Perceptions of Health, Illness and Healing in a Sichuan Village, China

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ABSTRACT

This thesis explores attitudes to the body, illness and healing in contemporary rural China through the prism of Pierre Bourdieu's notion of *habitus*. It is divided in two parts. *Part 1* aims to situate attitudes to the body in the specific social, cultural and political economic settings which have engendered them. I show that bodily dispositions articulate ways of engaging with one's surroundings and claims to authority and status. Past experiences equip different generations with different *habitus* (Bourdieu, 1977; 1990). At the same time, *habitus* is revised in light of engagements with new environments. As such, this section shows that *habitus* is made through daily practices, and that attitudes to the body are contingent and contested. Hierarchies with regard to what constitutes a desirable body or a healthy diet are not stable but always disputed. Negotiations surrounding them are informative of wider social processes and serve to reproduce or challenge social relations and values.

Part 2 examines bodily practices at times of illness through the case of oesophagus cancer, an illness prevalent in the area, and with specific reference to one case and brief comparisons to others (including some discussion of stomach cancer). This section aims to show that family relationships are produced and contested through various practices of care, and that such relations engender particular bodily attitudes. These practices are not enactments of an already given reality or relationship, but rather vital to producing them. Closer attention to practices during illness are therefore important for understanding how illness is experienced by all involved, but also how it intersects with family relations, attitudes to resources, strategies to secure them and invest them, and perceptions of the state and welfare provision. It shows that a study of social change and reproduction is central to understanding cancer. Conversely, practices surrounding cancer, such as decisions not to undergo surgery, also present ways in which social reproduction and change take place. Employing *habitus* allows a closer grasp of the intricate processes through which family relations are formed, why families opt for particular forms of treatment and how the effectiveness of therapy is produced.

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PREFACE

Are you accustomed to life here?

(*Women zheli de shenghuo, ni xi bu xiguan*? 我们这里的生活，你习不习惯?)

If I had only a few days to brief a researcher new to the Chinese language on useful phrases to follow daily conversations in my fieldwork setting, I would probably start with *xiguan* (习惯). *Xiguan* is both a noun, which can be translated as 'habit' or 'custom', and a verb, meaning 'to be used to' or 'accustomed to'. Throughout my stay in the village, but especially at the outset, locals expressed an incessant interest in whether I was '*xiguan*' to life there. Questions ranged from whether I was used to living in their houses (*zhudeguan* 住得惯), eating their food (*chideguan* 吃得惯), drinking their tea and spirits (*hedeguan* 吃得惯), to feeding the fire (*shaodeguan* 烧得惯) and walking on the poorly-built village road (*zoudeguan* 走得惯). Even understanding the local language was described as a matter of habit (*tingdeguan hua* 听得惯话).

Xiguan implies a habit that has been fostered by long term experience, but also the ability and willingness to engage in a particular activity, such as feeding the fire. In the latter sense, it also connotes the ability to bear something that one is supposed to be unaccustomed to or unwilling to endure. For instance, upon entering a local house, I was routinely asked '*ni kandeguan bu?* (你看得惯不?)', literally, 'are you used to seeing [this]?', which at once expressed a sense of shame for their living conditions, and the assumption that I must be used to much better conditions, and that therefore I would look down on villagers, as most city dwellers did when they visited the countryside. Their self-deprecation made me uneasy, and at first I spent much time wishing they would stop embarrassing themselves (and me)

with that question. Since my very aim was to live 'like them' and become, as much as possible, integrated in the local community, it almost seemed like a defeat for me to be asked whether I was *xiguan* to local life, because it implied a conviction that I certainly could not be. When, after a few months of fieldwork, villagers began to observe that I was *xiguan* to most things, I took this as a real achievement and an instrumental part of my work.

This study is concerned with how *xiguan* is produced. The interactions outlined above begin to highlight that claims around *xiguan* serve to articulate identities and produce social relationships and values. Villagers' interests in whether I was *xiguan* to village life not only stressed the obvious fact that our life experiences must have been different, but also served to express care and concern. Assumptions about differences in *xiguan* are imbued with social hierarchies. Locals' assertions that I probably was not *xiguan* was a self-effacing way to apologise for their living conditions. My insistence that I was *xiguan* to village life served to express my acceptance of local conditions, and of local people by extension. On the other hand, urbanites' claim that they were not *xiguan* to rural conditions materialised distance and superiority. *Xiguan* is also far from innocent of history. Locals' sense of *xiguan* was an embodiment of how much life had changed in their own experience, and of the gaping disparities between past and present, young and old, and rural and urban China. Parents who had visited their children working in the cities noted they were not *xiguan* to life there; returned migrants claimed they were not *xiguan* to conditions at home, nor, often, to those in the city where they worked.

The frequency and keenness with which locals discussed *xiguan* placed this concept at the very centre of my research interests. Amongst the contingencies of fieldwork, it is the most influential and pervades many of the other conditions which allowed me to gradually refine my focus. Briefly outlining these aspects should offer a sort of genealogy of the interplay

between my research interests and my chosen theoretical framework. I set out with a general interest in health, illness and healing in inland rural China; what was perceived to constitute well-being; how it was maintained; why people resorted to particular forms of treatment or to particular practitioners; and what negotiations this entailed and facilitated amongst family members and beyond. This, I predicted, demanded a study of the local diet; how it had changed in living memory; how it varied along gender, class, generation and rural/urban divisions; how it was perceived to impact on health and how it changed at times of illness.

It was however serendipity that brought me to my particular research setting. I began to make arrangements for fieldwork in December 2003. My supervisor, Dr. Elisabeth Hsu, contacted her friend and colleague Dr. Pamela Leonard, an anthropologist who works on Sichuan and who was planning to spend a year in the region with her family in 2004. In February 2004, Dr. Leonard put me in touch with a young academic at Sichuan University, Ms. Zheng Li, who was enthusiastic about my research proposal, and arranged for me to enrol as a research student at Sichuan University, under the supervision of Prof. Chen Changwen of the School of Public Administration. In May 2004, I settled at Sichuan University and began to discuss possible fieldwork locations with Prof. Chen. He was planning a research trip with eight students to Langzhong county, in North East Sichuan, for the end of June, and suggested that I use that as an excuse to first settle in the area under his auspices.

When Prof. Chen first made his case for Langzhong, I was suspicious to say the least. He told me that it was a good area to research because "it had not become modern yet", and "tradition was disappearing in China". This baffled me and went against much of what I had learnt to critique in my anthropological training, to do with ready-made oppositions between tradition and modernity, ignorance of social change in so-called 'traditional' societies, the

salvage paradigm, by which the use of anthropology is to study cultures on the verge of oblivion. My list of reservations went on. I was nonetheless intrigued to see what he meant, and so I requested to visit Langzhong before making a final decision.

It was Prof. Chen's long-standing connections with Langzhong officials that allowed me to choose a village and a host family, which seemed like a good arrangement for my purposes. Fearing that local officials may (as indeed they tried to) change their minds and find a suitable place, I set out on my first morning in Langzhong to identify a research location. Accompanied by a research student initially assigned to assist me, an official from the nearby county of Nanchong, her chauffeur and one of her friends from Langzhong, we drove as far from the city as it seemed acceptable to local officials, and descended on a village, searching for a willing host family. For a number of reasons – envy amongst other villagers, fear that I would be too demanding in dietary terms, and a very understandable aversion to officials commenting on their unsuitability and their dirty kitchen – the family was initially somewhat hostile to my presence. In particular, my landlady insisted that the monthly sum of 500 yuan per month for rent and food,[1] agreed on with the village head and I, was not sufficient to provide meat everyday (as was demanded by my assistant), but only for their typical diet. This attitude on the part of my hosts brought fascinating data, as it spurred great controversy amongst villagers over adequate diet and appropriate behaviour towards guests. The chance to witness these debates first hand throughout fieldwork allowed vital insights into the micropolitics of local perceptions of diet and care more widely, and how these attitudes served to produce and challenge social hierarchies between villagers (chapter 3).

If concerns about my diet provided interesting research material, the (initially) incessant discussions spurred by my 'foreign' bodily presence presented equally intriguing data. With

[1] At the time of fieldwork, this sum was equivalent to roughly 35 pounds, an average monthly income in Langzhong city.

a height of 167 cm, a weight of 60 kg, I was baffled – and I have to admit, also slightly uncomfortable – to be told routinely that I was 'very fat' (*hen pang* 很胖). Locals who seemed to me to be of average body size, were considered fat by other locals. Overall, it seemed that people who were not very thin were therefore fat. Being told one was 'fat' was generally perceived as a compliment. Indeed, in informal conversation villagers almost invariably regarded fatness to be desirable, so much so that the expressions 'you have put on weight' (*zhang pangle* 长胖了) and 'you have become (literally grown) healthier/better' (*zhang haole* 长好了) were used interchangeably. I preferred not to take claims at face value, but to examine their conditions of possibility, the kinds of *xiguan* which foster certain attitudes and that these attitudes help to reproduce. This study examines such attitudes to the body as socially and historically produced.

A final specificity of the fieldwork location had the greatest impact on my interests, my findings and my choice of theoretical approach. During my research, I observed many illness episodes, especially of flu and rheumatism, but the local prevalence of oesophagus and stomach cancer made it vital for me to understand more closely how these illnesses were experienced and dealt with by sufferers and their families. Part 2 of this study deals with these issues in depth. In August 2004, I became close to a family whose 62 year old family-head was suffering with stomach cancer. Two months later, in October 2004, my landlady's father was diagnosed with oesophagus cancer. Through frequent visits, I gained a sense of the ways in which families perceived these types of cancer and their aetiologies, and of strategies they employed to tackle them. I was struck by the stoic attitude with which they faced illness. None of those who fell ill and died with stomach or oesophagus cancer during my stay (5 people in a village of roughly 600) resorted to surgery, and this came as no surprise to me. One of the reasons why I had chosen to do research in rural China was that, as in many other developing countries, especially in the countryside, people face major

problems of access to healthcare. I wanted to know more about how sufferers and their families attempted to overcome these barriers. Yet it seemed that in at least some cases financial barriers alone were not what prevented sufferers from resorting to expensive forms of treatment such as surgery. They could have afforded it, but decided not to.

Faced with these topics for study, I began to search for a way to approach them without simplifying or reducing them to explanations that locals would not have envisioned. I aimed to understand the logic driving locals' attitudes, the process by which it came into being, and how it was constantly reformulated by those attitudes. I was fascinated by local perceptions of the body, and how much they revealed about their past and present experiences, local micropolitics, relationships amongst family members and between villagers more widely. I supposed that embodied history was crucial to understanding their lives – on the one hand bodily attitudes were telling of historical processes, on the other, they contributed to shaping the present and the future. Differences I noticed, for instance, between young and old people's attitudes to eating were not due to different pre-existent mental categories, nor were they experienced as such. They were constituted in their daily practices, in their like or dislike for meat, milk and snacks.

These issues may only be critically and productively understood if *xiguan* – habitual attitudes to the body, eating, health, healing and so forth – is unpacked carefully. *Xiguan* is by its very definition produced through time, through a process of 'getting used to' given conditions. It is therefore thoroughly historical, and subject to change, as the generational gap in *xiguan* shows (chapters 1 and 2). Its historical contingency however is often masked because, as a habit, it becomes unquestioned, taken for granted, normalised. The fact that habits of eating, working and resorting to treatment are rooted in the body contributes to obscuring their historicity, constructing them as 'natural'.

This study aims to question assumptions that *xiguan* is innocent or natural by examining how it is both situated within and produced by historical, social, cultural, political and economic settings. As I will show throughout the study, the concept of *habitus* elaborated by Pierre Bourdieu (1977, 1990) highlights the historical and political aspects of bodily habits, and is therefore vital to appreciating the processes through which *xiguan* is produced, and its social effects. Understanding bodily *xiguan* as *habitus* shows that attitudes to the body are suffused with ideology and engendered on the complex terrain of social practice. Social relations rely on perceptions formed in the past but are also produced through present practices which engage with their environment in potentially innovative ways. *Habitus* allows to retain a focus on the body but stresses that bodily *xiguan* can only be grasped with reference to their historical and social genesis. At the same time, *xiguan* plays an active part in negotiations surrounding family relations, social identities and cultural values. By focusing on daily practices of health, illness and healing this study aims to disclose a better understanding of both lived experience and its socio-historical conditions.

SYNOPSIS

The usefulness of *habitus* to understanding attitudes to the body, illness and healing in contemporary rural China will be assessed closely in the first introductory chapter to the study (*orientations 1*). This is followed by an introduction to the research setting (*orientations 2*), which offers an account of the specificities of my chosen field-site, and situates it within broader concerns in contemporary rural China. After these two introductory chapters, the study is divided into two parts. The first (chapters 1-3) examines attitudes to the body, health and eating in light of their historical contexts. The second (chapters 4-7) is devoted to local understandings of oesophagus and stomach cancer, the microdiachronic

changes they foster and the family and social relations they produce, reproduce and challenge.

Chapter 1 starts with an account of the typical village diet, including drinking, snacking, feasting and seasonal variation and begins to highlight the role of *habitus* in shaping these practices. Different generations have endured diverse kinds of hardship, which endow each with particular parameters for perceiving adequate diet and result in conflicting attitudes at the table. The divergent experiences of starvation, relative wealth, and pressure to consume engender diverse bodily dispositions. Yet differences are not clear cut. To the extent that *habitus* is constituted historically, young and old all engage with a shared present characterised by the challenges of economic reforms.

Chapter 2 continues to investigate generational differences as produced by different historical experiences which foster diverse *habitus* and taste. My attention here shifts to perceptions of what constitutes a desirable body, their ideological undertones and their social implications. The transition towards wage economy has exerted a major impact on current attitudes to the body. I examine perceptions of 'energy' (*you jin* 有劲) and skills (*you benshi* 有本事) as emblematic of this transition both in ideology and in socio-economic conditions and of the tensions and contradictions it has triggered. This chapter shows that *habitus* produces, while also being the product of, competing ideologies and political economies. In particular, I show that the prevalence of migrant labour has partly changed attitudes to farming but has not made it dispensable. Qualities of the body are not neatly contained within historical periods but rather changing in response to social change. *Habitus* then provides a tool to grasp both social reproduction and social change, without neglecting the complexities of embodied experience.

Chapter 3 returns to eating in order to examine how diversities in *habitus* and taste cut across class and status lines incorporated through eating practices. I show that public claims to 'eat well' represented an effort on the part of some villagers to be perceived as comparatively well off and thereby gain social status. Parameters on which 'eating well' was defined were the subject of ongoing negotiations, themselves emblematic of the reform period. While some embraced consumerism, others were proud of healthy bodies produced by simple and economical diet. Taste for food is a product of inequality and plays a central role in its reproduction. At the same time, as in chapter 1, I stress that hierarchies and parameters are constantly questioned and re-made. Intersecting realms of belonging, of inclusion and exclusion in a given community, be it the village, a unit within it, or a family line, are powerfully articulated through discussions and practices of eating. At stake in these negotiations is not only villagers' bodily health, but also their 'social health', their 'distinction' (Bourdieu, 1984), their position and acceptance as members of the local community.

Chapter 4 begins with a detailed account of a case of oesophagus cancer I followed very closely – that of uncle Xu. It outlines how, as the illness unfolded, his family members' feelings and practices of dealing with his (and their own) discomfort changed. This is followed by a brief description of another cancer case for comparison. The final part of the chapter delineates the costs involved in treating oesophagus cancer and proposes that a more realistic account of expenditure should include costs for the extended family, and medical as well as other expenses. The chapter concludes with the observation that the extent of family members' involvement in caring for a sick relative is central to producing their relationship, and that *habitus* provides a tool to understand these practices.

Chapter 5 tackles cancer aetiology and the development of cancer, in particular with regard

to diet, life-style and emotions. Eating emerged as an idiom for expressing the experience of oesophagus and stomach cancer. Perceptions of the sufferer's relative ability to eat were central to how their illness was understood by them and their family. Changes in eating routine also affected the wider family as they attempted to come to terms with illness. The extent to which diet is seen to be a possible cause of cancer remained a matter of debate amongst local villagers. Other habits such as smoking and drinking were also considered by some as carcinogenic, yet there were also examples to the contrary. Farm chemicals were widely perceived to have increased the incidence of cancer in recent years, but not all agreed as to the effect of these substances. Interestingly, emotions, especially (repressed) anger and tension were unanimously considered to be a cause of oesophagus and stomach cancer. This emphasis on the pathogenic role of negative emotions highlights the role of wider social problems in the development of cancer. This approach to emotions also overcomes the mind-body dichotomy by showing that mind and living conditions are embodied through emotions, and their effects on the body may not be set apart from the conditions which have brought them into being.

Chapter 6 examines the interaction between religious and ritual allegiances and practices linked to cancer. I argue that the way in which illness and health are tackled and perceived shows discrepancies depending on the religious beliefs and practices of those involved. Employing the concepts of *habitus* and enskilment (Ingold, 2000), I propose that belief and practice should not be seen as separate, but rather understood as a constant engagement of agents in their environment. Ritual practices are not a mirror of society, but rather central to producing it. Cancer treatment is a time at which relationships are negotiated, and allegiance to the spirit world plays a central role in these negotiations. Through examples, I show that conflicts between these religious attitudes also embody family disagreements and unequal power relations, and serve to produce, reproduce and

challenge family relations. If family relations are produced, they cannot be assumed to be stable, and thus attention to the modes in which they are produced is required.

Chapter 7 assesses local perceptions of surgery and cost of treatment. Uncle Xu's case highlights that cost alone does not preclude sufferers from resorting to surgery. I propose that perceptions of therapeutic efficacy are affected by attitudes to the body and healing which have become internalised and seen as natural, but are in fact generated by past living conditions and may persevere after those conditions have changed. By comparing his case to that of another local, I will show that a study of treatment efficacy, patients' agency and constraints on it may benefit from taking into account *habitus.* Where the concept of habit presupposes a static sense of the world, *habitus* stresses that habits are historically contingent and points to their role in reproducing cultural values and unequal power relations and access to resources. In turn, perceptions of treatment efficacy, and attitudes to surgery in particular, ought to be considered within the wider context of the relationship between people and the state, their experience of lack of welfare provision and of the spread of corruption. Attention to *habitus* shows that failure to resort to surgery is not solely due to its cost, but also to perceptions of healthcare and entitlement more widely.

The *Conclusion* returns to the key points made with reference to ethnographic examples and their relation to the broader theoretical argument. I argue that an ethnographic study of bodily attitudes and lay understandings of illness and health provides a richer portrait of the spatial, historical, cultural and socio-economic contexts with which sufferers engage on their pathways to healing and highlights the difficulties they face and the multifaceted strategies they adopt to overcome them. As such, it complements studies which focus on practitioners' perspectives, the interaction between patients and practitioners, medical institutions and state apparatuses. A vivid and critical account of locals' attitudes to the body, illness and healing

may also provide insights on the potential problems faced in policy implementation, which further reinforces the usefulness of a micro-study such as that pursued here.

A final caveat is in order. Throughout the study I have employed kinship terms – such as uncle Xu or grandma Yang – to refer to villagers.[2] Partly, I have done so to make my positionality in the village clear and to highlight the relational nature not only of the data collected but also of locals' identities. More crucially, turning those I have learnt to address as older sister, uncle or grandmother into 'Mr' and 'Mrs' would feel rather odd and disrespectful. Learning to address locals appropriately was a vital part of becoming integrated into the local community. Using these terms of address offered an important means to express and foster respect and familiarity. Retaining kinship terms in the thesis may be a cultural mistranslation. Yet the process of defamiliarisation and objectification entailed by referring to informants as Mr and Mrs would, I fear, have the much worse effect of denying or masking relationships which are central not only to this study but also to my relationships and sense of commitment since fieldwork. If, as this thesis argues, relationships are produced through daily practices, amongst which name calling is essential, then continuing with this practice is not only academically sound because it conveys a sense of the relationships fostered during fieldwork but is also loyal and respectful to those who have shared their lives with me.

METHODOLOGICAL NOTE

This study is based on 15 months of participant observation (June 2004-September 2005) in one village in rural North-East Sichuan. In the preface, I have already highlighted some of the difficulties of setting up fieldwork and some of the specificities of my field site, which

[2] Throughout the thesis, I have used pseudonyms to maintain the anonymity of my informants.

contributed to shaping not only what I found, but also the questions I asked. Here, I will add some more details of the methods and strategies I employed to gather data.

Local people nearly always assumed that, coming from a rich country, I must be very rich. While I was undeniably wealthier than local people, being perceived as such was an obstacle to being accepted in fruitful terms as part of the local community. As time went by and the rumour spread that I was *jianku pusu* 艰苦朴素, an expression popular during the Mao period (1949-1976), literally translated as 'hard working and plain living', locals began to see beyond money and talk to me more openly. I invested much energy in creating this perception of me by dressing modestly, eating whatever I was offered, and helping locals in their activities such as selling noodles, harvesting rape seed, transplanting and harvesting rice and cooking. Such experiences provided a sense of how locals lived, and demystified my presence and my role. Instrumental to fostering productive relations was also the way that I explained what my work consisted of. Early on in the fieldwork, one of my key informants advised me to tell locals that my aim was not 'research' (*yanjiu* 研究) or 'investigation' (*diaocha* 调查), but rather 'to experience life' (*tiyan shenghuo* 体验生活) which stresses the embodiment of experience by referring directly to the body (*ti* 体). This described more accurately what I was doing, was less threatening to locals, and was vital for establishing productive relationships with locals and for enlisting their trust and support.

Another strategy I employed to establish stronger bonds with local people was gift-giving. I always carried some snacks and milk to offer to those I interviewed, as well as taking their photograph. Finally, within the first six months of fieldwork, I gradually acquired eight adoptive children. This entailed regularly expressing my concern for their needs by visiting their family, buying them clothes and offering money at Spring Festival. Acting as a dutiful

adoptive mother helped to foster relationships of trust and affection with locals, and also fulfilled some of my emotional needs.

Most of the obstacles to my research were linked to my own identity as a foreign researcher. Fostering connections with local officials required continuous efforts on both parts, and officials always remained couched in a hybrid ground of suspicion and admiration towards me. Often, they would come to the village to 'investigate' me, or invite me for a meal to check on my progress. It is likely that their concern was as much about my welfare and safety (*anquan* 安全) as about their own. My relationship with them remained throughout a delicate matter to manage, but since I established solid relationships with villagers and never asked openly political questions unless I was very close to the informants, officials on their investigation rounds were always met by a unanimous 'she is a good person'. Eventually, they stopped coming. This meant that, apart from the initial period when I was assisted by a Sichuan university research student (15/06/04-18/08/04) and subsequently by a laid-off worker from Langzhong city (18/08/04-15/09/04), I was able to work on my own.

Throughout fieldwork, I usually set out to find two families per day (one in the morning and one in the afternoon) who had spare time to talk to me. I very rarely took notes in their presence because this would result at best in standard answers and at worst in embarrassed silence. Developing my relationship with villagers enabled us to talk while I helped with daily chores, which was central to establishing an informal atmosphere. I endeavoured to strike a balance between listening attentively to the issues they wanted to raise (often about family, migration and corruption) whilst also steering the discussion towards issues of illness and healing. As I became more integrated in the local community, I embraced invitations to birthdays and other family celebrations and activities as opportunities for research. At all other times, I adhered to a two-families-per-day structure and took notes every evening on

my findings. A familiarity with local people and their lives also crucially enabled me to tailor questions to each family and individual. This is a vital skill to develop as it reduces the chances of causing offence and increases the likelihood of gathering relevant data.

Towards the end of my fieldwork, in July 2005, I also carried out over thirty semi-structured interviews based on a questionnaire that I showed to interviewees during our discussion (see appendix). 1 conducted this work with the assistance of a research student from Sichuan University, who visited the village for 3 weeks. Even though by that time villagers were rather accustomed to my presence, it mainly elicited standard answers and thus confirmed the efficacy of long-term participant observation for gaining insights into local knowledge and practices. Data gathered in this way is indicated as such throughout the study.

NOTE ON CURRENCY

At the time of fieldwork (2004-5), 1 pound sterling corresponded to approximately 15 *yuan.*

NOTE ON TRANSLITERATION

Throughout this thesis, I have employed the *pinyin* system of romanisation of Chinese characters which is currently used in the People's Republic of China.

ORIENTATIONS ONE: Theoretical directions

Despite the growing influence of medical anthropology, and the relative importance of Chinese studies within the field of Area Studies, few ethnographies have appeared on medicine in contemporary China (Farquhar, 1994; 2002; Hsu, 1999; Kleinman, 1980; 1986; Scheid, 2002).[1] Valuable as they are (as we shall see below), these studies however focus on urban areas (due to restrictions on research in the countryside), and predominantly on practitioners, with the exception of Kleinman (1980; 1986). For accounts of illness and healthcare in rural China, one has to turn to policy and development studies (see 'Orientations two', pp. 47-9). Albeit informative, these works are, by their very nature, concerned with structural constraints and institutional settings and thus fail to address how people experience health and treatment and how such experience is configured socially, culturally and historically. Most crucially, they cannot convey a sense of the daily lives of Chinese farmers and of the idiosyncrasies of health and illness as part of their everyday practices. This study aims to fill this gap by presenting the first monograph on the daily practices of health-maintenance and healing in rural China, as I observed them during fieldwork.

In what follows, I will outline what my approach consists of and what it aims to achieve. I begin by situating my study within the field of the medical anthropology of China. My contribution to this field is to offer a study based in a rural setting, and which privileges sufferers and home-based approaches to healthcare. This is followed by an assessment of some approaches to the anthropology of the body, to highlight my position vis-à-vis these debates. In this context, I assess the efforts in recent studies in medical anthropology to understand the lived experience of health, illness and healing. In particular, I examine the

[1] For other influential non- anthropological accounts see M. Porkert (1974) and N. Sivin (1987).

strengths and weaknesses of the cultural phenomenology of T. Csordas (2002), A. Kleinman's social phenomenology (1997) and J. Farquhar's political phenomenology (2002). The main challenge of this study is to bring together a focus on experience and socio-historical study. I am concerned to outline how past experiences configure bodily dispositions, but also how bodily dispositions (towards illness and healing) play an active part in negotiations surrounding family and social relations, generation and class identities. This type of study of how bodies are perceived has the potential to provide a closer understanding of wider social processes taking place in contemporary China. I suggest that a critical employment of P. Bourdieu's work, in particular on the *habitus,* will succeed in approaching understandings of the body, illness and healing in innovative and productive ways. It allows research to remain grounded in everyday practices, and in turn situates them within their historical, socio-cultural and political-economic settings.

MEDICAL ANTHROPOLOGY OF CHINA

A. Kleinman, a psychiatrist and anthropologist who has carried out research in Taiwan and China for the past three decades is one of the few anthropologists to have written extensively about patients. His work therefore is a source of inspiration for mine. His first full length ethnography is a study of patients and healers in Taiwan (1980), a study that remains deeply influential despite being rather dated. The starting point of Kleinman's inquiry is the idea that most decisions and actions about health and sickness take place in the "popular healthcare sector", that is, "a matrix containing several levels: individual, family, social network, and community beliefs and activities" (ibid.: 50). Its importance is paramount because factors such as one's family, social networks, past experiences and the perceived efficacy and quality of a given remedy may exert a crucial influence upon sufferers' choices.

Despite his call for a study of the "popular sector", Kleinman did not devote a study to it. My project is intended to fill this gap. In order to do so, the first part of this thesis investigates the importance of eating practices as part of the popular healthcare sector. Diet is often the first aspect to change in response to illness episodes, and it is constantly fashioned to respond to individual taste, climatic influences, and (in)accessibility to particular foods. Foods consumed, and the ways in which they are perceived, contribute to shaping people's perceptions of themselves and those around them as relatively strong or healthy, or as in need of particular care. More broadly, eating practices are central to moulding social relations, especially within the family and amongst neighbours. Such negotiations surrounding what constitutes adequate diet are powerfully affected by generational and class and status differences, as well as playing an active role in defining these differences. The second part of the thesis attends to the popular sector in a slightly different way, by focusing on how one particular illness – oesophagus cancer – is experienced and dealt with by the afflicted family. I argue that disputes over adequate treatment and daily practices of care may be more adequately understood by considering how dispositions are formed historically and how bodily experience is connected to micro- and macro-social processes.

One of Kleinman's central points is his emphasis on the importance of the cultural environment to understanding patients, healers, illness experiences and healing processes.[2] This was a key innovation at the time of his writing, but over two decades since, the implications of these claims have become a matter of dispute. While the importance of cultural contexts is not undermined, the holistic focus on coherence, medical systems and

[2] Other works published in the 1980s on patients in China – such as those by Cheung et al. (1983), Cheung (1984, 1987) and Lee (1980) – tend to regard choices to be between medical systems, without considering the interactions between these as they are simultaneously adopted to deal with illness episodes. A study of understandings of menstruation in Taiwan by Furth and Ch'en (1992) counters this approach by showing that different frameworks (biomedicine, traditional Chinese medicine and popular Buddhist teachings) are employed at once to make sense of one's body. On the interplay between various forms of healing seen from the perspective of lay people see also D. Gellner (2001: 235-48).

explanatory models has been replaced with an interest in ruptures, contingency and change. Kleinman's early writing is mainly framed by a cognitivist approach, thus differences have been explained in terms of divergences between explanatory models. The importance of this work cannot be underestimated, as it presented a challenge to positivist understandings of medicine which privileged Western medicine over supposedly less 'scientific', ethnic medicines. Yet, the need to understand medical practices within their own milieu has now become widely accepted, allowing research to investigate sufferers' daily practices and choices in the context of their multiple interactions with their surroundings (Kleinman and Kleinman, 1997; Kleinman et al. 1997, Kleinman, 2006). This entails conceiving of medicine not in terms of 'medical systems', or 'medical pluralism' – which itself implies the existence of 'systems' – but rather as a complex of beliefs and practices assembled differently by each sufferer striving to tackle an illness episode. Overall then, Kleinman's study remains useful in pointing to the importance of looking at patients' perspectives and at the popular sector, but his interest in explanatory models and medical systems should be complemented by a firm focus on practice and practical knowledge.

A study of how medicine is experienced and moulded by lay people in rural China is one of the aims of this thesis, and something that has not been attempted to date. Such a project can however draw inspiration from the substantial work on how medical knowledge and practice are constantly fashioned in more institutionalised settings. J. Farquhar's first monograph (1994) relies on her experience as a participant observer and student at the Guangzhou College of Traditional Chinese Medicine and on her analysis of literature on Chinese medicine to convey a sense of the settings in which the clinical encounter takes place. Farquhar examines the practice of *kanbing* 看病 (looking at illness) as the encounter between patients and medical practitioners, a moment when they are both equally engaged in perceiving and managing the illness' characteristics and course. Her central contribution is to

argue that clinical encounters should not be reduced to a "single correct or pure form", but rather be considered in their complexity, uncertainty and open-endedness (ibid.: 224). For Farquhar, medical knowledge is embodied in its practitioners and therapy fits the individual characteristics and symptoms of individual patients. Building on Bourdieu, she describes the "practical logic of the clinical encounter" (ibid.: 61) as at once drawing on and generating medical knowledge (ibid.: 2). Thus knowing and acting, she claims, are part of an integrated process, and practice and experience are not "residual categories full of idiosyncratic, repetitive, or imponderable miscellany", but rather "complex generative formations in their own right" (ibid.).

On a theoretical level, her argument proves that patients are not passive but rather play an active role in defining illness (ibid.: 45). This point had already been highlighted by Kleinman (1980), but while Kleinman employed a cognitivist approach to support his argument, Farquhar applies practice theory to emphasise the contribution of sufferers to the constitution of medical knowledge and practice. As such, she shows that apparent contradictions between text-based knowledge and clinical scenarios are resolved in practice, and that knowledge and action are inseparable. Her study then offers not only an insightful analysis of Chinese medicine, its institutional and historical settings, and its constitution through practice and experience, but also a sophisticated theoretical argument in support of practice theory. My employment of Bourdieu's theoretical tools builds largely on Farquhar's achievements, though the focus of my research is different from hers. While Farquhar writes mostly on institutionalised medical settings, I focus on how lay people in the Chinese countryside experience illness and healing, how they cope with the challenges illness presents, and how these challenges may be understood within the wider context of post-Mao reform China.

While textual analysis and theoretical elaboration largely predominate in Farquhar's monograph, E. Hsu's study (1999) is a rich ethnographic account of her experience as a participant learner in various medical settings. Her ethnography explores the ways in which different modes of transmission of medical knowledge foster different 'styles' of knowing. The settings examined are the private practice of a *qigong* (气功) healer (or 'secret' mode of transmission), a reading seminar under a *laozhongyi* (老中医), 'senior Chinese doctor' (or 'personal' mode of transmission), and 'standardised' learning at a college of Traditional Chinese Medicine (TCM). This succeeds in contextualising medical knowledge in social practice.

Crucially, Hsu highlights that these contexts are interdependent rather than separate units (1999: 14). This at once critiques the ideal of a homogeneous doctrine of Chinese medicine and points to some of the problems of approaching diversity in medicine as 'medical pluralism'. This would imply that medicine is made of coexisting discrete approaches which practitioners and patients choose from. However, medical knowledge is not organised in discrete wholes, and different approaches are often intertwined and mutually moulding for practitioners and for sufferers who draw from a variety of contexts simultaneously. Her emphasis on 'styles of knowing' is crucial to my own study, albeit my focus will be on the perspectives of sufferers themselves, and how their medical knowledge intersects with everyday practices. Having been a participant learner places Hsu in a peculiar epistemological position. Her learning experience leads her to emphasise the diversities between medical settings, where observers usually note only the commonalities between them. A study, like mine, devoted to the perceptions of health and illness by sufferers themselves fosters a different approach, one that focuses on the intermingling of different settings as patients strive to cure themselves effectively.

Hsu's description of *qigong* therapy (1999: 58-67) is also useful in highlighting that what patients know about treatment accounts for much of its efficacy, a point that I will discuss in part 2 of this study. She describes five stages through which treatment is chosen, assessed and established as more or less efficacious. These are: the client's choice of therapy, the healer's efforts to recruit clients, mutual commitment, consensus and finally the conversion of clients into 'friends'. As this shows, a treatment's success is the outcome of negotiations among all involved in the therapy (in this case the patient, the *qigong* healer and his wife, and the patient's relatives and friends). My study also emphasises multiple negotiations around the meanings associated with treatments and how they may be used in local care and self-care regimes. As such, I am concerned with how efficacy is established and challenged in the everyday lives of my informants. This will point to the ways in which people choose between treatments and how their choices may change over time due to different social, cultural and economic conditions. In part 2 of the thesis I present a closer elaboration of this argument, by examining respectively the impact of religious affiliations on pathways to healing (chapter 6) and attitudes to surgery for oesophagus cancer (chapter 7). There, I will assess the contributions from anthropology of pharmaceuticals to a study of efficacy. I argue that employing *habitus* enables an understanding of efficacy as dependent on both the meanings associated with treatment and the embodied experience of illness and healing. *Habitus* shows that these two aspects ought to be regarded as mutually constitutive, as situated within socio-historical processes and as central to reproducing and challenging social relations.

The diversity and adaptability of medical practice and knowledge depending on its contexts is a recurrent theme in the studies considered above, and something that I address by turning my attention to lay understandings of health and healing. V. Scheid (2002) contributes to this area of study by questioning the picture of coherence conveyed by the term 'Chinese

medicine'. His monograph, based on fieldwork in China and his own experience as a Chinese medical practitioner, shows that Chinese medicine's pretensions to being static and unitary are in fact a discursive device through which Chinese medicine asserts its authority within the global setting, while it constantly changes to adapt to local milieus.[3] Chinese medicine thus emerges in concrete local contexts, being continuously reconstituted by a plurality of agencies, processes and social interactions (also see Hsu, 1999; Farquhar, 1994). Crucially, medicine in China – a term coined by P. Unschuld (1986) – includes much more than could be simplistically grouped under the banner of 'Chinese medicine'. For instance, such a definition might underestimate the extent to which Chinese medicine has reacted to and interacted with 'Western medicine' and the Chinese state.

Patients also exert a crucial influence in shaping medicine. V. Scheid (2002: 108) explains that there are a number of commonly shared stereotypes about Chinese and Western medicine.[4] However, while for Kleinman (1980) popular stereotypes about Western or Chinese medicine are factors influencing patients' choices, V. Scheid contends these do not influence actual behaviour (2002: 107-33). He gives the example of a child, whose fever was consistently treated by Chinese medicine after failure to treat it with Western medicine. This however, did not dissipate the father's antipathy towards Chinese medicine as superstitious and his mother discontinued treatment by Chinese herbs as soon the child seemed to recover (ibid: 109-11). Patients, Scheid claims, do not make rational choices based on belief, but rather complex negotiations take place, involving many consultations, depending on family networks, contracts to specific clinics or hospitals, the reputation of physicians and "whether

[3] White (1999) provides some evidence for the 'localisation' of medicine. She shows that in the Lijiang district of rural Yunnan elements of Western medicine have been assimilated into a Chinese medicine that is itself fundamentally shaped by the legacy of local spirit-based therapeutics and its own political history.

[4] These are: Western medicine is fast and Chinese medicine slow; Western medicine merely cures the ramification of a disease while Chinese medicine cures its root; Western medicine has side effects whereas Chinese medicine has no side effects; finally, Western medicine is good for curing acute diseases, Chinese medicine for chronic diseases.

the effort justifies the expected outcome" (ibid.: 114). Therefore, according to Scheid, their patterns of behaviour are more productively understood as performative events than as systematic choices.

While I agree with Scheid's focus on practice, I also feel that much can be learnt from examining the ways in which people make sense of their misfortune, of the courses of action envisioned and taken and of their outcomes. This is so especially in light of the fact that given the economic constraints, treatment resorted to may not be the preferred treatment, and decisions are at any rate rarely unanimous. Hsu's article (2002) on patients of Chinese medicine in Tanzania similarly argues that patients' perceptions and stereotypes of a given treatment are central to their choices. This shows that conventional definitions of medical efficacy should be reassessed to include the impact of patients' perceptions of treatments upon their efficacy. My study offers a contribution to the debate on patients' agency and shows that sufferers and their families engage actively with health maintenance and healing, albeit in ways that may not be easily codified according to mental models. The concept of *habitus* is instrumental in putting forward an understanding of sufferers' actions and beliefs as inextricably linked and mutually constitutive. A focus on daily practices at once shows that these are situated historically and socially but also that knowledge and dispositions towards illness and healing emerge in practice, in people's practical engagements with healing, and cannot be understood in a reified, abstract way. Crucially, such negotiations surrounding healing are often fraught with conflicts and disagreements, and are central to the constant making and un-making of family and social relations. As such, they can only be adequately understood as enmeshed in the wider daily practices that characterise farmers' lives.

The studies I have examined by Farquhar, Hsu and Scheid are important to my own research

questions, yet they are all based on research in urban areas, and mostly portray medicine from the perspective of practitioners. My study by contrast, focuses on a rural area and strives to give greater importance to lay perspectives and to attitudes to illness within the home. Such a focus on patients' agency was recently put forward in a special issue of Anthropology and Medicine edited by E. Hsu and E. Hog (2002).[5] My study is equally concerned to grasp patients' agency and in order to do so it puts the emphasis more closely on negotiations within the home and the immediate social surroundings of sufferers. This serves to contextualise their practices in a way that is often largely ignored by studies concerned with the role of medical institutions or the state. Of course, I do not imply that such institutions are irrelevant to this study, but rather that my focus aims to complement one on institutions by looking more closely at how family life and social relations are constituted by health-maintenance and healing practices. A closer understanding of these micro-processes, of healthcare within the home, is in fact inextricable from the macro-setting. By providing a more vivid sense of the lived reality of health and illness, this study also hopes to enhance the understanding of wider social processes at play within local settings.

A focus on sufferers has a number of advantages. First of all, it enables us to conceive of healing practices not in terms of medical systems but rather as a complex of practices assembled contingently and performatively and embodied by sufferers and their families, resorting to a number of potentially contradictory approaches (see Gellner, 2001: 235-48). Secondly, an emphasis on the sufferers' perspective and on popular remedies points to the intersubjective character of health and healing, and the ways in which identities are negotiated in encounters with illness and healing. It highlights that practices of health maintenance and healthcare constitute relations between family members and between members of a social group, as well as setting social groups apart from each other. Thirdly,

[5] G. Lindquist's article (2002) in the same volume is assessed in chapter 7.

such a study shows the importance of acknowledging patients *as* healers, as active subjects engaged in their health maintenance and healing, both at the individual and communal level. Practices of illness prevention and health maintenance in daily life have been neglected in research until recently (Jing, 2000b; Farquhar, 2002). As access to healthcare is becoming an increasingly problematic issue, it becomes even more vital to investigate home remedies and the "folk" or "non-professional sector" not only in its religious aspects (such as sacred healing and shamanism), but also in its more "mundane" aspects, such as herbalism, traditional manipulative techniques, special systems of exercise and dietary changes (Kleinman, 1980: 59).[6] This entails assessing medicine alongside other daily practices through which individuals manufacture their bodies. As we shall see throughout this study, the concept of *habitus* provides a particularly fruitful tool to situate everyday practices related to health and healing within the context of their lives more widely.

Food consumption, as one of the realms of the popular healthcare sector, demands special attention. Part 1 of this study deals with eating practices, and how they intersect with intergenerational and status differences. Chapter 5, in part 2, looks at how eating serves as an idiom through which to understand the experience and development of stomach and oesophagus cancer, and shows that diet changes in the course of illness not only for the sufferer but also for the rest of the family. Eating is shown to be central to the constitution of social relations as well as being itself configured by socio-historical processes. This study takes practices, both of health maintenance (such as eating) and of healing, as the generative principle of attitudes to the body. Rather than postulating that these attitudes are the outcome of previously existing mental structures, or of given social structures, I show that they are constituted in practice, and in turn shape social relations.

[6] I do not intend to imply that the 'popular', 'folk' and 'professional' sectors are bounded categories, indeed Kleinman himself pointed out that these are intertwined and their boundaries are blurred (1980: 49-60).

ANTHROPOLOGIES OF THE BODY AND EMBODIMENT

In as far as this study is concerned with bodies and how they are perceived, it is firmly situated within the anthropology of the body. Undeniably, the body has long been a matter of concern for anthropologists, yet only recently has the anthropology of the body become a field in its own right. A critical survey of this field is beyond the scope of this chapter.[7] Rather, I am concerned to outline one major strand of development – the rise of the paradigm of embodiment and of its phenomenological study – and to highlight how my approach differs from it.

Structuralist and post-structuralist approaches have considered the body as a site where social categories are inscribed, considering bodies as signifiers of "local social and moral worlds" (Lock, 1993b: 135). Along these lines, E. Martin (1987, 1992) examined how scientific ideologies work to configure hegemonically the way in which people see their bodies (see also Bray, 1997). For instance, she argues that perceptions of menopause as a failure in the US are cultural and produced by metaphors of the female body as a "disused factory, a failed business" (1987: 45; see also Lock, 1993b).[8] Studies in these traditions are remarkable for highlighting that bodies are situated within historically contingent socio-cultural settings. Yet the body itself is often relegated to the position of object and thereby the lived experience of subjects is often absent. T. Csordas (1994) has promoted the concept of embodiment to fill this gap, but also, more crucially, to overcome the dichotomies on which it rests: between mind and body and between body as object and body as subject (see also Ots, 1990). His form of phenomenology differs from that outlined by Scheper-Hughes and Lock (1987), and aims to grasp not only individual bodies but also the social body and the body politic (ibid.: 8). Recent engagements with phenomenology have similarly aimed to

[7] For reviews of the field of the anthropology of the body see Csordas (1994), Lock (1993b).
[8] Similarly oriented studies are included in a volume edited by Lindenbaum and Lock (1993).

extend its purview beyond that of individual experience, and employed it to bridge the dichotomy between subjective experience and socio-cultural settings.[9] Here I shall limit my analysis of developments in the anthropology of the body to three thinkers who have openly engaged with debates on phenomenology and embodiment: T. Csordas, A. Kleinman and J. Farquhar. I will show that my employment of *habitus* is also an attempt to grasp the body as both an agent and an object, but that it retains the balance between them more productively than does the paradigm of embodiment.

T. Csordas (2002) has no doubt been one of the most outspoken promoters of the centrality of embodiment and a phenomenological study of healing. He contends that the indeterminacy of existence pushed scholars towards the postmodern critique of the semiotic paradigm of textuality. His aim is then to apply a similar critique to previous conceptualisations of the body through the phenomenological paradigm of embodiment. In order to do so, Csordas draws on two theories of embodiment: Merleau-Ponty's elaboration of the problematic of perception (1962) and P. Bourdieu's understanding of the "socially informed body" (1977: 124) for an anthropological discourse on practice. Both thinkers strive to overcome a duality: for Merleau-Ponty that between subject and object, for Bourdieu that between structure and practice (Csordas, 2002: 60). By joining the perspectives of these thinkers on the body, Csordas aims to bridge the dichotomy between a focus on culture and a focus on biological processes.

