

# Health and local food consumption in crosscultural tourism mobility: an assemblage approach

Jiayi Lin,  
Qingming Cui,  
Honggang Xu  
Jaume Guia<sup>e,e</sup>

<sup>a</sup> *Institute of Geography and Tourism, Guangdong University of Finance & Economics, Guangzhou, China;*

<sup>b</sup> *School of Tourism Management, South China Normal University, Guangzhou, China;*

<sup>c</sup> *School of Tourism Management, Sun Yat-sen University, Guangzhou, China*

<sup>d</sup> *Department of Business Administration, Faculty of Tourism, University of Girona, Girona, Catalonia, Spain;*

<sup>e</sup> *School of Tourism and Hospitality, College of Business and Economics, University of Johannesburg, South Africa*

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## ABSTRACT

A healthy diet is vital to sustaining tourist mobility. In cross-cultural mobility, tourists must face strange local eating environments in tourism place and the complex health problems that these environments may cause. Existing research on tourist food consumption and health mainly addresses health from a biomedical perspective by emphasizing food nutrition and hygiene. We adopt an assemblage approach to understanding health as a relational outcome determined by multiple material, psychological, and cultural dimensions. Using Chinese outbound travel to Spain as a case, we explore how psychology, dietary habits, and cultural beliefs interconnect with the foods in novel cross-cultural environments to generate healthiness. A semi-structured interview method was used to collect data in Barcelona and Madrid. We construct three formulas to illustrate the health assemblages in tourists' food consumption. In the food-psychology assemblage, tourists believe that low-risk foods are healthy. Neophobic tourists avoid tasting novel local foods due to unknown health risks, whereas neophilic tourists show fewer similar health concerns. In the food-dietary habits assemblage, healthy dieting is the habitual and comfortable diet. Tourists with Chinese dietary habits are uncomfortable eating novel local foods. Cosmopolitan tourists, who incorporate various food habits in their diet, switch freely between different foods to obtain health. In the food-cultural beliefs assemblage, traditional Chinese cultural beliefs of yin-yang balance affect tourists' health experience through diet. Tourists carefully choose local foods to achieve a cold-hot balance to keep health. These three health assemblages indicate that food health in tourism is a relational result of multiple dimensions.

## Introduction

Consuming food is an essential part of tourist mobility (Hall & Sharples, Citation2003; Richards, Citation2002). As living organisms, tourists must sustain their movement by eating

to generate energy (Mak et al., Citation2012a; Quan & Wang, Citation2004). However, food intake can cause either positive or negative health outcomes (Beardsworth & Keil, Citation1997). 'Eating sustains us – it is "fundamental" – but it is also very "frightening," for it may make us sick' (Belasco, Citation2008, p. 84). Tourists, thus, demonstrate concern about food-related health issues during their travel (Cohen & Avieli, Citation2004; Harris et al., Citation2015; Larsen et al., Citation2007). A healthy diet is a necessary prerequisite for tourist mobility.

Cross-cultural tourism mobility complicates food-health relations for tourists, as this type of mobility is more likely to expose tourists to unfamiliar environments, including novel local food materials and foodways of tourism place (Chang, Citation2011; Quan & Wang, Citation2004). On the one hand, the novel local foods can appeal tourists' consumption and create peak dining experience (Henderson, Citation2004; Mak et al., Citation2012a; Quan & Wang, Citation2004). Local food consumption can provide authentic cultural experience for tourists (Sims, Citation2009), and enhance tourists' general experience quality and satisfaction (Ellis et al., Citation2018; Guan & Jones, Citation2015; Kivela & Crofts, Citation2006). For some people, eating local foods even becomes an essential ritual for being a 'true' tourist (Lin et al., Citation2019). On the other hand, tourists must exercise caution in dealing with overwhelmingly strange foods and eating environments and the health problems they may cause. Food-related illness can spoil well-planned trips, and seeking medical services abroad is inconvenient (Cohen & Avieli, Citation2004). Thus, health is a critical issue in tourists' local food consumption in cross-cultural tourism destinations.

However, the discussion on the relationship between local foods and tourists' health remains inadequate (MacLaurin, Citation2004). Two main streams of literature have explored the relationships between food consumption and tourists' health. First, studies on tourists' dining experience and motivation have revealed that health is a major factor motivating tourists' consumption of local foods (Kim & Eves, Citation2012), which are often believed to be fresh, nutritious, and healthy (Hinrichs & Lyson, Citation2007; Mynttinen et al., Citation2015). Second, food safety studies indicate that tourists may not choose local cuisines due to concerns surrounding local restaurants' sanitation (Burusnukul et al., Citation2011). In this study, we argue that the existing studies simplify the healthiness of foods as a variable determined solely by nutrition or hygiene from a biomedical perspective.

In the geography of health, health is a relational outcome, emerging from 'a complex set of transactions between a person and their broader socio-environmental setting' (Conradson, Citation2005, p. 338). Health is the assembled result of multiple material, psychological, social, and cultural dimensions (Foley, Citation2011). This assemblage approach is more appropriate for exploring the complexity of the healthiness of tourists' local food consumption in cross-cultural mobility. Because in cross-cultural tourism mobility, tourists encounter not only novel food materials, but also the cultures and habits that the foods represent. Tourism mobilities involve not only the movements of people and material things, but also intangible thoughts, ideas, and information (Cohen & Cohen, Citation2015; Hannam et al., Citation2006, Citation2014). Mobile tourists move not only with their bodies, but also with their own eating psychologies, habits, and cultures. Therefore, in cross-cultural tourism mobility, the encounter between tourists and local foods involves the intersections of heterogeneous materials, habits, and cultures.

By adopting the assemblage approach, we aim to reveal that tourists do not merely use hygienic conditions or nutrients to determine the healthiness of local foods. Instead, diet health is a relational outcome determined by more-than-biological dimensions, such as food psychology, dietary habits, and cultural beliefs. Using Chinese outbound travel to Spain as an example of cross-cultural tourism mobility, we investigate how various more-than-biological dimensions shape Chinese tourists' perceptions of health and influence their local food consumption.

## **Literature review**

### *The definition of local food*

Morris and Buller (Citation2003) proposed two main ways to define local food: by emphasizing the geographical area of food production and consumption, and by emphasizing the external value assigned to food. In the first way, some definitions use distance between food production and consumption as a criterion of the 'locality' of food. For instance, both 100 miles and 400 miles are choices in practice (Clancy & Ruhf, Citation2010). However, little consensus about what distance is appropriate exists among scholars. 'Local' is a situated and vague concept in the scale sense (Robertson, Citation2012). For example, both the Ebro Delta of Catalonia and the Valencia region in Spain produce rice (Medina, Citation2005). On the national scale, Valencian rice is a local food for Valencians, whereas rice from the Ebro Delta is not local for them. On the global scale, for the foreigners, rice from both Valencia and Catalonia is Spanish local food material. Hence, it is difficult to define local food by its objective geographic distance between production and consumption (Kremer & DeLiberty, Citation2011).

