalmology - 53	Zhang Yong-xun <i>et al.</i> (1999) - System II
	Wugu Gong	Shennong Dadi	Male - 100 Female - 100 Paediatrics - 100 Surgery - 100 Ophthalmology - 53	Zhang Yong-xun <i>et al.</i> (1999) - System II
	Xieyun Gong	Guancheng Dijun	Male - 80	Zhang Yong-xun <i>et al.</i> (1999) - System II
Lineage III <i>fang-lun</i> pattern	Baoan Gong (Tainan)	Baosheng Dadi	Male - 100 Paediatrics - 100 Female illnesses (miscellaneous) - 50 Pregnancy & prenatal care - 50 Postpartum recuperation - 10	Qiu Nian-yong (1993)
Lineage IV <i>fang-lun</i> pattern	Zhinan Gong	Fuyou Dijin	Male - 80 Female - 80	Zhang Yong-xun <i>et al.</i> (1999) - System VII Author's fieldwork, 1997

Lineage	Temple	Key Deity	Department and Total No. of Prescriptions	Sources
	Shengnan Gong	Fuyou Dijin	Male - 80 Female - 80	Author's fieldwork, 1997
Lineage V	Yuanbao Gong	Baosheng Dadi	No distinct departments - 127	Zhang Yong-xun <i>et al.</i> (1999) - System III Author's fieldwork, 1997
Lineage VI	Yundong Gong	Guancheng Dijun	Adult - 100 Paediatrics - 60	Zhang Yong-xun <i>et al.</i> (1999) - System IV
Lineage VII	Jishi Gong	Guancheng Dijun	No distinct departments - 160	Zhang Yong-xun <i>et al.</i> (1999) - System V
Lineage VIII	Tiannong Miao	Shennong Dadi	No distinct departments - 100	Sung Jin-shiu (1999)
Lineage IX	Renren Si	The Buddha	Male - 60 Female - 60	Author's fieldwork, 1997

CHARACTER GLOSSARY

- * Follows the system of Chinese Phonetic Alphabet *Hanyu pinyin*.
- * Terms marked [+] are Chinese materia medica and prescription formulas.
- * Terms marked [++] are herbaceous plants of Taiwanese herbal medicine.
- * Terms marked [H] refer to those in the Hokkien/South Fukien dialect.
- * Names of places and people are excluded.

A

achihung 鴨舌紅 [H] [++].

ajiaozhu 阿膠珠 [+].

an bagua 安八卦 The ritual of setting Eight Divinatory Symbols properly.

anchan tui riyou fa 安產推日遊法 The magic arts of calculating where and when *riyou* will be in, to ensure a safe childbirth.

anchuang 安床 Removing and settling the bed in a new place.

anfu zuofa 安符作法 Reciting charms and practising magic.

angyi 尪姨 [H] Female spirit medium.

anlong songhu 安龍送虎 The ritual of settling the good spirit, the Black Dragon, and deporting the evil spirit, the White Tiger.

an shenwei 安神位 The ritual for placing the deity tablet in a suitable position.

antai 安胎 (Pacifying the foetal spirits and thus) calming the foetus.

antai fu 安胎符 The charm for calming the foetus.

antai hau qingshui fu 安胎化清水符 The charm mixed with purified water for calming the foetus.

an Taisui 安太歲 The ritual of settling the star god *Taisui*.

antai yao 安胎藥 A prescription for calming the foetus.

an thaisin 安胎神 [H] The ritual for pacifying the foetal spirits and thus calming the foetus.

Aotou tongshu daquan 鰲頭通書大全 The Best National Complete Collection of Farmers' Almanacs.

B

bagua 八卦 The eight diagrams; the eight divinatory symbols; a representation of the Universe and its order.

- bai Chuangmu** 拜床母 The practice of worshipping the Goddess of Bed-Mother/the Mother of the Bed Spirit.
- Baihu** 白虎 White Tiger, an evil spirit.
- baishao** 白芍 [+].
- baishu** 白朮 [+].
- bai Tiangong** 拜天公 The ceremony of worshipping the Supernatural Emperor.
- Baoan Gong yao bu** 保安宮藥簿 The Prescription Divination Book from Baoan Temple.
- baochan wuyou fang** 保產無憂方 [+].
- Baosheng Dadi** 保生大帝 (also known as *Dadao Gong* 大道公) The Great Sovereign Who Protects Life.
- baotai fu** 保胎符 Charms for protecting pregnant women against evil spirits.
- bazi** 八字 Eight characters; Chinese horoscope.
- Beichan jiyong fang** 備產濟用方 Useful Prescriptions Ready-Made to Assist in Birth.
- beichong** 北仲 [+].
- Beiyou ji** 北遊記 (also known as *Xuandi shengtian* 玄帝昇天) Journey to the North: Ascension of God of Northern Heavens.
- Bencao gangmu** 本草綱目 Systematic Material Medica.
- bennian san sha** 本年三殺 An unverified category of foetal spirits *taisha* recorded in the Sung Dynasty.
- biandou** 扁豆 [+].
- biaopan** 標判 A practice which embellished documents with a series of special characters written in red ink.
- bing** 病 Disease, illness.
- binlang** 檳榔 [+].
- Binzi ge** 病子歌 Song on Showing Symptoms of Early Pregnancy.
- bisha** 避煞 To keep away from evil spirits *sha*.
- Boji xianfang** 博濟仙方 Efficacious Prescription Divination of Extensive Benefaction.
- Boji xianfang zhuji** 博濟仙方註解 Interpretations of Efficacious Prescription Divination of Extensive Benefaction.
- bou chienkhi** 冇清氣 [H] Made dirty; pollution.
- boutai** 補胎 [H] Nourishing the mother-to-be and the foetus during pregnancy.
- boutai ka he geilai** 補胎較好月內 [H] It is better to nourish the mother-to-be and the foetus during pregnancy than during the period of the mother's rest and other confinements after childbirth.
- buabuei** 擲筊 [H] To cast the two woodblocks to get divination.
- buei** 筊 [H] A device made of bamboo containing two woodblocks with both *Yin* and *Yang* surfaces used in divination.