The recognition that the paradigm of embodiment is relevant to both the personal and the social levels of analysis is crucial, and Csordas' notion of "somatic modes of attention" (2002: 243) is particularly useful in linking these two levels. This concept succeeds, theoretically, in bridging the gap between subjectivity and objectivity, but too little

[9] Ethnographies inspired by this endeavour include: Csordas (2002), Desjarlais (1992), Farquhar (2002), Good, (1994), Gordon (1990), Jackson (1989), Kleinman (1988, 1997), Lindquist (2006), Pandolfi (1991).

consideration is devoted to social structures and social reproduction. Phenomenological interests seem to dominate his account to the detriment of more detailed analyses of the highly political nature of the domains of common sense and embodied experience. My approach, like Csordas', does not postulate the presence of an objective pre-existing reality; rather I suggest that 'reality' emerges in people's interactions in the world. Yet in Csordas' work it remains unclear exactly how the 'social' is articulated, the conflicts that characterise it are left indeterminate. Existence, I would argue, may be indeterminate, but only to a certain extent. By contrast, the examination of the socio-historical processes by which such 'reality', which following Bourdieu I term *habitus,* is formed and contested is central to my study. Finally, while Csordas investigates ritual healing, I focus more broadly on daily family practices of health maintenance and healing through popular remedies – which may well include religious healing (see chapter 6), but are not limited to it.

Kleinman's form of social phenomenology is in some ways more attentive to the socio-political realm of experience and its constitution. It is also aimed at affecting change and diminishing suffering in ways that Csordas' project is not. Kleinman eschews strictly political accounts of suffering, which, he argues, result in dehumanising the experience of suffering (1997: *passim*). In a similar vein, he shows that social problems are trivialised by being constructed as individual pathology.[10] As an alternative, he focuses on "social suffering" (Kleinman, Das et al., 1997). This involves analysing the social context of illness and what is at stake for those involved. This concern with humanising suffering is one which sits close to my project. By presenting close ethnographic accounts of daily life in rural China, I have attempted to convey a sense of what Kleinman calls "local moral worlds" (1997: *passim*) and how they are experienced. Yet, while Kleinman's writing often relies on interviews and illness narratives, a more anthropological description of people's dealings

[10] Other examples are Kleinman (1986), Kleinman, Das et al. (1997) and Kleinman and Lee (2003, 2006).

with health, illness and healing of the kind I present here humanises suffering by portraying it within the often messy context of everyday lived realities and bodily attitudes.

Human experience, and suffering in particular, argues Kleinman, is inter-subjective, and ought to be understood by juxtaposing multiple perspectives. I share this view, and indeed I hope to show that not only practices surrounding illness and healing but also daily practices of eating are fraught with conflicts and serve as crucial means to articulate relationships. In doing so, I am not relying, as Kleinman often does, on biomedical categories, but rather on ways of conceptualising and experiencing life as they were presented to me by locals. As such, I am committed to providing a historical sense of how daily practices (for instance of eating and health maintenance) serve to constitute social differences, and of how attitudes to eating and healthcare have come into being and their impact on family relations.

The approach outlined by J. Farquhar in her recent monograph on *Food and Sex in Post-Socialist China* (2002) is more similar to the aims of the present study. Following Bourdieu's understanding of the *habitus* as internalised or embodied history (see pp. 17-26 in this study), Farquhar argues that a political phenomenology of the kind she proposes is concerned with embodied experience not only as phenomenologically present, but also as historically and politically contingent (2002: 47-8). Drawing from a variety of materials, ranging from newspaper accounts, films, novels and the everyday experiences of living in China, Farquhar outlines the modes in which embodiment is constituted in history. Farquhar is concerned to interrogate 'self-evident' concepts like "appetites", and to map out how they have changed as a consequence of the shift from Maoist asceticism to their acceptance as the emerging middle class has increasing opportunities to consume luxuries. It is this very shift, she argues, that invites an ethnography of the individual, the personal, and the embodied, not as a natural foundation of culture but as a particular cultural response to the demise of the pervasive

collectivism of the Maoist state. The emerging generation gap with those born after the Cultural Revolution, is thus not only a gap of values. Differences are rooted in "different bodily dispositions, inculcated by the conditions of everyday life in a post-socialist reform process that quietly evolved... over the course of a decade" (2002: 17). The use of the word dispositions is clearly a reference to Bourdieu's *habitus*, a concept that Farquhar finds useful because, she maintains contrary to criticisms, it is not reductive but rather always generated in social practice (ibid.: 8-9).[11] It stresses that bodies are responsive to their environments, local forces and temporal rhythms, themselves shaped by particular lifestyles.

Elaborating a political phenomenology entails historicising and pluralising embodiment (ibid.: 5). This is achieved by examining the historical and political "contingency of bodies" while maintaining a firm focus on the "materiality of discourse" (ibid.: 7). For Farquhar, bodies are never "innocent of discourse" (ibid.: 8), that is, they cannot be studied severed from their situatedness in the social and political conditions of everyday life. At the same time, such situatedness should not be understood with reference to a deeper structure, or to an abstract ideal of the body, nor as inscribed with meaning, but as "intrinsic to material life" (ibid.). As she puts it, a political phenomenology treats "bodies as formations of everyday life (temporal, dispersed, shifting) and everyday life as thoroughly suffused with discourses (collective, concrete, historical)" (ibid.: 8).

My study of illness and healing in contemporary rural China is inspired by Farquhar's approach but focuses primarily on villagers' daily practices surrounding their bodies, illness and healing, and how these intersect with wider social processes. In other words, though my analysis builds largely on hers, the choice of material and of location differs starkly. My study is a detailed ethnography of everyday life in the Chinese countryside. The work of P.

[11] For a detailed assessment of critiques of Bourdieu see pp. 24-6.

Bourdieu is crucial to usher in a discussion of the socio-cultural processes shaping attitudes to the body, eating, health and illness.

The concept of *habitus* allows to situate embodiment within the contexts which have given rise to it. It provides a more sophisticatd theory of socialisation, and a keener awareness of social reproduction and social inequality than does embodiment, without losing sight of embodied reality. Through the concept of *habitus,* I aim to understand embodiment as both a product and a producer of specific social, cultural and historical contexts. Accordingly, I employ *habitus* to grasp the body as both subject and object. The body is not only a referent, moulded by and mirroring society and culture as a symbol or signifier. Nor does the body exist as a discrete natural or biological entity. As Tim Ingold (2000) has brilliantly illustrated, bodies are inseparable from their engagements with the environments in which they live, and viceversa, environments cannot be considered separate from the ways in which they are perceived. Similarly, society and culture are inconceivable outside of the everyday practices through which they are produced or challenged. Bourdieu's (1977, 1990) argument for a focus on practice (albeit he often fails to do so in his writing) is crucial to maintaining this balance between the body as subject and the body as object.

HISTORY EMBODIED: PIERRE BOURDIEU'S *HABITUS* AND TASTE

P. Bourdieu attempts to transcend the dichotomies endemic to western social science – such as subjectivity and objectivity, structure and agency, individual and society, theory and practice – through his theoretical construct of *habitus*. At the same time he strives to move beyond the very purview of theory itself in order to grasp "practice in action" (1990: 92), practices of gift exchange, of taste, of education, their inculcation and "misrecognition" (1990: 118). The concept of *habitus* is central to his propositions, and will thus be tackled

first. I will argue that Bourdieu's contribution is to examine the body as it is produced through daily practices that are often taken as natural but are in fact historically contingent. This discussion aims to re-articulate Bourdieu's theories in ways that are fruitful and applicable to my study. Issuing from the discussion of the *habitus*, I will outline the related questions of social reproduction, consumption, and taste and assess their importance to making sense of my fieldwork data on starvation, attitudes to the body and eating practices (part 1) and attitudes to oesophagus cancer and healing strategies (part 2).

Habitus

The concept of *habitus* was already used by M. Mauss (1979) in his seminal essay on body techniques. For Mauss, *habitus* is the sum of culturally patterned uses of the body in a society. It varies between social groups rather than individuals. Following Mauss, Bourdieu defined the *habitus* as dispositions to act in certain ways, characteristic of social groups. Yet, Bourdieu elaborated it much further, applied it systematically to his research and elevated it to a central methodological status which far outstrips earlier uses of the term (see Kauppi, 2005: 101; Reed-Danahay, 2005). Bourdieu's crucial innovation is to introduce a discussion of power to *habitus* formation and to employ it as a mediating site, at once structured and structuring. This study employs *habitus* as the dialectical meeting point between structure and agency. As such, it helps us understand how constraints (living conditions) foster particular bodily attitudes, which facilitate social reproduction and predispose people to (or against) a particular diet or a particular treatment. At the same time, it also explains how agency is articulated, with *habitus* acting as a generative structure. This fosters a more nuanced and vivid understanding of how particular tastes for food come into being and it affords a grasp of treatment efficacy aware of both the social and cultural meanings of treatments as well as of the impact of embodied habits, by assessing how they were formed.

Habitus and the body

'Dispositions' is a key word in understanding what Bourdieu means by *habitus*, because it describes "the *result of an organising action* [... but also] a *way of being*, a *habitual state* (especially of the body), and, in particular, a *predisposition, tendency, propensity,* or *inclination*" (1977: 214, note 1, original emphasis). Consequently, the *habitus* may be characterised as incorporated in daily activities, habits and predispositions which often go unquestioned and are felt to be a defining feature of one's self (1984: 190). *Habitus* only exists in practice and is created through everyday practices, grounded in the "*socially informed body*" and "all its *senses*" (1977: 124). The dispositions which characterise it are also "learnt by body" (1990: 73), transmitted from practice to practice (1977: 87). Thereafter, these practices become ingrained as bodily hexis, "a durable way of standing, speaking, walking and thereby feeling and thinking" (1977: 94; 1990: 70) and, in turn, form the principle for the generation of practices. D. Swartz explains that the concept of *habitus* developed over time "to stress the bodily as well as cognitive basis of action and to emphasise inventive as well as habituated forms of action, [...] deeply internalised master dispositions that generate action" (Swartz, 1997: 101). The use of the term dispositions "suggests a shift from a linguistic analogy to a perspective centered on socialisation and body language" (ibid.: 103).

The emphasis on the bodiliness of *habitus* is central to my study, and makes Bourdieu's theories useful. His ethnography however is often abstract, presenting reified examples rather than accounts of specific events he actually observed. By contrast, I look at how dispositions are made not by abstracting into reified cases but with reference to detailed ethnographic examples. I speak not of "the Kabyle woman" (Bourdieu, 1990: 70), but of

concrete lived examples from individual women and men. Individuals situate themselves differently in relation to their social environments, though they share this environment (or field) with others. My use of *habitus* aims to retain this tension more clearly, to examine bodily dispositions as a means to understand the social context which fosters them and that in turn they contribute to shaping. My study will then offer some clear examples of the extent to which *habitus* is embodied, and elaborate on the importance of recognising embodiment as a historical formation, always in process. In particular, my assessment of attitudes to 'energy' and 'skill' in chapter 2 shows that the ways in which these qualities are conceptualised can only be grasped with reference to their socio-historical backgrounds. Perceptions of 'energy' and 'skill' are telling of a particular moment in rural China's social and economic history. They embody many of the contradictions of the transition to a market economy, and highlight how this transition is lived and how it affects perceptions of the body amongst farmers and migrant workers. Chapters in part 2 further substantiate the understanding of *habitus* as processual, constantly adapting to new contexts but also in some respects persisting after its own conditions of possibility have waned.

Habitus and social reproduction

Bourdieu does not simply describe the *habitus*, but rather he is concerned to tease out the processes by which the *habitus* is produced and reproduced. A group's *habitus* is always consonant with their conditions of existence, indeed it is produced by those conditions and predisposed to generate and structure practices in accordance with itself (1977: 72). The *habitus* is engendered by history and by the economic bases of social formation (1977: 83); it is "embodied history" (1990: 56), that is, history incorporated in daily practices. Groups with similar histories and living in similar conditions will thus have similar *habitus*. As Bourdieu's account unfolds, *habitus* is shown to play a crucial role in perpetuating the status

quo. By producing a common-sense world (1977: 80), *habitus* adjusts people's perceptions of the future to what they have already experienced. Bodily dispositions which are historically contingent become "internalised as second nature and so forgotten as history" (1990: 56). By coming to be regarded as 'natural', *habitus* is taken for granted and thus enables social reproduction. In this study, this point is examined closely in relation to generational identities. I will show that different generations have different bodily dispositions, which were fostered by different living conditions. At the same time, divisions between them may not be clear cut. My assessment of these questions is aimed at striking a balance between social change and social reproduction through bodily habits by providing detailed examples of how different age groups relate to food (chapters 1 and 2). I will also problematise generational distinctions by assessing the divergent eating practices of people of the same generation but belonging to different class and status groups (chapter 3). This shows that different aspects of *habitus* interact with sometimes unpredictable and conflicting outcomes and therefore provides a more complex elaboration of *habitus* than one which would assume it to be solely a principle of social reproduction.

Bourdieu's understanding that durable dispositions of *habitus* "can outlive the economic and social conditions in which they were produced" (1990: 62) proves particularly useful, if problematic. This observation serves to problematise classical Marxist theories of social change, which would have postulated social change as a necessary consequence of a change in economic conditions. By contrast, Bourdieu argues that expectations are shaped by past experience and economic, cultural and symbolic capital, and that a change in one of these conditions does not necessarily trigger an immediate change in attitudes. Chapter 3 of this study applies this insight to two women's practices of caring for their families and guests through food provision. On the one hand, my findings support Bourdieu's proposition that bodily attitudes do not change automatically following socio-economic change. On the other,

I argue that their persistence is articulated in new contexts, and thus bodily attitudes learnt through past experience may carry different implications, and be experienced differently in the present. A careful consideration of these new settings is therefore in order. In chapter 7 I return to this question with reference to perceptions of the efficacy of surgery. I show that the recognition that a *habitus* formed through past experiences of shortage and social responsibility as a local official continues to inform the sufferer's practices and perceptions of surgery's efficacy. Yet his choices must also be assessed in light of the social identity and family relations that he was able to embody through his refusal of surgery, and situated within the context of his perceptions of the wider social context and corruption characteristic of the present.

Taste and Distinction

Distinction (1984) offers a sophisticated empirical application of Bourdieu's elaborations on *habitus* as embodied social structures, by focusing on taste and how it is constituted (see Kauppi, 2005: 53). On the one hand, taste is not natural, but cultural and political, "constituted in the course of collective history" (Bourdieu, 1984: 467). Through taste, Bourdieu proposes a new understanding of social class, divergent from the classical Marxian definition of class as determined through production. Taste establishes a social hierarchy, by which distinctions are expressed and embodied in consumption patterns. *Distinction* thus shows that the body and physical capital are sites for the expression and negotiation of identity; they are central to the establishment and reproduction of social inequalities and of the social order and its questioning more widely (Shilling, 1993). On the other hand, like *habitus*, taste is inseparable from the body and the "capacity to discern the flavours of food" (Bourdieu, 1984: 99). In other words, taste is made "second nature, turned into muscular patterns and bodily automatisms" (ibid.: 474). By being embodied, social differences are

taken to be natural and thus the cultural and political aspects of taste remain unnoticed (Bourdieu, 1990: 118). It is this dialectic – between embodied experience and socio-historical conditions – that I find most appealing, and that I illustrate with concrete ethnographic examples in this study.

Chapter 1 examines how generational differences are embodied and articulated through divergent tastes to food. I show that the older generation is characterised by a "taste of necessity" (1984: 177), for 'eating one's fill' (*chibao* 吃饱) fostered by their experience of shortage in the past. The relative well-being of the present has by contrast engendered a taste for eating well (*chihao* 吃好), a "taste of luxury" (ibid.) amongst the younger generation. Taste for food is also linked to definitions of the body, its strength, health and beauty. Chapter 2 develops this discussion with reference to how parameters for establishing what constitutes a desirable body were both formed through past experience and have changed with the emergence of new settings. This has resulted in a variety of conflicting forms of *habitus* encountering each other and interacting with the radically new environment of the present. Chapter 3 returns the discussion of taste to a realm which resembles more closely that examined by Bourdieu: the role of taste in articulating differences between classes and status groups. It compares the different life trajectories of two families I encountered during fieldwork, one which made special investments in meat and milk, and one which maintained a frugal diet despite having the resources to afford 'special treats'. Reference to Bourdieu's understanding of taste and *habitus* are fruitful because they highlight that choice of food is a performative engagement: it produces identity and conversely identity can only be understood as formed through practice. Yet, where he highlights that taste reproduces social inequalities, I stress that hierarchies of value are always contested, and that choices of frugality are also endeavours of distinction, although based on different parameters. This should provide a fuller account of the conflicts which characterise eating practices, the

claims to status which they are imbued in, and the incessant changes in definitions of what constitutes a healthy body and how to obtain and maintain it.

A critical assessment of Bourdieu's contribution

Bourdieu's *habitus* and his work more widely have attracted critiques on various fronts.[12] The aspect I found most problematic is his insufficient elaboration of the empirical formation of *habitus* (Kauppi, 2005: 73; see also Kauppi, 2000). The methodology and approach that his elaboration offers are extremely useful when applied to my own fieldwork findings. There is however a gap between his theoretical and methodological argument for attention to practice and practical learning and its application in Bourdieu's work. He makes little reference to empirical studies (with the exception of *Distinction*), and even where he does, data is often abstract, mostly theoretical, lacking in ethnographic description of social practice and social actors in concrete situations (see Reed-Danahay, 2005: 58). Remaining aware of this shortcoming, I still find his concept useful, provided that adequate attention is paid to everyday practices. In particular, my account gives more careful thought to the processual nature of *habitus*, and to the actual practices through which it is formed and challenged (see especially chapter 3).

A second troubling concept is that of unconscious action. Bourdieu claims that agents have no conscious mastery of *habitus*, which implies that they wittingly or unwittingly reproduce the structures into which they are born (1977: 79). The case of taste makes this quite clear. Once taste is embodied in attitudes and dispositions, it comes to be considered natural and is therefore left unquestioned. R. Jenkins, for instance, argues that this is Bourdieu's most

[12] Numerous critical volumes have tackled Bourdieu's work on more or less sympathetic grounds (see Calhoun et al eds. 1993; Fowler, 1997; Harker et al eds. 1990; Jenkins, 1992; Kauppi, 2000; Reed-Danahay, 2005; Robbins, 1991; Robbins ed. 2005; Shilling, 1993; Shusterman ed. 2000; Swartz, 1997).

crucial weakness, because it postulates individuals who act out of habit, following a collective unconscious knowledge (1992: 76, 97). This study attempts to avoid this shortcoming by making apparent the ways in which taste is both taken as natural but also acts as a site of conflicts, in particular with reference to appropriate diet. In highlighting generational differences and the older generations' adaptation and reaction to their new environment, opportunities and challenges of reform China, I also provide examples of how change is articulated.

Bourdieu's use of the term 'unconscious', is discomforting also for other reasons. By referring to unconscious mastery, Bourdieu in fact resorts to the dichotomy between mind and body, implying that practical knowledge, and learning through body is by definition not in the mind. 1 propose that discussions of whether *habitus* is or not conscious are counter productive, and they support the argument that *habitus* denies agency. Here Bourdieu contradicts himself, on the one hand claiming that *habitus* is practical and therefore unconscious, on the other opposing the very dichotomy on which this distinction lies. A careful redefinition of this is needed. This study will not argue that practical and embodied knowledge is necessarily unconscious, but rather I argue that *habitus* is inseparable from consciousness, that consciousness emerges and is articulated through practical engagements, daily practices and experiences. In other words, in place of the unproductive dichotomy between conscious and unconscious I focus on the processes by which consciousness and knowledge are constituted in practice, in firmly embodied ways. My analysis of eating practices for instance does not discuss the relative (un)consciousness of choices about food, but rather examines how these attitudes have come into being, and how they may be perpetuated or challenged in their encounters with post-Mao China.

The perhaps most common line of argument against Bourdieu is that his work remains as

mechanistic, reductionist and dualistic as the approaches he aims to critique (Jenkins, 1992: 149). At the same time, many of his commentators in fact view his elaborations positively. These inconsistencies between interpretations of Bourdieu's achievements are no doubt due to his eclecticism. In evaluating Bourdieu's contribution, it is important to distinguish between different phases of his work, and assess how he tackles criticism. One of his key responses is the introduction of the notion of "*field*" in *The Logic of Practice* (1990: *passim*). To explain that *habitus* is a generative structure, he argues that "within certain objective limits (the *field*), it engenders a potentially infinite number of patterns of behaviour, thought and expression that are both 'relatively unpredictable' but also 'limited in their diversity'" (1990: 55). Limitations to agency thus are ascribed to fields rather than *habitus,* or more specifically to the dialectic interaction between fields and *habitus.* Field for Bourdieu is the configuration of the social setting in which *habitus* operates. It also allows the opportunity to think relationally, and explains that *habitus* may react differently to different conditions (Bourdieu and Wacquant, 1992: 96). Practice in other words is not a simple expression of a priori socialisation, of an unchanging *habitus,* but rather the meeting point of *habitus* and fields. The formula "[(habitus) (capital)] + field = practice" (1984: 101) which Bourdieu puts forward in *Distinction* may not elucidate clearly the interaction between these elements (Swartz, 1997: 141), but serves to point to the fact that they do interact. With these criticisms in mind, I propose that applying the concept of *habitus* to my study may allow us to overcome some of the dichotomies which Bourdieu himself set out to undermine, and to offer a study which situates perceptions of the body, illness and healing within their contexts without ignoring the lived experience of those involved.

Habitus and the anthropology of health, illness and efficacy in treatment

It is worth summarising here what may be achieved by employing Bourdieu's concept of

habitus for a medical anthropology of rural China. Firstly, the focus on practice which is enabled by *habitus* is crucial to portraying the complexity of the realities in which Chinese farmers go about maintaining and restoring their wellbeing. The awareness that villagers rely on a multiplicity of contradictory models in their perceptions of the body motivates me to make sense of their actions not in terms of rationality, but by focusing on practice itself, as strategic and performative, inseparable from intersubjective negotiations. In turn, this produces an analysis which is not overdetermined by 'society' or 'culture', but rather that examines how they are lived and formed in everyday practices and attitudes. A focus on practice also overcomes the dichotomy between mind and body, knowledge and action, by showing that reality is in the constant process of being produced and challenged through people's engagements with it.

Secondly, through close reference to ethnographic examples, this study also highlights that any understanding of agency always requires a consideration of the constraints upon it, not only external but also self-imposed constraints, given by the exclusion of certain options (such as surgery) as unlikely. If defined and applied carefully, *habitus* may offer the mediating ground between change and reproduction that will allow a more productive understanding of how attitudes to the body, illness and healing are formed, how debates about treatment efficacy are articulated, and the grounds on which sufferers' choices are made. By bringing together the individual and social level, *habitus* presents the realm in which interactions regarding eating and health take place, as these negotiations are never fully individual nor fully social. Employing the concept of *habitus* shows how bodily dispositions shape daily habits and practices as well as being constantly shaped by them.

Thirdly, the concept of *habitus* is useful for pointing to the political and historical formation of attitudes to the body. It provides the core of my theoretical efforts to study the

experienced reality of illness and healing, understood within the social and political conditions of everyday life, and sensitive to social change. This theoretical framework allows a firmer grasp of how bodily dispositions are produced and of their interplay with intergenerational differences, negotiations surrounding status and evaluations of therapy. Bodily dispositions, in Bourdieu's jargon, are powerfully configured by historical processes and past experiences whilst always engaging with new fields in potentially innovative ways. Taking the *habitus* as a point of focus highlights the ways in which bodily dispositions are produced and negotiated in practices of eating, health maintenance and healing and how the dramatic changes which have recently taken place in China impact on people's embodied selves.

My assertion that history and politics are foundational to experiences of the body, health and illness is not a dogmatic imposition of a logic external to these experiences, nor does it delegitimise the suffering that they entailed. Rather, it is an attempt to highlight the modalities through which the body is inextricably involved in wider social processes. If these aspects – experience and its social, cultural, political history – cannot be disentangled, I argue that my study presents an adequate response to this challenge. P. Bourdieu's work offers a method to deal with these issues, by proposing to study practice not in terms of mental structures but according to its own logic, formed through the interaction between external constraints (fields) and dispositions produced by historical, social and economic processes (*habitus*). In other words, my study is an account of the different types of *habitus* which characterise members of the community in which I lived, as well as of how *habitus* impacted on their practices. Let me make it clear that my aim is not to draw the boundaries of a stable *habitus* (something which is by definition open to change) and outline its features to later examine how they impact on people's lives. Rather my accounts should serve as descriptions of how *habitus* was incessantly formed, indeed as descriptions of *habitus* itself,

without fixing it as an unchanging entity. As such, they also show how *habitus* is embodied, and how bodily attitudes are enmeshed with socio-historical contexts. Understanding bodily dispositions through the prism of *habitus* then highlights a body that makes reality as it is made by it, that is constantly reconfigured and emerging in its interaction with new contexts.

As it becomes clear, at the core of my argument lies the wish to examine the ways in which the body and illness are socially constructed, and the implications of these constructions, without undermining the experienced reality of one's own body. Indeed, these two projects need not be conflicting ones. The recognition that illness and well-being are discursively produced does not contradict or deny their phenomenologically perceived reality. As E. Laclau memorably puts it, "[to recognise] the discursive character of an object does not, by any means, imply putting its *existence* into question" (1990: 100; also see Grossberg 1997: 74). In a similar way, attitudes to the body, illness and healing ought to be understood within the historical, social and cultural contexts of contemporary rural China, without denying the reality of suffering. This allows an analysis of techniques by which healing intervenes in the life of the body and in social relations, as a method through which selves are controlled and formed, but also as these techniques are experienced by sufferers and their families.

This study does not aim to offer a radically innovative theoretical framework, but rather to apply an established theoretical approach to a new field of analysis – medical anthropology of rural China. Although it does not elaborate a new theory, this thesis does however further Bourdieu's approach by providing examples of the extent to which *habitus* is embodied, and of the fruitfulness of studying bodies through such a concept. Bodily attitudes and experiences are always situated within particular contexts – they shape those contexts while being shaped by them. Their complexity and materiality present a challenge to anthropological analyis which we, as researchers, should not so much aim to overcome, but

rather to discuss without oversimplification or abstraction to ideal models. If this ethnography can convey at least some of those complexities, and allow some of the contradictions and challenges facing Chinese farmers to become apparent, it will offer a ground for understanding how macro-processes are rooted in bodies which strive for wellbeing as they also define its parameters.

ORIENTATIONS TWO: Ethnographies of rural China and the research setting

This chapter aims to raise some of the recurrent issues faced by farmers in contemporary China, and to introduce 'brigade 8' in Langzhong county, North East Sichuan, the setting in which I carried out research between June 2004 and September 2005. I compare findings from recent ethnographies of rural China to my observations on rural Langzhong and interweave them in order to evaluate my research findings. As such, this is not intended to be a comprehensive and detailed survey of the recent anthropological literature on rural China (footnotes direct readers to some of that research), but rather to serve as a background within which to situate my study.

Brigade 8 and the challenges of the market economy

After Mao's death in 1976, the new leadership advocated a series of social and economic reforms, in an attempt to revitalise economic stagnation. By going against the grain of much of Maoist ideology, reforms aimed at dismantling collectives and proposed that for the economy to prosper, some should be allowed to 'get rich first'. Agrarian socialism was thus substituted with the 'responsibility system', dividing production among households. At the same time, the household registration system – which ties people to their place of residence – was loosened and migration allowed, with some important consequences.[1]

All these changes brought about new opportunities for prosperity and mobility, yet amidst the enthusiasm lies a certain ambivalence. While some have been able to take advantage in the new 'socialism with Chinese characteristics', for the majority, the demise of the Maoist

[1] Many ethnographies have been produced on general social and economic changes after reforms. See for instance Chan, Madsen and Unger (1992); Croll (1994); Gao (1999); Potter and Potter (1990); Siu (1989). Two insightful volumes on developments in post-Mao China are Link et al. (2002); Perry and Selden (2003).

collective dream has left in its wake anxiety, confusion and uncertainty. Indeed, not all areas of rural China benefited from the reforms and, at any rate, advantages were short-lived. Whilst incomes rose rapidly in the early 1980s, by the end of the decade the rising prices and inflation eroded whatever gains villagers had managed to accumulate, save for the few who had set up thriving private enterprises (see pp. 46, 89-91 of this study). Disparities have widened, not only between regions and villages but also within them. Migration has been allowed in an attempt to tackle the problem of rural labour surplus, and although this does offer greater chances of employment, it also results in exploitation. In rural Langzhong, reforms were widely perceived to have had some positive outcomes, but also to have brought a concomitant rise in crime, corruption and a sense of a failure of morality. This ambivalence towards the reforms, concerns with widening disparities and the perception of a decline in morality have been observed in many studies of rural China (see Chan et al., 1992: 281; Gao, 1999: 181). Some have suggested that the apparent resurgence of religious and traditional practices is a response to this moral vacuum (see chapter 6).

Overall, the recent changes have engendered new prospects, new demands and new risks as local economies are dependent on the nearby urban areas for income and opportunities and are thus vulnerable to market forces which are beyond the villagers' experience, understanding and control. Social and economic changes have affected family patterns, gender relations, and social dynamics at large. The effect of these changes on the ways in which people perceive their bodies, wellbeing, illness and healing and on their daily practices of eating and health management will be the focus of my study.

THE SETTING

Sichuan province 四川省

The name Sichuan means 'four rivers', referring to four of the many rivers which spill across the province. With a population of roughly 90 million and about the size of France, Sichuan is China's largest province and one of the most populous. Geographically and economically it is dominated by the Chengdu 成都 basin – a large rice-growing plain in its centre. The subtropical climate and rich soil make Sichuan one of China's 'rice bowls'. Due to the abundance of natural resources and cultural heritage, the region is often referred to as *tianfu zhiguo* 天府之国 (heavenly kingdom). However, as the province is landlocked and surrounded by soaring mountains, 'the journey to Sichuan' is proverbially 'harder than the road to heaven' (*shu dao nan, nan yu shang qing tian* 蜀道难，难于上青天). Its relative inaccessibility has given Sichuan its own cuisine, dialect and character, which, although varied within the province, are usually considered part of a distinctive Sichuanese culture.

Langzhong county 阆中市

Langzhong city is located in a hilly area in the north-east of the Sichuan basin, on a meander in the middle reaches of the Jialing 嘉陵 river. Langzhong county covers an area of 1878 square km, including 19 ethnic groups, but 99% of the population is Han (Liu, 2003: 1). The total population of the county is 860,000, of whom 200,000 are urban residents. The county includes 22 towns (*zhen* 镇) and 48 townships (*xiang* 乡). Average yearly rainfall is 1033.8 mm and the average temperature is 17°C, but seasonal variation is great, with temperatures almost reaching freezing point in the winter, and well over 30°C in the summer.

Langzhong county is poor by Sichuan's standards, with an average yearly per capita income of 2037 yuan (roughly £135).[2] Taking advantage of the stunning location of the city and of the original meaning of the name as 'surrounded by hills and water' (Liu, 2003: 3), the city is currently being promoted as the homeland of *fengshui* 风水 (commonly translated as geomancy), hoping to attract external investment and tourism. This promotion process may be said to have started in 1984, when the provincial government acknowledged Langzhong as a famous cultural and historical city. Two years later, this status was recognized at the national level (Liu, 2003: 7). In 1992 it was declared open to external investment. The local government decided that the 'old city' of Langzhong, an area of low rise commercial and domestic buildings based on a plan dating from the Song dynasty [960-1279] (Liu, 2003: 19), should be preserved and promoted as a tourist destination.

Until recently, Langzhong was rather cut off. In 2004 it took roughly 5 hours to reach the area from the provincial capital Chengdu (roughly 300 km away), a journey that until 2002 required a day's travel. Some investment has been put into the area as part of the 'develop the West' project (the west and interior of China being notoriously poorer than the coastal areas). During my stay in the area, a new bridge was built and a large shopping mall was completed next to the People's Square. The waterfront area along the old city was also renovated drastically. By the time I left, buildings were up for rent or sale as restaurants and shops, couched within a neo-traditional architectural style – concrete buildings imitating the structure and appearance of traditional houses. The motorway linking Chengdu to Nanchong (南充), which constitutes the first half of the journey between Chengdu and Langzhong, is covered with promotional signs, advertising Langzhong's old city as a 'rarity on earth' (*tian xia xi* 天下稀) and promoting its local products, in particular silk, Baoning 保宁 vinegar

[2] See p. xix.

(Baoning being the name of the town now forming the centre of Langzhong) and Zhang Fei 张飞 beef.[3]

Government efforts to promote Langzhong as a desirable place are in stark contrast with the perceptions of those dwelling there, especially in the countryside. Farmers typically felt that the countryside in Langzhong had no hope of developing because it was hilly and thus inimical to the use of farming machinery. Reacting to their perception of the area as underdeveloped, and to low local wages, many young people migrated to richer coastal areas in search for work (see chapter 2).

Jiangnan town (*Jiangnan zhen* 江南镇) and brigade 8 (*ba dadui* 八大队)

Jiangnan town consisted of 18 villages and was located, as the name suggests, south of the Jialing river. Per capita income in Jiangnan town is above the county average (being located relatively near the city), with roughly 2,300 yuan, and the town was awarded a prize as 'petty well-being town' (*xiaokang zhen* 小康镇) in 2000.[4] The township is 5 km from the city, along a tarmac road. My fieldwork location, brigade 8, is reached by traveling a further kilometre along the hilltop road completed in 2002. The surrounding hills (part of brigade 9), are covered in peach trees planted following the reforestation policy initiated there in 1999 (see p. 41). In mid March, these attract city dwellers for the Peach Blossom Festival, in its sixth year of running in 2005.

[3] This is a locally produced preserved dried beef, sometimes flavoured with chillies, and often served sliced with spring onion and soy sauce. It is first seasoned with spices, then preserved in salt and subsequently smoked, resulting in a blackened surface. It is named after Zhang Fei (168-221 CE), an officer of the kingdom of Shu, who is buried in Langzhong. He was killed by two of his own men while leading troops to attack the rival kingdom of Wu. Some locals told me that the beef is named after Zhang Fei because, like him, it is black on the outside (Zhang Fei apparently had dark skin) and red on the inside, the redness representing Zhang Fei's fierce loyalty.

[4] My first assistant and I conducted an interview with the current village head, 36 year old Cao Xun on 29/07/04. For the interview, Mr. Cao relied on official village statistics for 2003 but also on his personal knowledge of villagers. The information I outline in this chapter was gathered during this interview, and substantiated and compared to my own findings.

The village where I settled was called Xinmin 新民 until the Communist takeover, when the countryside was organised into communes (*gongshe* 公社), themselves divided into brigades (*dadui* 大队), in turn organised into production units (*shengchan dui* 生产队). In the early 1950s Xinmin was thus renamed 'brigade 8'. At this time, brigade 8 was divided in 6 units, and the division has been retained. In 2004-5, those living in unit 1 belonged to the Li 李, Yang 杨 and Zhao 赵 kinship groups. Unit 2, where I settled, was predominantly Li, but had 7 households belonging to the Guo 郭 group. Unit 3 was exclusively Du 杜. Unit 4 and unit 6 both had Guo and Cao 曹 families, unit 5 was exclusively Cao. The village was thus also divided into '*Du jiawan* 杜家湾' (unit 3), '*Li jiawan* 李家湾' (units 1 and 2), '*Guo jiawan* 郭家湾' (units 4 and 6) and '*Cao jiawan* 曹家湾' (units 4, 5 and 6). As this illustrates, the boundaries of units broadly reflected those of kinship groups, especially in the case of units 2, 3 and 5. Units 1, 4 and 6 by contrast were more mixed in terms of kinship (cf. Watson, 1985).

In the late 1950s, at the peak of the collectivization campaigns, brigade 8 was named 'Qianfeng 前锋', literally 'cutting edge', to award its active participation in the collectivisation efforts. As a matter of fact, the village suffered considerably during the Great Leap Forward famine, between 1958 and the early 1960s. According to locals, the key factor was that local officials boasted that villagers still had enough to eat so they would not lose face with higher officials. As a consequence, not enough food was allocated to the villagers, who were left starving. These experiences profoundly affected villagers. In chapter 1, I will examine their impact by focusing specifically on attitudes to the body and to eating.

Qianfeng is still the official name of the village, and the name 'brigade' was supposedly abandoned after decollectivisation (1981) and substituted with 'village' (*cun* 村). Locals in Qianfeng and throughout the countryside in Langzhong however continue to refer to villages as 'brigades' (*dadui* 大队), and I have thus retained the name 'brigade 8' throughout the thesis. Production teams were also renamed '*zu* 组' (group) but locals still refer to them as '*dui*' (unit). Some villagers also continue to refer to Jiangnan town as 'commune' (*gongshe*).

According to official statistics related to me by the village head (29/07/04), in 2003 brigade 8 had roughly 250 households and a registered population of 652, all of them Han. This number is however not necessarily descriptive of how many people were actually in the village. As we shall see in chapter 2, over 130 were registered as village residents, but migrated to large cities, mainly Beijing, Shanghai and Shenzhen in search for work, and returned home sporadically, on average once every 18 months. Conversely, over 100 village residents had bought city residency, and were thus registered as city residents, although they lived in the village on a permanent basis. This was commonly referred to as '*ren zai, hu buzai* 人在，户不在', literally 'the person is here, the residence registration is not'. In 1991 it cost 5,500 yuan to purchase a city residency, but according to the village head the cost in 2004 was much lower, roughly 300 yuan. An informant who bought city residency in 2005 however told me it cost 1000 yuan. This cost, as that of other local levies, thus seems to be liable to becoming erratically inflated. According to national policies, after having bought city residency, peasants retain the right to use the land for 30 years, but the village head claimed that many do not, because they do not need to rely on the land. He argued that the scope of buying city residency was simply that locals liked the idea of not being classified as peasants (*nongmin* 农民). In fact, conversations with villagers made clear that the aim of

buying a city residence was to avoid the steep tax levied on them (see pp. 45-6), while still relying on land as a vital resource (see chapter 2).

VILLAGE ECONOMY

Households, farming and animal breeding

In contemporary China, farmers do not own land, which is allocated to residents of each village for farming and for dwelling. In brigade 8, families were typically nuclear and may inhabit three different types of houses. Bamboo and mud houses were regarded to be the poorest type of dwelling, and to make the poverty of their inhabitants visible. The first step up was living in a brick-built house. These houses were usually built in the early 1980s, and at the time of fieldwork were also regarded with a degree of shame, but still considered acceptable. The most desirable type of house was a concrete built, externally tiled, two storey building. Traditionally, bamboo and mud houses were built in a U-shape with a courtyard at their centre to accommodate the extended family. There was only one of these houses in the village, and it was for the most part deserted, and inhabited by distantly related people who did not regard each other as part of 'one family'. Brick built and concrete houses are usually L-shaped, or simple rectangles, but always with a courtyard.

All houses included a kitchen, a pigsty/toilet, a bedroom and an altar/storage room. Kitchens were equipped with two fixed cooking pots fuelled with seasonal farming refuse (such as rice grass, dried maize plants and cobs, dried soy plants and so forth) and occasionally wood. In addition, each household also had a metal conical burner fuelled with industrially produced coal briquettes. Some families also had one small gas cooker, but used it rarely. Water was provided by shallow wells. Toilets were adjacent to the pigsty and human and animal refuse

collected in a pit below, to be used as fertilizer. Traditionally, the central room of each house was intended as an altar room (*tangwu* 堂屋), devoted to ancestor worship. To my knowledge, however, ancestor tablets were very rare and only one family in brigade 8 had preserved it. Another family had a poster version of it. Little if any ancestor worship took place in the altar room, which was usually cluttered and used as storage for grains, farming tools and empty coffins kept in the eventuality of the death of a family member.

Every family kept at least one dog in their courtyard against thieves. Petty theft was rather common in the village, especially of chickens, ducks and fruit and vegetables from the fields. Usually, thieves were said to be from nearby villages, but occasionally neighbours suspected each other. In one case, for instance, the 72 year old man living in the house adjacent to my landlady's, complained loudly in his courtyard about theft of some of his maize. This implied, my landlady opined, that he thought the thief was within ear shot, or else he would not have been talking to himself for so long. Months later, two of her ducks died, poisoned she assumed. This sometimes happens when ducks eat grass that has been heavily treated with farm chemicals. Nonetheless, she was convinced that her neighbour poisoned her ducks as retaliation because they occasionally wandered into his nearby allotment planted with stem lettuce. She too stood in her courtyard complaining loudly about it, so that he could hear her. These attitudes, and perceptions of who thieves are, highlight the widespread mistrust of neighbours, and they are often interwoven with complaints of the failure of morality and corruption of the present society (see chapter 7).

On average villagers had over 9 *fen* (600 m^2) of land, divided between paddy land (*tian* 田) and dry land on the hillside (di 地). As I mentioned above, however, some who lived in the village were not registered as residents and may not have an allocation of land. Therefore, some family members had to rely on land allocated to other members of the family.

Nevertheless, according to village records, the grain and other produce derived from land allocation was typically enough to feed family members. Participant observation also showed this to be the case. Villagers occasionally bought vegetables and meat from the town or city market, but did not need to purchase rice, corn, wheat nor rapeseed oil, locally used for cooking.

The widespread practice of mothers-in-law transferring their land allocation to their daughters-in-law has significant implications for kinship relations. In certain respects, it implies that women are a transient presence in the family; they have no land of their own for any length of time, but only until a daughter-in-law becomes part of the family. Actual living and farming patterns however reveal a more complex situation. Although family members were aware of whom a given portion of land was assigned to, work on it was distributed amongst family members. In the rare cases where the parents' generation had not left the village for a paid occupation, grandparents and parents each farmed their own land. More often than not however, parents would be engaged in wage labour, and grandparents farmed the land allotted to the extended family. This meant that although the family units of parents and grandparents were typically separated after marriage, and the young couple administered their finances independently, land allocation for the entire extended family was farmed by the grandparents, and the produce used to feed themselves and their grandchildren. Equally, although land was transferred from mother-in-law to daughter-in-law, the former still farmed the land for as long as the young couple engaged in wage labour. A focus on daily practices, as I will be advocating in this study, draws attention to the complexity of these patterns, which would be ignored by simply stating that families divide at marriage and land is passed from mothers-in-law to daughters-in-law. The full implications of this practice may only be understood with reference to the specific conditions in which it is played out – that is, the widespread practice of grandparents farming their migrant children's land.

Rice and rapeseed rotate on the paddy fields. In late March, rice is planted either on small watered allotments, or on a restricted area of paddy land. At this time, rapeseed plants occupy the paddy fields. In late April and early May, rapeseed is harvested. In early June, rice is transplanted to the paddy fields. Paddy fields are planted with rice from June to the end of August. Rice is harvested in late August and early September. After the harvest, fields are cleared and ploughed, in preparation for rapeseed, which is first planted on hillside land in October and transplanted to the paddies in December. Maize is planted on hillside land in February and harvested in August. It is mostly used as animal fodder, but occasionally cooked with watery rice and consumed for breakfast or lunch. Wheat is planted on dry land allotments in November and harvested in May-June. Wheat is used to produce noodles for family consumption. There were three establishments where locals could grind wheat and produce noodles for 1 *yuan* per 50 kg. November is a busy season: soy beans, sweet potatoes and icicle radishes are harvested and wheat is planted on the dry land. Together with cabbage, harvested in the same period, these constitute the typical diet until April the following year. A variety of vegetables are planted and harvested in the Spring and Summer, mainly cowpeas, cabbage, asparagus lettuce, peppers, eggplant, cucumber and tomatoes. Locally grown fruit included loquat, peaches, apricots, pomelo, oranges, pears and watermelon. These were often for family consumption, though 50% of local families also regularly sold fruit and vegetables, earning on average 700 yuan per year for a family of 3.

Following a state-wide reforestation policy, local farmers were instructed to plant fruit trees, and a total of 400 mu (1 mu = 667 m^2) was planted with peach and apricots trees in 2001.[5] By employing land to grow fruit trees, farmers were partly unable to grow vegetables and grains on the hillside land. According to national-level laws, the local government was

[5] On this policy and its reception see for instance Leonard and Flower (2006a).

required to provide farmers who took part in the scheme with 150 kg of grains per mu and with 20 yuan worth of chemicals per year per person for the first 5 years (confirmed by informal conversation with host family on 25/01/05). Compensation was however erratic, and absent for 2004, when officials claimed that they had diverted the money which would be spent on reforestation compensation towards the costs of building the village road. Villagers had already been billed 400 yuan each for two years towards road building, and complained fiercely about these costs. As a consequence, many continued to farm wheat and corn underneath fruit trees, which compromised their growth.