In the second way of definition, food reflecting the culinary culture of a particular place or society can be considered 'local', regardless of whether its ingredients originate there or of where the food is produced (Bessièrè, Citation1998). This definition understands the locality of food by highlighting the symbolic and cultural foodways from subjective perspective. Many tourists do not care about which region their food originated from, but pay more attention to the symbolic attributes of the food (Sims, Citation2009). It is also difficult for tourists to identify the local food materials supplied within a certain distance unless the food was specifically labeled. This study adopts this second definition. In the example of Chinese outbound tourism to Spain, local foods from a Chinese tourist perspective refer to Spanish national dishes.

### *Health and local food consumption in tourism studies*

Tourism scholars have explored food-health relationships from two main perspectives: food safety and food nutrition. These two streams of literature propose different arguments on the healthiness of local food consumption.

Food safety studies have illustrated that tourists have health concerns regarding the consumption of local foods. As Lepp and Gibson (Citation2003) pointed out, international tourism mobility involves many potential risks, such as health concerns, novel food, war and

political instability, terrorism, crime, cross-cultural differences, and political and religious dogma. Among them, health risk perceptions rank relatively high (Jonas et al., Citation2011). Water quality and food safety contribute the most to tourists' perceptions of health risks (Jonas et al., Citation2011). Larsen et al. (Citation2007) argued that tourists perceive higher food risks in foreign countries than at home. Although tourists perceive visiting locally owned restaurants and street vendors as the best way to taste authentic food, they remain concerned about the sanitary conditions of these venues (Burusnukul et al., Citation2011). Tourists from developed countries consider food and health risks more when traveling to less developed destinations (Amuquandoh, Citation2011; MacLaurin, Citation2004). Poor sanitation in local restaurants may cause foodborne illness and even death (Griffith, Citation2006; Lee et al., Citation2010), ruining the entire tourist experience (Lee, Pennington-Gray & Kim, Citation2019). Many factors can lead to foodborne illness, such as unsafely sourced food ingredients, inadequate cooking, contaminated equipment, improper holding temperature, and poor personal hygiene (Harris et al., Citation2015). The food safety perspective mainly considers the health problems caused by food or restaurant hygiene. Hygiene is a significant factor hindering tourists' consumption of novel local food (Cohen & Avieli, Citation2004), and may induce 'ontological insecurity' and food scares among tourists (Mak et al., Citation2012a; Quan & Wang, Citation2004).

Conversely, studies on tourist motivation and experience have argued that health is a motivation for tourists to choose local foods (Kim & Eves, Citation2012). Tourists often perceive local foods as containing fresh and nutritious ingredients and as beneficial to health (Kim et al., Citation2009, Citation2013). For instance, Russian tourists regard local Finnish food as fresh due to the short transportation time from the producer to the consumer (Mynttinen et al., Citation2015). The traceability of and trust associated with local food also provide evidences of healthiness (Mynttinen et al., Citation2015). This perceived correlation between local food and health shares the same logic with the local food movement (Hinrichs & Lyson, Citation2007). The local food movement aims to substitute a localized food system for the industrialized and globalized food system by connecting producers and consumers directly (Allen et al., Citation2003; Lyson, 2007). This shorter supply chain gives consumers the perception of local food as trackable, fresh, and nutritious, which are important characteristics of healthy foods (Aprile et al., Citation2016; McEntee, Citation2010). Thus, this stream of literature reveals that tourists often choose local food for its nutrition.

Both the food safety and food experience studies addressed the relationships between diet and health from a biomedical approach, in which the biological qualities of food determine human health. This perspective attributes health to physical, chemical, and microbiological elements, including hygiene and nutrition, in a reductive way (Griffith, Citation2006).

However, as Born and Purcell (Citation2006) have argued, labeling some foods as intrinsically beneficial to health is misleading. Eating is a complex phenomenon that involves social, cultural, and material meaning (Long, Citation2004). One kind of food that is edible and healthy in one culture may be disgusting and risky in another culture. For instance, whales are biologically edible, but the edibility of whale meat varies in different cultural contexts (Shoemaker, Citation2005). Most Americans do not consider whale meat a food option, but the Inuit consider whale blubber to be delicate and nutritive (Shoemaker, Citation2005). In the early colonial period in America, the Spaniards regarded unfamiliar maize and cassava as

unhealthy foods according to European humoral theory (Earle, Citation2012). In next section, we introduce the assemblage approach in the geography of health to argue that no inherent connection exists between certain foods and health. Health is a relational outcome of complex intersections of multiple dimensions rather than a single biomedical process.

### *Assemblage perspective on health*

Geographical research on health provides useful and inspiring resources for understanding the multiplicity of being healthy through eating. Health geography discloses the complex relationships between health and places or environments (Gesler, Citation1992). Many elements of various places, such as 'natural and human-made environments, historical events, cultural beliefs, social relations and personal experiences' (Gesler, Citation1996, p. 95), can generate therapeutic effects. In a recent review, Bell et al. (Citation2018) comprehensively summarized core material, social, spiritual and symbolic dimensions of places which can lead to health. Given the importance of local food in representing a given place, the logic and theory in health geography can be applied to study the relationship between local food and health.

Foley (Citation2011) proposed the concept of 'therapeutic assemblage' to illustrate the non-intrinsic and relational characteristics of enabling places. In geography, an assemblage is composed of heterogeneous elements emphasizing emergence, multiplicity, and indeterminacy (Anderson & McFarlane, Citation2011). Health assemblage refers to the health conditions determined by the complex intersections of multiple and heterogeneous elements (Fox, Citation2011). Hence, the essentialist thinking that certain places or spaces possess essential and intrinsic restorative qualities is problematic (Conradson, Citation2005; Foley, Citation2011). Conradson (Citation2005, p. 339) argued that health is not a pre-determined outcome, but a relational outcome 'deriving from a person's imbrication within a particular socio-natural-material setting'. For instance, 'blue' space is commonly assessed with enabling abilities (Foley & Kistemann, Citation2015; Völker & Kistemann, Citation2015), but too much water may cause rheumatic disease. Although desert is usually constructed as dull, lifeless, and unhealthy, heated desert sand can cure disease according to particular embodied and cultural contexts in China (Wang et al., Citation2018). 'No space can guarantee a positive health experience for everyone' (Finlay, Citation2018, p. 78). Extending the above notion, it is also problematic to endow certain foods with intrinsic healthy qualities.

Scholars have varying opinions on the elements of therapeutic assemblage. For Gesler (Citation1993), the healing qualities include inner meanings induced by the physical environment, sense of place, symbolic landscapes, daily activities, and outer social contexts, such as beliefs, philosophies, and social relations. Duff (Citation2011) emphasized social, affective, and material enabling resources. According to Fox (Citation2011), ill-health assemblages are composed of physical and biological, psychological and emotional, and socio-cultural and philosophical dimensions. Foley (Citation2011) believed that therapeutic assemblage contains material, metaphoric, and inhabited dimensions. Despite the diversity and heterogeneity of the assembling elements, the healing qualities generally contain material, psychological, social, cultural, and spiritual aspects.

Similar to therapeutic assemblage, the healthy characteristics of foods should not be considered intrinsic and pre-determined (Su & Zhang, Citation2020). Consuming food is not merely a nutrition-intaking behavior, but also a psychological, social, and cultural activity. By putting diet and health in a broader socio-cultural context, an assemblage approach can reveal how food can contribute to, or undermine, human health. That this paper is aimed at exploring how health is maintained and disease is avoided and not the healing of disease, we use the term 'health assemblage' as opposed to 'therapeutic assemblage' in our research.