C

- Cai Bingjun qizheng jingwei tongshu** 蔡炳圳七政經緯通書 *Qizheng jingwei tongshu* by Master Bing-jun Cai.
- cangfu wuxing** 臟腑五行 The dynamic correspondence between the internal organs of the body and the Five Elements in Chinese cosmology *wuxing*: *feijin* 肺金, *ganmu* 肝木, *shenshui* 腎水, *xinhuo* 心火, *pitu* 脾土.
- canggai nüren baiwu zhanji** 藏蓋女人百無占忌 (Deities) will be looking after the pregnant woman all the time.
- Cangmu** 倉木 Evil spirit *Cangmu* which regularly roams around trees.
- cang taiyi** 藏胎衣 The practice of storing and burying the infant's placenta (afterbirth).
- canmu shenhuang dingming** 產母身黃定命 An unverified category of foetal spirits *taisha* recorded in the Sung Dynasty.
- Chanbao zhufang** 產寶諸方 Treasury of Prescriptions for Childbirth.
- chanhou** 產後 Postpartum; postnatal.
- chanpo** 產婆 Modern licensed midwives.
- Chantu** 產圖 The Drawing Guidelines for a Safe Childbirth.
- Chanyu baoqing jifang** 產育寶慶集方 Childbirth Treasury Collection of Prescriptions.
- Chaoshi zhubing yuanhou lun** 巢氏諸病源候論 Master Chao's on the Origins and Symptoms of Diseases.
- Cheng Huang** 城隍 God of City; City God.
- chia huiyen** 吃香煙 [H] Eating the burning incense.
- chikahui** 指甲花 [H] [++].
- chinhu** 靜符 [H] The cleansing charm.
- chong fan** 沖犯 Offence; to offend.
- chongshen** 重身 Being pregnant.
- choushen** 酬神 The ceremony of making a retribution to gods.
- chouqian** 抽籤 To draw lots; to draw bamboo slips from temples.
- chuanbei** 川貝 [+].
- Chuang Mu** 床母 Goddess of Bed-Mother; the Mother of the Bed Spirit.
- chuanxiong** 川芎 [+].
- chugong** 出宮 To be away from one's place.
- chuobuei** 笑筊 [H] One presentation of *buabuei* indicating deity's pending approval by showing two *Yang* symbols; see *buabuei*.
- Ciji Furen** 慈濟夫人 Madam Merciful.

Ci Yuan 辭源 Source of Chinese Rhetoric.

cuisheng 催生 The ritual for inducing labour.

cuisheng fu 催生符 Charms for inducing labour.

D

Dadaogong qian 大道公籤 Prescription divination from *Dadao Gong, Baosheng Dadi*.

dai yuanyin 待緣因 Wait for a chance.

Dajia le 大家樂 Everybody Gambling.

Dajia tianshang shengmu yaoqian 大甲天上聖母藥籤 The Prescription Divination Book from the Goddess of Heaven in Dajia Area.

Dajia wushisan zhuang 大甲五十三庄 53 Han villages in Dajia.

Dalongdong Baoan Gong Baosheng Dadi yaoqian jei 大龍峒保安宮保生大帝藥籤解
Interpretations of the Prescription Divinations from Baosheng Dadi in Dalongdong Area.

danggui 當歸 [+].

danggui san 當歸散 [+].

Danxi xinfa 丹溪心法 Essential Arts of Danxi.

daode 道德 Morality; morals.

daoyin 導引 One of Chinese breathing techniques.

daren ke 大人科 Department of Adults.

dazao 大棗 [+].

degia 著驚 [H] To be frightened.

Dianshi zhai huabao 點石齋畫報 Pictorial Magazine by Dian-shi Studio.

diji zhu 地基主 The host spirits of the ground.

Dongyou ji 東遊記 (also known as *Baxian guohai* 八仙過海) Journey to the East: the Eight Immortals Crossing the Sea.

Dongyue Dadi 東嶽大帝 God of the Eastern High Mountain, also regarded as the ruler of the nether world.

Doumu Xingjun 斗母星君 Star God of *Doumu* which lies to the top of the Dipper.

du 毒 Poisonous.

duo song jingwen 多頌經文 To pray more.

duo xingshan 多行善 To do charity.

E

Enzhu Gong 恩主公 Respectful Benevolent Master.

erchen tang 二陳湯 [+].

erke 兒科 Department of Paediatrics.

eryue taishen 二月胎神 The *taishen* of the second lunar month.

esha 惡煞 Evil and ferocious spirits.

eshi 惡食 Lack of appetite.

F

Fajiao 法教 A religious sect which emphasised magic arts as the core of its discipline.

fang 方 Prescriptions.

fang 房 A family's branch headed by a son.

fanglun qian 方論籤 A pattern of *yaoqian* written with both symptoms and relevant treatments.

fangxia exin 放下惡心 Not doing evil.

fangyao qian 方藥籤 A pattern of *yaoqian* written with medications only without any indication of symptoms.

fan sha guan 泛煞觀 The overall framework of dangerous and evil spirits *sha* in Han Taiwanese folk religion.

fan taisha fu 犯胎煞符 Charms used by pregnant women who had offended against the dangerous foetal spirits *taisha*.

fantu 犯土 To offend *tushen*.

fanbao 煩燥 Anxious, containing the heart radical.

fen 分 A unit of weight, one *fen* equals 10 *qian* 錢.

fenghuangtui 鳳凰退 [+].

Fengshen Yanyi 封神演義 A Historical Novel of Chinese Gods and Ancient Heroes.

fengshui 風水 Chinese geomancy.

fengweicao 鳳尾草 [+].

fenhu 焚虎 An old custom of burning a paper-tiger on Chinese New Year's Eve which signifies the driving away of evil spirits *sha* that preside over the year.

fenxiang 分香 To distribute the incense of a premier temple to other small, local temples, to symbolise the dominion of the former and their relationship.

fenxiang zai lu 焚香在爐 To burn incense in an incense burner especially one with three legs.

Fozu 佛祖 The Buddha.

fu 夫 The sages; the wise men.

fu 符 Charm; magic charm.

Fubu 符簿 Volume of Taoist Magic Charms.

fudan 符膽 The end of a charm.

Fujen daquan liangfang 婦人大全良方 All-Inclusive Good Prescriptions for Women.

- fujing muxie** 父精母血 A mix of the father's semen and the mother's blood creating a foetus.
- fujung** 芙蓉 [H] [++].
- fu ling** 符令 The magic charm and the order it entails.
- fuling** 茯苓 [+].
- fulu** 符籙 Taoist charms.
- fuluan** 扶鸞 (also known as *fuki* 扶乩) A ritual practice of placing the writing boards for invoking spirits; a traditional divination method whereby the spirit, when invoked, writes characters on a sand pan by means of a stick attached to a horizontal piece supported by spiritual mediums.
- fuke** 婦科 Department of Gynaecology.
- fuke renchen** 婦科妊娠 Department of Gynaecology and Obstetrics.
- Fuke yuchi** 婦科玉尺 Pure Regulations on Medicine for Women.
- Fu qingzhu nüke** 傅青主女科 Master Fu's Medicine for Women.
- Furen qui** 婦人規 Regulations for Women.
- furen yi rongxue wei ben** 婦人以榮血爲本 It is essential for women to flourish their blood.
- futi** 符體 The body of a charm.
- futou** 符頭 The top of a charm.
- Fuxinggong Wuguwang qian** 福興宮五穀王籤 Prescription Divination from Wuguwang, Fuxing Gong, Sankang Village.
- Fuyou Dijun** 孚佑帝君 (also known as *Lüdi* 呂帝 or *Lüzü* 呂祖) The Reliable Sovereign Who Protects the People.
- fu zhi wei xin** 符之爲信 *Fu* was a token of promise.
- fu zhou** 符咒 Taoist magic figures; Taoist charms and incantations.