Families usually bred 2 pigs, one to be sold, the other for family consumption. Starting in late November until the coming of the New Year, each family would slaughter a pig and prepare the meat for preservation. From the time of pig slaughtering until the preserved meat was finished (between April and June the following year), little fresh meat was bought at all. Some families also bred chickens or ducks. Prices for these animals are very variable.[6]

Income

According to official records, the standard per capita income in brigade 8 in 2003 was 2,300 yuan, which scores average within the township. As the table below shows, however, this estimate is made artificially high by 3 extremely wealthy families (1 in particular). In fact, according to village statistics (see table 1) 60% of village families had savings below the average for the village. Wage labourers working in the town or in the city (as builders, carpenters, restaurant or hotel attendants) may earn between 15 and 30 yuan per day. Migrant labourers working away from home earn between 400 and over 1000 yuan per month (that is,

[6] During fieldwork, small pigs cost 300 yuan, and if well-bred they could be sold for 1000 yuan. It cost 1 yuan to purchase a small chicken, and it could be sold for 6 yuan per 500 g. if male, 5 yuan if female. Average weight at the time of sale was 2.5-3 kg. A small duck costs 2 yuan and was sold for 8 yuan per 500 g.

from 15 yuan to over 40 yuan per day), but do not necessarily send any remittances home. According to villagers, families where wage labour was absent had an average income of roughly 1,500 yuan per year per family, mostly based on animal breeding.

Table II.1: Official statistics for 2003 on family savings and debt according to the village head (29/07/04)

% of families	Yuan	Comments
1	over 300,000 savings	This consists of three families, one of which has 1 million yuan in savings. The family head is the manager of a construction company. This family is registered in the village but, predictably, no longer lives there
8	50,000-60,000 savings	This consists of 20 families
50	2,000-3,000 savings	This consists of roughly 120 families
4	No savings	These are families without wage labourers and without surplus produce to sell
30	10,000 debt	Debt is typically incurred through illness or house building

Expenses

According to the interview with the village head, semi-structured interviews, informal conversations with villagers about their own financial condition and that of other villagers, and to my experience of living in the village, the major expenses per household in 2004-5 were as follows:

1. Regular medical expenditures started at 200 yuan per family per year for common colds, vaccinations, and minor illnesses, rising to 20,000 yuan in the case of a serious illness such as cancer (see chapter 4).
2. Marriage costs: at least 15,000 (including new residence for the couple). The husband usually pays a brideprice of 2-3,000 yuan to the bride's family, but each

case is different, and differences are made more significant by the increase of migrant labour (see Yan, 2003). Couples often accumulate savings through migrant labour that they invest in buying a house in the township, in the city, or in the 'development area' (*kaifa qu* 开发区), where high rise blocks are being built to accommodate peasants who give up farming and find paid occupations. One couple who married in February 2005 for instance spent 80,000 yuan, including 60,000 yuan invested in a new residence in the 'development area'. They relied on their savings through migrant work, and on the earnings of their parents, who each earned 1,000 yuan per month working in the city.

3. House building: a concrete house costs roughly 10,000 yuan. According to local government guidelines, each person is entitled to 30 m^2, a family of three has about 120 m^2 (including the 30 m^2 of courtyard).
4. Funerals: 3,000-9,000 depending on family compositions and resources. This includes the cost of compulsory cremation (800-1,000 yuan) or the fine paid for avoiding cremation. According to the village head, this costs between 1,000 and 3000 yuan. It can however be as low as 300 yuan (see chapter 4).
5. Children's education: 600-3,000 per year depending on level of schooling, respectively 600 yuan per year for primary school, 1,500 for middle school and roughly 3,000 for high school. If the student opted to live at the school residence, this amounted to an extra 1,500 yuan per year including food. Few students from brigade 8 lived in the student residence during primary and middle school, because they could walk to Jiangnan town in roughly 40 minutes. The nearest high school was in Langzhong city, and it took a half hour bike ride to reach, thus most students from brigade 8 (I was aware of 8) continued to live at home, though some (only 2 to my knowledge) opted to live in the residence. Since middle and high school students, even when they lived at home, were at school until 9 in the

evening, often including weekends, I had few opportunities to discuss their situation directly with them.

Tax deserves a separate category because of the change between 2003 and 2005 when a number of taxes were levied. Figures for 2004 are unclear, since it presented a transitional period towards the eradication of tax. Some villagers refused to pay because they knew taxes would be eliminated the following year. Others paid, but apparently it was tax money they owed from previous years. The comparison between 2003 and 2005 thus is less ambiguous.

Table II.2: Official estimate of payable tax according to the village head (29/07/04)

	Price in yuan per year per villager (unless otherwise stated) 2003	Price in yuan per year per villager (unless otherwise stated) 2005
Agricultural tax	45 per mu	35 per mu
Water tax	39.5 per mu	39.5 per mu
Educational infrastructure	30	--
Government pesticide scheme	6	--
Government animal vaccination scheme	6	--
Public welfare	4	--
Public constructions (e.g. roads)	4	--
Production tax	20	--
Contribution to the People's army	4	--
Family planning fee	4	--
Irrigation ditch and water reserve construction (repayment of a World Bank loan)	30	30
TOTAL	192.5	104.5

In my daily conversations with villagers, the topic of the high cost of living, and especially of extortionate taxes, proved to be one of the key concerns of the local community. I never asked openly about perceived local corruption, but villagers were keen to discuss this issue.

In particular, they were appalled that they paid a high tax (200 yuan per person) in 2002 and 2003 for building a road through the village. However, when I settled in brigade 8, in June 2004, the road was still only a mud truck, impossible to walk on, let alone cycle or drive on after heavy rain. One man who refused to pay the road tax, told me he was made to pay a tax for the sale of pigs he did not own, which amounted to 65 yuan per [fictional] pig. Another man, who worked as a road builder for 6 months and should have been paid 15 yuan per day, was told that he would not be paid as the amount he earned would go towards his family's road tax contribution. The sense that corruption was fierce and living costs too steep was a recurrent theme of discussion, often intersecting with complaints about the high cost of healthcare and inaccessibility of in-patient care (see chapters 4 and 7).

Table II.3: Income and expenses for a family of three (2004-5) [7]

	Yuan
AVERAGE INCOME (according to Jiangnan town records)	6,900.0
EXPENSES (according to statistics and fieldwork):	
Living costs (food and clothes)	700.0
Agricultural costs (including fertilizers and pesticides) and animal husbandry	1,000.0
Electricity, coal, fuel bricks for stove	300.0
Landline telephone and mobile phones	300.0
Banquets and birthdays	500.0
School fees (see p. 44 of this study)	1,800.0
Healthcare (excluding the cost of major illnesses)	400.0
Tax (in 2005)	313.5
TOTAL EXPENSES	5,313.5
NET INCOME	1,586.5

As table 3 makes clear, although income may seem reasonably high for a rural household, net income is still very low, even with wage labour contributions included in table II.3. In fact, earnings are mostly invested in schooling, healthcare, and various taxes and fees which used to be minimal (see Leonard and Flower, 2006). This has fostered a sense of having been

[7] This table is based on official records as reported by the village head in an interview on 29/07/04 and substantiated by participant observation and semi-structured interviews conducted in July 2005 (see appendix).

left to fend for oneself, and of the increase in living costs not being matched by an equally great betterment in living conditions. Wage labour, and migration in particular, are commonly discussed as the only way to make ends meet for farmers (chapter 2).

HEALTHCARE PROVISION

After the communist takeover in 1949 the government started a number of public health campaigns, launching the barefoot doctors through a widescale immunisation programme. Rural healthcare aimed to distribute preventive and health promotional care across a three-tier system from brigade [now village] health stations, to commune [now township] level health centres – which supervised the health stations and provided a combination of preventive and curative services – to county hospitals, which offered more sophisticated medical technology. [8] Finance for rural health services came from a combination of government funding, cash payments from patients and funds from the rural cooperative medical systems (Feng, Tang et al.1995: 1112).

With the onset of social and economic reforms since the early 1980s, the system of health finance underwent a radical shift towards the commodification of healthcare. A great number of articles have been published recently in journals such as *Social Science and Medicine, Health Policy and Planning,* and the *IDS Bulletin,* regarding the state of healthcare provision in China.[9] These works highlight that the transition to a market economy affected rural health services in a variety of ways. The available healthcare options have multiplied; yet, prices have risen rapidly, insurance coverage has declined and user fees have been introduced or increased without an adequate exemption system (Bloom and Wilkes eds.

[8] See Jamison et al. (1984); Lampton (1977); Taylor (2005).
[9] For comprehensive development and policy studies volumes on rural healthcare in China see Anson and Sun (2005); Bloom and Fang (2003); Bloom and Wilkes eds. (1997).

1997).[10] In the 1980s barefoot doctors could opt to take an examination and be recruited to the conventional medical system under the new name of 'village doctor'. Most, however, abandoned their previous role for more profitable part-time work in the city, and their clinics have been increasingly replaced by private clinics and a largely unregulated fee-for-service care. Staffing losses led to a de-skilling of rural public healthcare services, with the effect of lowering standards of service and weakening access and affordability.

No feasible alternatives exist for the rural community at the upper levels of the three-tier system. Hospitals increasingly rely on sophisticated medical technologies and expensive drugs for revenue, and the cost of inpatient care has escalated exponentially. The growth of inequality in household incomes has had a considerable impact on access to hospitals, and especially to the notoriously expensive inpatient care, with its formal and informal costs (such as food, loss of earnings and under-the-table payments) (Yu et al., 1997). Indeed, exemption and discount systems are "vague and not enforced" (Meng et al 2002: 56), and this worsens the economic burden on patients and poses a significant barrier to inpatient care for the poorer strata of society (Liu et al. 2000; Tang et al. 1994).

Given the high cost of county-level care, rural households rely mainly on health provision at sub-county level, services that are receiving diminishing financial support both at township and at village level (Deng, Wilkes and Bloom, 1997; Tang, 1997). Alternatively, farmers resort to the so-called informal sector, mushrooming in the form of unlicensed, illegal and largely unregulated healing practices.[11] The rise of the informal sector in the PRC has not

[10] There are at present three types of health insurance in the PRC: (1) workers' insurance for enterprise workers (*laodong baoxian*), which consists of individually variable benefits attached to a basic salary, such as refunds for a fixed share of healthcare expenses; (2) public insurance for government workers (*gongfei yiliao*) and (3) collective welfare for village residents (*hezuo yiliao*) (see Yip et al., 1998; Gao et al. 2001; Gu and Tang 1995; Carrin et al. 1997). Henderson, Jin et al. (1995) have assessed the distribution of medical insurance. They argue that provincial differences are notable and rural and poor people are less likely to be insured.

[11] For full length monographs on *qigong* see N. Chen (2003) and D. Palmer (2005). See also Hsu (1999: chapters 1 and 2).

been accompanied by adequate regulation (see Bloom and Wilkes, 1997; Gao et al. 2002; Henderson, 1990). For instance, reliance on 'over-the-counter' medicines – which offer the cheapest and thus most used option – has implications for treatment efficiency and drug safety, as the lack of regulation entails the risk of inappropriate drug consumption patterns (Boggs et al. 1996; Dong et al. 1999 ; Liu and Hsiao, 1995; Zhan et al. 1997). Predictably, vulnerable groups of the population, such as the poor, the elderly, women, children and migrants suffer the most from this situation. Indeed, illness can reduce even economically stable households to poverty by loss of assets, loss of labour power and indebtedness. As a consequence, the families of ill people may be forced to choose between the value of caring for its dependents and the will to advance the family's status and thus invest in its healthy members (Phillips, 1993; see also Feng, Tang et al. 1995; Wilkes et al. 1997).

In Langzhong city, there was a great proliferation of medical services, ranging from hospitals, clinics, and chemists to masseurs and street stalls selling a wide variety of local herbal and animal remedies (such as silk worms to cure rheumatisms). In contrast, at the village level, there were only two clinics: one along the public road at the hilltop, established by a young local, and one run by the former barefoot doctor. The village also had a doctor trained at home by his father, but he died in 2004. Two of his three sons trained with him, subsequently attended medical college and established private clinics in the city. For minor illnesses, villagers consulted village level doctors. In some cases, they consulted doctors from nearby villages when they had connections to them, or when these doctors had been recommended by neighbours or relatives. For persistent and more serious ailments, villagers may resort to hospital care (chapter 7).

My thesis takes issue with assessments of patients' choices and structural constraints found in policy planning literature and proposes that more attention should be devoted to the role of

habitus in villagers' attitudes to eating, health management and healing. Understanding sufferers' agency in terms of *habitus* highlights both their innovative potential and the constraints within which they act. It provides a better sense of both agency and constraints on agency by drawing attention to the realm of their encounter. Rather than regarding constraints as something already existing and indisputable, which is later engaged with, *habitus* allows us to conceive of people's perceptions of constraints, and how these embodied perceptions work to inform practices and circumscribe agency. Through *habitus,* agency itself is understood as inseparable from the conditions of possibility in which it is enacted, allowing a more nuanced grasp of its potential, its reach and its limits. The conditions of possibility on which this study focuses are those of family and social relations in contemporary China. While the label 'patient' is crucial in situating people within their encounters with healthcare providers and institutions, the label 'sufferer' directs the inquiry towards the experience of illness (and health) within the family and the local community. In doing so, I hope to highlight that people's interactions with healthcare institutions are inseparable from the realm of family and social relations, and fruitfully understood in relation to it. A clearer understanding of how bodies are perceived and illness is experienced and dealt with in the family provides a more vivid sense of the wider processes of social reproduction and social change and the challenges people face in contemporary China.

PART 1: BODIES, EATING PRACTICES AND DISCOURSES: HISTORICAL CHANGE AND DISTINCTION

Early studies of food and eating in China have been concerned to show that food is intimately linked to social relations of inclusion and exclusion, and intrinsic to the experience of the body, health, illness and betterment.[1] A seminal volume edited by K. Chang (1977) highlighted the influence of culture on eating habits and considered food as a social language. At the same time, it proposed that food habits are not homogeneous within a culture, rather depending on locality, ethnicity, social class, occupation, religion, gender, stages of life, political power, educational achievement and aesthetic values. In a functionalist fashion, E. Anderson (1988) pointed to food's potential as a social facilitator, critical to harmony on the level of one's own body balance, on the level of social life as a vehicle for interaction and on the cosmological level by its function in crucial stages of the life cycle and as a means of communication with gods, ghosts and ancestors.[2] F. Simoons (1991) crucially complements these studies with a history and cultural ecology of food in China, providing an extensive overview of when and where different foods rose and declined in importance, and of the possible reasons for these changes (see also Bray 1986). For instance, he argues that the prevalence of pork over other meat (to the extent that 'meat' *rou* 肉 is usually intended to mean pork), is due to the fact that pigs can survive on discarded food and pig breeding produces twice as much meat per hectare of pasturage as sheep breeding (ibid.: 257-9).

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[1] For full length studies of food in China see Anderson (1988), Chang ed. (1977), Cotterell (1986), Jing ed. (2000) and Sterckx ed. (2005). Full length ethnographic monographs partly on eating include Farquhar (2002), Kipnis (1997) and Stafford (2000). Yue (1999) offers a provocative study of literature on food in China as an allegory of political processes and a contested site of negotiation and embodiment. A sample of influential articles on the social spaces and implications of eating includes Watson (1987; 2000; 2005); Wolf (1974); Yan (2005) and Zhan (2005). For studies of medicinal values of food and the role of diet in healing see for instance Anderson (1988, chapter 11), Farquhar (2002).

[2] In this respect he followed A. Wolf (1974), who argued that the diversity of food offered to gods, ancestors and ghosts is symbolic of the relative proximity or distance between the living and these three realms and helps articulate these relations appropriately.

Whereas identity had not been a concern in earlier studies, its importance begins to surface in social science works since the 1980s (Caplan ed., 1997). A similar turn may be identified in studies of food in China. A recent volume edited by J. Jing (2000a) focuses on generational differences. Contributors show that eating practices amongst children are emblematic of social change in China. Both Jing (2000b) and Guo (2000) show that the discourse on health relies on three forms of "cultural authority" (Jing, 2000b) which collide at the table. 'Traditional' understandings of food and well-being derived from popularised principles of traditional Chinese medicine and popular religion persist alongside the 'modernist' knowledge drawn from Western medicine and nutrition science and promoted by the government. The newest, albeit no less fierce contender is 'consumerist' knowledge of food, fostered by the rising advertisement culture (Guo, 2000). Guo shows how intergenerational gaps are mapped onto these competing interpretations of food. She asserts that grandparents uphold traditionalist understandings of food, parents are believers in a more 'modernist' knowledge, and finally children rely on 'consumerist' knowledge, enabled by the relative abundance of pocket money compared with earlier generations, and in some ways coerced by peer pressure to consume 'trendy food'. As becomes apparent, food is deeply imbued with cultural and political statements. In turn, debates about the values of tradition and modernity can be articulated through food consumption and practices of healing and health maintenance. Farquhar's recent ethnography (2002) presents a key contribution to the study of the impact of social change on eating practices (see pp. 15-6 of this study). She shows that the rise of 'medicinal meals' may be understood in the context of the proliferation of commodities and the emphasis on difference that has marked China's reform era. As Mei Zhan puts it in her analysis of "unruly bodies" in post-SARS China, eating is "part of a set of contestatory discourses and practices of identity production and subject formation" (Zhan, 2005: 31).

In their new edited volume on *The Cultural Politics of Food and Eating*, J. Watson and M. Caldwell argue that "food is a window on the political" (2005: 1). This is of course true in many respects. Indeed, food is part and parcel of practices such as marriage, gift exchange, and ritual and thus studies of eating are firmly situated at the centre of anthropological analysis. Attention to mundane and intimate aspects of people's lives, such as eating, may shed some light onto wider social, cultural and political-economic issues. Eating however also deserves attention as an experiential realm, the realm of embodiment. Social processes at large are enacted in the body, they generate a particular *habitus*. The aim of this part of the thesis will be to examine locals' practices and discourses surrounding the body and food as historical, social, cultural and political-economic formations.

CHAPTER ONE –Village diet, embodied knowledge and generational difference

Taste and *habitus* are not natural but rather culturally, socially, economically and politically produced. Different generations, I will argue, did not merely hold different values, but also different bodily engagements with the world due to their diverse experiences of famine, relative food shortage and wellbeing. This is most evident in the ways in which parents and grandparents care for children. The gap in attitudes to eating is even greater between the generation of grandparents and their grandchildren. This is exacerbated by the conspicuous absence of the parents' generation, who almost always migrated to more prosperous regions of China (see pp. 75-8). While I aim to show that these different historical experiences have constituted different bodily attitudes, I also emphasise that such divisions are not clear cut.

Typical diet

My account of the local diet is, as predictable, based on my host family in particular. Because I shared most of my meals with them, my account may be said to be specific to them, that is a couple of thirty-six year olds (Dajie and Li Jun) and their twelve year old daughter Lida. However, many other families were insistent on my sharing a meal with them without this being a special occasion (that is one where they would purposefully set out to buy special food for me). Consequently, I gained a sense of eating practices in a range of families. Their composition was varied in terms of ages (for instance a seventy-two year old widow and her teenage grandson, a couple in their sixties and their thirteen year old granddaughter, a couple in their twenties with a baby girl and her grandmother) and incomes (with or without remittances from migrant labourers).

I do not claim my account is representative of brigade 8, but rather I offer a locally specific

description of diet, which would be recognised by village families as typical. Indeed, a key conversation roller was "what do you eat at Dajie's?". When I replied "noodles at breakfast, watery rice (*xifan* 稀饭) at lunch and dry boiled rice (*ganfan* 干饭) at dinner" my informants would invariably respond "oh, that's just like us then, we all eat like this". Having informal meals at families around the village corroborated these claims.

The frequency with which meat was eaten depended on individual families and I shall discuss this in chapter 3. Overall, meat, which nearly always meant pork, was consumed only once or at most twice a week. The quantity of food consumed of course varied individually, and across generation and gender lines. Bowls ranged from 10 centimetres in diameter and roughly 7 cm in depth (small), to 15 cm diameter and 9 cm in depth (medium) and to 20 cm in diameter and roughly 11 cm in depth (large). Small bowls were rarely used even for children, and when they were used, children would have at least two bowls of porridge or noodles. Adults also ate two bowls of noodles and porridge, and occasionally three at each meal. Those likely to eat the least were older people, especially those over sixty-five, but this depended on how much they still worked in the fields. In some cases, when seventy year olds were still engaging in rather wearing physical labour such as digging, harvesting, or carrying loads, they ate considerably more than relatively inactive people of the same age.

Breakfast consisted of a bowl (medium for Dajie and her daughter, large for her husband) of boiling water, noodles, fresh ginger, garlic and spring onion, *huajiao* 花椒 (zanthoxylum), hot chillies (*lajiao* 辣椒), rapeseed oil, soy sauce, vinegar, a little salt and flavour enhancer (mono sodium glutamate) and a seasonal vegetable, such as *kongxin cai* (空心菜, a green vegetable with a hollow stalk and smooth pointy leaves, and a taste similar to spinach) in the summer, garden beet (*tian cai* 甜菜), cabbage (*bai cai* 白菜) and sweet potato leaves in the autumn, cabbage in the winter, and preserved cabbage in the spring. If there was any food

left over from dinner the previous night, this would be added to the bowl.

Lunch consisted of one or two large bowls of unsalted rice porridge (*xifan* 稀饭). Usually some peanuts or maize or soybeans were boiled with the rice. This would be consumed alongside salt-preserved cowpeas, carrots or radishes. I shared my lunches with my landlady Dajie, her husband worked in the city and would not be back until seven or eight pm. Her daughter ate at school. Based on my experience of eating lunch with her and sometimes with other local families I observed very little of these vegetables being consumed, perhaps a small bowl of them would be shared by three people.[1] Preserved cabbage was consumed differently, added to the bowl of watery rice or noodles. These were consumed in even smaller quantities, perhaps two tablespoonfuls added to a large bowl of rice porridge. Occasionally (at most twice a month in the family I lived with), some pancakes with slices of pork fat may be consumed at lunch alongside porridge. They were considered a special treat, Dajie would eat little of them, leaving them for me and her daughter, who ate as much as 5 each time (40 cm^2 each).

Supper consisted of steamed rice (again, a large bowl for Dajie's husband and medium bowls for herself, her daughter and me) and one or two dishes stir fried with rapeseed oil to be shared. Depending on seasons, the cook's and the diners' inclination, pumpkin and sweet potato were boiled with the rice. Dajie bought some pork twice a week, 500 grams each time, to be shared by the four of us. She routinely argued that she had bought 'lean meat', but it was usually at least 50 per cent fat. Dajie and her husband ate very little meat, and offered what they identified as 'lean' slices (in fact, they were at least partly fat) to me and their daughter Lida. Embarrassed by this, I ate little of it myself and left most to Lida. The meal was followed by a plain soup (boiled water, tomatoes or preserved cabbage, soy sauce and

[1] For an exception see pp. 64.

vinegar). If no soup was prepared, the family would drink some hot boiled water and vinegar. Preserved cabbage was sometimes added to steamed rice consumed at dinner, depending on individual taste.

Eating practices did not display any major differences in the quantity or quality of food consumed by men and women. If both worked in the fields, they would be perceived as needing the same amount of food.[2] Gender differences were by contrast conspicuous with regard to drinking. Drinking during meals was very rare, and usually limited to alcohol, consumed mostly by men. In the village, 'alcohol' usually meant white liquor *baijiu* 白酒, a very strong, locally brewed wheat liquor, which could amount to 50 or 60 per cent alcohol. Dajie's husband drank rarely, only during feasts, because he claimed he had a delicate stomach. Daily habits of liquor drinking are difficult to assess, because the presence of a guest makes its consumption more likely. Of a sample of 30 families who answered to semi-structured interviews in July 2005 (see appendix 1), I found about half of the men claimed they did not drink liquor, though if they had guests they were likely to drink with their guests. Those who drank liquor quantified it usually to 25cl per day. A few claimed to be drinking half a litre per day, and I know this was true for at least one of these men, since he was my immediate neighbour and known in the village as an able drinker (*neng he* 能喝). During feasts, *he jiu* 喝酒, literally 'drink alcohol' was not an exhortation limited to alcoholic drinks. On the rare occasions in which I managed to elude white liquor and drank

[2] According to friends from Langzhong city, provision of grain for city dwellers from the establishment of the People's Republic until 1985 was fixed according to age and occupation, but the same in terms of gender. Primary school students were entitled to 12.5 kg per month, middle school students to 13.5 kg, high school students to 16 kg, workers to 17.5 kg with a possible bonus of 2.5 kg for strenuous work such as working in mines, and officials to 16 kg. 15 kg of grains per month correspond roughly to 1,500 calories per day (see Rada, 1983: 521-4). Peasants' allocation of food was based on a work point system. Heavy work such as lifting stones and road building was generally assigned to men and earned 10 points per day at most. Women were assigned relatively lighter work, such as planting vegetables, harvesting rice and breeding animals, and earned 8 points per day. If they were willing to carry out heavy work they could earn as much as men. Children were assigned jobs such as tending cows, cutting grass, collecting wood for burning, and could earn 5 points per day (see ibid.). At the end of the year, grains were allocated by the commune (*gongshe*) to each production team (*shengchan dui*) according to the total points accumulated by the unit's members. On food allocation during Mao, see Rada (1983); see also Smil (1981, 2004) on food shortage.

boiled coca cola or peanut milk (as did other women and children), I was still told 'drink *jiu*' as a general exhortation to drink, although the person toasting was well aware I was not drinking spirit.[3]

Consumption of snacks is by definition erratic and thus difficult to measure, but overall it seemed to be rare, and limited to children or guests. When visiting people, one is always offered some food, most often home-grown peanuts or fruit but occasionally biscuits or sweets, especially if the guests are children. At any rate, these did not seem to form a significant part of local diet. Milk was considered a nutritious food of benefit to children, but only few children seemed to drink it regularly, and those most likely to consume it were babies under two. Snacks and nutritious foods (*yingyang shipin* 营养食品) proliferate at the time of New Year and other celebrations. When visiting relatives it was customary to offer food ranging from honey used for sweetening drinks to sesame seed drinks, a variety of milk powders, drinks manufactured to strengthen bones, and finally biscuits. Practices of offering alimentary gifts have spurred a very lively market for nutritious foods: entire supermarket aisles are filled with a variety of milk powders, other nutritious drinks and fancy biscuit boxes. Some of these packages can cost up to 300 *yuan* for 400 grams of honey (half the salary of a waiter in Langzhong city, or the monthly rent of a large house in the city), but villagers typically invested at most 30 *yuan* in any one of these presents.

Indeed, for special occasions villagers invested more in food and ate considerably more and better than usual. Spring Festival was by far the time when villagers indulged in food because it was also the time when families re-united to celebrate the coming of the New Year, the only time when migrant labourers might come home. Other occasions for family re-union and banqueting were the ghost festival (*qingming* 清明), birthday celebrations for

[3] See chapter 3 for further discussion of the role of eating and drinking towards the formation and maintenance of social relations.

elderly relatives, funerals or death anniversaries, weddings and parties for the first month of a newborn baby. The frequency of these events depended on family composition and on the family's networks of friends and connections, and in my experience was not more than once a month per household.

Here, I shall limit my brief description of feasting to Chinese New Year. According to 'traditional customs' (*chuantong xiguan* 传统习惯), villagers claimed, 'scarred' food, that is folded food like dumplings, should be avoided on New Year's Day because it may bring disharmony. Noodles, they argued, are a better option, because they are long and smooth, and symbolise the smooth running of family life in the New Year (see Stafford, 2000: 30-51). Whereas all were aware of this custom, few seemed to follow it. Li Jun, my host family head, opined "they say that... but look at us, do you think we argue a lot? We don't, and we love eating a big bowl of meat dumplings on New Year's Day. They also say you should not take medicines on New Year's Day. But if you're really ill, why wouldn't you take medicines? That would be stupid!" (15/01/05). I asked over ten villagers whether they had heard of the custom of avoiding medicines on New Year's Day and during the New Year celebrations, but none followed it, and I witnessed villagers taking medicines during that period. Asked about their actual behaviour rather than traditional customs, informants all agreed that "it does not matter what food is eaten on New Year's Day, as long as it is good", i.e. that it includes a selection of meat dishes.

I visited a number of families during the spring festival celebrations, and found dishes to be roughly the same in all of these. The meal started with a number of mostly cold dishes: fried rice cakes (*mi doufu* 米豆腐), roasted sweet potatoes, cold 'pig rump' (a vegetable, *zhu pigu* 猪屁股) or cucumber seasoned with garlic, ginger, oil, soy sauce and vinegar, dried beef (especially 'Zhang Fei dried beef'), pig's trotters, pig's ears, chicken feet, cold spicy chicken

and deep fried cold duck. A selection of home preserved pork fat, ribs, heart, liver, and sausages followed, and dishes of shredded pork with either peppers, garlic shoots, celery, cabbage, carrots or asparagus lettuce (*wosun* 莴笋). This was followed by steamed fish, steamed pork belly over ground wheat, sweet rice, and a variety of soups: with pork, spring onion and ginger balls (*yuanzi tang* 圆子汤), pork rib soup and chicken soup. The final dish was usually a sweet ball soup, *tang yuan* 汤圆 which villagers explained was meant to epitomise the New Year celebrations by reproducing the round shape of the full moon, of banquet tables and in turn of the family coming together. This was traditionally prepared on the 15th day of the New Year, but informants seemed to eat *tang yuan* since the first day of the New Year. Some of the dishes were unfinished and reheated day after day, and many complained of feeling sick and over fed after a week of celebrations. A recurrent claim was 'my stomach is bloated (*duzi zhang* 肚子胀) because I have been eating too much meat'. Indeed, for about two weeks following Chinese New Year, people ate considerably better than the rest of the year. But temporary indulgence often resulted in discomfort, especially stomach ache, due to excessive eating and drinking.

Throughout the year, food consumption was mostly based on family produce and therefore on seasons. Indulgence at New Year stood in stark opposition to a diet limited to preserved vegetables and sweet potatoes characteristic of some periods of the year.[4] The most notorious of these was the time around '*guyu*' 谷雨 literally 'grain rain', connoting the 12th day of the third month of the lunar calendar, or the sixth of twenty-four solar terms, April 20th in 2005. In 2004-05, there were enough grains to feed families until the harvest in late August, but the relative lack of fresh vegetables remained true for one to two months between April and May.

[4] I also occasionally observed consumption of mouldy vegetables, see pp. 159-60.

Food properties and healthy bodies

There was often a debate at the table over food properties, and whether it was appropriate to consume a given food in a given condition. Taking part in Pat Caplan's research project on food, health and identity in South London (Caplan ed. 1997), Anne Keane argued that embodied knowledge, that is people's own experience of how food affects them personally, is paramount as a form of information for what to eat and to avoid. Building on Caplan's and Keane's insights, I also consider the importance of experience towards people's attitudes to their bodies and to food. Yet while embodied knowledge seems for the most part concerned with individual experience and does not point to the structural constraints on such experience, my use of *habitus* is intended to convey the extent to which such knowledge is tied up with wider social and historical processes. The current section provides a sense of the ways in which *habitus* is embodied by presenting examples of how daily habits with regards to eating are part of *habitus*.

Medical knowledge, whether in its 'traditional' form passed down from grandparents and sometimes based on Chinese medical precepts or as in the form of admonitions given by doctors, was commonly assessed by villagers against their *habitus*. For instance, Dajie disproved the common belief that eggs are nutritious with reference to her daughter Lida. "If eggs are nutritious, how come she hasn't had one in years and she's still healthy?" (29/07/05). She also added that vitality (*jingshen* 精神) does not only come from food. She referred to my obvious excitement when she showed me the land reform document given to her husband's family in 1952, because few villagers had preserved these documents. (In their case it was Dajie's grandfather-in-law who preserved it in case of a disagreement with his neighbour on which section of land was allotted to whom). "What made you more energetic? Eating an egg or seeing that paper?" (ibid.), she asked rhetorically.

One's *habitus* was also central to assessing the use and efficacy of Chinese medical decoctions. Li Jun commented that decoctions "only work when they are bitter" (31/08/04). Since a course of Chinese herbal medicine was usually taken 3 times a day for 3 days, i.e. it was boiled a total of 9 times, the potency of the remedy was felt and seen to be at his greatest at the start of treatment, when it was darkest and most bitter. The colour was also taken to be an indication of its use. When I prepared a reddish decoction, Li Jun commented "it must be bolstering blood (*bu xue* 补血), because it's red" (29/10/04). Colour and taste were thus seen to be an indication of the remedy's efficacy. Li Jun's understanding of the efficacy of colour and taste were part of his *habitus* to the extent that his attitudes were shaped through daily practices and in turn generated future practices.

Commonly held perceptions about the appropriate eating behaviour for those who suffered from a cold were also regarded with scepticism and may be productively understood in terms of the experiences and conditions which fostered a particular *habitus* of doubt.[5] I was routinely told that one should not eat eggs when suffering with a cold, especially during semi-structured interviews but also in informal conversation. The argument was that eating eggs will make it more difficult to heal. However, on several occasions I observed villagers eating eggs during a cold. When I cross-questioned Aunt Jiang (48 years old) for instance, on why she ate eggs although she had a cold, she replied "you just eat what you want, the important thing is not to be anxious (*bu ji* 不急)" (24/02/05) Dajie stated similarly "you eat what you feel like. The only thing that matters is not to eat too much of anything" (frequent statement). It seems then that their adherence to medical advice was only activated when there was evidence to corroborate it from their own experience. A study of local practices

[5] A comparison with C. Helman's (1978) study of lay perceptions of colds and fevers in Britain may be informative. People, he explains, differentiate between colds – which are attributed to careless behaviour, and require rest in a warm bed and consuming warm food and hot drinks – and fevers, which are attributed to germs and need to be 'starved' out by avoiding food or flushed out by cough medicines and antibiotics.

surrounding colds provides insights on how practice constantly configured attitudes to colds and sometimes challenged widespread claims on what to do during a cold. A focus on everyday practices therefore is more productive than one which presumes practices to be seamlessly produced by knowledge. Rather knowledge is produced through practice, and only exists through it.

The problem which most required to be attentive to one's eating practices was, predictably, stomach-ache. It was commonly held that those with poor digestion should not eat sweet potatoes and that those suffering with stomach problems should avoid alcohol, hot chillies, raw and 'cooling' food. Li Jun used to suffer with stomach-ache, but during my fieldwork was proud to say it was over, because "I learnt to take care of it, and little by little I got better. You have to get to know your stomach, it's not just about avoiding chillies, it's about observing and remembering how food makes you feel... with stomach-ache it's 3/10 medicine and 7/10 self-care (3 *fen yao* 7 *fen yang* 3 分药 7 分养). You don't really need doctors, you just need to watch out for what food is good or bad for you" (04/10/04). This activity of constant vigilance, of being alert to what effects certain foods have on one's body forms part of *habitus.*

Medical experts' advice may also be overruled by taste. Lida for instance continued to add chilli oil to her food despite her father's warnings that "scientists on TV said that eating chilli harms the stomach because it causes over-heating" (13/02/05). Cao Chunmei, a twenty-two year old suffering with stomach ache, complained about her doctor's advice that she avoid adding chilli to her food "that is really pitiful (*kelian* 可怜), I don't mind avoiding eggs, but food does not taste good without chilli, noodles especially, if I don't add chilli I can't eat" (29/11/04). When I visited her subsequently, she still added chilli to her food, but less than before. Aunt Li, a local woman in her fifties suffering with rheumatoid heart disease and

high blood pressure, had been advised to limit salt consumption, but still ate large portions of salt-preserved vegetables at every meal, because "I like them, they taste good ('the flavour is good' *weidao hao* 味道好) and if I don't eat them I can't get out of bed" (15/07/05). Her taste for salty vegetables and the experience that they gave her energy to work induced Aunt Li to continue eating salty food despite medical advice to the contrary. The ways in which taste is part of *habitus* and is made by its socio-historical contexts will be assessed more in detail in the latter part of this chapter, and in chapter 3.

Perceptions of the qualities of food were mostly based on one's own eating *habitus*. For instance, it was commonly held that eating rice porridge would not be fattening whereas eating noodles would. Villagers explained this difference in terms of their experience that when eating rice porridge one would feel hungry after a few hours, whereas the same may not be said of eating noodles. The nutritional value of food was thus assessed on the basis of how long one can go without eating and whether it was fattening. At the same time, locals would not accept that one's body size would depend entirely on one's diet. Dajie opined that "putting on weight is not to do with what you eat, because I eat less than my husband and work in the fields and I'm fat; but he eats lots, works as a carpenter in town and is thin… it's not digestion either. I think it's different 'bones' [an idiom for genetic difference]. It's in the family, my family are all round, his are all slim" (29/09/04).

At any rate, the ability to eat and one's 'fatness' was taken as the surest sign of one's health. Dajie often boasted that when her thin husband had a cold he would be out of action for days and only able to eat rice porridge, whereas she could still work, and would recover in a couple of days. Xiao Peng, a very thin woman in her thirties suffering with rheumatisms since the birth of her son in 1995, enjoyed showing me pictures of herself when she was "healthy and fat" (*shenti duo hao, duo pang* 身体多好、多胖). She saw her loss of weight

as an integral part of her illness, and often wished she could eat more and put on weight. For her, being fat meant being strong and able to work; it also meant being less likely to fall ill with colds and flu. Another villager offered a similar case. Aunt Zhang, an energetic and cheerful local woman in her early fifites suddenly fell ill in December 2004 with headaches, aversion to light and ringing in her ears. Her neighbour advised aunt Zhang to visit her relative, in a nearby village, who was a doctor and she claimed was "good at curing this kind of problem" (01/12/04). When I visited aunt Zhang a few days later, she told me she had been administered an intravenous drip at her neighbour's relative's clinic, in a different township, for two weeks, and spent 1000 yuan, but did not feel much better and was advised to rest. Aunt Zhang described her illness as a feeling of pressure on the sides of her head, but the aspect that troubled her the most was her decreased appetite. "I always used to eat a lot, now I can only really eat rice porridge, and only two bowls, and then I feel ill" (05/12/04). Her lack of energy exacerbated the problem. "How can I not worry? Everywhere I look there are things that need doing" (ibid.). Aunt Zhang felt frustrated at her condition because she "had never got ill before", and was convinced that the most significant feature of her problem was her (relative) inability to eat. Eating, in other words, was synonymous of well-being and lack of appetite synonymous of illness. The final part of this chapter will be devoted to assessing why this is the case.

Have you eaten? Food shortage in the 1960s and 1970s

As anyone who has lived in rural China would know, the typical greeting is 'have you eaten?' (*ni chile fan meiyou* 你吃了饭没有?). Here I will examine the historical background which according to locals makes this greeting relevant. I will argue that the question 'have you eaten' was also rooted in the lived experience of food shortage. When I myself adopted this greeting, I was warned by my informants that it was not appropriate to use it to greet

younger people, "because it means nothing to them". Li Feng, my fifteen year old adoptive son, told me that "only older people use that greeting, because they did not have food when they where younger, you know, that is why people ask each other if they have eaten" (10/02/05). When I turned the question to thirty-six year old Dajie, she agreed with Li Feng. "When I was younger we did not have much food either, so people of my age still find it normal to ask 'have you eaten', it was polite to ask, because it meant you were concerned for other people, and prepared to offer them food. But people in their 20s and younger don't greet each other that way, they don't know what it means" (14/02/05). Other local villagers discussed the issue similarly, all agreeing that food shortage was a reality until the late 1970s, although the most notorious time was at the end of the 1950s and early 1960s.

Despite my interest in local experiences of the Great Leap Forward famine, I did not collect substantial data on it until after Chinese New Year 2005, after nine months of fieldwork.[6] Being accepted by local officials had not been an easy task, and I felt that if I gave them any reason to think that my aim was to criticise them, I might have been asked to leave. Thus, I preferred to wait for villagers to volunteer accounts rather than asking them directly. The considerable amount of material I collected on the famine after New Year was the result of serendipity. On 27/02/2005, roughly a week after the Spring Festival celebrations had died down, Dajie offered me one of the two calendars given to them by China Telecom. It included both Lunar and Solar calendars, and listed all the seasonal and agricultural transitions according to the Chinese calendar. I chatted to Dajie about it, and asked what the next agricultural event would be. She began talking about the harvesting of rape seed for oil and transplanting rice to the paddy fields in May. This would all happen around the time of *guyu* 谷雨 (see p. 60), when, according to a local proverb 'old ladies cry' (*laotaipo ku* 老太

[6] The Great Leap Forward (1958-1961) was promoted by Mao Zedong in and attempt to use science and politics to increase China's agricultural and industrial productivity. The notorious "backyard smelter" scheme, whereby he ordered peasants to make steel in their backyards, was, in a sense, a logical culmination of his agrarian longings and his desire for industrial modernization, which led to widespread food shortage, and to the sidelining of Mao as a consequence of the Leap's failures.

婆哭). I asked why would they cry at that time. "Because at that time, in the past, grains stored from the previous year finished, those produced in the new year were not ready to be harvested, and vegetables were not yet ripe. So there was nothing to eat... you ask my mum about when they didn't cook in their own house, they all ate together [between 1958 and 1961], they never ate their fill. So now they say our generation has fun (*hao shua* 好耍), and we say they must have lacked 'skills' (*mei benshi* 没本事), otherwise they would have had food" (27/02/2005).[7]

Aunt Ren, Dajie's mother, was born in 1942. She came to visit her daughter that afternoon, and Dajie raised the topic of famine with her. Aunt Ren was very forthcoming with accounts on her village, and Dajie's mother-in-law soon joined in the conversation comparing these with her own memories of the famine in brigade 8. Dajie's mother began her recollections.

"I was in my teens in 1958 [at the start of the Greap Leap Forward and of collective cooking]... living conditions were dreadful, we got up at 3 am to feed the pigs and dig out sweet potatoes, and then it was off to the paddies. There was very little food, and most of it liquid. We never ate our fill. We ate grass, bran (*kang* 糠), the stuff we now feed the pigs, we actually thought it was nice, you were lucky to get to eat that. So many people swelled up because of lack of food, and died.... Mao was a good leader, but the local officials changed it all... we produced, but food was taken away, nobody knows where it went... ground rice for instance, that went to hospitals but we didn't know. And when higher officials asked if the village needed more food, local officials just pretended they had enough, so they would not lose face. And people starved to death... It got better after collective canteens were abolished [1961], better again after 1966 and better still after Mao's death [1976]. But after Mao

[7] See Kane (1988). For a personal account by a rusticated man, see Zhang (1994). For an insightful and moving portrayal of starvation in a South-West Sichuan village during the Great Leap Forward see Leonard and Flower (2006b) http://xiakou.uncc.edu/chapters/history/famine.htm (accessed 26/03/05).

corruption became more fierce. In the past it was more just and equal, we were all poor, now the rich get richer and richer and the poor get poorer and poorer" (27/02/2005).

Dajie's mother-in-law was keen to tell her side of the story.

"Yes, we ate grass we now give to the pigs... they [village officials] checked you before you went to the toilet to see you didn't hide food. Our neighbour was beaten for biting a raw sweet potato in the field... many died... another neighbour tried to live on half her allotted portion of rice and feed her children with the rest. She starved to death" (ibid.).

Dajie, who seemed absorbed by the tales, commented "you had it worse here (in brigade 8) than in our village". She also refused to take the position of someone who had an easy life, as is usually ascribed to those in their thirties and younger by the older generations. She added:

"Even I remember when I was little (in the 1970s), there was no food, we went to bed hungry... we only ate twice a day. Sometimes we would just eat ground maize everyday. If we were lucky, we had rice porridge for breakfast and noodles for dinner. Families had so many children to look after, and they were busy in the fields all day. My eldest brother (born in 1963) went to work in the fields and when he came home he was so tired he would put his mouth on the edge of the table, shove the food in from the bowl, and then fall asleep right there ... If we got to eat steamed rice we would run around and boast to the other children. Up until the 1980s there were times when we had little food and may have to eat bran (*kang* 糠)... that's horrible and very difficult to digest" (ibid.).

After that day, many other villagers came forward with accounts of the famine very similar to that presented by Aunt Ren. All talked of the widespread 'water swelling illness'

(*shuizhong bing* 水肿病) due to starvation in the late 50s and early 60s.[8] Those old enough to work in the fields, remembered working hard but not being given enough food. Those who were children remember with a great sense of loss the local school closing due to famine and being required to work.