## **Methodology**

Chinese outbound travel to Spain was used to study tourists' food consumption in the context of cross-cultural mobility. China is the largest source market of international tourism (Li, Citation2016). In 2017, over 130 million Chinese tourists traveled abroad, with 6 million going to Europe (China Tourism Academy & Ctrip, Citation2018). Contact between China and Europe is a typical cross-cultural East-meets-West situation (Li et al., Citation2011). Chinese culture is different from that of the West, including its food culture (Lin et al., Citation2020). The philosophy of Chinese traditional medicine also differs from its Western counterpart. Although Western medical science has significantly shaped Chinese modern medicine, traditional beliefs continue to influence daily life (Huang & Xu, Citation2014; Wang et al., Citation2018). In certain situations, Chinese tourists maintain their heterogeneous cultural beliefs regarding health (Huang & Xu, Citation2014), which involve heterogeneous definitions of foods.

Many countries could serve as example destinations for this study. The first author obtained a scholarship in 2013 from Spain's Tourism Board of Costa Brava Girona to study the Chinese outbound market. Hence, Spain was chosen as the example destination given the convenience and accessibility of the investigation. Furthermore, both China and Spain have a long history of gastronomic culture with their own characteristics (Anderson, Citation1988; Medina, Citation2005), and people in both countries have distinct eating practices and habits. Chinese tourists' reactions to local food in the foreign Spanish eating environment can well support the argument.

### *Data collection*

Fieldwork took place in two stages. The first stage was carried out from October 31 to November 12, 2014, in Barcelona. The second stage was carried out from September 26 to October 5, 2016 in Madrid and Barcelona. Semi-structured interviews were conducted to collect data on Chinese tourists' food perceptions, preferences, choices, and experiences. Their health issues were also part of the study.

Convenient sampling methods were used to choose the interviewees. Madrid and Barcelona have many 'must-see' attractions, where Chinese tourists appear almost daily. These include Plaça de Gaudi, Plaça de la Sagrada Família, Sagrada Família, La Rambla, Plaça de Catalunya, and Barri Gòtic in Barcelona and Templo de Debod, Palacio Real de Madrid, Catedral de la Almudena, and Plaza de España in Madrid. Therefore, the interviews were conducted at these popular sites. To ensure their agreeability and interview quality, the tourists were asked for interviews when they were sitting, resting, or queuing in a long line. On these occasions, the tourists had spare time or flexibility to allow for acceptable length and depth for in-situ

interviews. A total of 206 tourists were interviewed. Due to the collectivist culture (Hofstede, Citation2001), the Chinese tourists usually travelled with friends or relatives. They gathered in groups when visiting attraction or taking rest. The interviewer usually invited one tourist to join the interview. However, his/her accompanies usually stayed beside and joined the communication voluntarily if having something to express or supplement. Excluding 7 lone tourists, the rest interviewees belonged to 61 small groups. Thirty-seven tourists in 14 groups were on package tours, whereas the others were traveling independently. We label the individual tourists in Barcelona and Madrid as 'B' and 'M', respectively, plus a number. For tourists from Barcelona and Madrid traveling in groups, we use 'BG' and 'MG', respectively. The interviews lasted from 10 to 55 minutes, with an average length of 15 minutes. They were recorded with the interviewees' consent and transcribed for analysis.

In this study, we follow a constructivist paradigm (Guba & Lincoln, Citation1994). On the ontological level, we believe that no objective 'truth' about the healthiness of food exists. For tourists, objective elements, such as the hygiene and nutrition of food, are not the only important elements. Hence, the interviews focused on exploring the multiple meanings of healthy eating. On the epistemological level, the tourists' subjectivity was emphasized. Their subjective preferences in choosing healthy food and their considerations and experiences about how to eat healthily were carefully noted and understood. The first author also shared her own food consumption experiences in Spain with the interviewees to show empathy for and stimulate continued dialogue with them.

#### *Data analysis*

Data from qualitative investigations can reveal multi-faceted issues requiring extensive analysis (Patton, Citation2002). We extract materials about health and determine how various dimensions intersect and influence tourists' health through local food consumption. We use thematic analysis as the data analysis method, because it is compatible with constructivist paradigm (Braun & Clarke, Citation2006). This study adopts a constructivist paradigm to seek the meanings of health in tourists' subjectivity. Hence, the key of using thematic analysis is to identify the patterns or themes of meanings of health in this study.

First, we familiarized ourselves with the data with repeated reading, paying special attention to any health-related data. Second, the first and second authors coded the data independently. Data analysis is an interpretative process, with multiple possible interpretations of the tourist interviews. Brinkmann (Citation2014, p. 288) argued that 'the "meanings" that qualitative interviewers are commonly looking for are often multiple, perspectival, and contradictory and thus demand careful interpretation'. In the coding process, we aimed to clarify what health meant to the tourists, what factors influenced their perceptions of health, and how the perceptions of health influenced their consumption of local foods. We identified three main perceptions of health in food consumption: low risk, comfortable, and balanced dining. The influencing factors included psychology, dietary habits, and the yin-yang belief of health. Third, the first and second authors collated the codes into themes that they named. According to Guba and Lincoln (Citation1994, p. 112), the nature of knowledge in constructivism is 'individual reconstructions coalescing around consensus'. Fourth, the first and second authors compared their themes and discussed with the other two authors to reach a consensus. We found health to be a relational outcome of complicated

intersections between various dimensions: food, psychology, habits, and culture. We then implemented the assemblage approach to combine all of the dimensions into three main themes (detailed in the following sections). Fifth, we interpreted and documented the research findings by bridging the constructed themes with the collected data.

### **Health assemblages in local food consumption**

The majority of the interviewed Chinese tourists were visiting Spain for the first time. As the outbound trip to Spain was more expensive than domestic travel, the tourists planned to stay many days in Spain to visit as many as tourist attractions as possible. This long-time and long-distance tourist mobility made the tourists care more about health issues, including eating healthily.

It is found that food hygiene and nutrition were not the only factors that the Chinese tourists considered in diet health. None of the tourists reported getting sick due to bad hygienic conditions. In the context of travel from developed countries to less developed areas, tourists usually demonstrate high levels of concern regarding hygienic conditions (Amuquandoh, Citation2011; MacLaurin, Citation2004). In this study, the tourists traveled from developing China to developed Spain. Thus, the social psychology was reversed. Generally, the tourists had high evaluations of Spain's food hygiene conditions: 'We trust local ingredients and do not worry about food hygiene' (BG08). Another tourist commented, 'The local sanitation conditions are good; I am satisfied. But I must pay more attention because I have a child with me' (BG12). Only in particular situations did the tourists show more attention to hygiene.

In next sections, we reveal that tourists' psychological characteristics, dietary habits, and cultural beliefs determined their perceptions of diet health, further influencing their local food consumption.