G

- gaiguo qianshan** 改過遷善 To correct evil doings and revert to good deeds.
- gaiyun** 改運 The ritual of turning bad luck into good fortune.
- gancao** 甘草 [+].
- Gang** 罡 (short for *Tian Gang* 天罡) The Taoist name of the Great Dipper.
- ganhuo** 肝火 Angry, containing the liver radical; hepatic fire.
- ganzhi** 干支 Short for *tiangan* and *dizhi*; the combination with *tiangan* and *dizhi* forms a term by which the Chinese year or date is known.
- ganzhi jiazi lun** 干支甲子論 A refined theory of *ganzhi jiazi*.
- gepian** 革偏 To correct deviation.
- goniua** 姑娘仔 [H] A single woman who died of an accident in her early life.
- Guancheng Dijun** 關聖帝君 God of Chivalry.

- guan luoyin** 關落陰 (also known as *qian-wang* 牽亡) The ritual of going through the nether world in order to communicate with the deceased.
- Guanyin** 觀音 Goddess of Mercy.
- Guce Chubanshe** 古冊出版社 Old Books Press.
- guhun** 孤魂 Wandering ghosts.
- gui** 鬼 Ghosts.
- gui ling chongsha** 鬼靈沖煞 The ferocious power due to an offence against the deceased.
- guimo** 鬼魔 Demon or devil.
- guisha** 歸煞 (as known as *huisha* 回煞) The return of the soul of the deceased to his/her home a few days after death.
- guisui** 鬼祟 Evil spirits.
- gui suogui wei zuxian** 鬼所歸為祖先 The ultimate destination of ghosts is to become ancestors.
- Guo cang shoushao fuzhou ben** 郭藏手抄符咒本 (abbreviated as Guo's Fuzhou Ben) Handwritten Volume of Taoist Magic Figures: Mr. Guo's Collection.
- Guo cang shoushao yaobu fu fulu** 郭藏手抄藥簿.附符籙 (abbreviated as Guo's Fulu) Handwritten Volume of Prescriptions with Taoist Magic Charms: Mr. Guo's Collection.

H

- ha** 蝦/霞 [H] Red blush; blood; bleeding.
- hamkamachao** 哈甘仔草 [H] [++].
- hangmichao** 紅面草 [H] [++].
- haoxiangdi** 好兄弟 Ghosts that are seen as brothers of an underworld gang to people.
- hau taishen fu** 化胎神符 Charms for reconciliation with the foetal spirit *taishen*.
- hehe** 和合 The magic for maintaining marital harmony.
- heihu shen** 黑虎神 The black-tiger spirit.
- hongbao** 紅包 Chinese cash gift put in a red packet.
- hong tilin** 奉敕令 [H] In receiving a deity's order.
- hongtou fashi** 紅頭法師 *Hongtou* priest, the red-head priest; a ritual specialist who wraps a piece of red cloth around his head while performing the rituals.
- Hongyang** 洪陽 The evil spirit named *Hongyang* which was personified as a male.
- houpo** 厚朴 [+].
- Houtu Huang Diqi** 后土皇地祇 The God of the Earth.
- Hsinbuei** 聖筊 [H] One presentation of *buabuei* indicating the deity's approval by showing one *Yin* and one *Yang*.
- hu** 戶 The single-panel door of a Taiwanese household.

- huadan** 化單 An alternative prescription offered by practitioners from which they can replace the unavailable medication by an accessible one.
- huagu** 化骨 The ritual for correcting deformed bodies.
- huaishan** 淮山 [+].
- huaizi** 懷子 Being pregnant.
- huandou** 換肚 The practice of exchanging a woman's belly for an expected son.
- Huangdi neijing suwen** 黃帝內經素問 The Yellow Emperor's Inner Canon: Basic Questions.
- Huangjun Furen** 皇君夫人 Madam *Huangjun*; Madam of the Lord.
- huangqin** 黃芩 [+].
- Huatai binzi ge** 花胎病子歌 Song on Morning Sickness of Pregnant Women.
- hukou diaocha bu** 戶口調查簿 The official household registration books.
- huoxiang** 藿香 [+].
- huoxiang** 火巷 [+].
- Huzheng Shiwu Suo** 戶政事務所 The Administrative Divisions of Census Affairs.
- huzi daqing tang** 扈子大清湯 [+].

J

- jiang** 薑 [+].
- jiangbi** 降筆 A ritual practice for making deities descend into the world by giving some written instructions or prescribing a list of medications.
- jianjiao** 建醮 The ceremony of holding a sacrifice to appease the gods or exorcise the demons by setting up a temporary altar for prayer.
- jiangxi piji famen** 將息辟忌法門 The only correct approach to recuperation by avoiding supernatural taboos.
- Jiaqing ershiyi nian Jincheng Tang qubi tongshu** 嘉慶二十四年繼成堂趨避通書 The Farmers' Almanacs for Avoiding Impending Trouble and Seeking Good Luck Issued by Jincheng House during the Reign of Emperor Jiaqian 21st.
- Jiayi guannei caifang ce** 嘉義管內采訪冊 Interview Reports for the Jurisdiction of Jiayi.
- jiecheng jinxin tingmingyushen yixin qiufang** 潔誠盡敬聽命於神一心求方 To seek for a prescription through total surrender to the deities with a pure and respectful heart.
- jiesheng po** 接生婆 Traditional granny midwives.
- jihlien** 石蓮 [H] [++].
- jing** 精 The (seminal) essence of a human being.
- Jingjiao chanbao** 經效產寶 Menses Efficacy and Birth Treasury.
- jingjie** 荆芥 [+].

- jing luo shuo** 經絡說 The theory of a net-like structure of veins and arteries.
- Jingui yaolue lunzhu** 金匱要略論註 Essentials of the Golden Casket with Annotations.
- jingyan fang** 經驗方 Prescriptions derived from one's experience in everyday life.
- jingzhe** 驚蟄 The Waking of Insects, the 3rd solar term of Chinese lunar calendar.
- jinie zhi zheng** 積孽之症 Illnesses/disorders caused by one's evil deeds.
- Jinshen Qisha** 金神七煞 A kind of Seven *Sha* of Land.
- jinying** 金英 [+].
- Jisheng fang** 濟生方 Prescriptions Good for All Mankind.
- jisi quan** 祭祀圈 Religious sphere.
- ji Tiangou** 祭[制]天狗 A ritual for subduing *Tiangou* spirit, a dangerous star god presiding over the month.
- ji tui tafa** 急退他方 Deities were endeavouring to drive away all evil spirits speedily and forcefully.
- Jiutian Xuannu** 九天玄女 Primordial Women of the Nine Heavens; the Goddess who assisted the Yellow Emperor to subdue Chi-you.
- Jiyin gangmu** 濟陰綱目 Systematic Aid for Disorders of Women.
- juanfu** 蠲符 The authorised token for tax exemption.