Generational differences: experience, authority, and taste for food

Generational differences are glaring. Whereas Dajie listened attentively to her mother's tales, her daughter Lida irreverently dismissed much of her grandmother's narration, claiming that she has a hard life at school too, and that if they worked so hard they should have had food, implying that her grandparents must have been lazy. Her maternal grandmother was not much surprised by Lida's attitude, which I found to be widespread amongst children. This was due to a mixture of genuine ignorance about the past, disbelief towards it, heavy demands on their time by school commitments and finally a sense that rural children were still in much worse conditions than their city peers, and therefore felt it was unfair to be told that they have an easy life. Aunt Ren recited a saying about the past "Carrots and kernels are sweet, we will soon celebrate New Year, children want to eat meat, grown ups have no money, [we] wait for a turn of fortune, [when we] will eat meat at every meal, as if we were celebrating New Year (*hong luobo mimi tian, jianjian yao guo nian, haizi xiang chi rou, daren meiyou qian, dengdao shi yun zhuan, dundun chi rou ru guo nian* 红萝卜咪咪甜, 渐渐要过年, 孩子想吃肉, 大人没有钱, 等到拾运转, 顿顿吃肉如过年). Lida brightened up, "I know this saying". Her grandmother replied severely "what do you know! You only know good fun! (*ni xiaode ge shazi, ni zhi xiaode hao shua* 你晓得个啥子, 你只晓得好耍!)".

[8] This disease is known in biomedicine as edema. Its Chinese name made sense to locals according to their own experience. They explained that '*shuizhong bing*' was the result of eating food that was far too liquid. The swelling (*zhong*), they continued, was caused by water (*shui*), and was a consequence of food shortage.

In this exchange, three generations articulated contending claims to authority. Such authority was based on claims to be able to endure hardship, to 'eat bitterness (*chi ku* 吃苦)'. Aunt Ren claimed to have had it worst, enduring famine and long working hours in the fields for little reward and in dire living conditions. Dajie accepted that her mother had a hard life, but refused to accept a narrative which relegated her to the position of 'someone with an easy life'. She too claimed to have experienced food shortage, and she too worked hard in the fields, having to attend to three people's allotment of land and find money to pay the bills and her daughter's school fees, costs which when her mother was her age were either small or non-existent. Lida could make no claims to having endured physical hardship, but felt that school was demanding in ways that her mother and grandmother may not understand. She was also upset that her mother bought her little snacks and meat. She felt she was not as fortunate as her peers with regards to eating, and therefore refused to be told she was eating well. Of course, according to the parameters employed by her mother and grandmother, Lida was eating well, because she ate her fill at every meal. But as far as Lida was concerned, eating was not about eating her fill; it was about eating well, enjoying her food, and as long as she did not, she felt that she too was having a hard life.

Differences between these two women's and the young girl's attitudes to food were rooted in their dispositions. In Pierre Bourdieu's terminology (1984), while Aunt Ren's and Dajie's were a "taste of necessity", Lida's was (comparatively) a "taste of luxury" (ibid.: 177). The former, argues Bourdieu, is the outcome of endeavours to reproduce labour power at the lowest cost, which in turn produced taste for the most filling and most economical foods. The latter is the product of living conditions defined by distance from necessity and the possession of capital (ibid.). Taste in food, Bourdieu maintains, is not the simple product of economic necessity, rather "necessity is fulfilled, most of the time, because the agents are inclined to fulfil it" (ibid.: 178). Taste is "*amor fati* the choice of destiny, but a forced choice,

produced by conditions of existence which rule out all alternatives as mere daydreams and leave no choice but the taste for the necessary" (ibid.). In other words, taste is produced by one's living conditions in the past and in the present and tends to reproduce itself because it becomes regarded as natural. Understanding taste as embodied, and as linked to the reproduction of class differences shows that class differences themselves are embodied, and materialised through taste. Taste for food thereby depends on class definitions of the body, its strength, health and beauty. Bourdieu concludes that food and eating are treated by lower classes as a material reality, whereas the bourgeoisie is concerned with form and formality (ibid.: 196-7). Although the divide between materiality and formality is not as sharp as Bourdieu postulates, his formulation highlights that class positions produce different orientations towards the body and these in turn reproduce class differences.

Differences noted by Bourdieu between social classes and status groups are visibly mapped across the generational divide in my fieldwork setting.[9] In July 2005, I discussed the famine in the 1960s with two fifty-year-old villagers. Their six-year-old grandson usually lives in the township with his parents and great-grandparents, but stayed with them during summer holidays. When his grandmother commented "our country is so poor", the child was quick to reply "*your* country is poor, not mine". Indeed, as most children, he could not relate to the experiences of his grandparents, nor to the poverty they described. An edited volume by Jun Jing (2000) offers some poignant examples of generational differences in attitudes to food. Jing quotes playwright Huang Zongjiang's portrayal of a Beijing family scene. A father reprimands his daughter for her scornful look at steamed cornmeal buns, reminding her "You must not forget your class origin". The girl replies "*Your* class origin is cornmeal buns... *mine* is chocolate" (Jing, 2000a: 25; see also Guo, 2000). The similarity between her line in Huang's play and the exchange I witnessed in brigade 8 is striking, highlighting the extent to

[9] See chapter 3 for a discussion of class and status differences.

which generational differences characterise diverse attitudes to the body and food.

Indeed, generational conflicts may be characterised as clashes between bodily dispositions.[10] My fieldwork findings also proved that elderly and young people sharing an eating space held conflicting attitudes. The ideal for those who had experienced food shortage was to eat one's fill *chibao* 吃饱 (mainly grains and one basic dish of vegetables and occasionally fat meat). The younger generation by contrast was concerned to 'eat well' *chihao* 吃好, and children in particular were often very fussy about food and liked to consume expensive snacks like biscuits and sweets. Although their access to these products remained limited, especially compared to their city peers, children's desire for and access to commoditised food (especially milk) was far in excess of their grandparents and parents' experiences. An analysis of present attitudes to body size thus needs to be aware of the past while assessing the effect that current social changes have on people's ideas and practices. Indeed, grandparents often comment on the stark contrast between their diet as children (and adults) and that of their grandchildren, and in some cases, they see their care for the young as an effort to provide what they themselves did not have.

Li Shuangwu's and his wife's attitude to caring for their grandson presented an example of this. As his wife put it,

"Our son is working as a migrant in Shenzhen. We [her and her husband] built this house three times, always on our own, and we carried the building material on our shoulders up the hill [roughly 40 meters up from the main village street]. We finished in 2000, and hoped we could rest, but then our son went away to work and we have to look after his son. We had such a hard life that now our health is poor, I get colds (*ganmao* 感冒) easily, so we want to make sure our grandson grows healthy and does not suffer like we did. So we feed

[10] Wang Meng's short story 'crusted congee' (Yue 1999: 379) makes a similar argument with regards to generational differences in attitudes to diet.

him properly, buy him fresh milk and milk powder. First I thought I would buy soymilk, but I noticed my neighbour buys milk powder and her grandson is in such good health, so I started buying him the same milk powder, and some good fresh milk" (23/08/04).

Evidence of their investment – fresh milk cartons and tins of milk powder – lay across the room, and the child stood and danced in front of the TV, clutching a small milk bottle and screaming insistently for biscuits. Babies up to one year old had usually bulging cheeks their grandparents would boast about as evidence of adequate care and provision. Children up to twelve years old usually demanded milk and yoghurt drinks, but were not all pleased to the same degree – some were given one or even two small cartons a day (in the latter case, the child's parents lived in the city, they bought the milk themselves and brought it to the village). Others, like Lida, rarely had any, if at all. Whether or not milk was regarded as central to children's health depends on the changing cultural value attached to milk, and on families' resort to it as part of their aspirations to social distinction (chapter 3).

Abundant literature has suggested that the rise of a generation of spoilt 'little emperors' is the result of two factors. Firstly, the one child policy has concentrated the attention (and resources) of four grandparents and two parents on only one child (Jing ed. 2000). Secondly, it may be due to a 'compensation syndrome' (McNeal, 1992): carers who endured hardship and thus were determined to give their offspring every possible advantage (see also Chee 2000; Guo 2000; Jing, 2000a and b; Watson, 2000; Wu, 1996). Albeit more prominent in urban China, this problem was also pervasive at the time of fieldwork, and was manifested in villagers' investment in various snacks and nutritious products for children, and in their attitudes to children at the table. Typically, the best food was either put into the child's bowl, or the child took it without much deliberation or apologies for depriving other diners. Those up to six years old were usually unruly at the table, and sometimes wasteful without being

scolded for it. Although children's nutrition may have been afforded primacy before the reform era, the proliferation of opportunities for consumption in the present allows it to develop in innovative and historically specific ways. It also fosters amongst children a sense of entitlement to types of food that they are likely to retain as they grow up, and which radically differentiates them from their parents and grandparents.

Conclusion

As the material above shows, the link between eating practices, body size and health is contested, situational and incessantly constituted by one's *habitus* while also reconstituting it in innovative ways. Medical knowledge is constantly made, unmade and negotiated by locals, rather than taken on blindly. Generational differences are stark, and productively examined in terms of divergences in *habitus*. More concerned with social reproduction than with social change, Bourdieu's model is well suited to an investigation of the processes which shape generational and class differences. It is however partly inadequate for assessing the complex and fluid ways in which the parameters on which taste is based are constantly 'chewed over' and reformulated. As we have seen, different generations do not accept others' claims to superiority unproblematically. Rather, they engage in dialogues and clashes which are fraught with claims to enduring hardship, adequate fulfilment of responsibility and familial duties and also enjoyment. In the process, all involved make and remake their sense of selfhood and in turn change the parameters on which these judgments are based.

CHAPTER 2 History and Generations – energy and skills

Changing perceptions of what constitutes energy (*you jin* 有劲) and skills (*you benshi* 有本事) are telling of a particular moment in rural China's social and economic history and further substantiate the argument that bodily attitudes are historical and political formations. They are embraced not unproblematically or unselfconsciously, but rather to make statements about the past, the present and perceptions of where it is leading in the future. I will begin by outlining some of the conditions which have led to migration, and devote the rest of the chapter to examining how it has been experienced, and how such experience is configured by past conditions, and the contrasting ideologies of Maoist and reform China. As such, this chapter is therefore also devoted to unpacking how perceptions of farming have changed since the establishment of the People's Republic. I will argue that although farming also requires skills, it is not perceived as requiring *benshi,* which is currently associated with making money. Given the rising cost of living, the value of farming has consequently decreased; yet it remains central to local economy, alongside wage labour. Understanding the social changes underway as conversions of bodily dispositions may provide a more vivid account of how locals experience these transformations, and a closer awareness of the challenges they face.

Migration

Young people's migration to urban areas is a major phenomenon in China, and on first impression, with nearly a whole generation of people missing, villages like brigade 8 seem strangely populated by young children and their grandparents. However, brigade 8 is by no means unique in this. The loosening of government controls surrounding household registration since the introduction of the reforms in the early 1980s allowed labourers to

work (albeit not to permanently settle) in the cities. Further push and pull factors contributed to the incidence of rural migration. The prospect of an occupation offered by rapid industrial development 'pulled' rural workers to the cities, whilst the deterioration of the rural situation since the late 1980s 'pushed' them away from the village (Gao, 1999: 201-2).[1] Such changes have created an increasing polarisation between the well-off and the extremely poor, both between villages and within them. Villages with good connections to urban areas benefited especially from the reforms, and have mostly become small capitalist market towns and havens for investors and local entrepreneurs (see Chan et al. 1992; Potter and Potter, 1990). More remote villages benefited less from reforms, and continued to rely primarily on subsistence agriculture. Areas where urbanisation and industrialisation have been less rapid have witnessed a rural deterioration and thus strong incentives to migrate (Gao, 1999; Murphy, 2002).

In brigade 8, migration and search for wage labour was widely perceived to be necessary, given the cost of living, and therefore it was often said to be desirable by both the migrant workers and those who remained in the village. At the same time, grandparents charged with caring for the migrants' children complained that they were unable to control them or to help them with their studies. In some cases, very elderly people were left to care for teenage grandchildren. Grandma Yang, for instance, a 72 year old, cared for her 15 year old grandson while his parents worked in Shenzhen. She was sent no money except for her grandson's school fees, and had to engage in farming and household chores even though she suffered with chronic rheumatism, backache and headaches. Although grandma Yang found her situation pitiful she also felt that her son and daughter in law had no choice but to migrate in search of work to be able to face the schooling costs for their son. Those in grandma Yang's position had ambivalent attitudes towards migration: on the one hand they found it hard on

[1] See Ho (1994) for a study of non-agricultural rural development in Jiangsu; also see Feuchtwang et al. eds. (1988) on the effects of the reforms in rural areas.

themselves, on their migrant children and on the grandchildren; on the other they felt it was the only means to afford the rising living costs.

Equally ambivalent and situational were the views of those in their 20s, 30s and 40s. One woman in her late 20s tearfully recalled her experience of migrant work as a lonely and expensive time. 36-year-old Fengying, for instance, had been working in a shoe factory for the past 10 years, while her daughter stayed in the village with her grandparents. She complained that her daughter was not cared for properly and was not as obedient and successful at school as she would have been had her parents raised her. On the eve of her return to the factory in Shenzhen, Fengying told me that she could not bear village life, least of all daily arguments with her mother-in-law which she claimed caused her unbearable headaches. Migrant labour, she explained, offered an opportunity to escape it. But she was still unhappy to leave because life as a migrant was harsh. Her neighbour, 36-year-old Dajie, had never been able to engage in migrant work because her mother-in-law refused to care for her daughter. Dajie thought that Fengying was fortunate, and that migrant work was more fun (*hao shua* 好耍) than being at home.

Children's opinions were equally varied. Li Feng, grandma Yang's grandchild, told me he missed his parents very much, especially his mother, who had not returned for over 3 years. But he also reasoned that there was no other option for his parents than migrate in search for work. Fengying's daughter was very distant from her mother when she came home, because she spent most of her life with her grandparents and had not developed a relationship with her parents. Lida, Dajie's 12-year-old daughter, was the living contradiction to the common perception that parents caring for their children fostered more obedient children. She constantly confronted her mother and refused to help her with household chores. But she was glad her mother had not left for wage labour because she disliked her grandmother's food.

In sum, these brief examples show that views on migrant work are contingent on one's situation, and express views on family relations and social change more broadly. Its effects on all involved are also intricate and hard to determine.[2] To understand how migration is experienced within the wider context of the current political economy, I propose to turn attention to the idioms which are often used to characterise perceived bodily qualities in the past and in the present.

Different generations, different bodies: energy and skills

In daily conversations during my fieldwork, those in their 50s and older often contrasted their own bodies as having strength and vitality '*you jin*' with those of the weaker young generation. *You jin* is difficult to translate, being situated somewhere between physical strength and spiritual vitality. On the one hand, someone able to carry heavy weights would be described as '*you jin*'. In this respect, it approximates the meaning of *you liqi* (有力气) having strength and energy. But *you jin* was not exclusively a physical quality; it was also a spiritual sort of energy, close to *you jingshen* (有精神) vitality. 'Energetic' is then perhaps the expression in English which comes closest to conveying both spiritual and physical vitality.

Accounts I collected which employ the expression *you jin* are almost verbatim descriptions of the contrast between past and present. A local man in his 60s, for instance, reflected, "in the past we were all so strong and energetic, we all worked together, it was *renao* (热闹). Now nobody is that energetic, we all eat much better but we don't have as much energy"

[2] On migration and its effects see Murphy (2002); Pieke and Mallee eds. (1999); Solinger (1999), and the insightful volume on women's experiences of migration edited by Gaetano and Jacka (2004).

(03/06/05). *Renao* is a key term to understand the connotations of *you jin* in this particular context as predominantly but not exclusively a bodily characteristic. Literally, *renao* means 'hot and noisy', but it is often used to describe the excitement engendered by a social event – for instance, a family reuniting for New Year or a large number of people attending a religious festival (Chau, 2006: 147-164). Similarly, collective work in the past fostered and required energy and vitality. Hot and noisy sociality *renao*, in other words, produced energy *you jin*. Another example further illustrates the physical and spiritual connotations of *you jin*. Recalling work during the 1960s, 70 year old grandma Xi stated, "we in the past carried such heavy loads, and ate next to nothing, now they all eat so well and they can't carry half as much! In the past we could really work, we had energy, because we all worked together" (13/07/05). When I asked her why they had such energy, she explained, "at that time we had great hopes for the future, so we were very energetic. (*na shihou dui weilai hen you xiwang, women jiu hen you jin* 那时候对未来很有希望，我们就很有劲)" (ibid.). Clearly then, *you jin* described physical energy as much as the vitality derived from holding great aspirations.

As these quotes highlight, *you jin* also served as a term of comparison for the older vis-à-vis the younger generation. The older generation often commented that those younger have no energy (*mei you jin* 没有劲), that they do not have the body and the strength for doing agricultural and other physically demanding work. This is evident in 50 year old Aunt Gao's comments on her pregnant 22 year old neighbour: "she's only in the fifth month, and she stands around holding her waist and demanding milk and meat... we ate nothing and still had healthy babies, look at my daughter, she's tall and fat (*you gao you pang* 又高又胖)!" (02/02/05), she said implying that her daughter was in good health. In other words, older people who endured hardship also claimed to have the strongest bodies, and to produce healthy offspring. The younger generation, by contrast, were seen to be physically unable to carry out heavy work. In some cases, those in their forties judged their child's partner with

regard to their bodily size. 48 year old Aunt Xu, for instance, complained that her son's wife was thin and (therefore, she concluded) unhealthy and useless for agricultural work. Similarly, 47 year old Aunt Zhang commented on a young man who had recently left the village in search for work, "he may as well leave, his body is very thin (dry), there is no way he can do (physical) work. (*Ta hai buru zou. Ta shenti dou gan, meifa zuo huolu* 他还不如走。他身体都干，没法做活路)" (03/07/05). The term 'dry' was, in my experience, used to describe the deterioration the body underwent as a result of oesophagus cancer (see chapter 4). Describing this young man's body as 'dry' then seemed to connote that he was not only thin but also lacked energy and was unable to bear any physical strain.

The apparent contradiction that older people had a limited diet (in the worst period, between 1960 and 1961, only bran and wild grass at best) but were stronger and more energetic may be unpacked by understanding that it was due to different demands made of the body, different qualities appreciated and fostered of it. As *habitus,* attitudes to the body are not given, nor simplistically produced as superstructure by its economic base. Rather, they are constantly produced through socio-historically situated practices. The Great Leap generation's self-perception as energetic was partly engendered by having been required to endure hard physical labour. The issue then is not so much whether they are or were objectively more energetic than their younger counterparts, but that energy was the most important quality and the best asset when they came of age. Their likely ability to shoulder more physically strenuous work than the younger generation was the consequence of their bodies being disciplined into hard physical labour. In other words, they could shoulder more because historically they were required to literally shoulder more.

But bodily dispositions towards 'energy' are also produced by their socio-historical conditions in more complex ways. Perceptions of the older generation as more energetic may

not be taken at face value. More than simple reflections on bodily difference, they also provide a moral commentary on the shifts of the reform period. As such, they shed some light on how the rhetoric of collectivism has been remembered and constituted to speak to the present, and how it is contrasted to the rhetoric of market reforms. This in turn provides insights on how the transition has been experienced. Indeed, if the older generation characterises the young as lacking in 'energy', the latter typically respond that in the past people did not produce as much as in the present. A young high school graduate commented, "they worked in collectives, they didn't have to go looking for jobs, so they could be lazy. They couldn't try to make money anyway, if they did they were criticised. And everyone was poor, now all young people are going out to work, we all need to have skills (*benshi* 本事) to find a job" (04/11/04). In order to understand how the contrasts between past and present are expressed we need to consider closely the other term of comparison which locals employed to make sense of their current living conditions, and which has become more valued over energy: skills (*you benshi* 有本事). Only after having examined understandings of *you benshi* may we grasp why the older generation claimed to have more *you jin* and why, conversely, the younger generation is seen to require *you benshi.*

The meaning of *benshi* is rather wide and thus difficult to translate accurately. 'Skill' seemed to be the word that most closely approximated to its meaning. A few brief examples may illustrate this. On the most obvious level, having *benshi* implies having mastered a manual skill, possessing a level of practical sense or aptitude which could earn a significant amount of money. A young woman in her thirties stated her husband had *benshi,* because he could work as a tailor, he had learnt to slaughter pigs and prepare the meat for preservation, and he had also built a small pond to farm fish (23/09/04). A twenty-two year old who could cook well and helped his father establish a business processing handmade pea-flour noodles and breeding roughly 80 pigs with the refuse was seen to have *benshi* (22/03/05). But *benshi* was

also more than manual abilities. When a young girl at first failed to convince me to join her teachers for lunch, I was told by my adoptive mother that I should go, or else the teachers would say that she had no *benshi* (19/03/05). In this case *benshi* implied skills of persuasion.

Agricultural activities, such as transplanting rice, or shouldering a yoke, no doubt required mastery through experience, and ought to be regarded as skills. Some, for instance, proudly related their knowledge of agricultural timing (Dajie's account on p. 67 being one example), and noted that it requires long term experience and attention to become a good farmer. Farming however was not commonly described as requiring *benshi.* When older villagers discussed the inability of young people to carry out farming work, they did not trace this to a lack of skills but rather to a lack of propensity to endure hard work and 'eat bitterness' (*chi ku* 吃苦). Transplanting rice is commonly seen as one of the hardest activities – it entails being stuck in mud up to one's knees, and bent over for hours without a break, and results in excruciating backache and stiff leg muscles. When I joined my host family in transplanting rice, they commented surprised that those in their 20s do not do this, because "they are unable to bear that kind of hardship (*chibulai na zhong ku* 吃不来那种苦)" (20/05/05). 'Chibulai' connotes both the inability and unwillingess to endure hardship but also the lack of experience in bearing hardship which would have fostered an ability to tolerate it. Similarly, the father of a 19 year old man who did not help him to harvest rapeseed, commented "he can't bear hardship (*ta chibulai ku* 他吃不来苦)" (15/06/05). The young man himself confirmed this and explained he would not do it because it was "too hard (*tai xinku* 太辛苦)" (ibid.). Farming activities therefore, although they require skills, were more commonly associated with hardship. Accordingly, as this example shows, those older often critiqued the younger for their unwillingness to engage in hard work. Inherent in this was also a critique of their lack of experience which in time makes a good farmer, but an

awareness that in the current political economy children ought to be encouraged to develop skills as wage labourers too. It is in this sense that I claim that farming is seen not to entail *benshi* – because the financial rewards are very limited. I return to this point in the conclusion with the benefit of more examples.

In local speech, *benshi* also formed a cluster with the concepts technology (*jishu* 技术), craftsmanship or manual skill (*shouyi* 手艺) and cleverness or ingeniuity (*qiao* 巧).[3] I chose to focus on *benshi* because locals used it more often than the other terms. In the village, *jishu* seemed to connote a similar meaning to *benshi,* but was used much less. *Shouyi* was used to refer to experienced carpenters, or chefs, people with an established profession. Those who had graduated from high school and local teachers would be seen as 'educated', literally 'having culture' (*you wenhua* 有文化). The local teachers were also seen to have *benshi,* but having attended school did not automatically endow someone with *benshi.* In the village, very few people in their forties and older had completed high school. I only knew four people who had: a couple in their early forties, and another couple in their early fifties. The former had established a small business in the village distilling rice wine. They also bred more than ten pigs. They had a 15 year old son, the only one in the village to pass the entrance exam to the best class at the city high school. They were regarded to have both *wenhua* and *benshi.* The latter by contrast were seen to have *wenhua* but lack *benshi.* A closer look at their case allows the difference between these terms to be disentangled and elucidates the ways in which qualities associated with *benshi* intersect with the rhetoric of reform and 'getting rich'.

Aunt Zhen, a woman born in 1955, was the second of 6 brothers and sisters. She had graduated from high school in 1976 and married Uncle Li, himself born in 1955 and also a

[3] For a historical perspective on definitions of technology see Bray (1997), especially p. 47 on *qiao.*

high school graduate. They married in their mid twenties and had a son in 1981. By then the one child policy had been introduced and she could have no more children. She saw this as only one of her many misfortunes. Aunt Zhen suffered from night blindness, which she herself diagnosed, but had never seen a doctor or taken medication for it. She had been working in Kangding, a Tibetan city in western Sichuan, with her husband and all her brothers, but returned home because her parents were ill. They should have been her brothers' responsibility, but Aunt Zhen brought them to her home in her husband's village to care for them. Her mother died in 2003. Her father was still living with her when I left in September 2005, fully conscious but unable to speak or move, and thus needing full time care. She and her husband were amongst the poorest families in the village. Their son was working in Tibet but did not send any money home, her husband could not find a job, and routinely spent whatever money they had on card games and drinking. Villagers also thought he had a number of affairs with women in Jiangnan town. Although both of them had *wenhua* they seemed to lack the ability to earn money, and by extension to lack *benshi.*

Aunt Zhen was often branded by villagers as something of a character, and as 'mad' (*fengzi* 疯子) because she sometimes danced in her courtyard, sang out loud and talked nonsense (*luan shuo* 乱 说). They did not blame her for her outbursts but rather blamed her husband. As her neighbour and nephew's wife Hongmei put it, "she's usually fine, but she goes mad (*fa feng* 发疯) because of repressed *qi* (*ou qi* 怄气). It's because her husband doesn't care about the family, they're very poor. Her husband has no skills (*mei benshi* 没本事), he can't earn money, he only spends it. One New Year he finished all their money and food and she got angry and started talking nonsense, that was the first time" (05/07/05). As their case shows, being high school graduates did not necessarily endow a person with *benshi. Benshi* requires a person to apply him or herself to a task in order for it to be activated. Although it

does not necessarily connote the ability to earn money, it is often associated with it in the village.

Another case may clarify this point further. Zhang Yuhua, a woman in her late fifties, had a thirty-three year old son. She was from a village across the hills from brigade eight, and married uncle Guo in the early seventies. Until recently, their family had been relatively well-off. Her husband had managed to earn some money during the Cultural Revolution by secretly selling cotton, since at that time it was illegal to engage in any activity which would earn money for individual families. In the early 90s her only son, little Guo, married, had a son, and left to work in Guangdong. Five years later, little Guo and his wife divorced. Their son was assigned to his father, and Aunt Zhang continued to care for him. When I moved to brigade eight in June 2004 her son and his second wife were working in a Guangdong factory making sofas for less than 1000 yuan a month each. They returned to the village in October 2004. During fieldwork, I repeatedly observed aunt Zhang working very long days. While her husband worked on and off as a builder in the town, she raised roughly ten chickens, four geese and four pigs, and often did not pause for lunch until 4 p.m., but stressed that these activities earned little if any money, and required hard work. She explained "I have no skills (*mei benshi* 没本事), so I have to work hard as a farmer" (28/10/2004). She insisted that someone with *benshi*, by contrast, could earn money without such physical strain.

These examples begin to highlight that perceptions of what constitutes *you jin* and *you benshi* are historically made, and to show why farming is not associated with *benshi*. At the same time, the case of Aunt Zhang's son shows that those who leave the countryside in search of work do not always have the *benshi* necessary for finding a well paid but bearable occupation. Many in fact are unable to save any money through migrant work because living

costs in cities are higher and wages low. Yet, because of lack of experience, those like Aunt Zhang's son also lack the skills to work as farmers and are therefore not in a position to make a living out of agriculture. Indeed, the new generation makes it conspicuous that farming requires qualities which are by no means natural. As we have seen above for the young pregnant woman and the young man seeking a job (p. 79-80), those in their forties and older constantly complain that young people cannot carry out any farming activities, that their bodies are not equipped for such work, either because they have never done any, because they are not willing to, or because they are too thin. Many young women in their twenties and thirties who returned to the village for New Year, showed off their long manicured nails and high heeled shoes, indicating clearly that they were not inclined to (and that they should not be required to) carry out farming activities (see also Beynon, 2004; Murphy, 2002).

Habitus is produced by one's engagement with his or her surroundings. As such therefore, those who have worked as farmers throughout their lives have a farming *habitus,* which produces the skills of farming as central to their lives. As we have seen, this engendered a predisposition to *you jin,* bodies in which energy – both physical and spiritual – was of foremost importance. This did not mean that farmers perceived themselves as unskilled, but rather *you jin* was more important than other qualities. When living conditions undergo momentous change such as that triggered by market reforms, *habitus* produced by past conditions may create a sense of having become unsuited to one's environment.

Largely, this is the experience of farmers encountering a changing market economy. The importance of their abilities as farmers, developed at a time of stronger reliance on subsistence agriculture, is diminished with the rise of wage labour. Their bodily dispositions towards 'energy' engendered by living conditions of scarcity and by the collective spirit of Maoism have become devalued in favour of skills as wage earners. The skills and physical

difficulties entailed by farm work bear less rewards as they are eroded by the rise of the market. Aunt Zhang's example shows that although she was a skilled farmer, she did not perceive herself as having *benshi,* which in the context of the current political economy is associated with the ability to earn money, migrate and find a paid occupation. Another local woman explained the need for migrant work as follows "if they [her sons] don't go and find a job there is no money for school, for tax, for anything. What else can they do? We sit here, I look at you, you look at me, and there's no money. They have to go" (01/07/05). Migration, as it becomes clear, is perceived to be necessary, but it is also regarded with ambivalence.

As I mentioned briefly at the start of this chapter, for some migration offers an opportunity to have more freedom and independence and upon their return they complained about not being accustomed (*bu xiguan* 不习惯) to living conditions in the village (see Murphy, 2002: 211-2). 38 year old Little Zhang protested "being at home is boring, the house is dirty, washing (conditions) and shopping are not convenient" (21/01/05). Of course, claims to being more accustomed to life in the city do not simply reflect the attitudes of those who articulate them, but are also central to their performance of identity. Young migrants complaining of dirty homes back in the village, for instance, are also making a statement about themselves, and their aspirations to an urban life.

Yet, if some returned migrants, like Little Zhang, were *bu xiguan* on returning home, others were unaccustomed to living conditions as migrants, and welcomed the opportunity to return home. 32 year old Little Liu recalled her experience of migration as being "unaccustomed to everything: the food did not taste good, I could not understand what they said, the housing was poor, I worked everyday no matter rain or shine" (25/07/04). She told me that life is much more comfortable in the village, where she can rely on networks of support amongst family and friends. Those older who occasionally join their children in the cities where they

work are unaccustomed to it too. 51 year old Aunt Xie recalled living with her son in Kunming for 2 years: "water and soil did not mix (*shuitu bu he* 水土不合 expressing a general experience of being unfit to one's new location, which often results in diarrhoea), I did not understand the language, vegetables bought in the market do not taste as good as those we farm, living in a high rise block is not convenient and not fun: once you close the door you don't even know your own neighbours" (20/08/05). These accounts begin to highlight a certain ambivalence to migration, and by extension to the political economy which requires it.

Firstly, Aunt Xie's claim that the food grown by one's own family tastes better than the food one buys in the market shows that farmers are proud of the fresh and clean food they produce for their own consumption (see also chapter 5). Secondly, both Aunt Xie and Little Liu stressed that migration deprives them of the sense of community fostered through life in the village and which in turn provides locals with networks of support in times of need. Thirdly, many noted that laid-off workers are the worst off in society, because "at least farmers have food from the land" (repeated quote). This comment reflects the perception of land as a guarantee of basic security and, conversely, the perception that the market cannot be trusted as a long term provider of subsistence, let alone lucrative income. In other words, although agriculture is not seen to offer much in terms of financial profit, it still provides a level of security in case of loss of earnings. Indeed, as the case of Aunt Zhang and her family highlights, it was her and her husband's ability as farmers (and grandparents) that provided for their family when her son failed to find paid work. Young migrant workers like Little Guo are often not in a position to make substantial financial contributions to their parents and children back in the village, and in some cases are unwilling to do so. In families without wage earners, or where wage earning contributions are minimal, farming still presents the only source of livelihood. Most crucially, it is farming that enables young villagers to leave

the village in the first place, because it provides their parents with sufficient resources to care for themselves and their grandchildren. As becomes clear, market economy has shaped the way in which farming is perceived, but wage labour has not made farming dispensable. This begins to point to the contradictions and challenges of understanding the reform period not as simply opposed to its Maoist past.

Bodies, *habitus* and ideology

Many of the examples above illustrate that the transition to market economy was not one from an organic state of being characteristic of rural society to modern alienation. I have shown that the time predating the economic reforms was one of scarcity and hardship. The recurrent claim amongst villagers that "pigs now eat better than we did", might suggest that the present is held to be an adequate antidote for the past. Yet, the equally frequent complaint that "at least back then we were all poor" indicates that the transition to a wage economy was not welcomed unreservedly. The challenges it poses are clear for all to see, as the younger generation engages in often poorly paid wage labour whose gains are mostly invested to face costs – such as tax, school fees, healthcare expenses – which used to be minimal. Both past and present are seen to carry some shortfalls: for the Maoist past, hard physical labour and food shortage; for the reform period, the pressure of market economy to earn money through wage labour while still needing to partly rely on agriculture.

The transition between the Maoist and the reform period has been at the centre of most recent ethnographies of rural China.[4] Many have noted that reforms are a mixed blessing, bringing decay in public morality (Chan et al 1992: 281-2; Yan, 2003: 16), a sense of loss because of the perished dream of collective good (Croll, 1994: 222), and rise in crime,

[4] For an extensive review of the field see Harrell (2001).

inequality, inflation and corruption (Gao, 1999: 179-81; Ku, 2003: xvii-xviii; Leonard, 1994: 153-5). Scholars have emphasised that perceptions of the past are however not objective reconstructions of historical experience, but rather reflections on how the past may be contrasted with the present. Often, the Maoist period is nostalgically presented as an antithesis to the present, serving as a moral commentary on the corruption of the present society (Ku, 2003). In this light, studies should be concerned with unpacking the motivations for stressing the differences between past and present, examining on what grounds those differences are perceived to be based, and what subjectivities and bodily dispositions they produce.

A. Anagnost's study (1997) is exemplary in this respect. Anagnost shows how different forms of political ideology (such as writing, speech, and 'past times') configure a particular type of 'peasant subject'. For instance, the revolutionary practice of 'speaking bitterness (*suku* 诉苦)', by which impoverished individuals were taught to publicly describe their suffering in terms of the revolutionary categories of class and exploitation, produced a specific attitude to the past, the present and the future amongst the peasant masses. For Anagnost, this is one example of how interests in the past originate out of the concerns of the present. In a similar vein, J. Farquhar's recent monograph (2002) examines how embodiment is produced ideologically. The shift from the Maoist ideal of "serving the people" to the reformist emphasis that "to get rich is glorious" produced particular forms of embodiment, she argues. Whereas the Maoist worker was ideologically constructed as expecting the gratification of seeing conditions slowly improve for the poor, the reform era worker is concerned only with his or her own interests (Farquhar, 2002: 276). My analysis of current understandings of *you benshi* and *you jin* may be understood in a similar light. Indeed, perceptions of the present as requiring skills *benshi* but lacking in spiritual and physical energy *you jin* is tied up with the reformist emphasis on making money and both reflects and

produces a sense of ambivalence towards the reforms. Ideology, in other words, is inseparable from the ways in which bodies are experienced and the qualities deemed desirable of them.

Yet, as Farquhar points out, although differences between the Maoist and the reform period may be highlighted over continuities, transformations occurred gradually, and the hegemony of Maoism still affects embodied habits (ibid.: 10-11). "The asceticism of the Maoist period, and its attendant politics of political talk, mutual surveillance, and neighbourly support-cum-criticism did not suddenly disappear when Deng Xiaoping announced China's "opening" (*kaifang*) to the capitalist world in the late 1970s" (ibid.: 15). As praise for competition and entrepreneurship became increasingly common, many writers and commentators whose work Farquhar reviews in the course of her study, began to recall the Maoist collectivist ethics, long for lost altruism, and deplore the selfishness of the present. She explains that this is a new way of remembering the past, finding virtues where until recently only error and excess were highlighted. Far from providing an objective representation of the past, it presents a way of reconstituting the past to critique the present.

Indeed, the postulated altruism of the past was by no means all pervasive. That the past should be regarded as altruistic is less telling of the actual conditions at that time than it is of the perceived lack of morality in the present. One brief example may serve to elucidate this. During fieldwork, I often discussed with locals which families may be in particular financial difficulty and would benefit from some assistance. The village head suggested that the 5 local '*wubaohu* 五保户', literally, 'the five guarantees household', that is, those who had not married and had no family to care for them, would be those in most obvious need of help. According to the village head, these people were given enough grains for subsistence by their unit (*dui* 对) and 100 yuan per month. One of them, a 70 year old lady who lived in unit

3, was however adamant that she received no grains, and only 50 yuan per month, barely enough to survive. As many of the other relatively poor families, she lived in a house built of bamboo and mud, with a mud floor. Her house however was the only one in the village which still had a thatched roof. This was noted by many of the locals to be a sign of abject poverty. Yet, when I discussed her condition with my neighbours, they insisted that she should not receive any help because she was "lazy" during her youth (during collectivism) and just lived off the work of others. This narrative was also reproduced by those who were clearly too young to have witnessed her behaviour. Of course, she dismissed these claims. When I pointed out that she was now almost completely blind and not in good enough health to work, I was told that she should just live on the money she is given.

In some respects her case is a classic critique of collectivism following the reformist rhetoric that in a collective there is no real incentive to work, and that the produce of hard work by some is redistributed to others who are less active. It seemed clear however that locals already despised her during collective times and that, by extension, ambivalence towards altruistic collective labour had currency in the past as well as in the present. On the one hand, this points to some continuities between past and present, and demands an analysis which may undermine constructions of the Mao period and the reform period as clear cut and opposed to each other. On the other, it shows that the past may be remembered in different ways depending on the challenges of the present. *Habitus* offers a productive concept to understand these processes because it is at once the product of past living conditions, but also of its interaction with the present environment, resulting, in this case, in reconstituting the past as a time when some could reap rewards without the hard work.

I propose that the concept of *habitus* and the contending embodied predispositions to *you jin* and *you benshi* may offer tools to understand the complexities and continuities as well as the

contradictions between past, present and future, and how these are lived. Focusing on bodily dispositions conveys more firmly how these past and present conditions are experienced, that feeling 'unaccustomed' to one's environment is a very bodily experience of discomfort while it is also engendered by and it encapsulates ideological statements. Most crucially, it shows that farming remains valued, and that, accordingly, contrasting and competing hierarchies of value co-exist. These hierarchies are embodied in attitudes to what is a desirable body for work; they produce, while they are themselves the products of, competing ideologies and political economies, collectivism and market, communism and neoliberalism. The uneasiness expressed by those older who have spent some time living with their children in an urban environment, and their preference for a life as subsistence farmers, is a clear example that the rise of wage economy has not supplanted alternative attitudes to life and work. Rather, farmers have alternative perspectives and strategies to value their own work, and farming remains central to their survival. Although deprivation is part of the daily experience of life for the farmers I talked to and lived with, they also highlighted the positive aspects of what their life brought – especially the ability to rely on their own food and the support of their local networks in time of need. At the same time, they are acutely aware of the contradictory demands of the current socio-political and economic context.

Past, present and future intersect in the *habitus*, they interpenetrate one another so that the past remains sedimented in bodily attitudes, in the historically moulded socialised body. In other words, the physical qualities historically required have become embodied, and negotiated within the social context in which individuals interact. These dispositions are in turn the conditions for generating the forms through which they realise themselves. But these attitudes are not reproduced seamlessly; they are at the centre of contestations surrounding bodily qualities, and the political economy and morality which they embody. Efforts for building socialism have been partly substituted with a capitalist future, but not fully. These

two forms of ideology (and the bodies that they produce and are produced by) judge each other and are not simplistically confined to separate generations. Post-socialist *habitus* is not only about modernisation and capitalism, it is also judged vis-à-vis *you jin* of the past, and still resting on farming skills, while also requiring and fostering new ones.

I concluded chapter 1 with the observation that different experiences fostered different attitudes to eating, but that these different attitudes co-existed and interacted. In this chapter I have proposed a similar analysis of attitudes to farming and wage labour. Although the prospect of a wage earning job has diminished the value of agriculture, it has by no means replaced it. The older generations continue farming to support their migrant children and young grandchildren, but need to rely on the income provided by migrant workers to face the rising living costs. If farming and wage labour are interdependent, the transition towards a wage economy may not spell the end of other economic structures, as Bourdieu (2000) seems to suggest. Rather than becoming engaged in an inevitable clash, farming and wage labour, and the *habitus* that each fosters, adapt to the constantly changing environment. While young and old alike live in the shared reality of market economy, the way in which they relate to their environment depends on their *habitus.* Accordingly, different types of *habitus* co-exist, because while *habitus* adapts to new conditions, it may also retain some of the character it acquired in the past. Perceptions of both energy '*you jin*' and skills '*you benshi*' are the result of a progression of linked historical circumstances. These qualities of the body are not neatly contained within historical periods, but rather engendered by them, and gradually changing in response to social change.

CHAPTER THREE: Diet and distinction

Eating is more than simply aimed at physical well-being. It is also a central trope for articulating social identities, a way through which local families endeavoured to 'distinguish' themselves from others, in Pierre Bourdieu's sense of distinction (1984). Here, I begin by outlining the centrality of commensality for making and breaking social relations. Focusing on diet in my host family and on local discourses about them, I will show how discourses and practices surrounding eating were a locus of social distinction in both upward and downward directions. Meat and milk emerge as particularly powerful pivotal elements in local negotiations of status, but their value was by no means given.

As my research unfolded, it became clear that income was not a straightforward determinant of food consumption. Choices with regard to food also depended on hierarchies of values which varied for every family. These hierarchies were related to income differences, but income differences could affect eating habits even after families had enough resources to purchase better food. For some, 'eating well' (*chi hao* 吃好) was a priority; for others, like the family I lived with, 'eating well' was a waste of money. This partly depended on the age composition of the family (see chapter 1), but again not necessarily. Eating 'good food' emerged as a practice aimed at caring for oneself and one's family. In this context, Bourdieu's insights on taste prove valid for my own data, although some differences need to be highlighted. Most importantly, the definition of what constitutes eating well is itself under scrutiny, and the focus of much debate and negotiation, which is not only and strictly about eating, but also about identity and status. This analysis should highlight the ways in which eating practices and discourses may be understood as sites of negotiation around locals' sense of self and its constantly changing boundaries.

'Ripe people' and commensality

In the village, commensality was invested with paramount importance as a practice through which social groups, connections and familiarity were shaped.[1] Eating practices ought to be regarded as part of a web of practices through which social identities and relations are made and maintained in a fluid manner. The greeting 'have you eaten' offered opportunities to materialise a level of kindness and familiarity with neighbours and acquaintances. The greeting itself expressed a concern for others' basic needs and displayed a willingness to fulfil them. Learning how to answer this question was thus crucial to negotiating relationships with villagers. During fieldwork I learnt by observing villagers that replying 'I have not eaten' put the questioner under the moral obligation to feed the interlocutor. Villagers usually replied 'yes I have', or alternatively qualified a negative answer with 'but I'm going home to eat right now'. If the question was directed to a villager in the late afternoon, the typical reply was 'yes I have had lunch', because claiming to not have eaten (dinner) would spur the host to invite one to stay for a meal.

Upon arriving at a local's home, guests would be offered some peanuts or fruit, or at least tea or a top up of hot water to the guest's personal portable cup. Whenever I spent over two hours with a local family, no matter the time of day and my claims to having eaten, hosts still insistently offered to prepare some noodles, as a sign of hospitality. I observed them behave like this towards each other, which convinced me it was common practice amongst them. If I refused to stay for a meal I was reproached for not being easy-going (*suibian* 随便), and routinely lectured that "if you want to be like us, you should stop being too polite (*bu yao tai keqi le* 不要太客气了), we don't like that, it's not friendly and if you keep being polite like

[1] For a seminal study of commensality see W. Robertson-Smith (1894). Recent examples from China include Kipnis (1997); Stafford (2000); and Yang (1994), and will be examined below.

that, you'll never eat your fill (*bu de chibao* 不得吃饱)" (repeated statement).

Offering and accepting snacks, water or a meal was a crucial way in which relationships were created and maintained. The ultimate step towards familiarity in my relationship with a local family was marked by being allowed to enter the family kitchen and help with cooking. A degree of intimacy was both presupposed and fostered by sharing the cooking space. Much more than villagers' bedrooms, which sometimes also served as living rooms in which to entertain guests, kitchens were strictly reserved to family members. A stranger entering the kitchen would probably cause embarrassment, and guests would be quickly accompanied to a more socially appropriate space. A few days after I had moved to the village in June 2004, my host family held a banquet in memory of a deceased relative. When I insisted in helping the family serve dishes, other relatives told me to "sit down and be a guest". A couple of weeks later, the landlady, by then my 'older sister', gratefully accepted my help with cooking, which both shows that a close relationship had been developed which allowed me to enter the kitchen and also consolidated such a relationship further.