### **Health assemblage of food and psychology**

Local food is usually novel to tourists in cross-cultural mobility. The Chinese tourists considered Spanish local cuisines exotic and attractive. They wanted to taste Spanish gastronomy. One tourist traveling with family said, 'We like to taste local authentic foods. They are delicious, especially these snacks like tapas and pickles' (BG15). For the tourists, Spanish local foods were authentic and represented a special culture and lifestyle. According to a male tourist, 'When you come to visit this place, you must eat some special and typical cuisines. In China, some international restaurants also offer Spanish cuisine, but I think local cuisines here are more authentic' (MG03). Some of the tourists had tried paella before in other countries, but found eating paella in Spain to be another novel experience: 'I ate paella once before in a hotel in Miami, America, which was delicious. We ordered two kinds of paella near Port Vell in Barcelona. It was not good, tasted salty, and was half-cooked' (MG05). Thus, novelty was a basic characteristic of Spanish local foods for the Chinese tourists, especially for those visiting Spain for the first time.

Facing the novel local foods, tourists with different food-related psychologies had different perceptions of the healthiness of local foods. One basic psychological characteristic of the human diet is seeking variety (Mak et al., Citation2017). It is also called 'food neophilia' in



reference to 'the tendency to explore, the need for change, novelty, variety' (Fischler, Citation1988, p. 278). However, variety also means potential food risk. Thus, sticking to familiar foods as a protective mechanism is the other basic psychological characteristic (Pliner & Salvy, Citation2006). This characteristic is referred to as 'food neophobia', meaning 'prudence, fear of unknown, resistance to change' (Fischler, Citation1988, p. 278). Except some extreme cases, most people have both food neophobic and food neophilic psychology. The difference is that each person has a different degree of the tendencies on these two psychologies. In this study, we identified neophilic tourists as those showing more willingness to taste novel foods, and neophobic tourists as those having little interest in novel foods.

The interviews illustrate that the tourists with neophilic psychology showed fewer health concerns regarding novel local foods. For instance, the male mentioned above (MG03) was a neophilic tourist who tried many Spanish foods and drinks. His eating philosophy was, 'Try as much as possible. Even if it's not tasty, I also want to taste local foods. Because you do not have many opportunities to eat these Spanish foods. Right? Experiencing more is important'. Sometimes, he did not even identify what he was served. For example, he did not know he had eaten pickled olives once: 'I ate something tiny, round, and salty. It looks rotten by color and has a nut inside' (MG03). Olives are a common food in Spain, but not in China. Despite the food looking rotten, the tourist still ate it without much health concern. Neophilic tourists are less likely to be concerned about health risks from unfamiliar foods. Chang (Citation2017) also found that tourists with novelty-seeking dining behavior consider health issues less in terms of food content and nutrition. Therefore, neophilic psychology plus novel/unfamiliar foods yields fewer health concerns.

However, neophobic tourists avoided eating novel local foods because novel foods may cause unexpected illnesses from their viewpoint. For instance, a professor who was an extreme neophobe shared that it was quite risky for him to eat novel local cuisine, as he did not know what some of the ingredients were: 'If you eat something wrong, the food will bring you a lot of trouble. You know, the trouble's effect is instant. If the diet causes diarrhea, the whole journey will be ruined' (M02). Therefore, he preferred to eat fast food (e.g., McDonald's hamburgers) than local foods. Ironically, he did not perceive fast food as healthy either, expressing that he does not eat fast food in his daily life. Although unhealthy, he believed the effects of fast food to be eventual, in contrast to the potential instant risks of novel local foods. This example illustrates that the interaction of food neophobia with food novelty may generate high health concerns.

From the above, we can see that the intersections of food-related psychologies and the novel or familiar foods lead to various health outcomes. This food-psychology assemblage can be manifested as follows:

Formula 1: (neophilic/neophobic) tourist psychology + (novel/familiar) food = health

In this assemblage, neophobic tourists regard familiar food as healthy food and tasting avoid tasting novel local food due to unknown health risks, whereas neophilic tourists show fewer similar health concerns on consuming novel local food. For neophobic tourists, healthy dining is low-risk and safe dining. The safety of food consumption is not only determined by food or restaurant hygiene, but is also influenced by the food-related psychologies of the consumers.

## Health assemblage of food and dietary habits

Among all the interviewees, there were few extreme food neophobes like M02. Most of the respondents were interested in tasting Spanish foods. However, as some studies (Chang et al., Citation2010; Li et al., Citation2011; Lin et al., Citation2020) have pointed out, Chinese outbound tourists were unwilling to eat novel local foods throughout their journeys due to different food habits. There are many differences between Chinese and Spanish dietary habits (Lin et al., Citation2020), which result in unhealthy eating experiences in local food consumption. Unhealthiness here is not equal to sickness, but is more similar to temporary bodily discomfort.

Specifically, conflicting food habits between hosts and guests pertaining to cooking methods, dining quantity, and meal times could induce tourists' bodily discomfort. Paella is a typical Spanish local cuisine, with all its associated local benefits, and yet the paella dining experience was not pleasant for many of the Chinese tourists. Given the different method for cooking rice in China, the Chinese tourists perceived the rice in the paella as undercooked: 'The rice was not well cooked, tough, and not delicious' (BG01) and 'The quantity of paella was too much; I cannot take it all. And the rice was half-cooked' (B14). The raw-seeming rice made some tourists gastrointestinal discomfort. One couple stated, 'Our stomachs cannot get used to the tough rice. It was hard to digest' (BG17). The typical full menu in Spain often contains too many dishes for Chinese tourists. One of the interviewed couples visited a friend living in Spain who invited them to a formal dinner: 'The dinner was so grand. One dish after another was served. The dining time was also very long. My friend was hospitable. I had to eat it all even though I was very full' (BG15). Thus, many of the tourists reported only ordering one or two dishes. A female tourist stated, 'I usually order one main course. It is enough for me' (BG9). Spain also has a later meal time than in China. For instance, the Spanish usually eat dinner at around 9:00 p.m., whereas the Chinese are accustomed to eating dinner at around 7:00 p.m. Later meal times often prevented the tourists from finding open restaurants when they were hungry. A husband from one couple said, 'We want to eat on our own time, but the restaurants open very late' (MG01). Tourists must adjust their dietary clock according to the local meal times. Late dinner times also made the tourists go to bed soon after dinner, which is bad for digestion. Another husband (MG07) complained that his wife did not want to eat a formal dinner. His wife explained, 'It is too late to return to the hotel if eating formal dinner. It is uncomfortable to sleep after a full meal'. (MG07). Although such discomfort does not cause fatal and serious illnesses, the tourists considered it to be a health issue.

The above Chinese tourists still maintained dietary habits rooted from China as they failed to adapt to local Spanish foods. Despite wanting to taste novel local cuisines, their bodies habitually remind them to return to foods with which they are accustomed. Many of the tourists expressed desires to eat familiar foods which would bring them comfort and allow them to enjoy the overall holiday more. For example, one tourist claimed, 'A Chinese stomach needs Chinese food' (BG12). After eating bread for breakfast many times, another tourist ate Chinese instant noodles and sighed, 'It felt comfortable' (BG25). Some of the tourists even brought cookers and food ingredients from China to cook their regular food. For example, a family (BG23) took a pot, rice, and chili sauce from China and intentionally booked apartments

for the purpose of convenient cooking. Self-catering can allow tourists to consume food they are comfortable with.