K

- kaitai zu** 開臺祖 The forerunners/ancestors of Taiwan.
- kangkachao** 空殼草 [H] [++].
- kaochanta** 九層塔 [H] [++].
- keichiaochao** 見笑草 [H] [++].
- keishaiting** 雞屎藤 [H] [++].
- kongqian** 空籤 A pattern of *yaoqian* with no details on symptoms or treatment but only a moral teaching.
- kuimen** 憤悶 Feeling befuddled and depressed.

L

- lao aber** [H] 老阿婆 Local grannies.
- laodagong** 老大公 Ghosts that are seen as gang leaders to people.
- lasam** 邋屎 [H] Real dirty.
- Lei Shen** 雷神 God of Thunder.
- Lianqiao** 連橋 Evil spirit *Lianqiao* which regularly roams around bridges.
- Liaofan si xun** 了凡四訓 Master Liao-fan's Teachings on Four Aspects.
- li biao** 裡表 Inner/weakness or outer /invasion.

- li-chun** 立春 Beginning of Spring, the 1st solar term of Chinese lunar calendar.
- lin** 令 [H] (also known as *tilin* 敕令 or *hong tilin* 奉敕令) To order, to command.
- ligui** 厲鬼 Malicious ghosts.
- lingfu** 靈符 An efficacious charm.
- lingfu jiu muzi quan** 靈符救母子全安 This efficacious charm could be used to rescue both mother-to-be and her foetus from all danger.
- lingyangjiao san** 羚羊角散 [+].
- Linshui Furen** 臨水夫人 (also known as *Ciji Furen* 慈濟夫人, or *Bixia Yuanjun* 碧霞元君) Madam Merciful; the goddess who rescues women in difficult labour.
- Lin xianzhi tongshu bianlan** 林先知通書便覽 Tongshu bianlan by Prophet Lin.
- liu da jingqi** 六大精氣 The six essential energies in the Universe.
- liuhan** 六汗 [+].
- liujia furen shenshangdai fu** 六甲婦人身上帶符 The charm worn by pregnant women.
- liujia shichen** 六甲時辰 A system of time referring to all of the sixty units of Chinese hour-reckoning which are named after the combination of Ten Heavenly Stems and Twelve Early Branches.
- liujia zhangzhan tie fu** 六甲帳占貼符 The charm stuck/attached to a pregnant woman's mosquito net where evil spirits resided.
- liujia taishen yueri guanzhan fangwei dingju** 六甲胎神月日關占方位定局 (abbreviated as *taishen guanzhan* 胎神關占) Knowledge for specifying certain objects, spaces, and relevant directions that foetal spirits *taishen* might occupy either by monthly or daily cycles.
- liujia xunyou taisha** 六甲旬遊胎殺 A category of *taishen* spirits occupying certain places every ten days preceded by *jia*.
- liu ji ri** 六己日 The six days preceded by *ji* in Chinese lunar calendar.
- liushi huajia** 六十花甲 (also known as *yi jiazi* 一甲子) A cycle of sixty units called *huajia* or *jiazi* created from the combination of the sets of Ten Heavenly Stems '*shi tiangan*' and the Twelve Earthly Branches '*shier dizhi*'.
- liu wu ri** 六戊日 The six days preceded by *wu* in Chinese lunar calendar.
- Liuxia** 流蝦 The dangerous spirit which may menace women in their prospective childbirths.
- liu yin** 六淫 (also known as *liu qi* 六氣) The circulation of six meteorological/weather conditions or six excessive forces in Nature: wind (*feng* 風), fire (*huo* 火), cold (*han* 寒), heat (*shu* 暑), humidity (*shi* 濕), and aridity (*zao* 燥).
- liuyin zhi bing** 六淫之病 Illnesses/disorders caused by the six excessive forces (external factors) in Nature: wind, fire, cold, heat, humidity and aridity.
- lixia** 立夏 Beginning of Summer, the 7th solar term of Chinese lunar calendar.
- luantang** 鸞堂 Altar specific for performing traditional divination ritual of *fuluan*, where the writing board was often used for invoking spirits.

- ludan** 爐丹 A small pill made of ashes from the burnt incense.
- Lunheng** 論衡 Contrarian Essays.
- Lü Fengyuan tongshu bianlan** 呂逢元通書便覽 Tongshu bianlan by Master Feng-yuan Lü.
- Lüsan pai** 閩山派 The Taoist sect of Lüsan.
- Lüdi lingqian xianfang** 呂帝靈籤仙方 Efficacious General Divinations and Prescription Divinations from Lüdi.
- Lüdi xianfang** 呂帝仙方 (the same as *Lüzü qian* 呂祖籤 in Cantonese Area) Efficacious Prescription Divinations from Lüdi.

M

- mangzhong** 芒種 Grain in Ear, the 9th solar term of Chinese lunar calendar.
- Mazu** 媽祖 (also known as *Tianhou* 天后) Goddess of Heaven.
- Mazu qian** 媽祖籤 Prescription divination from *Mazu*.
- meatuntao** 無仔墩頭 [H] [++].
- men** 悶 Depressed, containing the heart radical.
- mentao tieng** 門斗頂 [H] The top of the door hinge.
- miaogong** 廟公 Temple-keeper.
- minghun** 冥婚 A ghost marriage arranged for a *goniua* 姑娘仔.
- mingxiang zeri** 命相擇日 fortunetelling and choosing auspicious dates.
- Minsu Taiwan** 民俗臺灣 Folklore Taiwan.
- miqi** 蜜芪 [+].
- miyue** 彌月 One-month-old celebration of a baby.

N

- nanke** 男科 Department for Male Patients.
- Nanyou ji** 南遊記 (also known as *Huaguang chushi* 華光出世) Journey to the South: the Birth of Huaguang.
- neike** 內科 Department of Internal Medicine.
- neiyin** 內因 Internal factors which cause illnesses.
- nianshen** 年神 The gods of the year.
- niansha** 年煞 The dangerous spirits of the year.
- nongminli** 農民曆 The farmers' almanacs.
- nüke** 女科 Department of Female.
- Nüke bai wen** 女科百問 One Hundred Questions on Female Disorders.
- Nüke yaozhi** 女科要旨 Essentials of Female Disorders.

Nüke zhengzhi zhunsheng 女科證治準繩 Guidelines for Treatment of Female Disorders.

nüyi 女醫 Female doctors.

nüzi yi gan wei xiantian 女子以肝爲先天 To get an unobstructed liver function is the top priority for women.

P

peiamuchao 白鴨母草 [H] [++].

peitai shuo 胚胎說 Discourses on key concept of foetus.