Indeed, being allowed to enter the kitchen and help with culinary tasks was a transition moment, a sort of rite of passage from 'guest' or 'outsider' to being one of the 'family'. I developed this closeness with roughly twenty local families. Being allowed to sit behind the cooking pot and keep the fire going initially entailed a lot of fussing on both parts, but was also gratifying for both me and the hosts, a moment in which the category 'outsider' was overcome. It may be said that 'the family' was defined by those who eat together (see Carsten, 1997). Conversely, inclusion or exclusion constantly negotiated the boundaries of family relationships. In other words, feasts are essential to the reproduction of social relations such as kinship, social networks, and power relations (Caplan 1992: 11).

Special occasions are key times at which familiarity is established, rejected or refashioned. The most important of these was no doubt the celebration of Chinese New Year. New Year was in many ways an eating and toasting marathon (see chapter 1). Traditionally, New Year's Day is spent in one's own home, the second day of the New Year is devoted (for women and their partners) to returning to the wife's natal village and the following week is a rather disorderly and often tiring series of family obligations. In the 2004-2005 celebrations I attended, these traditions were adhered to. The village became populated with visiting relatives and friends and in turn villagers would pay their visits, making the village composition extremely erratic; fluctuating between relatively empty and rather overpopulated. The key complaint for locals was that New Year was no longer the chaotic good fun (*renao* 热闹) it used to be, because since the 1980s families were only allowed one child, and were therefore much smaller. My own banqueting behaviour at New Year considerably reinforced my relationship with my host family and with other villagers by extension. By turning down persistent invitations from the city mayor in order to spend the festivity with my host family, I honoured the family, or as they put it, "gave them face", because it made them seem higher in my priorities than the city mayor himself.

Commensality thus appears to be intimately linked with the establishment of social relationships. J. Watson (1987) argued that banqueting is a locus for blurring class differences. Along similar lines, M. Yang (1994) showed that banquets are central to the establishment of social relations. In eating, the distinction between self and other is blurred through the symbolism of incorporating the other into the self. Those lower in status invite those of higher status so that by consuming food, guests may become dependent on the host. She highlights that the terminology for familiar person is itself a culinary metaphor: *shuren*, literally ripe person, is familiar, as opposed to *shengren*, a raw person, i.e. a stranger (ibid.: 40). Phrases often used at banquets to encourage guests to eat were 'don't be polite' (*bie keqi*

别客气), 'we are all one family' (*dou shi yi jia ren* 都是一家人), 'we are all 'ripe' [i.e. close friends]' (*dou shi shuren* 都是熟人), 'there are no outsiders' (*meiyou wairen* 没有外人), 'feel at ease' (*suibian dianr* 随便点儿). Many of these phrases contain open declarations of familiarity and closeness, and point to an underlying connectedness shared by the banqueters which was in turn reinforced by sharing a meal. The expression 'we are all ripe' in particular, as already noted by Yang, fused the idea of friendship and commensality in the idiom of 'ripeness'. Commensality in other words both required and fostered familiarity. At the same time, these expressions may have very different meanings depending on whom they are directed towards – implying either closeness or politeness towards outsiders (see Stafford, 2000: 104-5).

The banqueting behaviour I observed amongst villagers was emblematic of the overcoming of politeness and the production of closeness. Villagers sharing a meal struggled physically to put the best food in each other's bowl especially in the case of children and elderly people. This materialised emotional attachment, respect and care for others and reinforced relationships. The only legitimate and effective way to refuse was to physically push away food, drinks and cigarettes. Words of persuasion along the lines of 'I don't drink', 'I can't have any more food' or simply 'I don't want it' were interpreted as polite gestures, on the same level of 'thank you', aimed at maintaining distance but not genuine refusals.

The idiom of eating and banqueting was also central to villagers' perception of corruption. A recurrent complaint amongst villagers was that "officials just eat all the money". This claim expressed a sense of injustice caused by the feeling that money they were required to give to pay for the village road, for instance, or for agricultural tax would be invested by officials for their own work of producing and maintaining relationships with other officials and businessmen. Party crackdowns on corrupted officials often focused on banquets (see

Anderson, 1988: 245; Smil, 2004: 108), but given the centrality of banqueting for maintaining good relationships with other officials, it is unlikely that this behaviour would change considerably.

A. Kipnis' (1997) research in a Shandong village examines the role of banquets and negotiations which these entail (for instance about seating, see Kipnis, 1997: 39-57) in the production of relationships or connections (*guanxi* 关系) and emotion (*ganqing* 感情). Subjectivities, he argues, are constituted through "everyday techniques of *guanxi* production" like gift giving, emotional interactions and rituals such as 'kowtowing', weddings and funerals (ibid.: 25). Kipnis draws on P. Bourdieu (1990) and M. DeCerteau (1984) to study *guanxi* as everyday practices and thus socially and historically situated, constantly produced, reproduced and modified (1997: 38, 184-5). Kipnis' focus on everyday practices and their role in producing identities and social relationships grounds research in daily activities, on "the self that is made as it makes" (ibid.: 9). By doing so, the political implications of establishing and maintaining *guanxi* are not underestimated but at the same time they do not overshadow the recognition that emotions are also a crucial part of *guanxi* production. As such, connectedness is not an abstract ideal but it is continuously reconstituted through daily practices which are often imbued with emotional significance.

Kipnis argues that gender segregation at banquets was a "matter of "tradition" and convenience rather than *mianzi* [face]" (ibid.: 44). Similarly, I found that gender segregation in banquets was due partly to the fact that women cooked and would therefore join the party later, but mostly to the different drinking patterns: white liquor for men and coke or peanut milk for women and children (see Kipnis, 1997: 53). At the same time, it cannot be denied that these practices originated in gender segregation and work to reproduce it by facilitating same-gender bonds and hindering relations across gender lines (see also Bray, 1997: 131). If,

as Kipnis would have it, daily practices are the means through which social relations are produced, gender segregation during banquets produces gender segregation more widely and has implications which stretch far beyond simple convenience in toasting routines.

In the village, toasts were mostly random, but always started by the host. In more formal occasions, such as banquets with officials, the host would start by toasting the most honoured guest, and then by proceeding through guests in a clockwise order, starting from the guest to his or her right. When he or she had toasted all guests, the guest to his or her right would follow suit and so forth until every diner had toasted and been offered a toast by all others. Toasts would typically require to '*ganbei* 干杯', empty one's glass. Not emptying one's glass would be considered a sign of lack of politeness and manners (*meiyou limao* 没有礼貌), nearly as bad as not reciprocating one's toast by in turn toasting others. In some cases, the most respected guests, or best friends, toasted each other to drink three or six glasses, in which case reciprocity required to return the toast in equal numbers. Mutual toasting was so important that two of a team of eight sociologists from Sichuan University who accompanied me during the first week of fieldwork, were specifically selected by the research leader not for their research abilities, but purely for their ability to drink alcohol and thus toast officials adequately. Indeed, toasting was central to their work, because, as Kipnis argues, it "materialised respect, while drinking deconstructed the boundaries that distinguished guests from hosts, allowing *ganqing* [feelings] to flow" (1997: 53).

Locals in the village and the city alike boasted Langzhong had a particularly fierce drinking culture. Whether or not this is objectively true, their self-perception as heavy drinkers is in itself significant. Drinking culture in Langzhong was however so notorious that a few friends from the nearby city of Nanchong refused to ever visit Langzhong for fear of being toasted beyond repair. My peculiar status (and perceived stronger body) however earned me a place

amongst the men, and thus required me to drink white liquor with them. Whereas villagers understood when I could no longer *ganbei* white liquor, all but a few of the officials and doctors who invited me to banquets in the city ever accepted that I could only drink up to a certain amount. Even explaining that I had just been hospitalised or that I was taking antibiotics was no excuse. My drinking companions would reply that they drank even when they were sick, and one of them claimed "toasting friends is more important than health" (30/03/05). I witnessed many a scene of people nearly collapsing and still toasting other diners. Most significantly, two of the doctors in my circle of acquaintances fell ill with stomach and liver problems. They avoided any meal or evening at the karaoke bar for over a month, simply because they knew that if they joined a banquet they would be obliged to drink, despite other diners knowing that they had been seriously ill.[2]

Whether one was or was not in a position to refuse a toast, or to only drink a little, was a key indication of the relationship between the parties involved. It was also central to the future of that relationship. Refusing a toast was only ever possible (that is, not too great an offence) if one was very visibly inebriated and only amongst the best of friends or those with negligible relationships. The closest and furthest could refuse a toast, respectively because the relationship would not be undermined or because no real relationship existed. But those with whom *guanxi* was at a liminal stage (close enough to be offended but not enough to accept a refusal) and required to be consolidated could not be turned down. Banquets with city officials were thus the trickiest. I found myself amongst diverse collections of cadres whose precise role often eluded me. The lack of a shared domain for conversation often made these encounters dull at best, nerve-wrecking at worst; I remained relatively tense and wished there was a suitable excuse to refuse their toasts. As I noted with regard to food (p. 99), such encounters required displays of closeness which, however paradoxically, showed the

[2] This pressure to drink despite sickness was also noted by C. Stafford at New Year (2000: 50) and in other banqueting occasions (ibid. 104).

precariousness of the relationship.

The 'stingy' host family and distinction

Eating practices were central to families' perception of themselves and to how they were perceived by others. My host family ranked as one of average wealth in the village. Their eating practices were however well below average, and known to be so. I formed a sense that my host family did not value eating meat or investing in food from my very first day in the village. Arguments between the landlady, Dajie, and the young woman assigned by Sichuan University to assist me for two months took place every day. Local officials also periodically tried to move me to a richer family and argued that Dajie was terrible to me because she constantly complained about having to feed me and my assistant meat every day.

Dajie argued that demanding meat everyday, as my assistant did, was unreasonably expensive for the amount of money agreed. A monthly amount of 500 yuan per person was agreed upon my first visit by Dajie and her husband, myself, my assistant, the village head and the head of the township. This would include rent of my room, bills, and food. For as long as my assistant stayed, it would amount to 1000 yuan. As a matter of principle, my assistant and I decided not to go back on our agreement, despite Dajie's dissatisfaction. After my assistant from Sichuan university left (18/08/04), Dajie made it very clear to me that with only five-hundred yuan a month I could not eat meat every day. I was not at all bothered by this, and in fact much keener to be perceived as an easily pleased diner, so I would have a chance to gain insights into what village diet was really like. Dajie and I therefore agreed that I would eat whatever they usually ate. Having got to know her, I knew she would take this literally. As she grew accustomed and attached to me, she occasionally prepared some special treats, like meat dumplings once a month. The rest of the time I ate what villagers

normally eat. Locals often remarked about it in our informal chats, and my reputation as someone who eats "anything that we eat" worked in my favour and enabled me to observe the locals' daily diet. This however took months of persistent effort, and eventually took its toll, leaving me clinically very anaemic upon return from the field. Local diet may have played a role in this. Usually, I had at most 100 g. of lean meat (pork) per week, and at most the same amount of soybean curd (*doufu*); beans were a minor part of local diet as were eggs. The host family did not grow spinach because they did not like its bitter taste, and few other locals did. Water pollution by nitrogen fertilisers may also have contributed to this.[3]

During my stay, eating routines at Dajie's remained a matter of great debate in the village and beyond. At first, and in some cases throughout, Dajie was heavily critiqued by locals for being 'stingy' (*xiaoqi* 小气), money oriented (*xiang qian* 想钱) and feeding me simple (*jianpu* 简朴) food. Villagers also often used a Sichuanese expression to describe her attitude: *jigu* (叽咕). In standard Mandarin, *jigu* means to whisper, but in Sichuanese its meaning is closer to *baoyuan* (抱怨), that is to grumble or complain; it can also mean stingy, the correspondent of *linse* (吝啬) in standard Chinese. Of course, all involved had different stakes in the negotiation and discourses of local diet. There was however a widespread sense in which my sharing food with locals would be the most immediate way for me to form an impression of them, through which our diversities would be articulated, and either overcome or made more obvious. Locals brought different attitudes to their discussion on how I was fed by my host family and on local diet by extension. The key emerging elements were envy, shame and 'distinction'. I present a few examples to examine how these were interconnected and to show that Dajie's attitude was the result of cultural attitudes to meat (and milk) and of

[3] When nitrite enters the bloodstream, it reacts with the hemoglobin and forms a compound called methemoglobin. This compound reduces the blood's capacity to carry oxygen. The oxygen level decreases, and babies show signs of a disease called methemoglobinemia also known as "blue baby disease". For individuals who suffer from anaemia, cardiac failure or pulmonary disease, the symptoms of hypoxia may appear at lower percentage levels of methaemoglobin. I discuss water pollution in chapter 5.

her *habitus.*

One of the most outspoken advocates of the view that my payment to Dajie was extortionately high was Fu Jing, the second assistant I was assigned by the local police when the first assistant left (18/08/04). She was a twenty-six year old laid off worker from Langzhong city. Fu Jing explained incessantly to me and to others in the village that the yearly rent of a two bedroom flat in the city was 3000 yuan, and that pork (eating other kinds of meat is rare in the village) only costs 7 yuan per 500 grams. Therefore, she argued, Dajie was absolutely unreasonable. Fu Jing despised my host family and more or less anyone in the village, she never spoke to locals, and when she did, it was to attack them or correct their claims. She was in turn fiercely disliked by villagers at large, who continued to tell me how inappropriate her behaviour was until well after she had left. It was obvious to both Fu Jing and I that working together was not productive, so our collaboration only lasted a month. After that, I managed to convince local officials that I had established a good relationship with villagers in the previous three months and therefore I could work alone for the remaining year.

Fu Jing's attitude seemed to articulate a sense of superiority to villagers. It also expressed a perceived loss of face for Langzhong people as a whole due to one of the locals treating a guest poorly. The most pervasive feeling in the village however was one of more or less openly articulated envy. Locals questioned me directly as to why I had not moved into their house, and accused Dajie of not behaving appropriately. This escalated considerably after my first assistant left and the rumour spread that I would eat whatever Dajie cooked. One of her neighbours, a woman in her forties, complained that Dajie was one of two women in unit two who only cooked 'basic food'. She added "I eat alone every day [her husband was a migrant labourer in Guangdong, and her only daughter had married]. So I eat steamed rice twice a

day, and buy meat". Another lady in her forties was shocked and outraged to hear I was not fed meat every day. "500 yuan is a lot of money, and that ... that woman is not even feeding you meat every day?! That is wrong, you should move" (23/08/04).

Some families became rather vicious indeed. Aunt Gao, a woman in her early fifties from unit 3, repeatedly tried to convince me to live with her daughter Chunyan, in the neighbouring village. I visited Chunyan's family roughly twice a month starting in mid November 2004, we became good friends, and I became her son's adoptive mother upon my first visit. Whenever I visited, I would undergo a rather depressing anti-Dajie campaign. Aunt Gao argued "she's outrageous, you're such a nice person, and she's only feeding you basic food. You should live with my daughter, you only pay three hundred yuan a month, and you'll eat well" (24/11/04). Even when my mother came to visit me for a week in October, Dajie prepared some meat and *doufu* for us only on two occasions. Aunt Gao did not waste the opportunity to wage a critique. "Your mum came to visit and she didn't even buy her a present. It's providence (*yuanfen* 缘分) that your mum came, Dajie should have given her something special" (ibid.). Aunt Gao, Chunyan, and her in-laws exchanged knowing looks about the unfairness of Dajie's behaviour. When I visited, they made sure they would buy meat and *doufu*, and cook at least three dishes. Yet, when I stayed at their house for two or three consecutive days (which happened three times in my fieldwork) it became obvious that their diet was not so radically different from Dajie's. They too ate steamed rice and stir fried dishes only once a day. The other two meals would be rice porridge and noodles respectively.

It is telling then that their attitudes to Dajie's behaviour and to her cooking did not comply with their own practices. They endeavoured to distinguish themselves from Dajie, but in fact their diets were very similar. Turning to Dajie's and Chunyan's family situation offers some clues to these apparent divergences. Dajie was thirty-six, worked as a farmer, and the only

financial income for the family was her husband's. He worked in the neighbouring city as a carpenter and earned at most eight hundred yuan per month. They lived in a brick built house adjacent to that of her in-laws, but had divided their family unit from that of her in-laws (as is most often the case). [4] She often complained (in my observations rightly) that her in-laws were lazy and uncollaborative. In June 2005 she told me:

"You know what my mother-in-law is like, she could never have looked after Lida [her daughter]. Lida can't even sleep with her or her granddad, she complains he stinks of tobacco... and she can't cook, her food is terrible, I mean, you tried it didn't you?! I'm so unfortunate. Xueqin's and Xiaomei's mothers [her immediate neighbours who married the same year and also had a daughter each] have been away working for years and the grandmothers look after their children. They [the mothers] complain that they have to work hard, and that their mothers-in-law cannot care for the children properly. But they can, you've seen it, the children are fine. My mother-in-law? She couldn't do that, so I could never go away as a migrant and earn money, so our family is not so well off. She used to be really bad to me. Once my husband and my daughter were at a village meeting until after nine pm. She had cooked some pork rib and *nangua* 南瓜(cucurbita maschata) soup. But she waited to bring it up here until they were back because she said she didn't want me to eat it all. As if I would have done that! So when she came I just left the kitchen, my husband went into a rage and didn't eat any either. Then I confronted her, I asked 'why are you so good to him and not to me?'. You know what she said?! 'He's my son, you're not my daughter!'. Imagine that. So I figured, they [in-laws] have their family, I have mine, I don't ask for any help... She's a lot better now, but she still doesn't really help with farm work. Take the wheat harvest. I asked a couple of times and she said she was busy, so I just did it myself. She

[4] Valuable recent rural ethnographies discussing the family and kinship in China include Ku (2003), Liu (2000), Stafford (1995, 2000), Yan (2003), Zhang (2002).

doesn't help me, so I don't have to help her. I always say 'if you're good to me, I'm good to you; if you're bad to me I'll be bad to you', it's simple" (20/06/05).

Clearly, Dajie felt unfortunate because her in-laws were incapable of caring for her daughter, so the family had to rely only on her husband's income and on her farm work. The implications for gender and family relations of Dajie's mother-in-law's attitude are acute, and would merit a study of its own.[5] Here I shall only observe that Dajie's example indicates the extent to which women are made to feel as outsiders in the family in which they have married, especially by their mother-in-law. Dajie's mother-in-law's refusal to leave her soup with Dajie implied not only that she did not want to offer her food, but also that she thought Dajie selfish and greedy, unable to properly care for her husband, and to put his welfare above (or at least on a level with) hers. M. Wolf (1972) cogently defined this process as the creation of the uterine family, by attempting to retain the first loyalty of their young sons for themselves and later prevent their daughters-in-law from intervening with this loyalty. Scholars have argued that the ability to migrate since the reforms has worked to empower women by allowing them to evade day-to-day dominance, and to earn money (Judd, 1994: 248). Yet, as we have seen for Dajie's case, their ability to migrate typically depends on the collaboration of the older generation, which empowers mothers-in-law over daughters-in-law. At the same time, the importance of enduring links with one's natal family should not be underestimated. Women often cared for their own parents, visited them regularly, as part two of this study shows in the case of Dajie and her father. They could also enlist their support when their husband's family proved uncollaborative or actively hostile. Indeed, it was not uncommon to find villagers caring for their daughters' children (see Stafford, 2000: 110-27).[6]

[5] Excellent recent ethnographies on gender relations in China include H. Cai (2001); E. Judd (1994); C. Lee (1998); L. Rofel (1999) and L. Schein (2000). For an insightful historical account on the role of technology in creating and transmitting gender ideology see F. Bray (1997).

[6] For a historical argument in favour of the complexity of women's positions "not simply as objects of ideology but as its active producers" see F. Bray (1997: 377).

Chunyan by contrast had a good relationship with her in-laws. She was twenty seven, and hers was a four-generation family: grandmother-in-law, parents-in-law, the couple and their six year old son, all living under one roof. The village where they live is bigger than brigade 8, with over 1000 people. It has its own primary school, which has a few hundred students, who come from there and neighbouring villages. Until 1998 it also had a middle school (students aged between 12 and 15), but this had since closed because students preferred to attend the school in the township. In general villagers did not go to the city themselves to sell vegetables, as some did in brigade 8, because the journey was too long. Instead, retailers came to the village to purchase the produce for re-sale. Chunyan had worked in Shenzhen for three years as a tailor earning 1000 yuan per month, and after her return she set up a family business with her husband making work gloves. Her husband went to the city to sell them and this provided a net earning of over 1000 yuan per month. They were also still farming their land (five people's allotment, that is 4.5 mu (9 fen per person), and breeding fish in the local pool. Chunyan's father-in-law worked at a chemists' in the city, bringing home six hundred yuan per month. When I first visited them, Chunyan and her family had just finished their new house, concrete-built, externally tiled and complete with a flat roof terrace, which cost them roughly 30,000 yuan. They were very well off by rural standards, but not unique in this. Chunyan's husband was a certainly a man of 'distinction'. He was very proud of his business, of his new house, of the microwave given to him by his brother in law and of the machinery he bought for sawing (two sawing machines, a cloth-cutting machine, and an electric generator to avoid disruption in the Winter and Spring when electricity is routinely cut in the countryside). He also boasted his plans to soon buy "one of those really large TVs". He had a very disparaging attitude to other rural people, whom he often defined as lazy and backward.

As will become clear, Chunyan's family's claims that Dajie was not caring properly for me were also efforts to show themselves to be starkly different from (and superior to) Dajie. Proclaimed differences in diet were indeed statements about their respective social positions more widely. The fact that the actual differences, in terms of daily diet, were not so prominent, made their discourses of diversity even more necessary, to highlight the fine line between them and Dajie. But Chunyan's family's discussion on eating also articulated a degree of shame. Distinction and shame are indeed engaged in an inextricable interplay. The extent to which locals like Chunyan felt ashamed at Dajie's attitude depended on the extent to which they felt a sense of belonging to a common community. In some respects, a member of the local community feeding me basic food meant a loss of face for the community at large, which motivated them to be so emphatic as to how *we* (Chunyan and her family) are different, *we* eat properly, *we* may all look similar and live in the countryside, but *we* are not like Dajie. 'We' is therefore defined by Chunyan and her family to be in opposition to Dajie and her family. Eating practices served as a key idiom for defining their identities and social status vis-à-vis Dajie.

If Chunyan and her family opted to present themselves as clearly separate from Dajie, some of her immediate neighbours had a more ambivalent relationship with her. Li Feng was a fifteen year old who lived in unit 2. All males in unit two (and some in unit one) shared the same surname, and identified themselves as descendants of a common ancestor, as 'one family'. Following local customs, he therefore called Dajie 'older sister', because her husband belonged to the same generation as him. Li Feng, his father and his grandmother took to caring for me as soon as I settled in the village. His mother had been away as a migrant for over three years, but whenever she telephoned she also expressed concern about my well-being and gratitude for my help and support to her son. Two months after my arrival Li Feng's father also left for Shenzhen, to earn money in preparation for his son starting high

school the following year. As most fifteen year olds, he liked to feel he was treated as an adult, so I often asked for his opinion on my research and on my relationship with my host family. Li Feng started to comment to Dajie on the food she prepared for me in July 2004, as soon as I had settled in the village. Months later, Dajie angrily recalled Li Feng's attitude to her. "When you moved in and Xiao Yu [my assistant] insisted you eat meat every day, Li Feng said that he and his granny were eating meat every day, that it was no big deal. After Xiao Yu left, I asked Li Feng's granny, and she laughed, 'we're lucky if we eat meat once a month! Sometimes we don't even have oil to cook with, never mind meat'. That really made me angry... that kid is sly (*jiaohua* 狡猾) and good with words (*shuo hua hao ting de hen* 说话好听得很), just like his father" (28/11/04). Dajie was angered by Li Feng's claims because they made her lose face in my assistant's eyes and in turn mine, she assumed. It also forced her to buy meat every day for two months, which she perceived unnecessary and a waste of money.

Li Feng explained to me that he wanted to make sure Dajie was treating me properly, because "we're all one family, we can't have one of ours (Li) behaving like that!" (06/12/04). Li Feng's perception of Dajie as part of the 'Li family' is significant and in stark contrast to her mother-in-law's efforts to ostracise her. At the same time, Li Feng included her in the Li clan but still considered her behaviour unworthy of a Li. His claims therefore were aimed at defending the reputation of the Li family at large. But he was also attempting to present his own immediate family as exemplary, to distinguish his family from Dajie's. Li Feng was ashamed that someone of his own 'Li family', would feed me poorly. This for him would create the impression that they were poor, and without dignity. He was thus very keen to stress that he would talk to her and her husband in my absence and urge them to treat me better. This was his way to show his care and interest in me, but also his way to save his family's face, both on the nuclear level and on the wider level of the 'Li family line'.

These examples begin to highlight that disputes were not about nutrition as such, but about social status. *Doufu*, for instance, was also widely known to be a nutritious food (see Simoons, 1991: 70), and was much cheaper than meat. A 250 gram portion of *doufu*, which was enough to prepare one of two dishes for a meal shared by four people, cost only 1 yuan. A family's diet was however never discussed in terms of how many times a week they consumed *doufu*. The pervasive question was "how often do you eat meat"? For children more specifically, it surrounded the quantity and quality of milk available to a child. I aim to show that meat and milk played a particular role in negotiations surrounding social status based on diet because of their peculiar positions, culturally and historically. Throughout I refer to the specific cases of Chunyan and Dajie, but my comments on them are not about them as individuals, but rather as cases of types of attitudes simultaneously present in the village.

Meat

As the emphasis on whether or not I was given meat suggests, meat was seen as a special treat. Traditionally, it was considered central to holding a banquet. In his study of food and philosophy during the Zhou and Han dynasties for instance, R. Sterckx (2005) points out that aristocrats were defined as 'meat eaters' (ibid.: 38; see also Chang, 1977). This may not reflect their diet, but it does reflects the value of meat as something only the rich could afford. Similarly, the aspiration of starving peasants during the great Leap Forward voiced in Aunt Ren's saying was 'to eat meat at every meal, as if it was New Year' (27/02/2005, see p. 69). The value with which meat is endowed is thus cultural, rather than purely nutritional. Yet meat has until recently been nearly absent from village diet (Simoons, 1991: 293). The *habitus* of all but the youngest has been to eat meat at most once a week, or more likely less.

The intersection between these two elements – the cultural value of meat and its near-absence from local diet – was activated in diverse ways, but not necessarily following income differences. As the case of Dajie shows, some with enough income to afford pork more frequently, remained disposed against it. I suggest that we may understand these differences in terms of the encounter between past experiences and new socio-economic environments engendered by the reforms.

Chunyan and her family argued for the importance of eating meat as a way of being socially superior since it ensured the well being of their family and guests. For them, the emphasis lay on eating well (*chihao* 吃好). This attitude was fostered by a combination of the experience of shortage in the past, and the relative well-being of the present, which allowed more access to meat, while it also presented meat consumption as a parameter of prosperity. They equated eating little meat with taking little care over one's diet and one's family and guests by extension. In turn, this would result in a loss of status and face. Dajie, following their argument, lacked the skills on which a woman's authority depends: the ability and willingness to be responsible for the well being of her family.

Dajie by contrast saw more loss than benefit in investing in meat, and thus proposed that one could be healthy without making a special investment in meat. Her refusal to buy meat every day should not be explained in personalistic terms as 'stingy' behaviour, but traced to the environment which generated it. In their criticisms of Dajie, other villagers also stressed the influence of habit on her behaviour. Stinginess, they emphasised, does not derive from a lack of money, but rather from habit (*xiguan* 习惯), 'people who, even when they have money, are not prepared to use it'. Indeed, it was the habitual state of not having access to meat, which predisposed Dajie, and others like her, not to consume any. This attitude may be explained with reference to her *habitus*. Dajie had not customarily eaten much meat. When

she was growing up, she may have eaten it twice a month, and she stressed that she still grew up to be a healthy woman. Based on her habits and her experience, she felt no urge to buy meat more frequently. But Dajie's attitude was not simply formed sometime in the past to later remain unchanged. It is also part of her life trajectory, of how she perceived the recent social changes and the rise of consumerism. Dajie did not integrate meat consumption as a statement of a rise in the social hierarchy. She maintained, as she had learnt through her past experience, that eating one's fill was important, and did not place equal emphasis on eating well. The historical circumstances which made meat unaccessible were internalised, but her attitude was also an active engagement with the environment of reform. Dajie's and Chunyan's social identities were not simply defined by the relative presence or absence of meat, nor was meat ascribed only one meaning (see Willets, 1997; Robertson-Smith, 1894). The meaning of eating meat rather was subject to constant negotiation.

Milk

If meat was traditionally considered as a desirable but often inaccessible food, the other parameter of distinction – milk – was by contrast not historically part of the diet in the area, nor in China more widely (Simoons, 1991: 454-63; cf. Sabban, 1986). H. Huang (2002) argues that milk and milk products have remained marginal (and under-represented in the literature) for a number of reasons, including a genetically determined inability to digest lactose (also known as hypolactasia) (ibid.: 810), but predominantly on economic grounds (ibid.: 816). For him, agriculture on good farmable land could not compete with animal husbandry in terms of productivity, and thus milk, like beef and lamb, remained an expensive commodity. Although consumption levels are still low compared to Europe or North America, the rise in consumption shows, according to Huang, that the gastronomic gap (i.e. a distaste for milk and milk products) could be easily overcome, provided that living standards

are sufficient to afford milk and dairy products. Indeed, at the time of fieldwork, milk, milk powder and yoghurt were heavily marketed as nourishing foods (see p. 58, 72-4). Particular kinds of milk powder were produced to cater for young babies, children, students, new mothers, middle aged people, the elderly and so forth. Milk was also typically purchased (alongside soymilk and peanut milk) to be consumed during banquets by those who did not drink alcohol (usually women and children) (p. 58). Finally, it was purchased for those afflicted by illnesses which made them feel weak and unable to eat, such as stomach and oesophagus cancer (see part 2).

Milk was largely perceived as a highly beneficial drink, which would greatly improve bodily strength and size. Perceptions of milk, however, were not unified and presented a bone of contention, with different social groups attributing to it varying levels of importance for well being. Nevertheless, most argued that there was a link between milk-drinking and healthy Western bodies. Villagers could not explain with clarity where they learnt of the benefits of drinking milk, and typically replied, "I heard it on TV", or "scientists say it's good". Choice of brand depended on a combination of cost considerations, personal experience, TV adverts, and advice from neighbours and family. Susan Brownell found in her study of Chinese athletes that the emphasis on dairy products as high-quality foods is "a result of an awareness that they form part of the Western diet, the assumption being that they explain the greater size and musculature of Western athletes" (2005: 254). Villagers often commented that I was much taller and generally bigger than them because I must have drunk milk as a child. They also claimed that the tallest and fattest people on the planet were (North) Americans. One evening, after dinner, I sat by twelve-year-old Lida challenging her father Li Jun to arm wrestle. When she was defeated, I jokingly volunteered to arm wrestle with him. His reply was "You'll certainly win, you people eat beef and milk every day, I'm sure you're stronger than me" (28/02/05). More than my body size or the amount of physical labour I carried out,

my presumed past as a 'milk-drinker and beef-eater' persuaded Li Jun that I must be physically stronger than him. It was very common for villagers more widely to comment on my 'fat and healthy' body as the product of milk-drinking, because, the argument went, milk is nutritious, and explains difference in body size between us.

Since milk was advertised and generally accepted as a very nutritious and healthy food, many carers bought milk powder, fresh milk or yoghurt drinks for young children (see pp. 72-4). Although both Dajie and her husband Li Jun regarded strong Western bodies to be produced by consumption of milk, they did not necessarily believe that providing children with milk and milk powder had any sure benefits. Dajie presented her daughter as undeniable evidence. Lida was never fed any specially manufactured food, such as milk powder, which was so popular amongst her peers and younger children. Sceptical of the benefits of milk, Dajie opined:

"If you are ill you are just ill, why would drinking something make it better?! Scientists say that drinking milk is good for you, but in the countryside few children drink it because it's expensive, only rich families can afford it. The best milk is the one that's just come from the cow; the one you buy from the shops is fake (*jiade* 假的), you don't know what's in it, it makes the kids too fat and that doesn't look good. Lida didn't have anything peculiar, and she's tall and healthy, she never had any problems, and we eat very simple food... Look at Pingping [one of Lida's school mates]. Her mother bought all kinds of special milks for her, and she still grew up the same as Lida. When I stopped breast feeding her I just gave her powdered rice (*mi huzi* 米糊子). Milk powder could harm your stomach anyway, so I never bought it ... Xiaomei [another of Lida's schoolmates] had that stuff because her mum didn't have milk. Xueqin [another schoolmate] didn't have it, she didn't even have proper meals because her parents weren't home, her granny would be too busy so

she'd eat breakfast at 11, but she's healthy ... People say eating this is good, that is bad... but in the past we had nothing, and look, I grew up healthy anyway... there's no point in that stuff, once you've eaten your fill, that's all you need" (19/04/05).

Dajie's refusal to accept that milk (powder) ought to be part of children's diet did not by any means imply that she did not care about the diet of her daughter. On the contrary, she consulted her daughter on what fruit and vegetables she liked and grew a large amount of tomatoes because it was Lida's favourite food. Secondly, Dajie justified her reluctance to feed Lida milk powder on the grounds that it could be harmful. Thirdly, Lida and her mum argued over her food on a daily basis. In March 2005, for instance, Lida complained that the food was not tasty enough, and she added extra chilli, flavour enhancer (monosodium glutamate) and salt to her food, claiming "*now* it's really tasty". Her mum looked at her disapprovingly, and told her that she would have a bad stomach when she grew up. "Stop adding that, it hurts the stomach (*shangwei* 伤胃)". "No it doesn't, I always add it and I'm fine", Lida argued back. "Whatever, you're really not well behaved, but you'll see how wrong you are... you keep eating that and in ten days you won't feel like eating at all... like Xiaomei. Last year her great-grandmother gave her money and she kept buying instant noodles and snacks (*xiaochi* 小吃). She ate that for about a month and then started feeling really ill, anxious (*ren huang* 人惶), without energy (*mei jingshen* 没精神) and she couldn't get up (*qi bu lai chuang* 起不来床). The doctor said it's all that food, it harmed her stomach" (03/03/05).

As this proves, Dajie was indeed concerned about her daughter's diet, and especially the harmful effects of consuming manufactured food and excessive chilli and salt. Dajie's aversion to milk may be seen as an effort to negate hierarchies by which consuming it

constitutes social status, befitting a new approach to health. According to her *habitus*, engendered by the historical lack of this product, and by her scepticism of consumerism, Dajie upheld the value of "eating one's fill" as constitutive of health. If the perception of meat as nutritious and desirable was part of her cultural baggage, milk had only recently come on the scene. Its status could be that of a nutritious drink as much as that of a fake, manufactured product that may harm the body. The lack of a cultural predisposition towards milk thus discouraged Dajie from consuming it.

Dajie conveniently conflated eating meat, milk powder and instant noodles for the sake of her argument. These were all constructed as indulgent pleasures; regardless of the fact that meat is a natural food product, milk powder is a manufactured product aimed at increasing health, and instant noodles are a form of fast food for which no claims were made to its health benefits, only as a fashionable snack. But for Dajie, the common denominator remained that these foods were outside of her *habitus* and significantly they were not home grown (cf. Ohnuki-Tierney, 1993; Bray, 1997: 24-6). Indeed, her rejection was not simply of manufactured foods, but of foods whose content is doubtful. Fresh pork purchased in the market was seen in the same light because she, as other villagers, was acutely aware that pigs may be fed genetically modified (GM) foods. The recurrent scepticism was phrased in terms of "you don't know what's in it". More broadly then, her attitude articulated a scepticism towards recent developments, such as the introduction of fertilisers and GM foods, and of the consumer culture engendered by reforms. Her judgement of others' eating practices was thus clearly also a judgement about them and an attempt to distinguish herself from them, to counter their snobbery and deconstruct the inferiority which was imposed on her. Her argument proposed that investing in meat and milk did not necessarily make for healthy bodies, and conversely lack of investment did not necessarily make for unhealthy ones.

Discussion: distinction, *habitus* and culture

The difference between these two positions – exemplified by Dajie and Chunyan – may be understood with reference to Pierre Bourdieu's writing on taste and distinction (1984), with some important differences. In his study of taste in rural France, Bourdieu found that differences in eating patterns were interconnected with class differences, but only provided that economic determinism with regard to class identity was questioned. Eating practices, he argued, become second nature, and "may be perpetuated beyond their social conditions of production" (ibid.: 190). In other words, income does not easily determine what people eat. While my data on Dajie substantiates this point, some aspects emerge in my research that have not been highlighted by Bourdieu's analysis. The first is the discrepancy between claims with regard to eating meat and actual practices. For the first half of my fieldwork (mid-June to December) some locals would claim they were eating meat every day. But life in the village convinced me this was very rarely (if at all) the case. The fact that people would be particularly insistent on my staying for a meal when they had meat, or that families with good relationships would call their friends' children to eat when they prepared some meat, showed that eating meat was not common. Despite Chunyan and her family's insistence that their diet was better than Dajie's, a few consecutive days spent with her family showed that their diet was in fact much like what I was used to in my host family. Similarly, Li Feng claimed his family was consuming meat every day, but it soon became clear this was not so. This difference between self-perception and representation and actual practices highlights the complexity of locals' engagement with eating.

Secondly, and more importantly, Bourdieu's study displays relative inattention to the extent to which parameters for social judgement are far from unified but rather in a constant process of change. Daily discourses and practices are not simply articulated in reference to an

accepted code employed to understand social status through eating. Nor may locals positions themselves within social hierarchies in any straightforward way. These are fields of negotiation and contestation; by engaging in such dialogues, locals constantly redefine these parameters and mould their identities in the process. Consuming meat and milk is often a marker of social distinction. But for those, like Dajie, who consume less of these products, markers of distinction may lie elsewhere, for instance in their healthy body nourished on food from their own allotment, attesting to their ability to withstand the social pressure to consume milk powder or fashionable snacks and take pride in simple diet based on reliable home-grown produce (in terms that "you know what's in it").[7] Far from accepting their inferiority or alleged unwillingness to fulfil their responsibilities towards their families, those like Dajie articulate competing claims about what constitutes health.

Whether the preferred parameter of distinction is 'eating well' or 'eating one's fill', the food products that serve as parameters for distinction are culturally and historically specific. Meat and milk played a special function because of their peculiar cultural positions – one as an established nutritious food, the other as one whose importance is rising with the concomitant rise of consumerism. When they decide whether or not to consume these products, locals engage in practices of distinction, but the relative status that they gain through their choices is by no means undisputed. Whatever the position taken, eating habits were central to situating locals within a contested set of claims surrounding identity and status. Their mode of engagement with the field of eating was both a product of their past experiences and emblematic of their life trajectory. In turn, eating practices are telling of the settings in which people live and the challenges they face in contemporary rural China.

[7] I will discuss this point further in chapter 5 (pp. 170-1) in relation to attitudes towards fertilisers.

PART TWO: Oesophagus and Stomach Cancer in Rural Langzhong

"The worst thing about oesophagus cancer is you can't eat, not even drink, you feel dry, you want to drink but you can't. I know, my mum and dad died of it too... and having an operation has only limited temporary effects... you're left without any flesh. It's the worst, with other kinds of cancer you can still eat, even with stomach cancer – the food comes out in half an hour, but at least you can eat... and the people who die of it, they are not that old, they are healthy people, who never had to take many medicines... there's just no way to know it's coming, it feels like a sore throat at first, and then when you start wondering it's far too late" (Dr. Cao, village doctor, 15th July 2005).

This section will deal with oesophagus and stomach cancer, two major killers in the area of Langzhong. When I questioned the village doctor on cancer, he began listing names of villagers and their relations[1] who had died from it over recent years. He rapidly listed over thirty names (including his parents) without having to pause and think in between, only occasionally adding "there are very many cases (*duo de hen* 多得很)". This for me, much more than clinical records (which at any rate are bordering on non-existent when it comes to villages) was shocking proof that cancer is an issue in urgent need of assessment.

An adequate understanding of local dispositions towards cancer can only be furthered through a detailed consideration of individual cases. This section will therefore be centred around one case in particular, and occasionally refer to others for comparison. The case presented is that of uncle Xu, a man in his early sixties who died of oesophagus cancer. Uncle Xu was my host lady's father, and later became my adoptive father. I followed his

[1] If these are women's relatives, they would usually live in a different village, therefore Cao's list is not always restricted to cases within the village.

case closely from its early stages until well after his death, therefore I have collected considerable material on the actual family practices surrounding illness and their diachronic changes.

A cautionary note is in order here. Many of the conditions precipitated by cancer – such as expense, loss of working days, funeral costs, family disagreements as to ritual practices and resort to healthcare – are not particular to cancer, but also typical of other chronic and fatal illnesses. Indeed, death is an inevitable aspect of the human condition as a whole. These chapters therefore, and chapters four, six and seven in particular, deal with problems whose relevance is wider than the development of cancer as such. These issues are however no less crucial to a discussion of cancer. These chapters could be read more broadly as accounts of what happens when a family is hit by illness, or what happens when a relative dies. That the specific case is cancer is due to its local prevalence. Its high incidence makes a wide portrait of cancer, its development and its consequences for the sufferer and their family crucial.

Overall, this section aims to show that, at times of illness, family relationships are produced and contested through various practices of care. By materialising emotional attachment to the sufferer, such practices are not representations of an already given reality, but rather vital to the constant reproduction of relationships and in turn constitutive of one's sense of self. Indeed, practices and attitudes may generate new conditions and bodily dispositions in light of unpredicted experiences. Writing on illness is never an easy undertaking. Unveiling and unpacking suffering has to be done responsibly. By being attentive to aspects of concern for my informants, I hope to provide an account sensitive not only to the cultural and social specificities of cancer aetiology and strategies of its management but also to the social and political-economic origins of cancer.

CHAPTER 4: Uncle Xu, uncle Cao and the cost of cancer

This chapter offers a detailed account of how oesophagus cancer was experienced and affected the family of uncle Xu. As the illness unfolded, Xu's family members' feelings and practices of dealing with his (and their own) discomfort changed. I will outline these changes stage by stage as I describe the development of his illness, and strategies employed to tackle the challenges posed by it. Uncle Xu's illness affected his close relatives deeply, thus I have included some discussion of discomfort and illness amongst his relatives. This is followed by a brief account of the case of uncle Cao, a local who died of stomach cancer in November 2004. Uncle Xu's case will serve as the backdrop for more detailed analysis to be carried out in the chapters to follow, and uncle Cao's case offers some fruitful material for comparison.

The final part is devoted to a consideration of the costs involved by the development of cancer for the sufferer's nuclear family and their extended family. A comparison of uncle Xu's case with that of uncle Cao highlights that expenditure varies greatly depending on family composition, income and on family members' attitudes and attachment to the sufferer. I have compiled two tables (table 4.1 pp. 141-2, table 4.2, p. 148) which will show how great these differences may be with regard to the total cost of illness and to mourning rituals. The main aim of this final section is to show that costs related to cancer extend well beyond the direct financial expenditure for treating the illness. Total costs should include not only expenditure on mourning rituals and banquets but also lost working days for other members of the family. At first, the latter may be seen as tangential, since strictly speaking they are outside the economic family unit of the sufferer (that is, income and expenses are typically kept separate for uncle Xu's family and for Dajie's, her sister's and her brothers'). However, illness provides exceptional circumstances in which family units might share the cost of

healthcare. Loss of earnings caused by diverting energies to caring for the sick relative also needs to be factored into the estimation of the cost of illness.

Uncle Xu's illness

Uncle Xu was an active, healthy and warm-hearted sixty-two year old man. He was the father of Dajie, the thirty-six year old lady whose family I lived with. He liked drinking and smoking, in fact he was 'heroic' at it (*xiong de hen* 雄得很), as his son-in-law remarked in January 2005, the month leading to his death, when his condition had dramatically deteriorated.

Uncle Xu and his wife Ren had four sons and two daughters, but one of their sons died as a child due to malnutrition (*chi de pi* 吃得 *pi*).[1] They lived in a village across the hill from Dajie's, roughly half an hour's walk up and down the hill following narrow paths through the fields. Their house was part of their youngest son's family house: they shared the storage room but had separate kitchens and bedroom/living rooms. Their two older sons lived in two adjacent houses.