However, food habits can evolve through constant dietary practice (House, Citation2019) and previous eating experience (Mak et al., Citation2012b). More practice and more experience can change people's modes of eating and encourage them to incorporate new food habits (House, Citation2019). In the context of cross-cultural mobility, being accustomed to eating different local cuisines in various destinations means plentiful mobility and travel opportunities around the world, which actually produce cosmopolitan habits (Molz, Citation2007). To be cosmopolitan, an individual should meet two basic qualities. First, he/she should have an open attitude and be willing to engage in others' cultures: 'It is an intellectual and aesthetic stance of openness toward divergent cultural experiences, a search for contrast rather than uniformity' (Hannerz, Citation1990, p. 239). Second, a cosmopolitan person should be able to become involved in or appreciate foreign cultures (Hannerz, Citation1990). Those who are unable to appreciate novel food remain on a local level.

Among our interviewees, the closest case to cosmopolitan tourists was a group of four girls. They had had many international traveling experiences and liked to try local gastronomy: 'We want to experience different lifestyles. When we went to Cambodia, we experienced Cambodian cuisine, when we went to Chiang Mai, we experienced Chiang Mai cuisine'. (BG04). Before they arrived in Spain, they had traveled for a week across Italy, where they took a class on Italian gastronomy from a Michelin chef. In Spain, they bought fresh shrimp, ox tongue, rice, and other local food ingredients to cook local-style cuisines. 'We bought some local seafood, ox tripe and rice in local market. We rented an apartment for self-catering' (B04). However, even with such extensive international dining experience, they were not accustomed to all local Spanish foods. For instance, they also thought the paella they tried was half-cooked and salty. They selectively tasted and cooked local cuisines so they could eat comfortably. Hence, they had yet to become real cosmopolitans. Becoming a real cosmopolitan tourist requires much traveling experience, in which one converts novel food habits from a host culture into one's own familiar habits. This also minimizes the health and discomfort concerns induced by conflicting dietary habits. In theory, cosmopolitan tourists can freely switch between different foods to eat comfortably.

Therefore, the healthiness of local foods is influenced by the interactions between the dietary habits of host and guest culture, and the changes in tourists' dietary habits. This assemblage can be manifested as follows.:

Formula 2: (rooted/cosmopolitan) tourist habits + (familiar/novel) food = health

In this formula, tourists with rooted habits refer to those still keeping the dietary habits from their own homeland while cosmopolitan tourists refer to those who can appreciate and are accustomed with various food habits of different regions in the world. In this assemblage, eating healthily means eating in habitual and comfortable ways. Tourists who maintain their own dietary habits may face discomfort when eating novel local foods of tourism destinations. Therefore, they must turn to familiar foods to ensure a comfortable bodily experience. Regular practice in consuming unfamiliar foods can help tourists adopt novel food habits and gain

cosmopolitan habits, in which case novel food becomes familiar food and health concerns are alleviated.

### **Health assemblage of food and cultural beliefs**

While interviewing the Chinese tourists about their food experiences in Spain, we observed many local conceptions about eating that are uncommon in the Western cultural context, such as 'shang-huo' (上火, rising fire), 're-Qi' (热气, hot energy), and 'wei-han' (胃寒, stomach coldness). Originating from traditional Chinese medicine, these local conceptions continue to influence contemporary Chinese people's perceptions and behaviors. They are also part of Chinese food habits, but differ from the second assemblage. Thus, we discuss them separately.

Traditional China has heterogeneous philosophies, cultures, and worldviews. In Chinese philosophy, the cosmos is controlled by two basic dialectic forces: yin and yang (Fang, Citation2012). Literally, yin is the dark side of a mountain facing north and yang is the bright side facing south (Cheng, Citation2009). In turn, yin-yang is extended to represent two opposite positions, things, concepts, and so on. As defined by Fang (Citation2012, p. 31), 'Yin represents the "female" energy, such as the moon, night, weakness, darkness, softness, and femininity; while Yang stands for "male" energy, such as the sun, day, strength, brightness, hardness, and masculinity'. The two forces are interrelated and interchangeable. Influenced by the philosophy of harmony, only when yin and yang are balanced can the world function well (Li, Citation2008).

The philosophy of yin-yang balance has also shaped the Chinese cultural construction of health (Chang, Citation2017; Zhang, Citation2004). A healthy body is a yin-yang balanced system and communicates with the external world via Qi, an invisible and vital substance circulating in the human body (Anderson, Citation1988). As external material, foods are classified as cold, hot, or mild according to the yin-yang principle. Foods causing body heat are defined as hot foods, such as 'oily and deep-fried food, peppery hot flavourings, fatty meat, or oily plant food' (Chang, Citation1977, p. 10). Cold foods are those causing body coldness, such as water plants, most crustaceans, certain beans, and vegetables (Chang, Citation1977; Simoons, Citation1990). Main dishes, such as rice and bread, are defined as mild foods (Anderson, Citation1988). A healthy diet should consist of proper hot and cold food to maintain the yin-yang balance. Food intake can cause a change in Qi in the human body, thereby influencing health conditions. Too much hot or cold food may lead to body dysfunction.

Such traditional cultural definitions of health and food continue to influence Chinese people's diet. In their travel in Spain, when eating too much hot food, the Chinese tourists reported needing to eat some cold food to neutralize the hotness. They also reported getting shang-huo, which could cause bodily discomfort and sickness. For the Chinese tourists, Spanish cuisine contains too many hot foods and a lack of cold foods. Roasting, grilling, pan broiling, frying, deep frying, and baking are common cooking methods in Spain (Medina, Citation2005). For instance, a tapa is a typical Spanish appetizer consisting of small portions of any Spanish dish, such as fried fish, prawns, shrimps, and omelets (Medina, Citation2005). According to yin-yang balance, eating too many fried, baked, and roasted dishes may cause rising fire in the body. A female tourist complained, 'The cuisines here are too greasy. It is too easy to get

shang-huo. I find that local restaurants do not have enough vegetables. Now, I have pimples and my mum has a problem with defecation' (BG27). In other words, they ate too much high-calorie food and little vitamins, causing an imbalance in their diet. Li et al. (Citation2011, p. 745) also found Chinese outbound tourists to perceive Western food as 'unhealthy (few vegetables and fruits, high calories), with too many uncooked or cold dishes (including ice water), and too much fried food'.

In Western gastronomy, vegetables are commonly served in salads, which are rich in vitamins. For the Chinese outbound tourists, the problem was that the salad was cold and not cooked. According to the tourists, the coldness made their bodies sick. One female tourist stated, 'Having hot food is my priority. Although I often travel to foreign countries, I still prefer hot food and hot water' (BG08). With the female body typically classified as exhibiting cold qualities, cold food and beverages would particularly aggravate bodily coldness, leading to wei-han among females. In Spain, some vegetables, such as sweet peppers, asparagus, squash, and eggplants, are grilled. Although these vegetable dishes are not cold, for some tourists (e.g., the female tourists in BG27) 'the grilled vegetables are often burnt, and thus unhealthy, because the vitamins are destroyed'. The Chinese tourists were accustomed to eating stir-fried or boiled green-leaf vegetables: 'For Chinese people, there are fewer boiled dishes with green-leaf vegetables' (BG23).