Penghu tingzhi 澎湖廳志 Official Penghu History.

Penghu jilüe 澎湖紀略 Travel Notes in Penghu Island.

Pingxi Daohua Leitan Fuzhouling 坪溪道化雷壇符咒令 The Taoist Magic Charms Circulated by Taoist Shrine Daohualei Tan, Pingxi Area.

pu du 普度 (also known as *zhongyuan pu du* 中元普度) The festival with prayers universally for those unburied dead and hungry ghosts; the feast of the hungry ghosts celebrated in the seventh month of Chinese calendar.

Puji benshi fang 普濟本事方 Versatile Prescriptions Good for All Mankind.

Q

qi 氣 The vital essence (vitality/energy) of a human being.

qiai 蘄艾 [+].

qianghuo 羌活 [+].

Qianjin yaofang 千金要方 Prescriptions Worth a Thousand.

qianshi 籤詩 Oracle in verse.

Qi Bao 七寶 Seven Gems.

Qimin yaoshu 齊民要術 Essentials for Governing People.

qingcao yao 青草藥 Galenical; Taiwanese herbal medicine.

Qinglong 青龍 Black Dragon, a good spirit.

qingming 清明 Pure Brightness, the 5th solar term of Chinese lunar calendar.

qingxing 情性 Temperament.

qiongui jiao tang 芎歸膠艾湯 [+].

qi qing 七情 The seven negative emotions of human: delight (*xi* 喜), anger (*nu* 怒), worry (*you* 憂), contemplation (*si* 思), sorrow (*bei* 悲), fear (*kong* 恐), and fright (*jing* 驚).

qiqing zhi ji 七情之疾 Illnesses/disorders caused by seven negative emotion (internal temperaments) of human: delight, anger, worry, contemplation, sorrow, fear, and fright.

qiuqian zhanbu 求籤占卜 To draw a bamboo slip engraved with signs and practice divination.

qi xue 氣血 The flow of energy and blood.

qubi 趨避 Behaving oneself properly so as to avoid impending trouble and to seek good luck.

qu taidu 去胎毒 The practice of removing maternal pollutant to the foetus.

R

re han 熱寒 Heat or cold.

renchen antai 妊娠安胎 General practices for calming the foetus during pregnancy.

renchen ezu 妊娠惡阻 A state of heavy obstruction in pregnancy.

renchen shiji 妊娠食忌 Taboos in diet during pregnancy.

renchen yangtai 妊娠養胎 Nurturing of the foetus during pregnancy.

renchen suibing 妊娠祟病 Cosmological disorder during pregnancy.

renchen zhong 妊娠中惡 A state of heavy obstruction in pregnancy caused by supernatural powers.

ren suogui wei gui 人所歸爲鬼 The ultimate destination of human beings is to be 'ghosts', the creatures of the soil, the spiritual residues of the most material part of man.

renzi 妊子 Being pregnant.

Riyou Dajiangjun 日游大將軍 The Great General Riyou who takes control of *riyou taisha*.

riyou taishen 日遊胎神 (also known as *liushi huajia riyou taishen* 六十花甲日遊胎神 or *riyou taisha* 日遊胎殺; abbreviated as *riyou* 日遊) The *taisha* spirits based on *ganzhi jiazi*, the sixty units of a *huajia* in Chinese lunar calendar, which daily occupy certain spaces, directions, or objects.

rong wei 榮衛 Flourishing or guarding.

S

san gu liu po 三姑六婆 Three grand-aunts plus six old women; the category of female occupations comprising nine specialised granny practitioners.

sangui jiukoushou 三跪九叩首 The most solemn of etiquette with triple kneeling and nine kowtows.

sanhao yuan 三合院 A Taiwanese house with three-compartment complex.

Sanqing Daoren 三清道人 Three Pure Lords; also known as *Yuqing Yudi* 玉清玉帝, *Shangqing Shangdi* 上清上帝, and *Taiqing Dadi* 太清大帝 .

Sanshiliu Pojei 三十六婆姐 The Thirty-Six Grannies.

Sanyin jiyi bingzheng fanglun 三因極一病證方論 Aetiology and Formularies on the Theory of Three Factors.

sanyue taishen 三月胎神 The *taishen* of the third lunar month.

sha 煞 Dangerous and evil spirits, including whatever spirits titled as *egui yaohun* 惡鬼妖魂, *egui shenmo* 惡鬼神魔, *eling xiesha* 惡靈邪煞, *sangsha* 喪煞, or *yinxie* 陰邪.

shai si yan 篩四眼 The ritual of Sifting Four Eyes.

- Shangdi Gong** 上帝公 The Respectful Almighty.
- Shanghan lun** 傷寒論 Discourse on Typhoid Fever.
- shang jiuliu** 上九流 The nine superior occupations (in Chinese society).
- shanshu** 善書 The booklet on moral improvement for social education.
- sharen** 砂仁 [+].
- Shehui jiaohua xingē** 社會教化新歌 New Ballad for General Social Education.
- shen** 神 Spirit or energy of a human being; gods, deities, or spirits; see also *shenming*, *shenyi*, *shensha*.
- sheng baishu** 生白朮 [+].
- Shengji zonglu zuanyao** 聖濟總錄纂要 Outline of the Complete Record of Sage Benefaction.
- shengqi** 生萁 [+].
- Shengren** 聖人 The sages; the wise men.
- sheng yang** 生養 The great knowledge of Chinese childbirth and childrearing for keeping the infant well and balanced.
- shenkui** 腎虧 Kidney deficiency.
- shenming** 神明 God; deity.
- Shennong Dadi** 神農大帝 (also known as *Wugu Wang* 五穀王 or *Yan Di* 炎帝) God of Agriculture and Medicine.
- shensha** 神煞 Spirits with good and evil inclinations.
- shen sha lun** 神煞論 Discourse about spirits with both good and evil inclinations.
- shen Yang er gui Yin** 神陽而鬼陰 Gods are transcendently celestial spirits, situated above (*Yang*) while ghosts are spirits in the nether world hidden beneath (*Yin*).
- shenyi** 神異 Miraculous spirits.
- shi** 濕 Wet.
- shi** 仕 Officials.
- shideban** 四塊板 [H] The simplest coffin made of four wooden boards.
- shier dizhi** 十二地支 (abbreviated as *dizhi* 地支) Twelve Earthly Branches with a duodecimal cycle of twelve characters by which the Chinese reckon the years, days, and the hours of a day:
zi 子 *chou* 丑 *yin* 寅 *mao* 卯 *chen* 辰 *you* 酉.
si 巳 *wu* 午 *wei* 未 *shen* 申 *wu* 戊 *hai* 亥.
- shier jieqi** 十二節氣 The simplified twenty-four seasonal changes.
- shier jing mai** 十二經脈 A net-like structure of twelve key veins in the body.
- Shier Pojei** 十二婆姐 The Twelve Grannies.
- shier shichen** 十二時辰 (abbreviated as *shi-chen* 時辰 or *chen* 時) The Chinese Twelve Hours named after the Twelve Earthly Branches as *zi*, *chou*, *yin*, *mao* etc.
- shier suishi** 十二歲時 The lunar procession of the seasons.