Each of uncle Xu's surviving sons had one son. The eldest had a twenty-two year old son, Dongdong, who worked in Guangdong. Dongdong had a daughter, Wenwen (born in 2003), who was cared for by her grandparents and great-grandparents. Uncle Xu's second son also had a son, who was seventeen years old and had migrated to Fujian to find work. His youngest son had a nine-year old son, who lived with his parents. Uncle Xu's two daughters (Dajie was the younger of the two) had respectively a sixteen year old son and a twelve year

[1] The word *pi* is a local dialect expression which roughly means poor or lacking. No informants, either from the village or from Langzhong city, could suggest a character corresponding to *pi*. The word was used to refer to living conditions and diet, and in the case of diet could imply both lack of food and limited dietary variation.

old daughter. While Dajie lived within walking distance of her natal village, her sister had to take a 10 minute bus ride, followed by half an hour's walk to reach her parents' home. Her son lived at home and was attending the second year of high school in 2004-5.

Although each family unit was economically independent, they were rather open to helping each other with farm work. On a few occasions the brothers called on their two sisters to help for 2 to 3 days (transplanting rice and harvesting wheat). They did this, of course, alongside having to do the same work on their own family's plot. As most villagers, uncle Xu and his wife raised two pigs, one to be consumed by the family and the other to be sold for profit before New Year. They also shared ownership of a water buffalo with their sons and three other neighbouring families, which they used for ploughing the fields.

During the 1970s, uncle Xu had served as an official for his village unit (the village was, and still is, divided into nine units). He hosted a rusticated youth from the city who lived and worked with them for roughly a year and, according to Dajie, the guest developed a close relationship to uncle Xu and his family. Dajie often commented that her father was much respected as a village-level official because he cared for the wellbeing of the people, "not like officials now, who only think of money" (a statement often repeated in the course of fieldwork). The acquaintances I made in uncle Xu's village were all through contact with his family, which makes it difficult to gain a wider sense of how uncle Xu was perceived by the village community. However he seemed to be well liked and respected amongst locals.

The village where uncle Xu lived had a population of approximately 1,000 people, though migration flows into the nearby city and to coastal cities make any actual estimates of local population difficult to establish. Some areas of the village could only be reached on foot, but there was a mud road running through most of the village, which made it accessible by car

except on rainy days. The sight of cars was however extremely rare, and limited to the occasional taxi. Langzhong city was less than an hour's walk from uncle Xu's house and cost 2 to 3 yuan by motorbike or roughly 10 yuan by taxi. Most of the locals opted to walk into the city, unless they had their own motorbike or were unwell.

My account is based on participant observation of uncle Xu's family during illness and after death. Since Dajie was the only member of uncle Xu's family with whom I had daily contact throughout, my observations mainly concern the ways in which Dajie's attitudes, practices and perceptions were affected by her father's illness. I regularly followed Dajie on her visits to her father's house in her natal village. When I was first introduced to uncle Xu in mid October 2004 by Dajie, he had been diagnosed with oesophagus cancer at the beginning of the month, but was himself still unaware of his illness. At that time, Dajie visited him once a week. The frequency of our visits increased with the course of his illness. By late October we visited twice a week and in January we visited three times a week or more, depending on Dajie's workload. Whenever we saw her father, Dajie would offer him some gifts: some medicinal herbs to drink, sugar, some of her home grown tomatoes, noodles hand-made by her husband, or she would buy some *doufu*. Her parents reciprocated with similar food gifts, especially oranges and pears.

Uncle Xu's family at first did not tell him he had cancer. This practice of non-disclosure seems to have been usual amongst villagers. In two other cases I know of, the patient was also initially not told about the cancer. The village doctor commented that there was a belief that not knowing helps the afflicted to heal. This belief is exemplified by Dajie's remark. On 19/10/2004, on our way to the village to celebrate uncle Xu's birthday, Dajie cautioned me: "Don't you tell him, he doesn't know he has cancer. We asked the doctor to write that part in English. So if dad asks you for a translation just tell him he's ill because he gets angry too

often, it's repressed anger (*ouqi* 怄气). If he just relaxes and controls his temper it will go away. That's what the doctor said". I was very moved by this, because she seemed to believe that he would recover, if only he could learn to control his temper. I will return to the perceived relationship between emotions and cancer in the following chapter.

Around fifty people came to his birthday party, but uncle Xu was clearly not in the mood for celebrations. He ate nothing, paced the courtyard dressed to his best in a traditional silk shirt, a dark blue jacket reminiscent of revolutionary times, and a hat. He looked unsettlingly tense, restless and seemed to be in pain. Over 500 yuan were spent only on fireworks, because, as Dajie put it, "next year he will not be able to celebrate his birthday" (*mingnian guo bu cheng shengri* 明年过不成生日).

By the end of October, uncle Xu had definitely become aware of his cancer. As Dajie put it, "of course he knows, when you can't eat like that, you know it's cancer, what else would it be?!". Family members all wanted him to have an operation. Considering that he had two migrant grandsons and a son working in a local factory, his family could have afforded it. But uncle Xu refused because, as he explained, it would mean losing part of his body and thus being buried mutilated. He was thereby expressing a Confucian conviction (*Xiaojing* 1975: 2-3; see also Confucius, 2005).[2] He was also convinced that an operation would have only bought them time, at most a year or two, and that he may as well die and save the money.[3]

[2] I should point out that I describe his actions as 'Confucian' because they were explained in these terms by his family. This does not imply that Confucianism offered a stable, unchanging resource which Chinese people draw on. Rather that its meanings and implications vary depending on the different historical contexts of social practice.

[3] See chapter 7 for a discussion of the complex set of reasons which may have motivated uncle Xu to refuse surgery.

Uncle Xu's own realisation he had cancer triggered a shift in the ways in which the family explained his illness. In October, his relatives confidently attributed his problem to repressed anger, and argued that if he controlled his temper he would recover. However, in early November, when it became clear that the cancer was too advanced, no attempt was made to convince uncle Xu that he would recover if he was able to relax. Indeed, when uncle Xu's condition deteriorated, his wife and offspring participated in his anxiety about his illness and made no attempt to link it to his propensity to get angry. In fact, from the point in time when uncle Xu had become aware that he had cancer until his death, I heard no family member attempting to give an explanation as to why he had developed cancer. Their claims would often be limited to a resigned "that's what this illness is like, you just can't tell why it comes, and you can't cure it" (frequent statement). Since his illness was now understood to affect his whole body and to be incurable, his family members' behaviour towards him was deeply affected (cf. Lewis, 1976).[4]

In November, Dajie told inquiring neighbours that her father had not eaten for a month, but could still have some soup, so she used two of her ducks to prepare soup for him as a special treat.[5] At this point, he had daily drips in the city. November is a busy time for agriculture: digging sweet potatoes, harvesting and de-husking soy beans, sowing wheat, ploughing the fields and transplanting rape seed from hillside land into the paddies. Since uncle Xu could still walk, he would join his wife working in the fields (carrying loads, digging and sowing). When I remarked on this, Dajie replied surprised, "that's normal, if he manages to eat he's

[4] This attitude presents some similarities to that described by G. Lewis (1976) with reference to illness among the Gnau of New Guinea. Illness perceived to affect the whole body entailed behavioural changes in order to cope with it. The affected would grime in dirt and ashes, change his or her diet, keep away from others, avoid conversation and display an overall prudent behaviour (ibid.: 58-9). This served to appeal for help but also to deceive the spirit causing the illness into thinking that bodily ruin was accomplished and he may leave. Displaying vulnerability is thus a means to enlist support and a path towards healing.

5 When I first visited the village on 16th June 2004 the family had recently bought 13 ducks. These were very rarely slaughtered, only for special occasions such as birthdays. Dajie did not slaughter ducks for her father's birthday, since the banquet was the responsibility of her three brothers; Dajie and her husband bought fireworks.

fine, he has energy to work" (03/11/04). Until late November indeed he could still eat, even if only very little, every two to three days, and only after having had an intravenous drip. I watched him eat a bowl of noodles, and spit repeatedly afterwards, but he did not vomit. I tried to reassure Dajie that at least he could keep some food down. It seemed that his family at this stage, however worried, were still hopeful. Yes, uncle Xu was eating less, but he was after all still eating and still engaging in normal activities.

In late November, family members gradually realised that uncle Xu was inevitably going to die. This became apparent when uncle Xu and his wife went to the city to have his picture taken. The photograph was to be an ancestor image and thus hung, as was typical in Langzhong, in the storage room, on the wall opposite the entrance. On this occasion I was also asked to take some family pictures for posterity, which were hung in uncle Xu and his wife's room and distributed amongst the relatives. When we returned home, Dajie carefully supervised the printing process in my room[6] "print them properly, they're the only ones I have" (24/11/04). Clearly, photographs were part of the preparations for uncle Xu's death. The fact they were taken at that time meant that the family were aware his health would soon decline further and he would be confined to bed.

Another sign of the materialisation of care was that one of uncle Xu's grandsons, 17 year old Chanhai, came home from migrant work in Fujian to see him. Considering that migrant workers sometimes do not even go home for New Year, this was a very special occasion. Although already very slim, uncle Xu was still rather lively and in good enough shape to scold his grandson for finding a girlfriend so far from home and at such a young age (he was

[6] I had a printer in my room in the village where I often printed photographs for locals and offered them as presents.

seventeen).[7] All these practices emerged as focal points in uncle Xu's and his family's understanding and experience of cancer and marked a turning point in their attitudes.

In December 2004, uncle Xu was unable to keep food down for any longer than a minute, and he would then spit it out. At this stage, he was still on various medications and was treated with intravenous drips in the city. The family members could not explain what these medicines were, they were however keen to emphasise they cost them over 100 yuan per day.[8] Uncle Xu was by then bed-bound, and a bowl was put next to the bed for him to spit. Some newspapers were cut and put next to the bed, to wipe his mouth. In January 2005 his skin had turned much darker and hairier as a result of weight-loss, his cheek-bones and eyebrows were ever more pronounced, he spat blood and could hardly speak. He could no longer raise his head so his wife put some paper next to his head for him to spit on.

By this stage, his wife would watch over her husband, without sleeping for days at a time. She rested on a wooden couch next to the grass-filled four-poster bed she had shared with her husband throughout their marriage, and where he now slept alone. In the final two months leading to her husband's death she had a persistent cold and took Chinese medicine, and sometimes amoxicillin pills bought over the counter. It is difficult to know exactly how much of these medicines she took. She told me "I take some when I'm particularly bad" (frequent statement). When I visited her in December and January (roughly twice a week), she always had some amoxicillin and penicillin pills and some instant Chinese medicine

[7] Villagers over twenty routinely argued that by the age of twenty-two it was preferable to have married. Some villagers in their twenties or thirties who had migrated to cities to work were more open to later marriages. Nonetheless, for a young male villager to be twenty-five and still unmarried (there were two I knew of), was a matter of major distress for both the parents and the young men themselves. Women who reached the same age unmarried were an even greater cause for worry. The average marriage age seemed to be between twenty and twenty-two. Only few cases were not arranged by family or through acquaintances. It was not common to have long engagements.

[8] Among villagers, it was common for medicines to come with their price attached as a sort of epithet, rather than any medical information about it: 'I had twelve yuan of medicine', and so forth. This is significant of how medicines were perceived more widely in the area where I worked. I return to these issues below.

powder against colds to dissolve in boiling water (*ganmao chongji* 感冒冲剂). When I praised her strength and courage, she said "what else can I do? I can't sleep with him like this", and then she turned to her daughter "how could I sleep?! Just look at him" (21/01/05).

Other family members were also physically affected. I had occasion to observe closely the effect of uncle Xu's illness on his daughter Dajie as we shared all of our meals and had long informal conversations. At first she maintained a hopeful attitude. However, since her father had become aware of his cancer she could not eat very much, and would often not even sit at the table, but remain behind the cooking stove, holding a small bowl of rice and eating with some reluctance. In October, I offered her some extra money on top of the monthly rent, for her father, and she suddenly became tense, "I cannot eat now as you mention my father". Her refusal to eat was a direct consequence of her tension linked to her father's illness. She then believed her father had at most a month left (he would in fact live over three months until early February). In January, whenever we visited him, Dajie sat in the room watching the floor and rubbing her forehead, complaining of headaches. She was afflicted by pains in her chest and discomfort in breathing, which made her unwilling to eat. She also suffered from a persistent cold, from November 2004 until February 2005, after her father's death. She remarked on this more or less daily because, as she frequently pointed out, she "never really got ill in the past, not even with colds". As it then becomes clear, uncle Xu's illness was embodied by close family members's discomfort.

When Dajie, her husband, her daughter and I visited him on 21/01/05, the situation was palpably tense, but Dajie still tried to put on a brave face, "have some water and honey... I'll go and make *doufu* tomorrow, and then I'll bring you some". "It's useless" he silenced her, "I will die very soon". Her sister was also there, as of course uncle Xu's wife, but nobody dared speak. Eventually Dajie's mother whispered to her "he's having a really bad time, he

cries in the morning, and feels anxious and restless (*huang* 惶) at night". Dajie was understandably distraught, but she still tried to look on the bright side, and remarked to her husband "he must be really quite alert (*jingshen hao* 精神好), because he noticed the clock was slow".

Dajie's attempts at self-assurance however waned by the end of January 2005, as it became clear uncle Xu had only a few days left. On the evening of 26/01/05 she told her husband the latest about her father's condition: "he hasn't eaten a thing in 9 days, he can't even drink anything... He said he'd like some grapes, so my brother bought him some. He put 3 in his mouth, chewed them and then spat them out again. He has no energy, he can't even peel off the grape skin. It's so painful this illness, it 'eats' all your flesh and only then it lets you die (*ba ni de rou chi wan le cai you fa si* 把你的肉吃完了才有法死)".

On the evening of 02/02/05 Dajie's brother called, as he frequently did in the final month, to announce "dad cannot speak now, he's just talking nonsense (*shuo luan hua* 说乱话), making noises, we don't know what he's saying, it's like he's gone mad with starvation". Only Dajie and I were home that night, it was already midnight. I asked did she want to go home. "Yes, but I can't in the dark, women shouldn't go out in the dark and climb mountains, because there are ghosts (*you gui* 有鬼)". I told her I was not scared and offered to walk with her. She was very grateful but could not bring herself to do it. We went to visit the following day, and uncle Xu did indeed make incomprehensible moans, that his wife could partly decode, as calls to scratch his throat. "In the past few days he said 'it's itchy here' (*yang de hen* 痒得很; pointing to her throat), and asked me to scratch it (*han wo zhua yi xia* 喊我抓一下)" (03/02/05).

Two nights later, 05/02/05, her brother telephoned at 23:40 "Come now, it's the end". Dajie and her husband left the house instantly, but did not make it in time. Her father died while the two of them were still climbing the hill. She was the only one of his children not to be present at his death, and understandably this upset her greatly.

Funerary rituals unfolded the following day, including a major meal at 9 a.m. as the close family had spent the night awake. The body was interred at around 11 a.m. without cremating it, which is common but illegal. Usually, families who did not cremate their relatives' bodies paid local officials to keep the matter quiet (between 300 and 1000 yuan; see below). Uncle Xu's family however refused to do either. Perhaps because he had served as a village official in the past and was well liked, and because they felt it was unfair to bribe officials, his family refused to do so. A couple of weeks later however, township officials confronted uncle Xu's family and asked for 600 yuan as a fine. Uncle Xu's wife argued that her husband had served in the local government and that they had already spent a large amount of money on his illness. The official agreed to charge each son 100 yuan, a total of 300 yuan. Of course, the family was outraged but had to accept. Dajie explained "it costs 800 yuan to be cremated... in the past we didn't have to cremate in the countryside. It's all because of money, they [the officials] only want money. Whether you cremate or not, you have to pay: if you do, you pay the cremation company for the service; if you don't, you bribe officials to keep it quiet. What kind of country is this?! You tell me!" (20/03/05). Dajie's narrative extends the link between illness, state policies and corruption to burials. It is hardly surprising then, that often local people went to great lengths to keep illness (and death) secret. By doing so, they hoped to bury the body without fines or cremation.

The extent of secrecy is however difficult to establish. In the cases of cancer I knew of, neighbours were aware of it and often whispered to one another about it, as did other

villagers, but always in a lowered tone of voice. As death approached, secrecy became more important, to avoid making the exact time of death a public and official event. It seems likely that village officials would have been aware of it, but families, in my experience, avoided telling them openly, so that they did not feel an obligation to act as officials. Indeed, village officials are also members of the village community, and thus have mixed loyalties and inhabit complex positions.

Uncle Xu's illness had an obvious economic impact on his family, and I will detail this below. But its impact was not only economic; his illness affected his family's emotional states as well as their health and the ways in which they perceived it. His case begins to show that narratives and bodily attitudes to a cancer stricken family member change through the course of illness. In this light, I propose to approach its analysis in terms of Bourdieu's 'logic of practice' (1990). In part 1 of this study, Bourdieu's contribution has been useful for pointing to how bodily dispositions are situated in history. Employing the concept of *habitus,* I have been concerned to illustrate how major historical events and transitions (such as the Great Leap Forward, and the economic reforms) have hailed particular kinds of bodies. Here, the focus shifts to the micro-history of family life during and after illness, and how it is experienced by all involved. A focus on practice is central to the intellectual project of *habitus,* and it is to practice that this part of the thesis turns more closely. Bourdieu's concept of practice will serve to elucidate that bodily attitudes, for instance to eating and to cancer aetiology, are conditioned by history and past experience but also open to change, as is clear in uncle Xu's case.

As I mentioned, causes given for uncle Xu developing cancer changed throughout his illness and after his death. At first, his propensity to lose his temper was given as the primary cause of developing cancer. Later this aetiology was mostly abandoned. It resurfaced often

however in Dajie's reflections about her temper as compared to that of her husband and daughter. She noted in casual conversation "my temper (*piqi* 脾气) is good, not like our neighbour's. Yes, she has a hard life (*shenghuo ku* 生活苦), I can understand why she screams so much, but it's much better if you have a good temper. And look at my husband, and my daughter, you can only tell them they're good, you say they are bad and they get angry (*zhi neng shuo tamen hao, shuo bu hao tamen jiu shengqi* 只能说他们好，说不好他们就生气). Both of them get upset over trivial matters. Look at my dad: getting angry is not good for people, life is so short and hard as it is, we should just take it easy, not be anxious (*gai manman guo, bu zhaoji* 该慢慢过，不着急)" (16/03/05). Her husband was aware of his bad temper, and of his own father's temper too. After his father-in-law's death, he often cautioned his mother not to argue with her husband or he would be afflicted by anger (*shengqi* 生气) and repressed anger (*ouqi* 怄气), and this would lead to illness.[9] Again, uncle Xu's illness is shown to have had an impact on his relatives' attitudes to themselves and each other. Understood as a set of practices, his family's engagement with his illness are shown to be central to the making and unmaking of family relations and of attitudes towards cancer aetiology.

Uncle Xu's ability and fondness for drinking spirits was initially given as a sign of health rather than a cause of cancer. After uncle Xu's death, Dajie followed me whilst I carried out interviews. This included questions on drinking, smoking and cancer (see methodological note and appendix). When I interviewed a neighbour, locally famous for smoking and drinking heavily, Dajie cautioned him, "you better watch out, my dad was a big drinker and smoker, and he died of cancer!" (20/07/05). This represented a very interesting shift in her

[9] N. Schoenber et al (2005) argue that biomedical researchers and practitioners are yet to fully examine the association between stress and the development and management of diabetes. This association has however long been identified by the multiethnic lay community in Detroit involved in their study.

attitude. While Dajie never made such claims when her father was alive, months later she stated that drinking and smoking were factors in the development of cancer, and possibly for her own father too, as she made the connection between drinking and smoking and cancer using the example of her father. Accordingly, she took the responsibility to defend her neighbours and care for the local community by advising them to limit these harmful activities. Understanding these changes through the concept of practice highlights that the sufferer and their family exercise their own judgement rather than follow habits blindly, and that by doing so they produce selves, family and social relations.

As we have seen, at first family members did not worry much about illness, they were optimistically defiant in the hope that it would somehow go away. At the same time, they took measures such as preparing special foods. As cancer developed, the family were more visibly worried and ultimately physically sick, as we have seen most clearly for Dajie and her mother. Attitudes towards the self also had a clear temporal aspect. Dajie's (and her husband's) attitude towards illness changed rather radically, and they became more prone to hospital checks. Dajie experienced difficulty in breathing and eating due to a feeling of anxiety (*zhaoji* 着急) and heat in her chest (*xinli fa re* 心里发热). Scared that her discomfort might be the start of cancer, she had an endoscopy to check her stomach which reassured her she was fine. Her husband was also very supportive during the final three months of his father-in-law's illness. He missed a few days of work when Dajie's flu was serious, staying home, in order to cook and wash for the family. Her husband's father was also taken to hospital for a check because he too had a tendency to get angry. Finally, although diet did not change considerably and Dajie remained unwilling to spend any money on food, comments on which foods one should and should not eat during a cold or a stomach-ache increased considerably. Practices therefore are not the remnants of habits, but rather they are activated in light of their present contexts. As these contexts (or fields, in Bourdieu's

terminology) change, bodily dispositions themselves change, being not a stable, sedimented, natural characteristic of the body, but rather a product and a producer of culture and social relations. The ways in which such relations are produced and contested, and their inseparability from understandings of cancer, will be the subjects of the chapters to follow. The remaining part of this chapter provides further ethnographic data on uncle Xu's case, and the costs it entailed, comparing it briefly to the case of a local stomach cancer sufferer.

The costs of cancer for uncle Xu and his family

As we have seen, oesophagus and stomach cancer entail great emotional, social and financial costs for the sufferer and their family. A discussion of the financial and other costs of illness must thus begin by asking who is encapsulated by the label 'family'. For the purposes of this discussion, I decided to adopt an extended definition of family, because all of the sons and daughters were involved in decision making and expenditure for uncle Xu and and their personal health, although their decision power, influence and investments may have been uneven. Here, I begin to outline the medical costs of uncle Xu's illness, followed by other costs devoted to him (birthday and mourning rituals) and also include estimates of lost working days for members of the extended family, cost of trips home, and of illness among other family members. This should provide a more comprehensive sense of the cost of uncle Xu's illness, and serve as an example of the costs of cancer in the family.

Medical costs

The initial hospital check-up, when uncle Xu was diagnosed with cancer, cost roughly 200 yuan. In November, Dajie and her brothers claimed that their father was taking medications (pills and intravenous drips) which cost 100 yuan per day. I could not establish clearly what

medicines uncle Xu was taking. When I inquired with staff at the People's hospital in July 2005, 1 was told that the drugs most commonly used in hospital treatment of oesophagus cancer were as follows:

- *Carboplatin* 卡铂 Injection: This cost 43.2 yuan per shot, and 6 shots are administered per time. A course lasts 2 to 4 times. The cost of treatment per day is 259.2 yuan, total cost between 518.4 and I,036.8 yuan.
- *Cis-platin* 顺铂 Injection: This costs 20.6 yuan per shot, and 5 shots are administered per time, once a day for at least three days. The treatment is repeated every 3 weeks, for 3-4 times. Cost of treatment per day is 103 yuan, 309 yuan for a course, and total cost of 927-1,236 yuan. In all likelihood, Dajie referred to this drug when she claimed her father was taking medication for over 100 yuan per day in December 2004 (see p. 96).
- *Fluorouracil* 氟尿嘧啶 Injection: This costs 1.6 yuan per shot, and three shots are administered per time, once a day, for at least 3 to 5 days. The treatment is repeated every 3 weeks, for 3-4 times. Cost of treatment per day is 4.8 yuan, 14.4-24 yuan per course, total cost is 43.2-96 yuan.
- *Paclitaxel* 紫杉醇 Injection: This costs 316 yuan per shot (6 mg.), 180 mg administered (i.e. 30 shots) each time, and it is taken for 3 to 4 weeks. Cost per day is 9,480 yuan. This is amongst the most expensive of oesophagus cancer drugs, only used by those covered by insurance or extremely wealthy.
- *Tegafur* 替加氟 Injection: costs 18.5 yuan per shot (40 mg.), and dosage (15-20 mg./kg.) depends on body weight. Administered once a day, 20 to 40 g. constitutes a course. For a body weight of 60 kg, for example, the cost is 1,110 yuan per daily shot. The cost of full treatment is 9,250-18,500 yuan.

- Patent Chinese medicine (*zhongchengyao* 中成药) against cancer (*kangaiping* 抗癌平) costs 68 yuan per bottle. One bottle lasts a week, and there is no limit to the length of treatment. The most important ingredients are scutellaria barbata (*banzhilian* 半枝莲), rabdosia eriocalyx (*xiangchacai* 香茶菜), and herba duchesneae indicae (*shemei* 蛇莓).

The hospital buys these drugs for the above prices, less 12 %, according to a party directive, so prices are fixed, unlike for other medicines, such as penicillin (which can cost between 2 and 12 yuan depending on where it is bought and on the brand name).

Considered the costs of the above medication and the types of claims made regarding the pattern of uncle Xu's treatment (having drips, but not regularly), it is likely that uncle Xu took carboplatin, cis-platin, fluoruoracil and Chinese medicine. According to the costing above, this would have amounted to roughly 3,500 yuan over the course of illness. Alongside these injections he was also taking pills to "replenish vital energy, nourish yin, accompany radiotherapy, chemotherapy or surgical operation and restore body functions" (description on the container in English) and other nutritional (*yingyang* 营养) supplements such as honey and royal jelly. When Dajie and I visited her father, her routine question to him was whether he had had a drip that day or recently. Regardless of whether the answer was in the affirmative, uncle Xu continued to argue "it's a waste of money, I'll die anyway". A level of non-compliance was typical in villagers' approach to any illness. The attitude was that if no progress was evident after a few days, there was no point taking more medicine. This would have been more difficult to establish with treatments, such as cisplatin, which, as I have listed, lasted a few days and then required a wait of three weeks before the next treatment. His outlook on drips and medication may be understood in a similar fashion to his approach

to surgery (see chapter 7), motivated by a sense of duty to his family, and by a perception that, considered the high cost of treatment, it did not in fact have such effects (if any at all).

The cost of his treatment (including nutritional supplements) is likely to have been around 4,000 yuan. Uncle Xu's wife and their children often remarked that "thousands of yuan" were spent on his illness. Only he and his wife would have known the exact figure, and it seemed insensitive to ask, but the total figure of 4,000 over six months for medication and food treats should be close enough. Compared to the average expenditure over six months for a couple of farmers without school-age children (roughly 1,800 yuan; see table II.3, p. 46), expenditure on uncle Xu's health was extremely high by local standards.

Banquets and mourning costs

Other costs were entailed in uncle Xu's illness beyond the strictly medical ones. As I have mentioned (p. 127), his birthday banquet required an investment of over 500 yuan only on fireworks, because, as Dajie put it, "next year he will not be able to celebrate his birthday" (19/10/04). These were purchased by Dajie and her husband, Li Jun. Other banquet costs (including food, drinks and extra firecrackers) amounted to around 1,200 yuan, catering for roughly 60 people divided over two days. I attended 10 birthday parties for those in their sixties or older, and only half of these included fireworks. In some cases, the host themselves were against expenditure on fireworks, and asked instead to be given food or money. Only in one case the amount of fireworks equalled that of uncle Xu's, and this party was also in honour of a man diagnosed with oesophagus cancer, whose family (rightly) thought he would not have any more birthday parties. He died three months later, in September 2005.

The costs associated with the funeral and mourning customs are the most significant after medical costs. In stark contrast to medical costs, which families complained were extortionately high, families rarely complained about the costs of mourning rituals, only when they felt that they had not been distributed evenly amongst family members (see chapter 6). As I noted (pp. 89-90), these costs would be entailed by any death, but since they are substantial, and an unavoidable part of the costs precipitated by cancer more widely, I found it important to give them careful consideration.

I have compiled a table which outlines the cost of mourning rituals in the case of uncle Xu, uncle Cao (see pp. 146-51 for a detailed discussion of his case), and average costs according to two key informants, Guo Lin, a local twenty-two year old man, and Li Yanping, a local nineteen year old woman. During fieldwork, Guo Lin and Li Yanping helped me to gain a sense of these costs based on locals' accounts of direct experience and on their sense of average expenditure. Since leaving Langzhong, we have corresponded via email, and they checked the table I compiled for accuracy. As this shows, expenditure for mourning rituals varies greatly depending on family composition and resources. For uncle Xu, these costs amounted to 5,800 yuan at the time of my departure (September 2005), which therefore excludes the first anniversary which took place in February 2006.

Table 4.1 The cost of mourning rituals

Items (prices in yuan)	Expenditure (Guo Lin's estimate)	Expenditure (Li Yanping's estimate)	Expenditure in uncle Xu's case (my estimate)	Expenditure in uncle Cao's case (my estimate)
Cremation or fine for avoiding cremation	300-1000 depending on connections	300-1000	300	
Four major banquets (on funeral day, last *shaoqi*, one hundred days after death and	150-200 per table, 3 tables on 4 occasions: total 1,800-	300-400 per table, 3 tables on 4 occasions: total: 3,600-	300 per table, three tables: 900, three occasions during fieldwork,	1,000 yuan for 3 occasions during fieldwork

first anniversary) minimum three tables (10 people each)	2,400	4,800	total 2,700	
Chef		20-30 per table, minimum of three: total 60-90	100 in total (only employed on funeral day)	
Smaller weekly banquets during *shaoqi* period total	250	3-500, depending on family size and attendance	400	200
Funeral band		150 (usually courtesy of the guests)		
Geomancer	100	50-100	100	100
Eight assistants to the rites, given a pair of shoes, a towel, four packets of cigarettes and 20 yuan	40-50 times 8: 320-400	40-50 times 8 = 320-400	400	300
Incense, paper and firecrackers (in total for all *shaoqi*, usually courtesy of family and friends)	200-500	700-900	800 so far (excludes cost of yearly anniversaries for three years)	300
coffin	800-1000	800-1000	1000	1000
TOTAL	3,770-5,650	6,280-8,940	5,800 during fieldwork (excludes banquet and rituals for first anniversary, probably over 1000 yuan)	2,900 during fieldwork (excludes banquet and rituals for first anniversary)

Among these financial flows are the incoming amounts presented as gifts to uncle Xu. Since realising he had cancer, uncle Xu kept a note of all gifts offered to him, most of which were financial donations. The highest came from his grandson, a migrant worker, who gave 200 yuan. Standard donations were of 20 to 50 yuan from relatives and some friends and neighbours. Occasionally he listed the value of foods or objects. For instance, he asked for a

clock, and when he received it, he added it to his list, and noted its value (20 yuan). Many donations were offered to his wife on the day of his funeral. In total, uncle Xu (and his wife) collected over 1000 yuan in monetary donations, over 4 months, from roughly 30 families, including relatives (roughly 500 yuan) and acquaintances (also 500 yuan). The list did not include money spent on his medication and who contributed to it, nor investment in family banquets previous to his death, which were not necessarily due to his illness, and may in fact have taken place anyway. Expenditure on these banquets was however limited, meals were shared by six or seven close family members at most, and probably cost no more than 40 yuan each. Gifts of money between members of the extended family are also of considerable interest for understanding family relationships, but they should not be considered expenditure as such since they were transfers of capital from one member of the family to another. Since, as detailed above, incoming contributions from outside the extended family amounted to approximately 500 yuan, I will subtract this sum from the total extended family expenditure on cancer (see table 4.2, p. 148).

My decision to consider costs surrounding uncle Xu's illness as an extended family expenditure does not imply that all those involved invested equal amounts, nor that these transfers took place harmoniously and without occasional disagreement and resentment. Rather, it is aimed at highlighting that costs related to uncle Xu's illness and death extended beyond uncle Xu himself, and thus provide a more realistic sense of the financial flows involved. The extent and kind of engagement with uncle Xu's illness were varied for different family members. Financial contributions were distributed amongst family members, but were mostly the responsibility of his eldest son's family. When he needed to visit a clinic in the city, his eldest son would take him on his motorbike. Day-to-day care was mostly shouldered by uncle Xu's wife, though his three sons all lived nearby and could easily visit every day. Except for the eldest son and his wife, his two other sons and their partners

worked in factories and shops, and as builders in the city, and thus only had time to visit in the evenings. Uncle Xu's eldest daughter, Xiaobi, lived relatively far (10 minutes by bus followed by a 30 minute walk), and also had a city job, but still visited at least once a week. His daughter Dajie lived only a half-hour walk from her father, and had no paid occupation, thus she could visit more freely. When they visited, his children brought uncle Xu and his wife some food treats, especially sugar or honey as his condition worsened. One of his grandsons returned home from Fujian to visit. Dajie's daughter visited uncle Xu at the weekend, but she hardly spent any time in the room, and welcomed the opportunity to watch TV with her cousin undisturbed by her mother.

As we have seen, uncle Xu's suffering brought great distress upon his close relatives. Accordingly, costs related to uncle Xu's illness extended well beyond the cost of medical treatment and mourning rituals. Dajie and her mother were afflicted with a cold for the months leading to uncle Xu's death. The extent of the physical impact of uncle Xu's illness on his sons was less easily observed because when I visited they were usually at work, but became obvious in the final month. It is likely his wife spent at least 200 yuan on trying to ease the discomfort caused by the traumatic experience of watching her husband starve, the tiring job of caring for him, the sleepless nights spent assisting him and her ensuing colds and flu (p. 130).

Dajie was also ill with a persistent cold and discomfort in her chest from November 2004 until February 2005, which she attributed to anxiety about her dad's condition (p. 131). She spent 200 yuan on an endoscopy, and roughly 200 yuan on remedies for flu and chest discomfort (ibid.). Her husband missed a total of ten days of work (as far as I am aware). Since he earned 30 yuan per day from working in the nearby city as a carpenter, this totalled to 300 yuan. They had also spent 500 yuan on fireworks for uncle Xu's birthday.

It is probable that uncle Xu's elder daughter, sons and daughters-in-law occasionally took days off work, and they all did in the final few days. Of a total of three sons and their wives, only the eldest son and his wife were farmers full-time. The others worked as farmers as well as having jobs in the city. Uncle Xu's second son worked in a pig slaughtering business and his wife was an attendant in a hotel. His daughter also worked as an attendant in a hotel and her husband was a motorcycle taxi driver. His youngest son worked with his wife in a small food shop. The total of lost working hours is likely to have amounted to 1000 yuan at the very least.

Further costs were entailed by uncle Xu's second grandson, Chanhai, returning home from Fujian to visit him. The journey cost 500 yuan and roughly 300 yuan were lost in earnings. Chanhai also returned home for the funeral, which cost 600 yuan, and lost working hours added up to roughly the same amount. His behaviour was in stark contrast to that of uncle Xu's eldest grandson, Dongdong, who had been home in July 2004, around the time when uncle Xu had been diagnosed with cancer, but failed to return until July the following year. I can only speculate as to the reasons for this. It may be that Chanhai was closer to his grandfather than Dongdong. Chanhai was also unhappy about his work in Fujian and wanted to look for a new job, which may have given him less reason to stay away than Dongdong. Indeed, after the funeral, he found work in Chongqing through family friends. More crucially, Dongdong's relationship to his parents was troubled, and this discouraged him from returning home. He had obeyed his parents' wishes and married a local woman in 2002. In 2003 they had a daughter. The couple however argued continuously, Dongdong complained that his wife was not good looking (*bu piaoliang* 不漂亮), and that he wanted to divorce, but his parents would not agree. After much controversy, both Dongdong and his wife returned home in July 2005, and arguments continued. Dongdong threatened his parents

that if they did not allow him to divorce he would simply go away to work and never come back. The couple divorced soon after, and their daughter was assigned to Dongdong.

In all likelihood, medical expenditure for those who did not undergo surgical procedures approximates to at least 3,000 for basic healthcare of the cancer patient, without nutritional supplements. Differences between cases are however striking. Indeed, different family composition and different *habitus* entails different patterns of expenditure. I will briefly consider the case of uncle Cao as a comparison, and before occasionally returning to his case in the course of the following chapters.

Uncle Cao's illness

Uncle Cao was born in 1942. He was diagnosed with stomach cancer in June 2004, but was still working in the fields until September. He died in mid-November the same year. He had a very supportive family: aunt Chen, a loving wife with a contagious laugh; a daughter who lived over two hours' bus ride from Langzhong city; a son working with his wife in Guangdong and sending money home whenever needed; and a doting ten year old granddaughter, Cao Lei, who became one of my adoptive daughters. Uncle Cao, his wife and Cao Lei lived in a 300 year old courtyard house, the only one in the whole of Jiangnan township and a rarity to find in the countryside in the area. Some parts still retained wooden walls with reliefs defaced during the Cultural Revolution, others where built in bamboo strips covered with mud and yet others were supported by brick built walls but still had bamboo walls dividing the rooms (uncle Cao and his family lived in this part). The walls in the main room were covered with newspapers plastered over the mud to reinforce it. During the Cultural Revolution over a dozen families lived in the courtyard house, but at the time of fieldwork it only accommodated three families, and most who used to live there had since

moved, either to a house nearby, to the township or to Langzhong city. Parts of the building were therefore in a condition of irreversible disrepair.

Uncle Cao and his wife were very embarrassed and apologetic about the state of their house. Although the building itself was derelict, which might suggest they were in dire conditions, the living room/bedroom also featured a dvd player and a karaoke system. Until a couple of years earlier, aunt Chen explained, they were not doing badly financially. Since then however, her son had undergone surgery and taken medication for nasal cancer, and her husband had developed stomach cancer, which had exhausted all of their savings. "This family is in great difficulty" (*naohuo* 恼火 and *xinku* 辛苦), repeated uncle Cao whenever I visited him. Uncle Cao and his wife aunt Chen spent roughly 4,000 yuan on his drugs and 100 on consulting a local medium. However, no large banquet was held for his funeral. In fact, aunt Chen kept uncle Cao's body in the house for two days before burying him, and kept his death as secret as possible, to evade the fine for not cremating his body. Unlike uncle Xu's family, aunt Chen succeeded in doing so. Total expenditure for his funeral and subsequent rituals may have amounted to 3,000 yuan.

Uncle Cao's daughter lived only two hours away by bus (50 yuan), and returned home for the funeral. His son did not return for uncle Cao's funeral, but returned two months later, for Chinese New Year. As far as I am aware, aunt Chen did not consider his behaviour unfilial, and in fact felt that he had been caring towards his father by sending home as much money as he could to cover his medications. He had returned home briefly in May 2004, at the outset of his father's illness, whereas his wife had not been back for over a year. It therefore seemed to make sense for her, rather than him, to return home. Uncle Cao's granddaughter Cao Lei missed her mother very much, and uncle Cao's wife felt that Cao Lei needed her mother's support, and that she could do with some help at home. The fact that his wife

returned in time for the funeral, and stayed home for over two months helping her mother-in-law, contributed to making uncle Cao's son's behaviour filial, because he and his wife could not afford to both give up work. His wife's trip cost 600 yuan and lost working hours linked to uncle Cao's death may amount to 600 yuan, since the rest of her stay may be seen as New Year family reunion. Aunt Chen is likely to have spent 100 yuan on her own health, 50 on her granddaughter and 100 on her daughter-in-law's, including 50 yuan for consulting a local *fengshui* master for her discomfort. The total expenditure linked to uncle Cao's death was thus roughly 8,600 yuan.

Table 4.2: Total costs precipitated by cancer

Uncle Xu's case	Yuan	Uncle Cao's case	Yuan
Birthday banquet (including fireworks)	1,700		
Medical expenses for uncle Xu	4,000	Medical expenses for uncle Cao	4,100
Uncle Xu's wife's health	200	Uncle Cao's wife's health	100
Funeral, fine and *shaoqi*	5,800	Funeral and *shaoqi*	3,000
Total costs for uncle Xu and his wife	11,700	Total costs for the couple	7,200
Extra costs for other family members:		Costs for other family members:	
Dajie's family estimated lost working hours	200	Daughter-in-law's trip home and estimated lost working hours	1,200
Three sons, one daughter and their spouses estimated lost working hours	1,000	Daughter's trip home	50
One grandson's two trips home	2,000	Family healthcare costs	150
Monetary gifts from outside extended family	-500		N/A
TOTAL EXTENDED FAMILY COSTS	14,400		8,600

As this table shows, costs are extremely variable for each case. But even the lowest levels of expenditure are a harsh blow to the family economy, when compared to a normal expenditure of roughly 2,600 over the same period of time (6 months) for a couple with a child (see table II.3, p. 46). Although the poverty faced by Langzhong peasants was not as severe as it may have been in the past, the high financial cost of cancer put families under strain. As with other illnesses that call for expensive treatment, cancer-stricken families were

often reduced to further poverty and ultimately required to decide whether to invest in their healthy members or in assisting the sick. I will return to these issues in chapter 7 and discuss the usefulness of the concept of *habitus* and of situating perceptions of these costs within the wider context of the relationship between people and the state.

Chen and her husband had often pointed to the extortionate expense of treating cancer, but after his death references to it became more direct. In the course of semi-structured interviews in July 2005 (see appendix) I asked aunt Chen about medical expenses. "Usually we pay for it ourselves, but last year my son gave us money, we spent thousands on my husband's cancer...at first we bought medicine in hospital, but it's terribly expensive, you don't even dare go in (*bu gan jinqu,* 不敢进去), you cannot afford it (*jinbuqi* 进不起). It's cheaper elsewhere, like in the township, it's the same medicine anyway... doctor Cao [the village doctor] doesn't have those though, they're too specialised, so they cost a lot... I spent hundreds the first time, I didn't even bring enough money... If it hadn't been for my husband's illness, we may have bought a house in the city sometime" (08/07/05). In this narrative, a clear and lasting effect of cancer on the family emerges: cancer-induced financial loss. Having worked as migrants in Guangdong for over ten years, Chen's son and his wife hoped to be able to buy a small house in Langzhong city. Uncle Cao's illness however meant that savings accumulated through years of migrant labour were spent on healthcare, binding them to a mud house in the countryside.

Uncle Cao's own narrative about expenditure linked to cancer articulated more than simply a complaint about its high cost, but a critique of the social policies which allowed it to be the case. "I can't work, this illness is serious, I can't do anything, I just sleep and sit... and nobody can help, the state doesn't care for me, I haven't received even a penny from the state. It was better during Chairman Mao... now the top officials are still good, but the local

ones only want our money. They make us sign these documents saying that we have a cow or a pig so we pay tax for them when we don't have any... it all goes in their pockets" (26/10/04).[10] As uncle Cao's claim begins to highlight, lack of welfare system to provide free or more affordable healthcare is a crucial problem for cancer sufferers, and is exacerbated as the illness aggravates. Indeed, all the cancer sufferers and families I discussed these issues with, complained about the cost of treatment. Discussing his condition with me in October 2005, uncle Cao claimed "when we [peasants] get ill we can't even afford treatment, we're just left to die". This attitude is not specific to cancer, but the fact that cancer requires large sums of money throws into sharp relief the lack of state intervention to alleviate these costs for those without funds. This claim elucidates the ways in which cancer and illness more widely are often perceived to embody large-scale social forces. As we shall see, perceptions of the efficacy of surgery for cancer, and people's inclination to resort to hospital care in general are also shaped by these contexts.

This chapter is intended as a backdrop to my more detailed analysis of specific aspects of the experience of cancer in chapters 5-7, namely the aetiology and development of cancer, the spirit world and perceptions of treatment efficacy. By outlining in detail the case of one cancer sufferer and his family, I have aimed to show how experiences of cancer change in the course of illness. Such changes are fruitfully understood through the concept of practice. Rather than postulating the presence of mental models which govern action, a focus on practice enables a different approach to how attitudes are formed and contested, highlighting that this happens through daily processes of people's engagement with their changing environment. Chapter 5 and 6 will elaborate on the usefulness of the concept of *habitus* for understanding how attitudes to the development and aetiology of cancer and the spirit world

[10] The opposition between high officials as righteous and low officials as corrupt was a recurrent one throughout my fieldwork (see also O'Brien, 2001: 428). Locals did however also find higher levels of party bureaucracy unfair. See Leonard and Flower (2006a: 16).

respectively changed in the course of illness and after death, and for grounding these attitudes in bodily dispositions produced by their social, cultural, political and economic conditions. Here I have suggested briefly that a focus on practice, which is both required and enabled by the concept of *habitus,* is fruitful for making sense of the processes outlined above. As uncle Xu's case shows, practices of care and attitudes to illness and healing are never given: his family's views on the effects of his eating, drinking and smoking and his emotions were not unchanging, but constantly redefined in light of new experience and of the changes in the micro-environment of the family. Past experiences, for instance of uncle Xu as a heroic drinker and a hearty eater formed the background through which current experiences were understood. In turn, new experiences (of uncle Xu's decreasing ability to eat) created new parameters. *Habitus* may be employed to describe precisely this middle ground, between change and the influence of structural constraints, past experience and habits. As will become clear in the course of the following chapters, this concept serves to highlight how social groups are formed and how social structure becomes incorporated, but also productively innovated upon.