Thus, cultural beliefs surrounding health, food, and the body constitute another assemblage determining the healthiness of tourists' local food consumption. It can be manifested as follows:

Formula 3: (cold/hot body + hot/cold food) × (yin-yang) culture = health

In this formula, culture is not an element that parallels the body with food, but defines the qualities of body and food. Thus, we use a multiplication sign to relate culture to the body and food. In the philosophy of yin-yang balance, both the body and food entail two basic types: hot body and cold body and hot food and cold food. In this assemblage, eating healthy means eating cold-hot balanced meals to achieve balanced bodily condition. However, in the cross-cultural context, gastronomy and traditions are entirely different. Maintaining balanced health is difficult if eating Spanish local food throughout the trip. Therefore, Chinese tourists must find alternative ways to keep themselves healthy and comfortable. For instance, some of the tourists ate overseas Chinese food, others traveled with small kettles to boil hot water, and some even brought ingredients and portable kitchenware from home to cook whatever they wanted to eat.

## **Conclusion and discussion**

Being healthy is a complicated biological and social process (Bell et al., Citation2018; Conradson, Citation2005; Gesler, Citation1992). Recent tourism studies have mainly examined food-related health issues from biomedical perspectives, such as food nutrition (Kim et al., Citation2013; Mynttinen et al., Citation2015) and dining hygiene (Griffith, Citation2006; Harris et al., Citation2015; Lee et al., Citation2010), which narrow the scope of health studies in food tourism. Inspired by the therapeutic assemblages of the geography of health (Foley, Citation2011), we find that tourists' psychologies, dietary habits, and cultural beliefs

contribute to determining the healthiness of local food in tourists' cross-cultural mobility. Diet health in tourism is a relational and assembled result of various dimensions. We construct three health assemblages to illustrate that influenced by neophobic food psychology, rooted dietary habits, and yin-yang beliefs of dining, the Chinese tourists in Spain attempted to achieve diet health through dining in low-risk, comfortable, and balanced ways.

It is easy to eat safely, comfortably, and in a balanced manner when eating familiar food. However, in the context of cross-cultural tourism mobility, it is more difficult to access familiar food than during daily life and domestic tourism. Although globalization has improved the global mobility of cuisines from different countries, the number of ethnic restaurants overseas remains relatively low. Furthermore, many ethnic cuisines served overseas have been adapted to foreign cultures and changed from their original forms (Cohen & Avieli, Citation2004). It is also unrealistic to pack enough familiar food from home to support cross-cultural tourist mobility, which typically involves longer trips that are farther away. Some tourists proactively seek local food experiences to fulfill their role as travelers (Lin et al., Citation2019). Therefore, most tourists must actively or passively try local foods of tourism place, which are usually novel and exotic. In unfamiliar eating environments, tourists must mobilize and assemble their food psychologies, food habits, and cultural beliefs as protective mechanisms against unhealthy outcomes that may arise from trying novel, strange, and exotic local foods.

Tourism scholars and practitioners should recognize that food health is not only a physiological process determined by nutrition and hygiene, but also one embedded in the socio-cultural context. An assemblage approach can support a comprehensive understanding of food health in tourism. Compared to the abundance of therapeutic landscape studies, fewer explorations of food health from the assemblage perspective have been conducted. The assemblage perspective reveals the complexity of obtaining health by extending it from a physiological phenomenon to a social process (Foley, Citation2011). Whilst in this paper we only begin to examine the influences of food psychology, habits and cultural beliefs, there remains much more research potential. For example, both in Eastern and Western cultures, social interaction is an important part of the dining experience (Kim & Eves, Citation2012). However, whether social interaction in eating enhances or damages health is still debatable. In Chinese culture, dining is an effective social tool (Simoons, Citation1990). Harmonious sociality can improve participants' enjoyment of dining and their subjective well-being (Su & Zhang, Citation2020). Wine drinking is often used at the dinner table to encourage joviality and social interaction. However, the pressure to pursue harmonious relations may encourage people to overdrink. The question in the tourism context is whether and how sociality influences tourists' health. Different geographical regions have different food cultures and attach food to various functions, meanings, rituals, and spiritualities (Long, Citation2004). Diet health can be very complicated and should be examined from multiple dimensions.

There are some limitations for this study. First, it is germane to point out that local food in this study refers to local food culture, foodways, and cuisines, with less of a focus on ingredients produced on a local scale. We conducted the investigation in urban areas, where it is difficult for visiting tourists to trace the locality of foods, as most of them directly seek food from restaurants. It may also be worthwhile to study tourists visiting rural areas to examine how they perceive the healthiness of local food ingredients. Second, although we divide food psychologies into neophobic and neophilic, and divide dietary habits into rooted and

cosmopolitan, there are intermediate possibilities between the two poles. A spectrum perspective may be helpful to understand tourists' food psychologies and dietary habits comprehensively. Under a spectrum perspective, the health assemblages of food consumption turn out to be more complicated and need more research.

## References

- Allen, P., Fitzsimmons, M., Goodman, M., & Warner, K. (2003). *Shifting plates in the agrifood landscape: The tectonics of alternative agrifood initiatives in California*. *Journal of Rural Studies*, 19(1), 61–75. [https://doi.org/10.1016/S0743-0167\(02\)00047-5](https://doi.org/10.1016/S0743-0167(02)00047-5)
- Amuquandoh, F. E. (2011). *International tourists' concerns about traditional foods in Ghana*. *Journal of Hospitality and Tourism Management*, 18(1), 1–9.
- Anderson, B., & McFarlane, C. (2011). *Assemblage and geography*. *Area*, 43(2), 124–127. <https://doi.org/10.1111/j.1475-4762.2011.01004.x>
- Anderson, E. N. (1988). *The food of China*. Yale University Press.
- Aprile, M. C., Caputo, V., & Nayga, R. M. Jr, (2016). *Consumers' preferences and attitudes toward local food products*. *Journal of Food Products Marketing*, 22(1), 19–42. <https://doi.org/10.1080/10454446.2014.949990>
- Beardsworth, A., & Keil, T. (1997). *Sociology on the menu: An invitation to the study of food and society*. Routledge.
- Belasco, W. (2008). *Food: The key concepts*. Berg Publisher.
- Bell, S. L., Foley, R., Houghton, F., Maddrell, A., & Williams, A. M. (2018). *From therapeutic landscapes to healthy spaces, places and practices: A scoping review*. *Social Science & Medicine* (1982), 196, 123–130. <https://doi.org/10.1016/j.socscimed.2017.11.035>
- Bessi ere, J. (1998). *Local development and heritage: traditional food and cuisine as tourist attractions in rural areas*. *Sociologia Ruralis*, 38(1), 21–34.
- Born, B., & Purcell, M. (2006). *Avoiding the local trap: Scale and food systems in planning research*. *Journal of Planning Education and Research*, 26(2), 195–207. <https://doi.org/10.1177/0739456X06291389>
- Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology*. *Qualitative Research in Psychology*, 3(2), 77–101. [Database] <https://doi.org/10.1191/1478088706qp063oa>
- Brinkmann, S. (2014). *Unstructured and semi-structured interviewing*. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (pp. 277–299). Oxford University Press.
- Burusnukul, P., Binkley, M., & Sukalakamala, P. (2011). *Understanding tourists' patronage of Thailand foodservice establishments: An exploratory decisional attribute approach*. *British Food Journal*, 113(8), 965–981. <https://doi.org/10.1108/00070701111153733>
- Chang, K. (1977). *Food in Chinese culture*. Yale University Press.
- Chang, R. C. (2017). *The influence of attitudes towards healthy eating on food consumption when travelling*. *Current Issues in Tourism*, 20(4), 369–390. <https://doi.org/10.1080/13683500.2014.890579>