- shih hsu** 虛實 Repletion or depletion.
- shier zhi riyou taisha** 十二支日遊胎殺 A category of *taishen* spirits occupying certain places according to daily cycles preceded by the character combination of Twelve Earthly Branches.
- shi fang qubi** 時方趨避 The cultural manifestation for conducting oneself properly according to the regulation of time and space, so as to avoid impending trouble and seek good luck.
- shi gan riyou taisha** 十干日遊胎殺 A category of *taishen* spirits occupying certain places according to daily cycles preceded by the character combination of Ten Heavenly Stems.
- Shiming** 釋名 Denomination Interpretation.
- shi kong chongsha** 時空冲煞 The ferocious power due to an offence against the normative time-space order.
- shipo** 師婆 Granny shaman healers.
- shisan wei** 十三味 [+].
- shishi xing fangbian** 時時行方便 Making convenience for others; being accommodating.
- shi tiangan** 十天干 (abbreviated as *tiangan* 天干) Ten Heavenly Stems with a decimal cycle of ten characters by which the Chinese reckon the years:
jia 甲 *yi* 乙 *bing* 丙 *ding* 丁 *wu* 戊.
ji 己 *geng* 庚 *xin* 辛 *ren* 壬 *gui* 癸.
- Shi yue huatai ge** 十月花胎歌 Song for a Ten-Month Pregnancy.
- shouhun** 收魂 The ritual of soul-retrieving.
- shoujin** 壽金 A sort of paper money burnt for the use of the deceased or the lower-ranking spirits.
- shoujing** 收驚 The ritual of calling back a child's frightened soul when a child receives a shock or is in state of coma.
- shoujing po** 收驚婆 Female practitioner specialised in retrieving a frightened soul.
- shou masha** 收麻煞 The ritual for seizing evil *sha* spirits arising from the disturbed state of a funeral wherein people are typically wearing hemp clothes (*mayi* 麻衣).
- shouxie erwei bing** 受邪而為病 Illness/disorder caused by evil spirits or bodily imbalance.
- shou yinsha** 收陰煞 The ritual for seizing evil *sha* spirits stemming from the nether world.
- Shuowen Jiezi** 說文解字 Principles of Composition of Chinese Characters.
- Shuowen tongxun dingsheng** 說文通訓定聲 Principles of Composition, Exegesis, and Phonetics of Chinese Characters.
- shutou** 收土 [H] (also known as *shou tushen* 收土神 or *qitu shousha* 起土收煞) The ritual of seizing haunting spirits *tushen*.
- situ** 祀土 To worship *tushen*.
- song Liuxia** 送流蝦 A special exorcism to drive off dangerous spirits *Liuxia*.
- song waifang** 送外方 To deport evil spirits to distant territory.
- suanming shi** 算命師 Male fortune-teller.

suibing 祟病 The cosmological disorders caused by unruly powers or evil spirits.

Sun Wukong 孫悟空 The Monkey King.

swayaoatsai 山藥仔菜 [H] [++].

T

taichiao 胎教 Foetal education.

taichiao shuo 胎教說 Theory of foetal education.

Taichung xian zhongyao tongye gonghui Dajia qu lianyihui 臺中縣中藥同業公會大甲區聯誼會
Association of Dealers of Chinese Herbal Medicine, Dajia region, Taichung County.

taidong buan 胎動不安 A restless foetus; a frightened foetus; frighten the foetus.

Taifeng zaji 臺風雜記 Miscellaneous Notes on Taiwanese Customs.

tailou xiaxie 胎漏下血 Vaginal bleeding during pregnancy.

Tainan Yuwen Tang bianxingben 臺南裕文堂編行本 Version of Almanacs by Yu-wen Tang,
Tainan.

Taipei Dingfu Tang bianxingben 臺北定福堂編行本 Version of Almanacs Printed and Published
by Ding-fu Tang, Taipei.

Taipei Jufu Tang bianxingben 臺北聚福堂編行本 Version of Almanacs by Ju-fu Tang, Taipei.

Taiping huimin heji ju fang 太平惠民和劑局方 Imperial Combination Prescriptions Good for All
Mankind.

Taiping shenghui fang 太平聖惠方 Imperial Grace Formulary.

Taiping yulan 太平御覽 Emperor's Reading.

taisha 胎殺 Foetal spirits; the dangerous spirits *sha* during pregnancy.

taisha biji chanqian jianghu fa 胎殺避忌產前將護法 (abbreviated as *taisha biji* 胎殺避忌) Magic
arts protecting pregnant women from *taisha* before childbirth; the classical operation of keeping
away from *sha*.

Taishang Laojun 太上老君 Most Exalted Lord Lao.

taishen 胎神 (also known as *thaisin* in Hokkien) Foetal spirits.

taishen zaici 胎神在此 *Taishen* is here.

taishiju riyou taisha 太史局日遊胎殺 One category of foetal spirits *taisha* recorded in the Sung
Dynasty.

Taisui 太歲 (also known as *Zhinian Taisui* 值年太歲, *Shier Zhinian Xingjun* 十二值年星君, or
Sui-jun 歲君) The Supreme Ruler of the Year; Deified Prince Ruling the Years; the 12 Star
Gods Presiding over Each Year by Turns; the planet Jupiter; the star gods presiding over the
year.

Taisui Yinjiao 太歲殷郊 See also *Taisui* 太歲.

taitu 胎毒 Foetal poison.

- Taiwan guanxi jishi** 臺灣慣習記事 Memorandum about Customs and Practices in Taiwan.
- Taiwan jishi** 臺灣紀事 Recorded Events in Taiwan.
- Taiwan riri xinbao** 台灣日日新報 The New Taiwan Daily News.
- Taiyang jianwen lu** 臺陽見聞錄 My Travelogue in Taiwan.
- tangki** 童乩 [H] Male spirit medium.
- tangshan zu** 唐山祖 The remote ancestors of China.
- tan huagong** 探花宮 The ritual of exploring the flowery palace for a prospective son.
- techouhung** 左手香 [H] [++].
- ti** 敕 [H] (also known as *tihā* 敕下 or *hongti* 奉敕) To command; a ritual for empowerment.
- tiachao** 珠仔草 [H] [++].
- Tianhuang Shangdi** 天皇帝 The Almighty Heaven Emperor.
- Tian Gong** 天公 The Supernatural Emperor.
- tonggai** 痛改 Reform.
- tongshu bianlan** 通書便覽 Almanac handbooks which are full of religious information.
- Tongtian Jiaozu** 通天教祖 Extraordinary High Founder of *Tongtian* Sect.
- Tudi Gong** 土地公 Patron of a Locality; Locality God; God of Locality.
- Tugong** 土公 God of the Earth; a spirit of land.
- Tumu** 土母 Goddess of the Earth; a spirit of land.
- tungtai** 動胎 [H] A frightened foetus; frighten the foetus.
- tungte** 動著 [H] Frighten the foetus.
- tungte thaisin** 動著胎神 [H] A state in which people offend against the foetal spirits.
- tungtou** 動土 [H] A state in which people offend against *tushen*, spirits of land (earth spirits), thus frightening the foetus.
- tungtoutai fu** 動土胎符 charms used by pregnant women who had offended against *tushen* and whose foetus was frightened.
- tunmohei** 燉毛蟹 [H] [++].
- tusha** 土煞 Earth spirits; spirits of land.
- tushen** 土神 Gods of the Earth; earth spirits; spirits of land.
- tusizi** 菟絲子 [+].