CHAPTER FIVE:

The aetiology and development of stomach and oesophagus cancer: diet, life-style and emotions

I have already mentioned (chapter 1) that the ability to eat is taken as evidence of health, and accordingly, inability to eat is regarded as both a symptom of illness and at some level an illness in itself (see the case of aunt Zhang in chapter 1), causing lack of energy and thus inability to work, which in turn brings on tension, anxiety and increased likelihood of falling ill. The converse may also be the case, that is, anxiety is also perceived to precipitate inability to eat, as was the case for Dajie. Here, I shall focus specifically on the link between eating and oesophagus and stomach cancer and then assess other reasons locals gave for illness causation.

Eating practices and discourses surrounding eating emerged as central to the experience and understanding of these types of cancer amongst local people. Long before locals learnt to recognise them as 'cancer', oesophagus and stomach cancer were described as pathologies of one's eating routine. *Gengshi bing* 哽食病 'the choking illness', or 'the illness that prevents from swallowing', as locals explained, refers to oesophagus cancer. Stomach cancer was locally termed *huishi bing* 回食病 'the returning food illness', that is, the illness which makes food come back – i.e. vomit. Elderly locals still employ these terms to describe these types of cancer.

In this chapter, I will consider eating practices in uncle Xu and his family, and in the case of uncle Cao. These cases show that changes in eating routine are widely regarded as emblematic of stomach and oesophagus cancer, not only by sufferers but also by their families. The development of cancer also affects eating practices and attitudes to eating

amongst other family members. It becomes therefore vital to assess how the family at large is changed during the course of illness amongst one of its members. This in turn affords a more productive approach to unpack the relationship between illness, treatment and family conflicts.

I substantiate my investigation of the relationship between food and cancer by turning to the Oxford Clinical Trial Service Unit's study on diet, life-style and mortality in China (Chen et al. 1990). In that context, I also discuss the possible influence of smoking, drinking, and environmental pollution. Finally I propose that greater attention be paid to emotions and social origins of cancer. A culturally sensitive cancer aetiology requires closer attention to the concerns of local people and how they understand cancer in order to contextualise their practices more adequately. Understanding these practices as *habitus* rather than habits has a wider heuristic potential. A careful and critical employment of the concept of *habitus* stresses that, by contrast to habits which are often assumed to be unchanging, bodily attitudes are historically situated; they are informative of social life more widely. It highlights that understanding of these issues is situated in a middle ground between a focus on the micro-context of how they are experienced by given individuals and the macro-context of their relation to wider social processes.

Eating and the development of cancer

Eating emerges as a prominent idiom for experiencing and understanding oesophagus and stomach cancer. Doctor Cao, the former barefoot doctor turned village doctor, was frustrated by locals' perceptions of these types of cancer. During an informal conversation in July 2005, he claimed

"They just don't get it...I told them you can go for a while without medicines and still be able to eat, and later you can't eat a thing... people feel that they're fine because they can eat, they don't go for a check-up because they don't feel bad, they don't believe it because they feel healthy".

This passage describes the period immediately after which the sufferer realises he or she has cancer, because their ability to eat is limited, but they are still able to ingest some food, and thus have enough energy to work and lead a life similar to that predating the development of illness. For uncle Xu, this period spanned from the end of October, when he became aware of his cancer but still helped his wife with farm work, until the end of November, when he became unable to digest or even swallow any food. During the initial stages, when uncle Xu could still eat, even a little, he and his family maintained a hopeful attitude, taking his ability to eat as a sign that his health had not (yet) deteriorated irreversibly.

A similar approach to the relationship between eating and health is betrayed in Dajie's reflections on her father-in-law's condition (uncle Li), a day after her father's death. Uncle Li had been known for years to suffer with *ouqi* 怄气, that is repressed anger, propensity to get angry but not externalise it, thereby harming the body. He had just undergone hospital check-ups to make sure his chronic discomfort in the stomach was not the early stages of cancer. Dajie commented "He is meant to have stomach problems, but look how much he eats and drinks spirit!" (07/02/05). Dajie felt uncle Li's ability to eat and drink, were in themselves evidence of good health.

The attitude of another local family afflicted by cancer, that of uncle Cao, offers evidence of this approach to health. Discussing his case with doctor Cao in July 2005, months after uncle Cao's death in November 2004, I learnt that uncle Cao had first resorted to him. Suspecting

it may be cancer, the village doctor referred him to hospital, where he was diagnosed with stomach cancer. "But his wife refused to believe it, she replied 'he can eat meat and drink spirit, he works in the fields, it can't be cancer, it's impossible'" (village doctor, 10/07/2005). For her, eating meat, drinking spirit and working in the fields were indisputable signs of good health.

As these cases show, locals regarded the ability to eat as evidence of health. If someone could eat particularly large amounts of food (for instance, two large bowls of staple food per meal), they were seen as unlikely to develop an illness, especially of the kind manifested as inability to eat, such as oesophagus or stomach cancer. Even when the sufferer's ability to eat started to decline, and thereby raised the doctor's suspicion, the sufferer and their families were still inclined to disprove this with reference to the person's track record as someone who is 'good at eating' (*neng chi* 能吃). This disposition towards health and eating may be unpacked with reference to *habitus*. Considering the equation of eating and health as part of locals' *habitus* – as the examples of uncle Xu, uncle Li and uncle Cao illustrate – spurs questions surrounding how this attitude has been historically produced. To reiterate briefly my analysis in chapter 1, this attitude may be seen as the product of the experience of food shortage, which fostered a sense that having enough food to eat would produce health. This attitude is maintained in the present, and in some cases presents a conscious and politically charged denunciation of consumerism. It is also, as I stressed in chapter 1, the result of the daily experience of eating and of the perception of certain foods (such as salt, or noodles) as particularly energetic.

Eating practices constitute one's understanding of what 'eating' means, and of one's self by extension. Indeed, the decline in uncle Xu's ability to eat produced different understandings of 'eating'. Discrepancies are evident when comparing the claims I collected regarding his

eating. In early November, Dajie told neighbours that her father had "not eaten for a month". Yet I observed that at that stage he could still eat a little, provided he took some medicine. He spat after the meal, but did not vomit. In December, uncle Xu was unable to keep almost any food down, yet Dajie would sometimes comment that he had eaten a little. On 26/01/05, she claimed her father had not eaten for 9 days. When he died, 10 days later, it followed that he had not eaten for 19 days. Yet her mother told a relative after his death that when he died "he hadn't eaten for 28 days, he had no stomach left, his bottom bones were sticking right out" (11/03/2005).

Inconsistencies in their claims about the length of time he endured without eating adequately may be seen to be produced by changes in his eating practices, which in turn produced new parameters of what constitutes eating. At the onset of uncle Xu's illness, Dajie would say that her father was not eating, *chi bu xia* 吃不下. Towards the end however, she began to reply "he's eating a little". This change in her attitude is emblematic of her coming to terms with the parameters of the illness. Her claim "he's not eating" in October 2004, was made with reference to the normal state of things, in which her father had a very good appetite. The statement was thus not an absolute truth, but rather a reflection on his change.

Indeed, changes in eating patterns not only present the most glaring evidence of declining health, but produce a very embodied sense of physical decline. These can be observed clearly in uncle Xu's illness. His own realisation that he had cancer was not the result of consulting doctors or family members who already knew from his hospital check-up results. His own body 'told' him he had oesophagus cancer, he knew because of his decreased ability to eat. The family's reaction was also a culinary one. They invested in special treats. Dajie, who was otherwise rather frugal about food, prepared soup from two of her ducks, she also bought *doufu* and fresh meat for him. Sons and daughters made more frequent visits and

brought him some of his favourite foods, like duck or grapes. Such practices of care were central to producing family relations. The concept of practice encapsulates precisely this unfinished nature of relations, and highlights their role in creating social reality, in showing it is not given but always produced.

Uncle Xu's family's eating patterns were severely affected by his illness. As I mentioned above, since late October, when uncle Xu realised he had cancer, Dajie herself was not able to eat very much, and she avoided sitting at the table with her husband, daughter and me. Such retreat from commensality is a powerful statement in a culture which values it as central to social relationships (see chapter 3). To some extent, meal times made Dajie reflect most painfully on the condition endured by her father and on the impossibility of sharing a meal with him. Commensality with her husband, daughter and I made the imminent and inescapable loss of her father more conspicuous and thus made her unwilling to eat (*bu xiang chi* 不想吃). By not eating, Dajie merged her experiential horizon with that of her father and positioned herself closer to him. At the same time, her father's illness made Dajie so anxious that she became physically unable to eat. As she put it, "as soon as I think of him I become very anxious and cannot eat, *yi xiang ta, jiu zhaoji de hen, chi bu xia le* 一想他，就着急得很，吃不下了" (frequent statement).

Dajie's explanation for not eating alternated between '*bu xiang chi* 不想吃' and '*chi bu xia* 吃不下'. The former expressed a willing rejection of food, a lack of desire which did not entail inability to eat. The latter by contrast expressed a physical inability to eat, typically accompanied by a desire to eat which could not be fulfilled physically. In December 2004, grandma Yang, a concerned neighbour in her seventies, inquired as to Dajie's father's condition. Grandma Yang's husband had died of oesophagus cancer the previous year, and

she was beginning to experience a decreased desire to eat. She referred to her own experience to reassure Dajie that it was normal to eat less as one's age progressed. Dajie was however not at all reassured. "But you *don't want* to eat, my dad really *wants* to eat, but he *can't*. These two are different you know?! *Ni shi bu xiang chi de, wo baba xiang chi de hen, danshi chi bu xia. Zhe liang ge bu yiyang ma, ni xiaode bu?!* 你是不想吃的，我爸爸想吃得很，但是吃不下。这两个不一样嘛，你晓得不？！" (02/12/2004). As this claim shows, Dajie explained her father's condition by making a clear distinction between the lack of desire for food and the physical inability to ingest it. Her own situation however fluctuated between 'not wanting to eat' and 'not being able to eat', and the two conditions seemed to reinforce one another.

Considering how other families were affected by cancer, it becomes apparent that changes in eating patterns amongst the family at large were common. Upon my first visit to aunt Chen's (uncle Cao's wife) after his death, she told me: "He couldn't eat or drink anything (*chibuxia* 吃不下 *hebuxia* 喝不下) for a whole week, there was no way (*mei fa* 没法), his stomach was so thin it basically wasn't there by the end, his hands were so dry, without any flesh... Heavens (*tian* 天). He missed his daughter and his son, a lot, he kept asking for them... when he died it was just me and Cao Lei [her grand-daughter], we were scared... actually I'm not, it's nothing, but the girl is... he was young, he could have worked (*zuo houlu* 做后路) another 10 years... I tell you, you have to take care of yourself, if you can't eat something you just have to say. And even if you're hot, don't take any clothes off, you'll catch a cold. Remember, at home rely on your parents, away rely on your friends. Don't eat chillies, it's not good for women anyway. And don't eat sweet potatoes, because you're not used to it... see [showing me an infection on her lip], this is because I didn't eat enough meat". Her

daughter intervened "you have to eat mum, what are you doing not eating meat?! You must buy some and eat well" (04/11/2004).

Aunt Chen's comment on her husband's death seamlessly flowed into advice for me on how to keep healthy. Much of aunt Chen's knowledge that had remained until then dormant surfaced, after her husband's death. Her understanding of his illness is clearly linked with eating habits primarily, and also some wider self-care practices. In turn, her husband's illness made aunt Chen more attentive to her own and her family's eating practices, and this was made easier until after New Year because her daughter-in-law was home to help her with work and made trips to the township to buy some meat and vegetables. Temporarily eating better food (i.e. more fresh meat and *doufu* and a wider variety of vegetables) materialised aunt Chen's daughter-in-law's care for her and her daughter. It also served as a compensation for their loss. Eventually however, after the daughter-in-law returned to Guangdong to work in a shoe factory, the daily work routine made it unfeasible for aunt Chen to make frequent trips to the local market and therefore she and her granddaughter relied mainly on their own produce. At that time of the year (post New Year) few vegetables grow at all, and aunt Chen had stopped farming most of her hillside land since her husband's illness, leaving them with very little vegetables. Without a journey to the market, they ate peanuts, salt-preserved cabbage leaves, turnip and cowpeas, and salt-preserved pig fat, as they had done routinely before uncle Cao's death.

This process of changing attitudes to eating also betrays some discrepancies between aunt Chen's claims about her husband's diet before the illness, and what their daily diet actually was. At first, aunt Chen and her husband viewed his eating practices ("he can eat a lot of fat") as healthy and took it as evidence he could not possibly develop cancer. Aunt Chen's claims after his death however, such as "I have an infection because I don't eat enough

meat", showed that in fact they did not routinely consume meat, least of all lean meat. We must also ask how much "a lot of fat" is for local villagers. "A lot of fat", and meat by extension, is in my experience at most 100 grams per person, at the very most twice a week. Even at a time of celebration, such as the greatest feasts at New Year, villagers may eat an average of 100 grams of meat at most per day, over a ten day period. One of my adoptive children, enjoyed very much telling me how he once ate 500 grams of fat at New Year. The aura of exceptionality surrounding the event made its rarity conspicuous. As this begins to show, there is a crucial difference between the statement that someone is able to eat a lot and whether s/he regularly does eat a lot of fat and meat. Aunt Chen's claim that her husband could eat a lot of fat may at first have been considered a possible cause of cancer. However, since in fact he only ate it sporadically, causes must lie elsewhere, perhaps, paradoxically, in his limited diet. Indeed, as we shall see below, lack of dietary variation and lack of fresh vegetables are possible causes of cancer (Chen et al. 1990: 57-8). The gap between people's claims and practices is made obvious by this case, and its implication for research will be discussed below.

As examples from uncle Xu and his family have illustrated, illness fosters different attitudes, it creates different conditions (for instance, a change in eating patters) and thus produces a change in perceptions of what 'eating' means which is adjusted to those new conditions. Perceptions are therefore not pre-existent, but more productively understood as made through practice, always in the process of being constituted through people's engagements with the world. Aiming to counter understandings of practice derived from mentalistic or idealist approaches, Bourdieu argued that "practice excludes attention to itself (that is, to the past). It is unaware of the principles that govern it and the possibilities they contain; it can only discover them by enacting them, unfolding them in time" (1990: 92). He did so in order to urge against "cutting practices off from their conditions of existence" (ibid.: 96). These

conditions of existence in turn do not exist separately of how they are perceived and constructed by people's engagement with them. While I agree that practice only exists through its enactment, I suggest that the claim that practice is "unaware of the principles that govern it" (ibid.: 92) obscures its active role in creating those principles. Bourdieu saw practice as the result of the interaction between *habitus*, capital and fields. As he formulated it in *Distinction*, "[(habitus) (capital)] + field = practice" (1984: 101). As such, he was concerned to point to how *habitus* shapes practice, rather than the converse. I would suggest approaching this equivalence in the true sense of this term. If practice is a product of *habitus*, capital and fields, the latter are also conversely products of practice, inconceivable separately from it, only existing in their actualisations *in* practice.

Bourdieu's equation usefully points to the impact of conditions posed by one's setting – the field – which configures the resources available. This is most visible in aunt Chen's case: although her husband's illness made her more aware of the importance of diet, the relative distance of the market meant that she continued to eat little meat. Attention to *habitus* may also put claims of eating 'little' or 'a lot' of meat into perspective. If eating meat is rare, claims that one is eating 'a lot' of it need to be assessed accordingly and in light of the considerations on meat raised in chapter 3. Perhaps, if eating little meat is part of locals' *habitus*, they may not eat more even if they had the opportunity. Nevertheless, the continuing difficulties in accessing meat no doubt play a part in maintaining this type of *habitus*.

As both uncle Cao's and uncle Xu's case show, the link between cancer and eating is evident in the way that oesophagus and stomach cancer affect the body. Eating practices of the family more widely are also clearly influenced by cancer developed in one of its members. But the relationship of food and cancer is much deeper. Below I will examine the possible

causal links between the development of cancer and consumption of food, alcohol and tobacco and life-style more widely.

Cancer aetiology: diet and life-style

A study initiated by Oxford University's Clinical Trial Service Unit (CTSU) on diet, life-style and mortality in China (Chen et al. 1990; see also http://www.ctsu.ox.ac.uk/~china/monograph/) is particularly relevant here, as it is concerned with cancer causality and its link to diet. Contributors have partially differing views on cancer aetiology and eating, but generally agree that cancer aetiology is complex and thus requires careful examination of many factors (ibid.: 71). Failure to consider the influence of wider factors may result in misleading conclusions. R. Peto warns against simple two-way correlations in the study of cancer aetiology (Chen et al. 1990: 79). Similarly, according to T. Campbell, the task ought to be an examination of the overall dietary and nutritional needs in order to better understand their relationship with illness causation (ibid.: 54-7). With regard to cancer, he states that its aetiology is enormously complex but diet is shown to have strong links to it, with cancer being more common amongst those with a high fat diet and less common amongst those who consume a variety of fresh plant products. Overall, he suggests that cancer is especially common "among particularly susceptible people (e.g. smokers [...]) who are persistently 'malnourished', not with classical nutrient deficiencies but rather with deviations of the intakes of nutrients and other food constituents from those typically found in a diet with a variety of plant foods, especially if those variations are large and persistent" (ibid.: 57-8). To summarise, simple correlations of specific foods with cancer are deceptive. Nutrients should rather be considered as a whole, which may provide a clearer picture of the effect of malnutrition and lack of dietary variation on the development of cancer.

The CTSU's study is especially useful since one of the areas considered, Cangxi county, borders Langzhong, offering some important quantitative data for comparison with my own findings. Referring to the Oxford CTSU's study, I compiled a table (5.1) which gives an overview of significant findings for the area of Cangxi. The values 1 to 4 on the right hand side refer to the four categories within which the study's findings fall, with 1 meaning lowest and 4 meaning highest consumption of a given food or incidence of a type of disease.

Table 5.1 Findings on diet and cancer in Cangxi according to CTSU study (where there are two values, these refer to the two townships in Cangxi county which were involved in the CTSU's study).

Salt-preserved vegetables and dried vegetables	313.8 g/day as-consumed basis	4
Times per year eat mouldy salt preserved vegetables	191.6; 195.6 (m), 199.8; 228.9 (f) 204.1 (average)	4
Times per year eat mouldy sweet potatoes	12.5	4
Times per year eat salt preserved vegetables	308	4
Consumption of liquor	24.1; 34.2 (m) g/day	3
Overall total daily consumption of alcohol	12.1;17.1 g/day	2
Total current daily consumption of tobacco (g per person)	14.46; 22.13(m) 1.50; 1.78 (f)	4(m) 1 (f)
Drinking shallow well water	100%	4
Families with cancer patients	19.7 %	4
All cancers (cumulative rate, 0-64 years)/1000	154.62 (m), 123.43 (f) 139.03 (average)	4
Oesophageal cancer (cumulative rate, 0-64 years)/1000	79.26 (m), 48.91 (w) 64.09 (average)	4
Stomach cancer (cumulative rate, 0-64 years)/1000	37.16 (m) 20.94 (f) 29.05 (average)	4

Families with cancer patients in Cangxi county amount to 19.7% (Chen et al.: 1990: 768), and the incidence of all types of cancer scores within the highest category. Oesophagus and stomach cancer also rank within the highest category in China, both with much higher prevalence amongst men than women (Chen et al.: 1990: 114-7). Neither are however the highest within category 4. The highest incidence in China for these two types of cancer is in both cases roughly twice the value for Cangxi.

Bearing R. Peto's cautionary advice in mind (Chen et al. 1990: 79), it is still tempting to observe some correlations between the incidence of cancer and consumption of preserved food, tobacco, alcohol and shallow well water. If, as Campbell stated (Chen et al. 1990: 56-8), lack of dietary variation and comparative lack of fresh food may be blamed for the development of cancer, there was certainly some evidence of it in rural Cangxi. Consumption of mouldy salt preserved vegetables in the area was remarkably high, indeed the highest for all the areas examined in their study, with 204.1 times per year. Most other areas included in the CTSU's study consumed none at all. Consumption of mouldy sweet potatoes and of salt preserved vegetables also scored very highly, respectively second and third highest amongst their findings; as did consumption of salt-preserved vegetables and dried vegetables in general.

My findings in rural Langzhong were very similar. Lack of dietary variation was more prominent until the late 1980s, when according to locals diet consisted of maize, preserved vegetables (especially cabbage), turnip and sweet potatoes. During my fieldwork, I observed more variety, but such variety subsided for nine months, between October and June, when locals would typically eat preserved vegetables, cabbage, peanuts, radish and sweet potatoes (p. 60). At any rate, fresh vegetables were only consumed once a day at most while preserved vegetables were consumed daily to accompany watery rice (p. 56). I also occasionally observed (and participated in) consumption of mouldy preserved cabbage, cowpeas, radish and occasionally pork with my host family and other local families. Mouldy food I observed locals consume was mostly salt-preserved or pickled vegetables, and sometimes salt-preserved or smoked meat. Verbally, locals generally accepted that eating mouldy food was possibly harmful "it's mouldy, that's no good *zhang mei le, yao bu de* 长霉了, 要不得" (frequent claim). In actual fact however, they were reluctant to waste it and would still eat it. When I commented on mouldy food, locals explained that it was "not a big

deal, you can still eat it. *mei shazi, you fa chi* 没啥子, 有法吃"[1] (frequent claim). Dajie, for instance, also referred to the common saying '*bu gan bu jing bu sheng bing* 不干不净不生病', literally '(living in) dirty (conditions, one) does not fall ill' to argue that eating dirty food may be a healthy practice.

It becomes clear therefore that reasons for consuming mouldy vegetables vary. Some locals may be too poor to afford the waste, but this does not account for the propensity to eat mouldy food amongst those who had resources to buy fresh food. Partly, villagers did not link consumption of mouldy food with adverse physical symptoms because they found no evidence in their own experience of feeling sick after consuming such food. They therefore did not feel compelled to stop consuming mouldy food. But reasons for their perseverance in consuming these foods is also due to *habitus*. In these cases, *habitus* overrules the (partial) understanding that mouldy food is harmful; their choice is derived from a disposition fostered by living conditions different from and poorer than the current ones. They have grown accustomed (*xiguan le* 习惯了) to these foods and thus their *habitus* outlives the economic and social conditions which had produced it (see Bourdieu, 1990: 62). Conceiving these habits as part of *habitus* highlights how they have been historically produced, and the relations of inequality that they are implicated in, and instrumental to maintaining even after resources are available more widely. I will expand on this discussion at the end of this chapter.

I conducted both participant observation and semi-structured interviews (see appendix) to investigate local understandings of cancer aetiology. It was widely held that preserved foods may be a cause of cancer, since they were not fresh and dietary variation decreased as

[1] The literal translation is 'there are ways in which (you can) eat it', but the expression was commonly used to mean 'it is possible' rather than to indicate 'ways' to eat something apparently inedible.

consumption of preserved vegetables increased. Yet locals were also sceptical as to their harm to health. This attitude was sometimes tied to local perceptions of the influence of fertilisers and pesticides on the development of cancer. In one case, a woman in her late fifties felt that using these substances increased the likelihood of developing cancer, and thus she argued that eating preserved vegetables was safer, because chemicals used in agriculture would be less damaging in preserved food. The harmful effects of preserved vegetables would sometimes be dismissed by referring to the proverbial 'Uncle Norman' – an old man who ate fatty food, smoked and drank aplenty all his life and is in perfect health (Caplan, 1992: 27; 1997). Locals argued that these foods were not proved to be dangerous, because they could think of some villagers in perfect health, who consumed them regularly. While the 'Uncle Norman' approach is individualistic, I propose to examine its conditions of production and thereby turn attention towards *habitus,* since it is a particular type of *habitus* which fosters a predisposition to notice certain characteristics of 'Uncle Norman' in the first place. The consumption of preserved vegetables is also such a widespread and longstanding practice, and as such part of *habitus*, that it would hardly be considered pathogenic.

Similar observations may be made with regard to drinking and smoking. Total daily consumption of alcohol ranked comparatively low in Cangxi, within the second category. However, consumption of liquor for men was amongst the highest, whereas they consumed little beer and wine. The same applies to brigade 8. When alcohol was consumed, it was nearly always locally distilled rice liquor (*baijiu* 白酒). If gender difference was significant with regard to alcohol consumption, it was even more prominent for tobacco consumption, which in Cangxi ranked among the highest for men but very low for women. Again, this is reflected by my findings. My informants argued that it is uncommon and undesirable for women to smoke, and those women who did were seen as promiscuous. It is however acceptable and common for elderly women to smoke.

Opinions on the effects of smoking and drinking on cancer diverged in the village. In my questionnaire, roughly one fourth of informants saw a link between smoking, drinking and cancer. The majority was sceptical, and quoted examples of locals who had developed cancer but had never smoked or drunk, or, viceversa, of those who were in perfect health and smoked and drank heavily. As for consumption of preserved vegetables, these attitudes may be understood as part of locals' *habitus*, produced by the commonality of drinking and smoking, which in turn made these activities more likely (especially for men). But smoking and drinking were also hard to quit because they were experienced as enjoyable. Locals also felt they were used to it (*xiguan le* 习惯了) and therefore could not quit (*jiebuliao* 接不了).

The relationship between drinking in particular and health was ambivalent. Although locals knew that excessive drinking (500 gr. of white liquor per day, every day, in one case; 250 gr. per day in some others) was harmful, they also claimed that ability to drink was typical of healthy people. Paradoxically then, while drinking excessively was perceived as a possible cause of illness, ability to drink was perceived as a sign of health. As the reasoning went, if one can engage in a harmful practice and still maintain health, it must mean that their bodies are 'heroic' (*xiong* 雄), as was noted of uncle Xu (p. 124). Most crucially, the intricacies of local drinking and smoking *habitus* are linked to the ways in which they served as key social lubricants (and pleasurable activities) that therefore could not be given up despite their harm to health. Smoking and drinking are both inextricably linked to a culture of banqueting, welcoming guests and creating social networks.[2] Local people seemed to be aware that excess smoking and drinking were harmful but were not prepared to give up or limit these

[2] In chapter one (p. 57-8) I discussed the typical quantities and kinds of alcohol consumed, and in chapter three (pp. 100-2) I considered the role of drinking in creating and maintaining social relations.

activities because by engaging in them they not only enjoy themselves but also gain invaluable social capital.

Research in these fields also has the added complication of the variations on locals' behaviour as a consequence of the researcher's presence. My initial experience of village life seemed to suggest that locals consumed meat nearly every day. Living in the village for fifteen months gave me a much more realistic sense of lifestyle and local diet (see pp. 54-60). It is important to acknowledge significant divergences between locals' claims and their practices. Uncle Cao presents a case in point. While his wife claimed that he was "able to eat a lot of meat", he in fact only ate it occasionally. Patterns of smoking and drinking are also difficult to assess. Depending on the identity of the interlocutor, locals may boast they drink and smoke more than they actually do. On the other hand, they may reduce the estimate of how much they engage in these practices, aware that they are widely considered harmful. Participant observation may provide a firmer sense of these practices, but the very presence of the researcher may make drinking more prevalent during the encounter, as locals extend their hospitality to the researcher/guest.

If locals were not always convinced of the harm of preserved vegetables, scepticism was far less common with regard to the impact of fertilisers and pesticides. The most widely used fertilises in the area are urea (*niaosu* 尿素) and carbon ammonia (*tan'an* 碳氨). There is a great variety of farm chemicals (*nongyao* 农药) including herbicides, pesticides, fungicides and treatments for specific vegetables and specific diseases. Nearly all of my informants claimed that cancer was due to the use of fertilisers and pesticides, and in some cases locals saw this as the only cause of cancer. In Cangxi as in my area of fieldwork in Langzhong, drinking water was exclusively extracted from shallow wells, which increases the possibility of pollution. This fits locals' perceptions of cancer causality as linked to the use of chemicals

in the fields. Opinions on when exactly the use of fertilisers became widespread vary, but most agree that it was approximately in the early to mid 1980s. It is likely therefore that the impact of fertilisers and pesticides on health would not have been a major factor at the time of research for Chen et al.'s study (1990), and that their bearing will be much greater in the present. Research on water pollution in Langzhong carried out by an NGO (ONLUS) in 2004 found that in some villages, the nitrite-content introduced in the water cycle by the proximity of nitrogen-fertilised paddy fields to the well was 10 times higher than acceptable values, according to WHO standards as well as Chinese Drinking Water Guidelines (personal communication, ONLUS staff). Informants from another village in Langzhong told me they were convinced that the high rate of cancer was due to water pollution. This led to a channel 4 report aired on 15/06/06, 'China's poisoned waters' (see http://www.channel4.com/more4/news/news-opinion-feature.jsp?id=299 (last accessed 08/08/06)), but local officials hindered any further investigation.

The terminology employed to describe pesticides and fertilisers presents a further matter of debate. '*Nongyao* 农药' literally means farm chemicals, but also pesticides more specifically, while *feiliao* 肥料 refers to 'fertilisers'. When villagers complained of the harmful effects of chemicals, they used the term *nongyao* and rarely mentioned *feiliao*. If cross-questioned on whether *feiliao* too was harmful however, they clarified it was. It may thus be that the term *nongyao* was used to refer to farm chemicals in general, and I will here translate *nongyao* as farm chemicals rather than pesticides.

Villagers treated the perceived efficacy of farm chemicals with ambivalence. On the one hand, they noted a stark improvement in farming since their introduction. They compared the tiny grains of maize of the 1960s and 70s with those farmed more recently and celebrated farm chemicals for enabling better produce. On the other hand, they despised their

dependence on chemicals for farming and they complained that these substances were harmful. Farm chemicals made it safer to enter the paddy fields by killing insects and especially leeches, but they were detrimental to health. Indeed, locals stressed that they used little or no farm chemicals on the vegetable produce consumed within the family. They claimed they had to use these substances in the paddy fields otherwise rice would not grow, but on their hillside allotments they limited the use of farm chemicals to cash crops. When I joined local families for a meal, they would reassure me "don't worry, there are no farm chemicals on this food, it's all farmed by us to be eaten by us (*fangxin, meiyou da yao, dou shi ziji zhong ziji chi de* 放心， 没有打药， 都是自己种，自己吃的)" (repeated claim).

Villagers also stressed that one could taste the difference between organically farmed food and food farmed with chemicals and argued that the latter did not taste good (*weidao bu hao* 味道不好). My landlady Dajie told me that if she had a meal in a city canteen (which happened occasionally and only under pressure from her daughter) she would feel sick and suffer from diarrhoea because the food was not clean, and "you don't know what's in the food, where it comes from" (repeated quote). Villagers and city dwellers alike stated that food consumed in the village is fresher and tastier, but that the choice of vegetables, and therefore dietary variety, was greater for city dwellers and the latter were also more likely to consume fresh meat and fresh vegetables.

The strong smell of farm chemicals may in fact contribute to the perception of their efficacy both in positive terms (killing pests and fertilising the soil) and in negative terms (as damaging to health). When I inquired as to where they gathered information on farm chemicals, the typical reply was 'TV programs', and occasionally 'the village broadcast'. My host Li Jun (a thirty-six year old man) referred to one program on China Central Television in particular, where he had learnt of the harmful effects of genetically modified food and he

extended this to the effects of farm chemicals in general. Both in their harm to health and in their benefits to farming, the powerful efficacy of farm chemicals remained unquestioned.

Washing routines are telling of local perceptions of farm chemicals. Villagers washed their face and feet every night, sharing a bowl of hot water (approximately 40 cm diameter) and two small towels (one for faces and one for feet) amongst family members. They were adamant that after using farm chemicals one needed to wash, but whether they in fact washed their whole bodies or only hands and feet remains a matter of dispute. Under pressure from my first research assistant, my host Li Jun built a cubicle where my host family and I could wash in August 2004, but only three families in the village had this facility at the time of my fieldwork. There was however no running hot water, it had to be boiled and put in a tank above the cubicle, which was connected to a shower head. Since having built the cubicle, my hosts and I had a shower more or less everyday in the summer months (June - late August). During the rest of the year however, especially in the winter, washing was very sporadic. My hosts washed roughly once a week in the winter, possibly because they heated the water for me, but this seemed rare for other locals. Some villagers did not wash their whole bodies for months during the winter, to avoid exposure to cold, and paid 3 yuan to wash in the heated township facilities just before New Year. Since the price increased to 5 yuan in the two weeks leading up to the celebration, most villagers had a full body wash just before the price rise, and regarded this as part of the cleaning preparations to celebrate New Year (*gangan jingjing de guo nian* 干干净净地过年). On average, between October and May, villagers had a full body wash once or at most twice a month. Dajie's rule of thumb was "there's no rule, you just wash when you start feeling uncomfortable (*bu shufu* 不舒服) and itchy (*yang* 痒)" (17/01/05).

The habits I have described here – eating preserved vegetables and mouldy food, perceptions of farm chemicals as powerful both negatively and positively, smoking and drinking – may be more productively understood as part of *habitus*. Smoking and drinking habits are part of *habitus* to the extent that they are central to creating social relations, and they are the product of the encounter between past experience and present conditions. Perceptions of farm chemicals are closely related to local perceptions of the environment more widely, and of the effects of modern technologies on it. Thinking of these practices as habits offers little potential for grasping how they are produced, how they relate to their context and how they may change. It often implies mechanical reproduction of practice without reflecting on how such habits are learnt, and what implications their endurance may have for social relations. *Habitus* by contrast is made in practice, and is open to change through practice and the encounter with new fields. It is more heuristically useful as a concept because it requires the unpacking of the social, cultural and historical conditions that have produced it. The related concept of symbolic violence points to the relations of inequality which are implicated by it and shows that *habitus* is central to maintaining inequalities when change may otherwise occur.

Symbolic violence is a pervasive characteristic of Bourdieu's understanding of social reproduction in general, but he elaborates it most explicitly with reference to social reproduction through schooling (Bourdieu and Passeron, 1990). To put it concisely, in Bourdieu's view children succeed in school mainly when their cultural *habitus* does not conflict with that of the school, and this is the case for those of wealthier backgrounds. The symbolic capital associated with the *habitus* of wealthier classes is more valued by the education system, because the school embodies the same *habitus*. By contrast, children from poorer backgrounds internalise failures in school as having being caused by their own shortcomings. This is a form of symbolic violence exerted by the educational system: "the

dominated always contribute to their own domination" (Bourdieu, 1996: 4). But he also explains that "the dispositions that incline them towards this complicity are themselves the effect, embodied, of domination" (ibid.). In other words, symbolic violence legitimates inequalities of social relations by a subtle process of naturalisation.

Preference for food may reproduce social relations through different processes, but these are no less powerful than those achieved by education. I have already shown in chapter 3 how eating practices serve to set social groups apart. I would suggest that people's practice of eating mouldy food and the persistent lack of dietary variation is also a form of symbolic violence to the extent that these potentially harmful practices have become naturalised and persist even when conditions are in place for a change in diet (e.g. availability of resources). The link between culture and power is inherent in both these processes of social reproduction (through education and eating), and this is why I find the concept of symbolic violence useful here. Due to bodily dispositions produced by food shortage in the past, eating mouldy food to avoid waste has remained culturally and socially acceptable.

Although I see eating mouldy food as a form of symbolic violence, this should not curtail an assessment of how locals themselves perceive it. Even though it should not be seen as a natural and unquestionable fact, some educational qualifications may be more useful than others for finding a desirable occupation. By contrast, perceptions of what constitutes an adequate diet depend very much on whose standards such assessments are based, and they are closely linked to people's *habitus* – their past experience, their perceptions of the present and their aspirations for the future. As I argued extensively in chapter 3, hierarchies of value with regard to food are not given, nor perceived as such, but rather subject to incessant negotiations. Parameters on which these conflicts are based are produced by past and present conditions and by life trajectories, and for many, especially of the older generation, eating

one's fill still constitutes an adequate diet. Rather than assume that eating mouldy food is universally perceived to be harmful, or seen as a form of self-oppression, a closer awareness of local perceptions and of the conditions which produce them, maintain them or challenge them, elicits a better understanding of local habits. Employing *habitus* achieves such understanding because it fosters attention to precisely these processes and their embodiment. Dajie's observation that "(living in) dirty (conditions, one) does not fall ill" (p. 165) should not be taken at face value. Rather, we should examine how this claim has come into being and what are its physical, social and cultural effects.

Emotions and cancer

Lay people were not alone in dismissing the effects of smoking, drinking and diet. A young local doctor, who had studied both Western and Chinese medicine, stated that the effect of smoking, drinking and consuming preserved vegetables on the development of cancer was proposed by Western medicine, not by Chinese medicine. According to the latter, he argued, cancer was due to pathogenic emotions, a factor which was not examined by the CTSU study, but which was commonly held by villagers to cause cancer.[3] The young doctor combined Chinese and Western medical knowledge to argue that repressed anger and trapped *qi* (*ouqi* 怄气) cause infections (*fa yan* 发炎) which in turn lead to the development of cancer. Along similar lines, Hsu reports on a *qigong* healer who told her that an accumulation of *qi* leads to the development of tangible lumps, some of them tumors (Hsu, 1999: 83-5). My purpose here is to elucidate lay understandings of cancer aetiology. It is important to point out that the emotional explanation for the development of cancer is not only common amongst lay people, but also reinforced by Chinese medical rationale.

[3] For full length studies on contemporary Chinese medicine see Farquhar (1994); Hsu (1999); Kleinman (1980); Porkert (1974); Scheid (2002); Sivin (1987).

Nevertheless, it would be wrong to equate villagers' understanding of the role of emotions in cancer causation with Chinese medical theories of cancer.

Indeed, there are differences in the ways in which medical practitioners and lay people perceive *qi,* which in turn are central to their understanding of anger as an accumulation of *qi* and a possible cause of cancer. According to N. Sivin, *qi* may be understood loosely as "air, breath, vapour and other pneumatic stuff, which permeates and constitutes the universe" (1987: 47).[4] At the same time, *qi* also refers to "the balanced and ordered vitalities or energies" (ibid.). *Qi* is generally thought to follow regular cycles of activity and its transformations may be understood in terms of *yin* 阴 and *yang* 阳 and of *wu xing* 五行, which are not chemical substances but rather 'five labels' (ibid.: 52). Imbalance in the cycles of *qi* is seen to cause illness. To remain healthy therefore, individuals need to be responsive to cyclic changes in the environment (e.g. seasonal changes) and behave accordingly (ibid.). People's understanding of *qi* varies diachronically and across social groups. In his study of *Patients and Healers* (1980) based on research in Taiwan, A. Kleinman noted that his lay informants had little understanding of what *qi* meant in medical terms (1980: 265). Even though my informants' perceptions of *qi* may have differed across generational and status lines, and from the medical definition of it, they invariably used idioms which included *qi* to characterise emotional experiences. Indeed, the English expression 'to get angry' may be translated as *shengqi* 生气 (literally generate breath) or *fa piqi* 发脾气 (literally release spleen air or breath). Repressed anger and sulkiness may be rendered as *ouqi* 怄气 (literally irritated and repressed *qi*).

[4] For a definition of *qi* see also Hsu (1999: 67-87); Porkert (1974: 167); Scheid (2002: 48-9); Unschuld (1985: 72).

Amongst lay people, emotions are seen as physical states, which have physical results.[5] For A. Kleinman, this may explain the common use of somatic expressions in Chinese to talk about emotions (1980: 135-8). He argues that the use of expressions such as *ganhuo* 肝火 (liver fire) to connote anger, and *xinqing buhao* 心情不好 (*xin* meaning heart) to connote unhappiness shows that Chinese people are more prone to express distress physically, with reference to bodily organs, rather than psychologically (ibid.: 135).

Accordingly, during my fieldwork villagers described *qi* dysfunctions and emotions such as (repressed) anger as having physical effects and potentially causing cancer.[6] They spoke of discomfort in the chest or stomach as *qi huo bing* 气火病 literally 'illness (due to) fiery vapour', and explained it was due to a propensity to get angry. One informant, a man in his late forties, explained the role of emotions in the development of cancer as follows: "it develops over time, anger hurts the body just like a sore throat hurts the throat, and then it can develop from there" (08/08/05). Locals' belief that anger and tension could cause cancer was so firmly rooted that if I openly asked whether these emotions had a link with cancer, locals laughed and replied "Of course it's linked" (*dangran you guanxi* 当然有关系) or "how could it not be [linked]?" (*na ge mei you [guanxi]* 哪个没有[关系]).

Kleinman (1980: 119-78) proposes that the tendency to express distress physically explains the currency of neurasthenia (*shenjing shuairuo* 神经衰弱) as a culturally fashioned response to stress in Chinese culture. Since psychologisation is highly stigmatised, he argues,

[5] On emotions and illness in China see Davis (1996); Kleinman (1980, 1986); Ots (1990), Potter and Potter (1990), Sivin (1995), Wu (2005).

[6] It should also be noted that the perception that emotions have physical effects and that anger and anxiety may precipitate the development of cancer is not peculiar to China. Ruth Salzberger outlines three aspects of cancer causality perceived by her British informants: feelings of guilt, anger, and aggression; heredity and finally external influences such as injury, viruses, pollution carcinogenic substances and difficult life situations (1976: 154-5).

somatisation becomes the culturally legitimated reaction to stress.[7] Thus, rather than understanding their condition as depression, Chinese sufferers understand it as neurasthenia, a category long abandoned in Western medicine because of its assumptions about nerves and their weakness. To put it concisely, the study is an analysis of neurasthenia as a sort of "culture bound syndrome".[8] In his later work based on research in China (1986),[9] he states that neurasthenia is used as "a more respectable somatic mantle to cover mental illness and psychological and social problems that otherwise raise embarrassing issues of moral culpability and social stigma" (1986: 15).

My perspective differs from that of Kleinman's early work (1980, 1986) in some important respects. Most crucially, his outlook presupposes a Cartesian division between mind and body. I would argue that physical and psychological distress are intertwined in locals' experience. Here my argument resembles that proposed by T. Ots (1990). For Ots, the strict distinction between somatic changes and emotions is based on the dichotomised view of mind and body, subject and object, and requires to be collapsed in order to understand the role of the body in generating culture. Similarly, my informants did not perceive a dichotomy between mind and body with regard to emotions. Neither was there a causal relationship between pre-existing mental states and physical experiences supposedly triggered by them. Bourdieu's argument about *habitus* may be applied to understanding emotions as both

[7] On somatisation in China, also see Cheung (1987), Tung (1994), Zheng, Xu and Shen (1986).

[8] "Culture-bound Syndromes" is an expression meant to connote illnesses which are only found in certain cultures. Cheng's discussion of *koro* (1996) may serve as an example. *Koro* is a condition mostly found in southern China and Southeast Asia, characterised by complaints of shrinking sex organs, and believed to be fatal. For Cheng, *koro* is not an individual psychopathology, but rather a social malady, maintained by cultural beliefs which affect the whole community and not just those diagnosed with it. At the same time, caution is in order, because branding certain syndromes as 'cultural' may imply that there are illnesses which may be understood in separation from the socio-cultural settings in which they are experienced (Hahn, 1995: 8).

[9] In this volume, Kleinman develops his argument on somatisation in new directions to outline *The Social Origins of Illness and Distress* (1986). He argues that neurasthenia represents the medicalisation of a problem which originates in the wider social environment. Other studies on neurasthenia in China include Kleinman (1982), Lin ed. (1989), Lee and Wong (1995). On mental health more generally see AvRuskin (1988); Cheung (1991), Cheung and Lin (1997), Ikels (1998), Kleinman and Lin eds. (1981), Lee (1993, 1998); Lin and Kleinman (1981), Pearson (1995a, 1995b), Phillips (1993), Ran et al. (2003), Tseng et al. eds. (1995); Wen (1990); Zheng, Xu and Shen (1986); Zheng and Young (1986). On suicide see Phillips et al. (1999).

physical and mental states. As we have seen, *habitus* is not a given mental structure actualised in the body, but rather it is made in process, through daily bodily practices. Employing it, allows an analysis of the link between emotions such as anger and wider social processes, as affecting both mind and body, as the embodied result of particular living conditions.

Some informants believed that the likelihood of developing cancer due to emotions was a matter of one's character or temperament (*xingge* 性格), and thus affected those who had a propensity to get angry (*xihuan shengqi* 喜欢生气), who had a foul temper and those who were often anxious (*xingge ji* 性格急). Those who discussed the role of emotions at length however, argued that anger and tension were not inherent in one's character, but rather a consequence of wider conditions, of difficult situations making people anxious and angered. One telling example is offered by uncle Li, a local man in his forties. Reflecting on the incidence of oesophagus cancer in the area, he told me: "I'm not sure, but I think Guo Guangyun has cancer, because he came back from being a migrant labourer and he has not eaten properly since New Year. I think it's because of his daughter. You know, she wants to divorce [Uncle Guo's daughter was his only child and had had an uxorilocal marriage]. Her husband's fine, he works and doesn't play around. But she complains that he's boring and too honest! She says she's found a richer man and wants to marry him. You tell me! Who wouldn't get cancer with a daughter like that??" (23/07/05). The perceived inevitability of cancer in conditions such as those described highlights how direct the relationship between cancer and negative emotions is seen to be. It also reveals how family conflicts are perceived and regarded as causes of illness. Understood as part of *habitus,* emotions are shown to be the aetiological link between cancer and enduring especially troublesome social environments. This directs the inquiry towards the wider social origins of illness, how anger is caused and perceived to be caused by enduring difficult conditions, which in turn cause

illness. In these terms, as in part 1 of this study, the influence of past conditions on present experience is highlighted by the concept of *habitus*. Acting as a set of embodied parameters for what constitutes acceptable and pathogenical behaviour, *habitus* which reprimands divorce as so unacceptable it causes cancer also serves to produce and reproduce divorce (and family conflicts more widely) as unacceptable and incompatible with local values.