- Chang, R. C. Y., Kivela, J., & Mak, A. H. N. (2010). Food preferences of Chinese tourists. *Annals of Tourism Research*, 37(4), 989–1011. <https://doi.org/10.1016/j.annals.2010.03.007>
- Chang, S., Y. (2011). The influence of novelty-seeking and risk-perception behavior on holiday decisions and food preferences. *International Journal of Hospitality & Tourism Administration*, 12(4), 305–329.
- Cheng, C. (2009). The Yi-Jing and yin-yang way of thinking. In B. Mou (Ed.), *History of Chinese philosophies* (pp. 71–106). Routledge.
- China Tourism Academy & Ctrip. (2018). 2017 China outbound tourism big data report. <http://travel.people.com.cn/GB/n1/2018/0304/c41570-29846210.html>
- Clancy, K., & Ruhf, K. (2010). Is local enough? Some arguments for regional food systems. *Choices: The Magazine of Food Farm & Resource Issues*, 25(1), 140–146.
- Cohen, E., & Avieli, N. (2004). Food in tourism: Attraction and impediment. *Annals of Tourism Research*, 31(4), 755–778. <https://doi.org/10.1016/j.annals.2004.02.003>
- Cohen, E., & Cohen, S. A. (2015). A mobilities approach to tourism from emerging world regions. *Current Issues in Tourism*, 18(1), 11–43.
- Conradson, D. (2005). Landscape, care and the relational self: Therapeutic encounters in rural England. *Health & Place*, 11(4), 337–348. <https://doi.org/10.1016/j.healthplace.2005.02.004>
- Duff, C. (2011). Networks, resources and agencies: On the character and production of enabling places. *Health & Place*, 17(1), 149–156. <https://doi.org/10.1016/j.healthplace.2010.09.012>
- Earle, R. (2012). *The body of the conquistador: Food, race and the colonial experience in Spanish America, 1492–1700*. Cambridge University Press.
- Ellis, A., Park, E., Kim, S., & Yeoman, I. (2018). What is food tourism? *Tourism Management*, 68, 250–263. <https://doi.org/10.1016/j.tourman.2018.03.025>
- Fang, T. (2012). Yin Yang: A new perspective on culture. *Management and Organization Review*, 8(1), 25–50. <https://doi.org/10.1111/j.1740-8784.2011.00221.x>
- Finlay, J. M. (2018). 'Walk like a penguin': Older Minnesotans' experiences of (non) therapeutic white space. *Social Science & Medicine*, 198, 77–84.
- Fischler, C. (1988). Food, self and identity. *Social Science Information*, 27(2), 275–292. <https://doi.org/10.1177/053901888027002005>
- Foley, R. (2011). Performing health in place: The holy well as a therapeutic assemblage. *Health & Place*, 17(2), 470–479. <https://doi.org/10.1016/j.healthplace.2010.11.014>
- Foley, R., & Kistemann, T. (2015). Blue space geographies: Enabling health in place. *Health & Place*, 35, 157–165. <https://doi.org/10.1016/j.healthplace.2015.07.003>
- Fox, N. J. (2011). The ill-health assemblage: Beyond the body-with-organs. *Health Sociology Review*, 20(4), 359–371. <https://doi.org/10.5172/hesr.2011.20.4.359>
- Gesler, W. (1996). Lourdes: Healing in a place of pilgrimage. *Health & Place*, 2(2), 95–105.
- Gesler, W. M. (1992). Therapeutic landscapes: Medical issues in light of the new cultural geography. *Social Science & Medicine* (1982), 34(7), 735–746. [https://doi.org/10.1016/0277-9536\(92\)90360-3](https://doi.org/10.1016/0277-9536(92)90360-3)



- Gesler, W. M. (1993). *Therapeutic landscapes: Theory and a case study of Epidaurus*. *Environment and Planning D: Society and Space*, 11(2), 171–189. <https://doi.org/10.1068/d110171>
- Griffith, C. J. (2006). *Food safety: Where from and where to?* *British Food Journal*, 108(1), 6–15. <https://doi.org/10.1108/00070700610637599>
- Guan, J., & Jones, D. L. (2015). *The contribution of local cuisine to destination attractiveness: An analysis involving Chinese tourists' heterogeneous preferences*. *Asia Pacific Journal of Tourism Research*, 20(4), 416–434. <https://doi.org/10.1080/10941665.2014.889727>
- Guba, E. G., & Lincoln, Y. S. (1994). *Competing paradigms in qualitative research*. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage.
- Hall, C. M., & Sharples, L. (2003). *The consumption of experiences or the experience of consumption? An introduction to the tourism of taste*. In C. M. Hall, L. Sharples, R. Mitchell, N. B. Macionis, & B. Cambourne (Eds.), *Food tourism around the world: Development, management and markets* (pp. 1–24). Elsevier Ltd.
- Hannam, K., Butler, G., & Paris, C. M. (2014). *Developments and key issues in tourism mobilities*. *Annals of Tourism Research*, 44, 171–185.
- Hannam, K., Sheller, M., & Urry, J. (2006). *Editorial: Mobilities, immobilities and moorings*. *Mobilities*, 1(1), 1–22. <https://doi.org/10.1080/17450100500489189>
- Hannerz, U. (1990). *Cosmopolitans and locals in world culture*. *Theory, Culture & Society*, 7(2), 237–251.
- Harris, K. J., Murphy, K. S., DiPietro, R. B., & Rivera, G. L. (2015). *Food safety inspections results: A comparison of ethnic-operated restaurants to non-ethnic-operated restaurants*. *International Journal of Hospitality Management*, 46, 190–199.
- Henderson, J. C. (2004). *Food as a tourism resource: A view from Singapore*. *Tourism Recreation Research*, 29(3), 69–74. <https://doi.org/10.1080/02508281.2004.11081459>
- Hinrichs, C. C., & Lyson, T. A. (Eds.). (2007). *Remaking the North American food system: Strategies for sustainability*. University of Nebraska Press.
- Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions and organizations across nations*. Sage Publications.
- House, J. (2019). *Modes of eating and phased routinisation: Insect-based food practices in the Netherlands*. *Sociology*, 53(3), 451–467. <https://doi.org/10.1177/0038038518797498>
- Huang, L., & Xu, H. (2014). *A cultural perspective of health and wellness tourism in China*. *Journal of China Tourism Research*, 10(4), 493–510. <https://doi.org/10.1080/19388160.2014.951752>
- Jonas, A., Mansfeld, Y., Paz, S., & Potasman, I. (2011). *Determinants of health risk perception among low-risk-taking tourists traveling to developing countries*. *Journal of Travel Research*, 50(1), 87–99. <https://doi.org/10.1177/0047287509355323>
- Kim, Y. G., & Eves, A. (2012). *Construction and validation of a scale to measure tourist motivation to consume local food*. *Tourism Management*, 33(6), 1458–1467. <https://doi.org/10.1016/j.tourman.2012.01.015>