W

- Waitai miyao fang** 外臺秘要方 Essential Secret Prescriptions from the Palace Library.
- waike** 外科 Department of Surgery.
- waiyin** 外因 External factors which cause illnesses.
- Wangmu Niangniang** 王母娘娘 Goddess of Heaven, the Queen Mother; the Eternal Mother.

- Wangye** 王爺 God of Plague and Epidemic Control.
- Weisheng baojian** 衛生寶鑑 Precious Examples of Hygiene.
- Weisheng jiabao chanke beiyao** 衛生家寶產科備要 Essentials on Childbirth Preparedness from the Treasury of the House of Good Health.
- Weisheng Suo** 衛生所 Hygiene Office.
- Weisheng Yuan** 衛生院 Hygiene Yuan.
- wenbing xueshuo** 溫病學說 Theory of calenture.
- wendan tang** 溫膽湯 [+].
- wenpo** 穩婆 Traditional granny midwives; an older woman who is with the wife undergoing childbirth.
- wenshen** 問神 A solemn ritual for seeking help from deities.
- Wudoumi jiao** 五斗米教 A religious campaign in Hanh Dynasty, China, marked by five dipper-like rice bins measuring five *dou*.
- Wufu Wangye** 五府王爺 Gods of Plague and Epidemic Control from Five Palaces .
- Wuguwang qian** 五穀王籤 Prescription divination from *Wugu Wang, Shengnong Dadi*.
- Wu Lei** 五雷 (also known as *Lei shen* 雷神) Five Thunder Gods; God of Thunder.
- wutou fashi** 烏頭法師 *Wu-tou* priest, the black-head pries.
- wu zang liu fu shuo** 五臟六腑說 The theory of five *yin* organs and six *yang* viscera.
- wuxing** 五行 The Five Elements in Chinese cosmology, representing five states of forces of expansion *Yang* or condensation *Yin*:
- Jin* 金 (metal/Lesser Yin) *mu* 木 (wood/Lesser Yang).
- Shui* 水 (water/Greater Yin) *huo* 火 (fire/Greater Yang) *Tu* 土 (earth/Equilibrium).
- wuxing zhi bing** 無形之病 non-physical disorders.
- wu yun** 五運 The circulation of *wuxing*: *jin* 金, *mu* 木, *shui* 水, *huo* 火, *tu* 土.
- wu yun liu qi xueshuo** 五運六氣學說 (abbreviated as *yun qi xueshuo* 運氣學說) Theory of Five *Yun* and Six *Qi*, a theory of the creators and Universe in Chinese magico-medical arts based on the interaction between *wuxing* 五行 and *liuqi* 六氣.
- Wu Zhenren** 吳真人 The Immortal Master Wu.

X

- xia jiuliu** 下九流 The nine inferior occupations (in Chinese society).
- xianghui** 香灰 Ashes from the burning incense.
- Xiang Gongsuo** 鄉公所 Rural Administration Centre.
- xiangsheng xiangke** 相生相剋 The states of motion of the Five Elements *wuxing* with every Element mutually reinforcing or counteracting each other.

- xiansheng ma** (hsienhsi ma [H]) 先生媽 Granny doctors/midwives.
- xiaoe sha** 小兒殺 An unverified category of foetal spirits *tai-sha* recorded in the Sung Dynasty.
- Xiaoe yaozheng zhenjue** 小兒藥證真訣 Veracious Instructions for Diagnosing and Treating Children.
- Xiaomei** 小梅 The evil spirit named *Xiaome* which was personified as a female.
- xie** 血 Blood.
- xier** 洗兒 The custom of bathing the baby on the third day after birth.
- xietu** 謝土 (also known as *qingcheng xietu* 慶成謝土) Thanksgiving ceremony to earth spirits.
- xiexiong** 邪凶 Wicked and evil spirits.
- xieyuan** 謝願 The ceremony of redeeming a vow pledged before the gods.
- Xinghuang Shangdi** 星皇上帝 The Almighty Star Emperor.
- Xinzeng xiangji tongshu daquan** 新增象吉通書大全 The New Edition of the Complete Collection of Farmers' Almanacs for a Good Omen.
- xiongshen** 凶神 Evil spirits; demons.
- xiongxing** 凶星 Ferocious and violent spirits.
- xiu kouguo** 修口過 Be prudent in words.
- Xiyou ji** 西遊記 (also known as *Tangzhuang gujing* 唐奘取經) Journey to the West: Tangzhuang's Quest for Buddhist Scriptures.
- Xuantian Shangdi** 玄天上帝 (also known as *Bei Di* 北帝) God of Northern Heavens.
- Xuanwu** 玄武 The spirits of Northern Sky; also interpreted as the spirits of Water.
- xuduo xushan** 須多許善 Practising charity.

Y

- yamsunchao** 鹽酸草 [H] [++].
- Yandi qian** 炎帝籤 Prescription divination from *Yan Di*, *Fuyou Dijin*.
- Yang** 陽 The plus energy, the active force, or expansion.
- Yanfang xin bian** 驗方新編 A New Edition of Some Efficient Prescriptions.
- yangji yuan** 養濟院 Public health/assistance organisations in Qing Taiwan.
- yanke** 眼科 Department of Ophthalmology.
- yansha** 厭煞 Subdue evil spirits *sha*.
- yansheng** 厭勝 Subdue evil spirits.
- yaobu** 藥簿 A book containing prescriptions.
- yaoqian** 藥籤 Prescription divinations on bamboo slips especially for the concern of illnesses, disorders and health problems.
- yaopo** 藥婆 Granny medicine sellers.