- Kim, Y. G., Eves, A., & Scarles, C. (2009). Building a model of local food consumption on trips and holidays: A grounded theory approach. *International Journal of Hospitality Management*, 28(3), 423–431. <https://doi.org/10.1016/j.ijhm.2008.11.005>
- Kim, Y. G., Eves, A., & Scarles, C. (2013). Empirical verification of a conceptual model of local food consumption at a tourist destination. *International Journal of Hospitality Management*, 33, 484–489. <https://doi.org/10.1016/j.ijhm.2012.06.005>
- Kivela, J., & Crofts, J. C. (2006). Tourism and gastronomy: Gastronomy's influence on how tourists experience a destination. *Journal of Hospitality & Tourism Research*, 30(3), 354–377.
- Kremer, P., & DeLiberty, T. L. (2011). Local food practices and growing potential: Mapping the case of Philadelphia. *Applied Geography*, 31(4), 1252–1261.
- Larsen, S., Brun, W., Øgaard, T., & Selstad, L. (2007). Subjective food-risk judgements in tourists. *Tourism Management*, 28(6), 1555–1559.
- Lee, J. E., Nelson, D. C., & Almanza, B. A. (2010). The impact of individual health inspectors on the results of restaurant sanitation inspections: Empirical evidence. *Journal of Hospitality Marketing & Management*, 19(4), 326–339.
- Lee, Y., Pennington-Gray, L., & Kim, J. (2019). Does location matter? Exploring the spatial patterns of food safety in a tourism destination. *Tourism Management*, 71, 18–33.
- Lepp, A., & Gibson, H. (2003). Tourist roles, perceived risk and international tourism. *Annals of Tourism Research*, 30(3), 606–624. [https://doi.org/10.1016/S0160-7383\(03\)00024-0](https://doi.org/10.1016/S0160-7383(03)00024-0)
- Li, C. (2008). The philosophy of harmony in classical Confucianism. *Philosophy Compass*, 3(3), 423–435. <https://doi.org/10.1111/j.1747-9991.2008.00141.x>
- Li, X. R. (Ed.). (2016). *Chinese outbound tourism 2.0*. Apple Academic Press.
- Li, X. R., Lai, C., Harrill, R., Kline, S., & Wang, L. (2011). When east meets west: An exploratory study on Chinese outbound tourists' travel expectations. *Tourism Management*, 32(4), 741–749. <https://doi.org/10.1016/j.tourman.2010.06.009>
- Lin, J., Cui, Q., Marin, J., & Xu, H. (2019). Distinction and omnivorousness in tourists' food consumption. *International Journal of Hospitality Management*, 83, 95–102. <https://doi.org/10.1016/j.ijhm.2019.04.017>
- Lin, J., Guia Julve, J., Xu, H., & Cui, Q. (2020). Food habits and tourist food consumption: An exploratory study on dining behaviours of Chinese outbound tourists in Spain. *Journal of Policy Research in Tourism, Leisure and Events*, 12(1), 82–99. <https://doi.org/10.1080/19407963.2018.1506199>
- Long, L. M., (Ed.). (2004). *Culinary tourism*. University Press of Kentucky.
- Lyson, T. A. (2007). Civic agriculture and the North American food system. In C. C. Hinrichs & T. A. Lyson (Ed.), *Remaking the North American food system: Strategies for sustainability* (pp. 19–32). University of Nebraska Press.
- MacLaurin, T. L. (2004). The importance of food safety in travel planning and destination selection. *Journal of Travel & Tourism Marketing*, 15(4), 233–257.
- Mak, A. H., Lumbers, M., & Eves, A. (2012a). Globalisation and food consumption in tourism. *Annals of Tourism Research*, 39(1), 171–196. <https://doi.org/10.1016/j.annals.2011.05.010>

- Mak, A. H., Lumbers, M., Eves, A., & Chang, R. C. (2012b). Factors influencing tourist food consumption. *International Journal of Hospitality Management*, 31(3), 928–936. <https://doi.org/10.1016/j.ijhm.2011.10.012>
- Mak, A. H., Lumbers, M., Eves, A., & Chang, R. C. (2017). The effects of food-related personality traits on tourist food consumption motivations. *Asia Pacific Journal of Tourism Research*, 22(1), 1–20. <https://doi.org/10.1080/10941665.2016.1175488>
- McEntee, J. (2010). Contemporary and traditional localism: A conceptualisation of rural local food. *Local Environment*, 15(9-10), 785–803.
- Medina, F. X. (2005). *Food culture in Spain*. Greenwood Publishing Group.
- Molz, J. G. (2007). Eating difference: The cosmopolitan mobilities of culinary tourism. *Space and Culture*, 10(1), 77–93.
- Morris, C., & Buller, H. (2003). The local food sector: A preliminary assessment of its form and impact in Gloucestershire. *British Food Journal*, 105(8), 559–566.
- Mynttinen, S., Logr en, J., S€arkk€a-Tirkkonen, M., & Rautiainen, T. (2015). Perceptions of food and its locality among Russian tourists in the South Savo region of Finland. *Tourism Management*, 48, 455–466. <https://doi.org/10.1016/j.tourman.2014.12.010>
- Patton, M. Q. (2002). *Qualitative research & evaluation methods (3rd ed.)*. Sage Publications.
- Pliner, P., & Salvy, S. J. (2006). Food neophobia in humans. In R. Shepherd & M. Raats (Eds.), *The psychology of food choice* (pp. 75–92). CABI.
- Quan, S., & Wang, N. (2004). Towards a structural model of the tourist experience: An illustration from food experience in tourism. *Tourism Management*, 25(3), 297–305. [https://doi.org/10.1016/S0261-5177\(03\)00130-4](https://doi.org/10.1016/S0261-5177(03)00130-4)
- Richards, G. (2002). Gastronomy: An essential ingredient in tourism production and consumption? In A. Hjalager & G. Richards (Eds.), *Tourism and gastronomy* (pp. 3–20). Routledge.
- Robertson, R. (2012). Globalisation or glocalisation? *Journal of International Communication*, 18(2), 191–208. <https://doi.org/10.1080/13216597.2012.709925>
- Shoemaker, N. (2005). Whale meat in American history. *Environmental History*, 10(2), 269–294. <https://doi.org/10.1093/envhis/10.2.269>
- Simoons, F. J. (1990). *Food in China: A cultural and historical inquiry*. CRC Press.
- Sims, R. (2009). Food, place and authenticity: Local food and the sustainable tourism experience. *Journal of Sustainable Tourism*, 17(3), 321–336.
- Su, X., & Zhang, H. (2020). Tea drinking and the tastescapes of wellbeing in tourism. *Tourism Geographies*. <https://doi.org/10.1080/14616688.2020.1750685>
- Volker, S., & Kistemann, T. (2015). Developing the urban blue: Comparative health responses to blue and green urban open spaces in Germany. *Health & Place*, 35, 196–205. <https://doi.org/10.1016/j.healthplace.2014.10.015>
- Wang, K., Cui, Q., & Xu, H. (2018). Desert as therapeutic space: Cultural interpretation of embodied experience in sand therapy in Xinjiang, China. *Health & Place*, 53, 173–181. <https://doi.org/10.1016/j.healthplace.2018.08.005>

Zhang, Z. (2004). *The impacts of yin-yang and five elements on Chinese traditional medicine. Science, Technology and Dialectics, 21(1), 76–83.*