- yasha fu** 押煞符 Charms for subduing dangerous spirits *sha*.
- yegui** 野鬼 Wild ghosts.
- Yibailingba Sha** 一百零八煞 (short for *Tiangang Disha* 天罡地煞, also known as *sanshiliu Tiangang qishier Disha* 三十六天罡七十二地煞) The Thirty-Six Star Gods and Seventy-Two Ground Deities; the Thirty-Six Heavenly Constellations and Seventy-Two Territorial Spirits.
- yiban zabing** 一般雜病 miscellaneous illnesses.
- Yifang leiju** 醫方類聚 The Collection of Medical Prescriptions by Category.
- Yijing** 易經 Book of Changes.
- yikihung** 一枝香 [H] [++].
- Yin** 陰 The minus energy, the passive force, or condensation.
- yinbuei** 陰筊 [H] One presentation of *buabuei* indicating a deity's disapproval by showing two *Yins*; see *buabuei*.
- ying xu** 盈虛 (or *shi xu* 實虛) repletion or depletion.
- ynian jingcheng ke getian** 一念精誠可格天 One can win sympathy from gods with utmost sincerity.
- yinshen** 陰神 A group of powerful gods which originally possess characteristics of ghosts but are finally categorised as gods, such as *Cuilau Kong* 水流公 [H], *Iuieng Kong* 有應公 [H], and *Taiciong Ia* 大眾爺 [H].
- Yinshi xuzhi** 飲食須知 Reminder in Diet.
- Yinyang Jia** 陰陽家 An ancient Chinese school of astrology.
- yinyang shui** 陰陽水 Lukewarm water; water with *Yin* (cold) and *Yang* (hot) mixed together.
- yunqian** 運籤 Divinations on bamboo slips generally for the concern of individual fate and fortune.
- Yixue yuanliu lun** 醫學源流論 Treatises on Origins and Development of Medicine.
- yiyaobianlan** 醫藥便覽 A handbook for general medicine.
- yiyaoshen** 醫藥神 Gods of Medicine.
- Yizong jinjian** 醫宗金鑑 Golden Mirror of Medicine.
- youxing zhi bing** 有形之病 Physical disorders.
- youzi** 有子 Being pregnant.
- yuanshen** 元神 The primary unit of a foetus's soul; the vital energy of a human being.
- Yuanshi Tianzun** 元始天尊 Celestial Being that Created the Universe.
- yuanye** 冤業 Spirits inherited from previous incarnations as a sin or suffering.
- Yuhuang Dadi** 玉皇大帝 God of Heaven; the Jade Emperor and Supreme Ruler.
- Yuli ji** 玉厘記 Collections of Practising Divination without the Least Loss.
- yun qi binghou lun** 運氣病候論 The discourse on symptoms and changes of diseases which is based on the Theory of *Wu Yun Liu Qi* 五運六氣學說.

yuxie 瘀血 Static congestions.

yuyou taishen 月遊胎神 (also known as *shier suishi yueyou taishen* 十二歲時月遊胎神 or *yueyou taisha* 月遊胎殺; abbreviated as *yuyou* 月遊) The *tai-sha* spirits based on the lunar procession of the seasons, the twelve solar terms of Chinese lunar calendar, which monthly occupy certain spaces, directions, or objects.

Z

zaihua huandou 栽花換斗 The ritual of planting another kind of flower or changing a vessel resembling a woman's belly to change the sex of the foetus.

zaijiu zhi bing 災咎之病 Illnesses/disorders caused by calamity or blame in interpersonal relationships.

Zao Jun 灶君 (also known as *Zao Shen* 灶神) God of Stove; Stove God.

zaoxintu 灶心土 [+].

zeri shi 擇日師 Master of choosing auspicious dates.

zhaihua 摘花 The ritual of plucking a flower for a prospective son.

zhanbu wenji 占卜問疾 To practice divination for health problems.

zhan chilong 斬赤龍 Slaying the red dragon; the practice of ceasing the menstrual flow among female specialists.

zhangli 瘴癘 Communicable subtropical diseases; malaria poison.

zhengfu 徵符 The authorised token for summoning someone for an imperial interview or appointment.

zhengyue taishen 正月胎神 The *taishen* of the first lunar month.

Zhengzhi zhunsheng 證治準繩 Guidelines for the Treatment of Disorders.

Zhenren 真人 The Immortal.

zhensha 鎮煞 The general ritual of pressing down the evil spirits.

zhensha fu 鎮煞符 charms for suppressing dangerous spirits *sha*.

Zhenxie fufa 鎮邪符法 The Magic Arts of Operating Charms for Suppressing the Wicked Spirits.

zhenyuan 真元 The vital spirit of a human being.

zhenzhai yasha 鎮宅押煞 Guard one's house from the dangerous spirits *sha* and subdue them.

zhike 枳殼 [+].

zhike san jiawei fang 枳殼散加味方 [+].

zhi liuxia taimu shenshangdai fu 治[制]流霞胎母身上帶符 The charm worn by a pregnant woman for subduing the dangerous spirits *Liu-xia*.

zhiqia 紙錢 A sort of paper money burnt for the use of the deceased or the lower-ranking spirits.

zhisha 制煞 subdue the evil spirits *sha*.

zhishu 志書 The official provincial histories.

- zhi xieruzhai** 治邪入宅 The exorcism for clearing evil spirits from a residence.
- zhi yinxie chanshen** 治陰邪纏身 To exorcise evil spirits of the nether world.
- Zhongtan Yuanshuai** 中壇元帥 Supreme Commander of the Central Altar.
- zhongyi** 中醫 Traditional Chinese medical science.
- zhongyuan jie** 中元節 The Mid-July Festival for the commemoration of the dead.
- zhoufu** 州符 The prefecture's authorised token .
- zhousui** 週歲 One-year old birthday celebration.
- zhuchan shi** 助產士 Modern licensed midwives.
- zhuan nu wei nan** 轉女爲男 The practices to turn a female foetus into a male foetus.
- zhuang** 庄 Han villages.
- Zhulin nuke zhengzhi** 竹林女科証治 Medicine for Women by Syndrome from the Bamboo Forest Temple.
- Zhulin yinshu ju** 竹林印書局 Zhulin Publishing House.
- Zhuque** 朱雀 The Rose Finch.
- zhuri zhan fang** 逐日占方 The *taishen* system of occupation by daily cycles.
- Zhusheng Niangniang** 註生娘娘 Goddess of Fertility and Childbirth.
- zhuyue yangtai** 逐月養胎 Monthly nurturing of the foetus during pregnancy.
- zhuyue zhan fang** 逐月占方 The *taishen* system of occupation by monthly cycles.
- Zuanyao fang** 纂要方 Essential Prescriptions to the Point.
- zuoda** 做膽 [H] The practice of strengthening the courage and bravery of the infant.
- zuo muague** 做滿月 [H] The practice of celebrating a baby's completion of its first month of life.
- zuo shigueri** 做四月日 [H] The practice of doing the fourth-month ceremony.
- zuo gongde** 做功德 Rituals performed towards the dead during a funeral period.
- zuo yuezi** 做月子 The practice of resting and confinement within the month after childbirth.
- Zushi Gong** 祖師公 The most Revered Founder.
- zuxian** 祖先 Ancestors.

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