Many informants presented examples of the causal link between enduring difficulties, anger, and cancer. One in particular, teacher Du, was rather comprehensive in his account. He was 65, used to teach in the village school and retired in 2002 when the school closed down because villagers gradually transferred their children to the township school, where they felt they had access to better quality of education. As all other locals, teacher Du usually communicated with me employing the local dialect. When I interviewed him more formally however (see appendix), Du spoke in standard Chinese (something rather unique amongst villagers), adopting a very authoritative tone, often pre-empting the responses I may have collected from other villagers, and aiming to set himself apart from them. Discussing oesophagus cancer with me, teacher Du listed a series of local examples to prove that cancer was due to pathogenic emotions generated by bad family relations and by enduring hardship: four were cases of oesophagus cancer, one of liver cancer and one of leukaemia.

"It's linked to anger (*shengqi* 生气) and anxiousness (*zhaoji* 着急). It is not that people who get angry easily will develop it, people get angry and tense when there is a major problem in the family, and this causes cancer. For instance, Du Guangfu (杜光福) died of oesophagus cancer because his daughter was bad to him, she even bit his hand. He was in good health before, but then he just couldn't take it. Cao Fupei also got oesophagus cancer linked to the sorrow of his daughter drowning and his wife being bad to him. When he was diagnosed, it was already too late, he couldn't eat... He found out late because it was

mistaken for flu. Du Guangfu (杜光富) also died of oesophagus cancer because his wife was bad to him. Li Yunwu also developed oesophagus cancer because he argued with his family. And Li Quanwu, he was only 40. He didn't get on with his wife she was always at the teahouse, meanwhile he was working hard, even when he started to feel ill. Then he started to lose weight, and died of liver cancer... All these men were healthy before, nobody expected them to die like that. Cao Zhilei's illness (leukaemia) also developed from repressed anger, but not from his family, they were good to him, it was being attacked during the Cultural Revolution [he was the son of a local 'landlord']" (15/07/05).

As these examples make apparent, cancer is often regarded as caused by worries and tensions which are due to family conflicts and general hardship. Although other illnesses are also sometimes regarded as caused by emotions, an analysis of cancer aetiology as it is perceived by villagers also needs to account for the role of family and social conflicts and the emotions these ensue. Difficulties regarded to generate cancer are sometimes linked to the relatively distant past, as in the case of Cao Zhilei, but more often to recent experiences. The most common cause cited is family conflicts, perceived to be precipitated by the challenges of the reform period – financial difficulties, migrant work, intergenerational tensions and so forth. As such, therefore, a study of local aetiologies of cancer cannot be divorced from a study of intergenerational conflicts, the effects of migration, financial challenges to peasant economy and of social change more widely. In turn, devoting due attention to emotions reveals the position of cancer within the wider social and political framework and the challenges villagers face in the contemporary world. Cancer is not just a metaphor of current social relations and conflicts, as Susan Sontag (1990) has put it, rather it materialises them and serves to produce and reproduce social and cultural values. *Habitus* highlights the importance of social, economic and cultural contexts, how they are produced, and in turn what attitudes to the body and to illness they foster.

A. Kleinman's attention to "social suffering" (Kleinman, Das et al., 1997) also urges an analysis of the local moral worlds within which illness is experienced. Yet, the data he relies on and the outcomes of his study are different from mine (see pp. 14-5). Approaching these issues through the prism of *habitus* points more firmly to the ways in which bodily dispositions are situated in history and are produced by unequal power relations. Enduring hard living conditions does not only produce certain attitudes to eating, as I outlined in part 1. It also produced illness. Here I have shown that perceptions of cancer are produced and revised in practice. This chapter concludes on the dark note that social life itself may be pathogenic, and is perceived as such by locals. The fact that it is perceived as such is not necessarily proof that it is, but is indicative of people's perception of society more widely, of its lack of morality, and the difficulties it entails. Whether or not one agrees that illness itself is socially produced, and is a symptom of social rather than medical problems, depends very much on one's political inclinations. What locals' claims about emotions do prove nevertheless is that perceptions of illness are created socially and culturally, and disclose much about the environment in which people live, fall sick, and search for healing.

CHAPTER 6: The Spirit world, family relations and cancer

Cao Lei "...At New Year we burn paper money. *Guo nian de shihou yao shao zhi.* 过年的时候要烧纸"

Du Bin "In our house we won't, my granny is a Christian. *Women jiali bu de, wo popo xin jidujiao.* 我们家里不得，我婆婆信基督教"

Cao Lei "And what kind of thing is Christianity?? *Jidujiao shi ge shazi??*基督教是个啥子??" (27/03/05).

This remains one of my favourite fieldwork moments. Two girls, Cao Lei a ten year old, Du Bin a twelve year old, discussed local customs. Their debate was more profound than they realised, and something they had not yet considered independently, but rather internalised through practice from their grandmothers.[1] In the case of the former, uncle Cao's granddaughter, her grandma followed traditional customs with regards to offering paper money and incense to the kitchen god and to ancestors. For Du Bin, whose granny was a devoted Christian (even though she rarely had the time to attend masses and refused to attend illegal family churches in the village), offering paper money and incense was a thing of the past, a "meaningless waste of money (*mei yisi* 没意思, *langfei qian* 浪费钱)". As all Christians I encountered, she repudiated these practices since converting to Christianity.

This chapter will examine the ways in which individuals' and families' attitudes to the spirit world intersect with their perception of illness, health, healing and death. I begin by examining the recent so-called religious revival in China with reference to perceptions of

[1] This is not always the case. Some children engage actively with the beliefs and religious practices of their carers. Li Feng, for instance, a fifteen year old who lived with his Christian grandmother, critiqued Christianity heavily. "It is not right, burning papers is our tradition, it's a habit, why should Christians stop doing that?!" (frequent statement).

spirit mediums and of practices of burning paper money to gods and ancestors. This is followed by a brief account of Christianity in the area. In families afflicted by cancer, religious beliefs influenced both how they treated cancer and their behaviour after their relative's death. I shall compare the case of uncle Cao and uncle Xu. The former and his wife were not Christians, and thus more prone to consult spirit mediums and burn paper money and incense to the deceased. In the case of the latter, some family members were fervent Christians (his wife and his second son and daughter-in-law) and thus opposed to consulting spirit mediums, and to traditional customs such as offering paper money, incense and fire-crackers. Others were in favour of these practices, causing a rift which sometimes became very pronounced.

Through ethnographic examples, I show that the spirit world is productively understood through the prism of *habitus* rather than by emphasising either belief or practice. My case studies will highlight that practice produces belief and thus practice and belief are inseparable. My evidence will also point to the ways in which ritual practices are not simply a mirror of society but they are also central to producing family and social relations. I conclude that cancer treatment is a crucial time at which family relations are negotiated, and allegiance to the spirit world plays a central role in how these relationships are produced.

Religious revival? Christians, spirit mediums and paper money

Since the death of Mao (1976) policies with regard to religion have become more tolerant. Speaking of a religious revival might however be misleading. Indeed, it implies that religion was uprooted during the Mao period, which has been and remains a matter of contention. In the 1980s and early 1990s, debates on this topic were between those who argued that the break with tradition had been great (Siu, 1989) and those for whom a level of continuity had

been maintained (Potter and Potter, 1990). Current approaches have moved beyond the dichotomy between change and continuity and revisit these issues in terms of local perceptions of place and community, co-optation and negotiation between various agencies, and articulations of social memory.[2] These ethnographies often show that present practices are a synthesis of old and new, they reconstitute elements from the past "to speak to new realities" and to comment on the present (Leonard, 1994: 14). Indeed, the forms of religion which have surfaced recently have done so in a starkly different setting to that of pre-Communist China. Approaching these issues in terms of *habitus* allows to bridge this gap between past and present, 'tradition' and 'modernity', and focus on the ways in which they interact in forming locals' practices and their attitudes to ritual, science and healing (see Gellner, 2001: 242).

My findings indicate that the very question of religious revival, of whether religiosity had subsumed during the Mao period, is problematic. Claims as to whether it had in fact declined, whether there is at all a revival, and whether this is desirable, are also ways in which locals constitute their identities in the face of rapid social change. Overall, it seemed that locals did not necessarily oppose tradition and modernity, they found that they could co-exist, that their 'traditional habits' (*chuantong xiguan* 传统习惯) did not necessarily contradict 'modern' aspects of their lives. The complex interface of these aspects may be unpacked only by bridging practice and belief through the concept of *habitus*, and assessing their interaction. Perceptions of spirit mediums may serve as an illustration.

Spirit mediums were locally referred to as 'female master' *shiniangzi* 师娘子. All locals however agreed that *shiniangzi* could be both a man or a woman. Opinions differed on the

[2] See Brunn, (2003); Chau (2006); Feutchwang (1992, 1996, 2003); Jing, (1996); Leonard (1994); Leonard and Flower (1996, 1998); Mueggler (2001); Sangren (1996, 2000, 2003); Stafford (2000). For an article specifically on the impact of state intervention on funerary rites during and after Mao, see Whyte (1988).

quantity and quality of these healers. Such opinions were situational, and could not be easily mapped across rural-urban, age or gender divides. Although it seemed that most believers in spirit mediums were elderly women, the vast majority of Christians, as we shall see, were also elderly women. A similar pattern held true for attendance of Buddhist temples. Young people in brigade eight, especially men, were least likely to believe in (or admit belief in) spirit mediums or Christianity. Sometimes, the same informant voiced contradictory opinions, which seemed to change depending on the interlocutors and the contingencies of the exchange. Some claimed these practitioners were declining in numbers because "people now believe in science"; others claimed they were growing "because during Mao's time they were banned but now they can work freely". Some claimed that all *shiniangzi* were frauds. Others, usually those who argued that there were growing numbers of *shiniangzi*, stated that amongst them there were some "real" (*zhende* 真的) and some "fake" (*jiade* 假的), "money cheaters" (*pian qian de* 骗钱的).

These claims should not be taken at face value, especially considering the inconsistencies within villagers' views. Statements such as 'people now believe in science' and 'they were banned in the past but now they are growing in numbers' may in some cases have been a reproduction of the Party line, especially when they were put forward by people who were relatively unfamiliar with me. Some young people remained convinced that science was wiping these practitioners out even when we became closer. The fact remains however that whatever locals claimed with regards to these practitioners, they knew that their claims acted as defining features of their social identity. Their views, in other words, 'classified' them, or, to employ Pierre Bourdieu's famous formulation, "taste classifies, and it classifies the classifiers" (1984: 6). At the same time, as I outlined in chapters 3 and 5, hierarchies of value are not given, but rather always contested by all involved, and not necessarily in opposition.

As I have began to show, tradition and modernity co-exist. Inconsistencies between locals' claims may be clarified by focusing on the mutual constitution of practice and belief.

Indeed, people who claimed *shiniangzi* were reliable, did not necessarily perceive themselves as inherently traditional or backward. They may have been branded as such by others, and sometimes even branded themselves in these terms, but they did not necessarily see a contradiction between modernity, science and spirit healers. For instance, Liu Min, the twenty-seven year old man who made the fiercest claims to being modern and science-oriented, also made no secret of his fascination with the spirit world. "There are things you cannot explain... like once, I felt very tense (*zhaoji* 着急) and uncomfortable (*bu shufu* 不舒服) and then I burnt some paper money and I got better" (17/11/2004).[3] He also believed that spirit mediums who trained 'properly' (that is, according to him, as apprentices to a skilled healer and with reference to written texts) could cure illness, and that their expertise was 'scientific' (*kexue* 科学). The example of Liu Min thus shows that the dichotomy between tradition and modernity is not a valuable tool to understand social changes currently underway in China. Equally, rise in religious engagement should not be interpreted simplistically as a return to 'tradition' in the face of the challenges of modernisation, nor as a sign of backward thinking or lack of progress. Tradition and modernity were not necessarily perceived as a dichotomy by villagers, and cannot easily be mapped onto generational lines, as if to suggest a progression from the former to the latter. Indeed, Liu Min's father, uncle Liu, was starkly opposed to spirit mediums and to burning paper money, which he considered "superstition" (*mixin* 迷信). He did nonetheless burn incense and paper money for his ancestors and the kitchen god, because this was what he was used to (*xiguan* 习惯). This reference to habit may be more fruitfully illustrated through *habitus*. Although uncle

[3] On paper money and transactions between the living and the dead, see Gates (1987).

Liu despised superstition, burning paper money formed part of what Adam Chau calls "religious *habitus*", that is, one's "attitudes towards, and behaviours concerning deities, sacred sites, religious specialists, religious rituals, and supernatural forces", determined by past and present engagement with particular deities, sites, and ritual specialists (2006: 67). In this way, we do not simply take for granted that uncle Liu unreflexively replicated practices he was accustomed to, but acknowledge the importance of the contexts and experiences which brought his attitude (or his *habitus*) into being, and in turn highlight the role of his *habitus* for social reproduction.

The advancement of 'science' may also not necessarily undermine sprit mediums. As Liu Min put it, these could practice in a scientific way, provided they trained adequately. Geomancy was also often referred to as 'scientific'. As this begins to highlight, the concept of 'scientific' may not carry the same associations for villagers as it does for a Western reader. Literally, *kexue*, commonly translated science, implies specialist study (see Farquhar, 1994; Hsu, 1999; Scheid, 2002). Informants sometimes described as scientific actions (such as a way of carrying a heavy bag which minimised effort) or geomantic practices, or spiritual healing, which could not be characterised as 'scientific' in English. For locals, 'scientific' meant something that is the result of careful thought and long term experience. Science was, no doubt, also associated with technology, but this did not necessarily threaten its other implications. The most blatant example is the popular fortune telling establishments, where for one yuan one can have his or her palm scanned (printout included) and her future told through computerised analysis of the significance of the palm's lines. These advertise themselves as 'scientific fortune telling' (*kexue suanming* 科学算命), thereby deriving their efficacy from both the tradition of fortune telling and the advancement of science.[4]

[4] On how religious practitioners establish their legitimacy see D. Gellner, (2001: chapter 8, 9 and 10).

As this example shows, science can be put at the service of tradition. Liu Min proudly used the latest technology he had acquired for cutting cloth (he worked from home making working gloves) to cut paper money offered for the kitchen god, which produced quicker and better (more neatly cut) results. Dichotomies between science and superstition, tradition and modernity, are therefore not clear cut.[5] Even when informants do adhere to these dichotomies, the task of the researcher is not to reproduce these oppositions as pervasive and pre-given, but rather to investigate the bundle of power relations which are entailed and produced by informants' claims. This of itself is worth a full-length study, which is not my aim here. My present account is limited to aspects of this debate which are related to healing. No matter one's view on these issues, the incompatibility of Christianity with ancestor worship (or any other religious practice, for that matter) remained unquestioned by all informants. This raises important questions of approach which, I will argue, are efficiently tackled with reference to *habitus*.

Christians in the village

Much has been written on the recent growth of Christianity in China, from a variety of theoretical perspectives.[6] According to J. Gernet (1985) reality is constituted through language, and therefore there are unbridgeable differences between Christianity and Chinese culture due to different modes of language and thought. This, for Gernet, explained why the impact of Christianity in China could only be limited. In his study of Christianity in Hangzhou in the seventeenth and eighteenth century, D. Mungello (1994) by contrast proposed that Christianity, however limited its influence, could be assimilated or enculturated in Chinese culture. My own findings show that the influence of Christianity is

[5] For an argument against a single evolutionary metanarrative of development and against ahistorical and acultural conceptions of technology and science see Bray (1997, especially pp. 8-12).
[6] See for instance R. Madsen's monograph on Catholicism in Tianjin (1998). For an edited volume on the recent history of Christianity's rise in China see Uhalley and Wu eds. (2001).

considerable and growing. This proves, contra Gernet, that 'Chinese' can also be Christians. Yet, the modes of its assimilation do require a degree of adaptation on the part of the locals, and a departure from some of their 'traditional customs' (*chuantong xiguan* 传统习惯), as locals disparaging of Christianity put it, or from 'superstition' (*mixin* 迷信), to employ the believers' language. An approach concerned to tease out the interaction between practice and belief offers a productive theory of how such adaptation is possible, and of its implications.

The presence of Christianity in the area has been considerable since the end of the 19th century. W. Cassels, one of the 'Cambridge Seven' who set out to work as missionaries in West China in 1885, settled in Langzhong (at that time called Pao-ning) in 1886.[7] His wife and a number of others joined him in the subsequent years. According to Cassels, in 1888 Langzhong was a city of 40,000 people. By that year, he had established an organised church and a refuge for opium addicts; a total of 9 missionaries settled in the area (China's Million [CM] 1889: 88). In 1892 Langzhong began to serve as headquarters of the district of Eastern Sichuan, with Cassels as assistant superintendent (CM 1892: 131). Three years later, in 1895, he was consecrated first bishop West China (CM, 1925: 188-9). According to China's Million's yearly statistics, in 1898 Langzhong counted 1 missionary station, 3 outstations, 17 missionaries, 4 organised churches, 129 baptised followers, 1 school, and a hospital, first established that year. With the Communist victory in 1949, the hospital became the city's "People's Hospital". The church is still in working order, and underwent some renovation in 2004-5. During that period, mass was held there every week.

[7] The young men who later became known as the 'Cambridge Seven' were T. Studd, M. Beauchamp, S.P. Smith, A.T. Polhill-Turner, D.E. Hoste, C.H. Polhill-Turner, and W.W. Cassels. For a book-length account of W. Cassels' work see Broomhall (1926). For Cassels' own account of Christianity in South-West China see Cassels (1895). See also accounts in the China Inland Mission's yearly publication *China's Million*. For other missionary accounts of Sichuan see Graham (1927); see Leonard and Flower (2006c) for an account of his work in Western Sichuan, http://xiakou.uncc.edu/chapters/belief/bodybeliefstate.htm, last accessed 04/04/06.

According to locals and the village head (29/07/04) there were roughly 20-30 Christians in brigade eight. During fieldwork, I counted slightly more than this, approximately 40. Considering that the village population is of just over 600 people, it makes roughly 7 % of villagers Christians. The vast majority of Christians in the village (and in the city) were middle-aged and elderly women. I once attended Sunday mass in Langzhong city church, and found it filled with roughly 2000 people, approximately 90% of whom were women over fifty. The same may be said of the family churches I attended. The largest gathering, of twenty followers, included only two men. When I asked how they became Christians, villagers always explained they were introduced to it by a neighbour, a friend or a relative.

Being a Christian does not entail the same amount of commitment from all converts. Most believers had Christian calendars (with a picture of Christ and Mother Mary at the top and a combined lunar and solar calendar below) distributed by the church. These were put up either in their living room or in the storage room, which was otherwise devoted to ancestor worship and to poster reproductions of the money God. Some also had posters of the ten commandments, of large reproductions of the Christian cross, or of the character *ren* 忍, meaning tolerance or compassion, and the character *ai* 爱 meaning love. Most Christian villagers claimed, in our initial conversations, that they attended mass every week. As I grew closer to them, however, they would explain that the city church was too far and that it was inconvenient to attend mass. Their claim that they attended mass once a week was more a statement of purpose than their actual practice, something they felt was desirable but often not possible. Aunt Shen, a villager in her mid forties, put it as follows: "I haven't been to church much, because I'm busy, but I believe in my heart and it's fine" (03/07/05). Many other locals phrased their attitude in the same terms. There were a few villagers who indeed seemed to attend mass every week, as I met them on a few subsequent occasion at the Sunday service, but this was far from the norm. Local attendance of family churches is more

difficult to measure, because these are illegal and thus villagers remained secretive about them. At the same time, these meetings were often noisy events, characterised by loud prayers and singing. Indeed, Dajie's brother used to hold meetings in his house, but had to stop because his neighbours complained about the noise and threatened to report him to the authorities. The meetings continued in a house comparatively removed from the village road.

Christian villagers often stressed that Christianity was better than Buddhism and ancestor worship because it was cheaper, did not require burning incense and paper money (and perhaps also because they perceived me as a Christian). Forty-year-old aunt Zhao, put it as follows "it's free, you don't pay for anything, none of that burning incense and paper money, that's a waste of money" (07/08/04).[8] Aunt Shen put it to me bluntly "Christianity is good, you don't spend any money on paper, why would you burn that, that's a lot of smoke, it's not money... and fire crackers, and spirit mediums and geomancers, why believe those, they just take your money, why would you do research on those, you're a Christian [I never said so myself], just research Jesus, and research cancer, that's a serious problem!" (03/07/05).

The argument that Christianity is cheap (*pianyi* 便宜) and advanced was also used by proselytisers. Aunt Liu's case was particularly interesting because it allowed me to witness conversion in action. Aunt Liu lived in the house neighbouring mine in the village. She was in her mid fifties, had never attended school, and had a son and a daughter, who by contrast were both high school graduates, and lived in the township. She talked of this proudly. On our way to the family church, she told me "I feel disadvantaged for not having studied, so I always told my children I'd support them studying. Some people say it's too expensive, but I won't, not me" (25/02/05). Aunt Liu was not a Christian, and had been recently invited to

[8] Similar claims on the relatively small cost of practising Christianity were put forward by one Christian informant in J. Flower and P. Leonard's study (2006c) in Ya'an municipality, Western Sichuan, http://xiakou.uncc.edu/chapters/ belief/bodybeliefstate.htm, last accessed 04/04/06.

join by her long term friend, aunt Li. Aunt Li had been introduced to Liu's brother when they were young in the hope that they would marry, but her family refused because they found Liu's family too poor for their daughter to marry into. Nonetheless, Liu explained, "she said she still wanted to be my sister, so we have been friends since then" (ibid.). Aunt Liu joined the meeting because of her friendship with aunt Li, but she was very ambivalent towards Christianity. First of all, she did not want anyone to know she attended the meeting. "Just say we've been to a friend, that word, Christianity, you mustn't say at all...My friend told me to believe, she teaches me (*jiangke* 讲课). Many people attend, they meet twice a week for 2 hours, now they want to meet 3 times. I don't think I want to go that often" (ibid.). She also thought she could not learn because she was illiterate. She insisted "I am uneducated ('without culture' *meiyou wenhua* 没有文化), I'm thick (*ben* 笨), I can't remember things, how can I learn?" (ibid.).

Once we reached aunt Li's house, I realised that aunt Li had insisted that aunt Liu invite me to their meeting as a way of making their argument to aunt Liu more convincing. She told her: "you see, foreigners do not burn paper money and all that, they are developed (*fada* 发达), and they are all Christians" (ibid.). Aunt Li also reproached aunt Liu, "that excuse about being uneducated ... it has no influence, you can learn". "My memory is bad", replied aunt Liu. Aunt Li responded readily "I'll write songs down for you, the words repeat themselves, you can learn characters that way". Aunt Liu was silent for a few minutes, and then added "I have no education/culture, but even I can see that all that burning of paper and incense is a waste". Having established at least some common ground, aunt Li and her young friend also criticised Christians who do not attend family churches. They quoted the example of a lady from brigade eight. "She goes to the city church, she says we need to support the church that

the foreigners established otherwise nobody goes there. What's wrong with these meetings?!" (ibid.).

Locals were convinced of the absolute separation between Christianity and other religious and ritual customs. I therefore only attended two family churches, of which aunt Li's was one. Aunt Shen's order to me "you're a Christian, research Jesus" (03/07/05, p. 193), is as much a reflection of her belief as of her conviction that I must be a Christian. I felt that if I had attended more family churches I would have been regarded as a practicing Christian, and this would have prejudiced informants against discussing other religious beliefs or ritual practices with me or in my presence for fear of being looked down on. As aunt Li's case shows, Christians laid claims to being more 'developed' (*fada* 发达) than those who consulted spirit mediums, and even though locals did not endorse this dichotomy automatically, it certainly discouraged non-Christians from disclosing details of their ritual practices with Christians. Nonetheless, from the meetings I attended and from conversations with locals who attended them, I gathered that the format was always the same. The meeting at aunt Li's was small scale, only aunt Li, aunt Liu, a local woman in her thirties and me attended. It lasted just over one hour. At first, Li and her friend read excerpts from the Bible, then they went through the text explaining it, giving examples of how their own experience related to it, and what they could learn from it. Then they sang hymns. The conclusion was intense. They shut the door, asked me to put my legs down properly (I had them one over the other), and they had a fifteen minute individual prayer session. The young woman went first, speaking to God at high speed, and the others repeating 'amen' and 'praise' every few seconds. She was followed by aunt Li and aunt Liu. The only difference with the larger meeting I attended amongst 18 others was that the final prayer session was in that case carried out by all followers simultaneously and it was concluded by a final hymn.

Views on family churches differed both amongst Christians and non-Christians. Some locals felt sorry they could not attend mass more frequently, but still refused to attend family churches. Aunt Zhao, in her late fifties, who had been introduced to Christianity by her younger sister, recalled times when she was less busy because her son and wife were still at home, and she could attend mass. Showing me the gown she was given when she joined the choir, she commented "you can only wear this if you're in the choir. A shame I don't really have time now, but if you believe in your heart, that's what matters, isn't it... I mean, these people who join family churches, that's not good, like the vet who lives just behind us. It's illegal as well. There's nothing really wrong with it, but the Party's against family meetings because you never know what people really do" (01/04/05). Aunt Zhao was unwilling to join, but did not completely oppose them either.

Liu Min, a twenty-seven year old man who lived in the neighbouring village, had a different approach to it. He once told me about the family church meetings that took place near his house.

"They started about three years ago. They meet every weekend to sing and read the Bible. It's so loud, you can hear it from here! If one of the followers is ill, they will go to his or her house and sing for them. There are many Christians here, but not all of them join these meetings. It's fake anyway (*jiade* 假的), it's not real (*zhende* 真的), they are not nice people (*na xie ren bu hao* 那些人不好). For instance, your house has a well and your neighbours want to use it, they won't let you, they'll tell you to build your own. Isn't Christianity about doing good and being nice to others?" (10/02/05).

Both Liu and his wife derided them, as if they were unable to understand Christian principles, and stressed that their form of Christianity was fake and evil. Liu's wife, whose

natal village was brigade eight, added "in brigade eight they have home churches too, like that vet in unit three, he joins in, lots of people are Christians" (ibid.).

Others extended their scepticism to Christianity as a whole. Dajie, for instance, commented on two Christian friends of her second brother, who also was a Christian, "they say Christians cannot cheat people (*pian ren* 骗人), but how can they do business then? It's impossible, making money is about cheating people, if you don't cheat people you won't make any" (*bu pian ren zheng bu dao qian* 不骗人挣不到钱). Another local in her thirties, sister Wang, downplayed any forms of belief in the spirit world.

"Fortune telling is fake, I even met a fortune teller who said it himself. My husband believes it even less, he walks home in the dark and all... And Christianity isn't much good either, people who believe still behave badly. They say you'll be cured if you believe, but so many who believed here died early. They say you'll go to Heaven when you die! Well, (if) so many people go to Heaven, there can't be enough space for everyone!" (*hao duo ren shang tian, dou zhan bu xia* 好多人上天，都站不下) (02/07/05).

Becoming a Christian certainly had one tangible effect, recognised by believers as well as the community at large. As a few of the informants I quoted clarified, they could not burn paper money or incense or firecrackers to ancestors and ghosts. They were also expected not to believe in ghosts. I will show that these attitudes are productively understood through *habitus* rather than with reference to either practice or belief. The following case illustrates this clearly. When Dajie's brother called, late on the evening of 02/02/2005, to advise her to go over to see her father, she could not bring herself to make the journey for fear of being attacked by ghosts. Even when I offered to accompany her, she was still too scared because there would be no men to cast off ghosts. The following day, she praised my courage and

willingness to help in the presence of her mother and brothers. Their unanimous reaction was that in my country we were all Christians, and Christians did not believe in ghosts, it was thus no wonder that I was not scared. Her mother claimed "we [Christians] feel none of these fears". She explained that since converting to Christianity she herself was no longer scared of ghosts. The brothers and mother simply assumed that, being from the West, I must be a Christian, and therefore I would not fear walking in the dark without men.

This conclusion is perhaps telling of their own perception of Christianity vis-à-vis local religion and customs. A woman who was not scared of walking in the dark could not share their local perception of ghosts. Anyone who did not believe in them was in most cases a Christian. Therefore, the argument went, I must have been a Christian. As this shows, 'Christian' was synonymous with 'non-believer in ghosts'. Dajie's mother also confirmed this attitude towards ghosts since conversion. In March, when Dajie asked her mother if she had met her deceased husband in her dreams, her mother replied "no, there is no such thing, we Christians don't feel anything like that" (04/03/05). Whether Christians, after conversion, really do stop being scared to go out in the dark remains a matter of dispute. Dajie seemed to be convinced this was the case. She cited as evidence the fact that her mother could walk around the village in the dark since she converted, where she had never done so before. Another local woman also noted the same shift after conversion. At any rate, walking alone in the dark as a woman constituted her as a Christian, or in other words, her Christianity was produced, as well as manifested and confirmed, in practice.

Practice, belief and *habitus*

The intricate relationship between belief and practice is highlighted by these accounts, and requires some theoretical unpacking. A volume edited by J. Watson and E. Rawski (1988) on

funerary rituals offers some interesting points for discussion. In two introductory essays, Watson and Rawski debate the relative usefulness of focusing on praxis or doxa in the analysis of rituals. Watson (1988a) argues that performance, rather than belief is central. For him, a degree of uniformity in funerary rites is visible across China, and the standardisation of ritual practices was central to maintaining China unified (1988a: 3). As he puts it, "It is irrelevant whether or not participants actually *believe* that the spirit survives or that the presentation of offerings has an effect on the deceased. What matters is that the rites are performed according to accepted procedures" (ibid.: 9-10). Indeed, those performing the mourning rites might hold different views on them while they usually agree on practice. My findings on Christian attitudes to funerary rites however show that the situation is more complex than Watson suggests. As Dajie's husband explained, "it is not about belief, it is a traditional custom (*bu shi xiang bu xiangxin, shi yi zhong chuantong xiguan* 不是相不相信，是一种传统习惯)" (28/08/04). Nevertheless, the actual practices of Christians suggest that some degree of belief is involved. For them, burning paper money and incense implies believing in ghosts, which they are not permitted to adhere to after conversion. As these attitudes show, belief and practice mutually constitute one another. This approach is more useful because it recognises the importance of both practice and belief, and their inseparability, which would be undermined by a focus solely on practice.

That this attitude to the spirit world is not a recent innovation since the rise of Christianity's popularity is proved by villagers' claims surrounding the presence of spirits during the Mao period. During Mao's leadership, and especially during the Cultural Revolution, the state encouraged people not to hold funerals. A memorial meeting with friends and relatives was allowed, but any reference to spirits, or offerings of food, incense or paper money were strictly forbidden, to limit expenditure (Whyte, 1988). The extent to which these policies were successfully implemented in the countryside remains open to debate. According to

around fifteen villagers with whom I discussed these changes in the course of my fieldwork, ghosts "did not exist during Mao's leadership (*Mao zhuxi de shihou mei you gui* 毛主席的时候没有鬼)". Some conceded, "there were [spirits], but very few". The reason given was that ritual practices such as funeral banquets, burning incense and paper money were banned. C. Stafford asserts that state intervention on these matters can never completely 'kill' ancestors (2000: 85). J. Jing's (1996) account of the effects of displacement on ancestor worship also suggests that those involved found ways to resist the state's manipulation of memory and to articulate their subversive sense of local community. Similarly, in Langzhong local customs cannot have been wholly eradicated as a consequence of Maoist campaigns. Yet villagers' perceptions of the existential absence of spirits at a time when rituals to establish relationships with them were forbidden suggests that spirits are *produced* through ritual practices. Their presence is contingent on the performance of rituals. By extension, this would suggest belief in them can only continue as long as rituals are carried out.

Practice theory, and the concepts of *habitus* (Bourdieu, 1990: 52-65) and enskilment (Ingold, 2000: 416) in particular, present a more useful approach. *Habitus* does not presuppose that thought takes place in an interior subjective space, but rather in the very engagement with practical activity. Understanding attitudes to ritual in this way shows that thought and action, belief and practice, are not separate; belief is not pre-existent in people's minds, nor does it exist outside the context of use, ready to be subsequently internalised. For Bourdieu, bodily attitudes are the result of interaction between actor and surrounding, situated both in time and place. T. Ingold characterises Bourdieu's concept as follows: "the *habitus* exists only as it is instantiated in the activity itself. In other words, the *habitus* is not expressed in practice, it rather *subsists* in it" (2000: 162). *Habitus* then is the practical mastery carried in one's body, skills not acquired through formal instruction but by practice. This is akin to Ingold's own definition of enskilment as knowledge inseparable from doing, since "both are

embedded in the context of a practical engagement with the world – that is, in dwelling" (2000: 416).

In other words, people's interaction with their environment, their ways of dwelling in it, is at the root of both belief and practice. Their engagement in ritual generates a way of attending to the environment which entails the existence of ghosts. Such belief is not a structure of the mind actualised, it is made in practice. To adapt Ingold's phrasing that "we do not have to think the world in order to live in it, but we *do* have to live in it in order to think it" (1996:118, quoted in Ingold, 2000: 418), I would argue that people do not have to believe in ghosts in order to burn paper money, but they have to burn paper money in order believe in them, and by extension, in order for ghosts to exist.

There is in fact a parallel between the impact of Maoism and of Christianity on belief and practice. Both associated themselves with 'science', modernity and progress and therefore required a cessation of superstitious practices. This is not to imply that all locals perceived burning paper money as superstition, or that they regarded it as opposed to modernity. As we have seen above, the relationship between tradition and modernity is far more complex. Yet the ideology of both Maoism and Christianity proposed a type of modernity that set itself apart from these practices. This at once presupposed that there were no ghosts or ancestor spirits to worship, but also impeded the *production* of these entities through ritual practice. In other words, if belief is produced by ritual practices and thus inseparable from them, it follows that whether or not participants actually *believe* is in fact central to their practices. If this were not the case, Christians would not necessarily cease presenting paper money and incense offerings. By rejecting these practices, locals also constitute their identities as non believers in ghosts. J. Watson's approach largely ignored this aspect. By focusing on the importance of correct practice, he did not elaborate on its potential to create belief. Tackling

the spirit world in these terms conversely fails to explain the absence of belief because it does not examine the processes by which it is produced, nor, by extension, does it consider the reasons why belief may subside. Locals' beliefs are thus more adequately understood as part of their *habitus*, as constituted in practice and indissoluble from it. When I use the term practice therefore, I do not use it in Watson's sense, but in the sense elaborated by Bourdieu, that knowledge and belief are always embodied in practice, inseparable from it. Rather than resuscitate the dichotomy, I use the term to encompass both practice and the beliefs produced by it.

Ritual practices have implications wider than strictly the (re)production of the spirit world, which also remained under-theorised in Watson's account. In the remaining part of this chapter I will show that *habitus* is more heuristically useful for understanding how social relations are produced because it does not separate the social environment from its making and its perception. Aunt Liu's attendance at her 'sister's Christian meetings' was no doubt a product of their close relationship, which bound aunt Liu's to an obligation to attend. At the same time, her attendance contributed to materialising and reproducing their closeness. Religious efficacy is also closely related to social relations. The extent and mode of one's engagement in ritual practices serves to produce social relationships with the dead, and thereby between the living, to negotiate one's position within the family. *Habitus* can elucidate the implications of particular religious allegiances for family and social relations.

Christians vs. spirit mediums: approaches to healing

Villagers from all religious and ritual persuasions laid claims as to the efficacy of their religious beliefs and practices in preventing and curing illness. The attitude to offering paper money to appease ancestors and ghosts exemplified above by Liu Min was rather wide-

spread and a case in point.[9] Around the time of New Year I heard several conversations regarding burning paper money. The gist of the argument was that offering paper money had an influence on one's health, or in other words, it was efficacious. One of Dajie's aunts, for instance, told me "I was feeling tense, so I burnt some paper money and I felt better instantly, I don't know why, but it works" (15/02/05). Many displayed a degree of scepticism towards the presence of ghost and the efficacy of offering paper money, but nonetheless argued that it worked.

Christians too argued, more or less openly, that believing in God was beneficial to their health. Comforting her oldest daughter-in-law's mother about illness in the family, Dajie's mother suggested "don't believe in Buddhism, that's no good, you should believe in Christianity, you feel a lot better, there are no ghosts" (16/03/05). I attended two family churches during my fieldwork, and in both cases some of those present commented on how Christianity had made them healthier and given them strength to face illness in the family. Aunt Zhao, a villager in her early forties, argued that converting to Christianity helped her heal from her cold. She had in fact developed TB but never told me so, because, according to her neighbours, she feared that I might not be willing to talk to her if I knew.[10] Grandma Tang, a 62 year old villager, explained that being a Christian had no influence on her body/health (*shenti* 身体). But then elaborated, "the spirit/energy condition improves (*jingshen qingkuang tigao* 精神情况提高), it's a good religion, teaching not to steal, rob, curse, love your country" (22/07/04). There were however locals who had converted to Christianity and later renounced it because they found it inefficacious. Aunt Li, for instance, had been converted by aunt Zhao in 2000. She had rheumatoid heart disease and high blood

[9] For seminal studies on gods, ghosts and ancestors see Ahern (1973); Freedman (1970); Gates and Weller eds. (1987); Paper (1985); Sangren (2000); Shahar and Weller (1996); Weller (1985; 1987); A. Wolf ed. (1974).

[10] I wonder whether this in fact reflected her experience of being ostracised by her neighbours when she was ill, since they were so ready to explain her secrecy around TB as fear of being isolated. Her own account that she spent 'thousands of yuan' on her 'cold', and was hospitalised for a number of successive periods, substantiated the hypothesis that she did suffer from TB and it was not simply a malicious rumour.

pressure, and was told that Christianity would heal her. She became a follower for three years and attended mass whenever agricultural and household activities permitted, but subsequently stopped, disillusioned because her health showed no signs of recovery. In August 2004 she told me "it doesn't work that Christianity (*mei xiao* 没效), I'm still ill" (10/08/04). I was told in a telephone conversation with Dajie that aunt Li died of a stroke in April 2006.

Concerns with religious efficacy are of course crucial to the healing practices for cancer. As I explained, Christians did not resort to spirit mediums.[11] Uncle Xu never consulted a spirit medium to inquire about his illness. Although his eldest son and daughter-in-law were at first in favour of a consultation, other family members contested it as a pointless and ineffective practice. The Christians amongst them were the most fiercely opposed, arguing it was a "wasteful superstition" (*langfei qian de mixin* 浪费钱的迷信). Dajie was not in principle against spirit mediums. She had consulted one when her daughter was three years old and suffered with insomnia (*shui bu zhao jiao* 睡不着觉). The medium had cured her daughter, but Dajie believed this would not work for her father. "With illnesses that doctors cannot diagnose, spirit mediums are effective, but with things like cancer, that's a bodily problem (*shenti de wenti* 身体的问题), the mediums can do nothing" (10/11/2004).

Uncle Cao's wife (aunt Chen) came to a similar conclusion on spirit mediums, but she did consult one during the early stages of her husband's illness, in May 2004. She told me about it months after his death (July 2005), in the presence of a neighbour and very good friend, who was also unaware that aunt Chen had resorted to a medium. "Why didn't you call me?", cried Chen's friend. "We did it in secret, nobody knew", explained aunt Chen. "I don't even

[11] On spirit mediums in China and Taiwan see Jordan (1972), Kleinman (1980) and Wolf (1992).

want to start on that quack! He told us my husband wouldn't live past June, but my husband did so, what he told us was incorrect (*ta shuo de bu zhengque* 他说得不正确)". Aunt Chen was understandably outraged. She described the ritual as follows "first, he stood by the front door, talking; then he sat on the couch, closed his eyes and said those words of theirs [referring to spells used by mediums], for about an hour. The Buddha came from the sky, and the medium went down to the underworld (*yinjian* 阴间), to see what illness my husband had. He told me to burn papers an hour after he had started, to call him back to the world of the living. Then he prescribed some living world medicines (*yangjian yao* 阳间药), including 250 gr. of coptis root (*huanglian* 黄连). In the past, the mediums would have got out and danced with a knife (*dao* 刀), but now they are scared others would see them" (08/07/05). Amongst my informants she was perhaps the keenest on folk religion and spirit mediums, and enjoyed explaining local customs to me. She found this failed attempt very upsetting and felt cheated. Having had to invest over 100 yuan on his service (50 yuan for the service, extra cash for paper money and incense he brings and for food to offer to him) added insult to injury. But she elaborated an explanation as to why it was ineffective, which closely resembles Dajie's argument. She reasoned "they're good for illnesses that doctors cannot explain, that medicines cannot cure, but for things like cancer, there's no point" (ibid.).

The contingency of attitudes to illness and efficacy becomes conspicuous. Aunt Chen, like Dajie, clearly differentiated illnesses rooted in the body, which may be cured by medical practitioners but not by spiritual healers, and illnesses which doctors cannot explain and which spirit mediums may cure – such as Lida's insomnia as a child. Aunt Chen continued to resort to spirit mediums after her negative experience and consulted a local *fengshui* master (literally wind and water master, more commonly translated as geomancer) to cure her

daughter-in-law's upset stomach following uncle Cao's death. Since her condition was perceived to be caused by uncle Cao troubling her, such treatment was efficacious. Acknowledging that religious healing had no effect upon her husband was a turning point in Chen's approach to his illness. It became perceived as a physically undeniable problem, which eluded religious healing as much as Western and Chinese medicine, as uncle Cao and his family came to realise. Changes in her perception of spiritual healing then are central to her changing attitude towards cancer. By the time I first met uncle Cao and his wife in October 2004, they were already convinced of the irreversible bodiliness of cancer.

The question of religious efficacy is central to both belief and practice.[12] Both Dajie's and aunt Chen's explanations of why spirit mediums would not work for cancer articulate a dichotomy between mind and body in their approach to illness. Yet such dichotomy may not be as fruitful for analytic purposes. Their conviction that cancer is of the body, and the disbelief in spirit mediums' ability to cure it are made through practice. When the treatment failed, aunt Chen blamed it on the inadequacies of that form of treatment for cancer cases, she did not postulate that it was generally inadequate, nor did she stop resorting to it. The spirit medium's failure then constituted cancer as a bodily problem. Conversely, uncle Xu's family did not resort to it because they considered cancer to be rooted in the body, and because some of family members were Christians. But employing this dichotomy fails to explain why spirit mediums and other religious practices are efficacious.

In the context of Liu Min's family's attitude to paper money (p. 186-7) I have referred to what Adam Chau calls "religious *habitus*" to describe the set of embodied religious practices produced by past experience and present engagement with particular deities, sites, and ritual specialists (2006: 67). In the cases outlined above, reference to *habitus* would contribute to

[12] On the efficacy of ritual see Ahern (1979), Chau (2006, chapters 4 and 6), Feutchwang (1992), Sangren (2000), and Wolf (1992).

explaining efficacy by relating it to both past and present experience, and the sociality implied and produced by these practices. The efficacy of the *fengshui* master consulted by aunt Chen no doubt partly derived from his identity as a member of the local community (he lived in the same team *dui* and shared her husband's surname). The importance of locality and shared community for a healer's efficacy is something I have explored elsewhere (2005). Here, I want to focus on the social relations which are produced and legitimated through religious practices, and how they produce efficacy. With regard to medical treatment, the term used for efficacy is most commonly '*you xiaoguo* 有效果', literally, it has an effect, a power to transform. The term for religious efficacy, or 'miraculous response, as Chau (2006) puts it, is '*lingying* 灵应' but in my experience locals also discussed religious practices as having or lacking '*xiaoguo'*. Chau argues that efficacy *ling* 灵 is at the core of popular religion, referring to the ability of a deity to respond to the worshippers' prayers (ibid.: 64, see also Sangren, 2000). Crucially, he shows that *ling* is socially and culturally constructed but it is also an experienced reality for locals (ibid.: 65). In his account of religious festivals, he argues that *renao* 热闹, which he renders as 'hot and noisy sociality', is central to the efficacy of ritual (2006: 147-164). In other words, the very bodily experience of heat and noise, that is, the social heat produced by the co-presence of people, cannot be divorced from religious efficacy.

The inseparability of bodily experience and its social and cultural production is articulated clearly in the concept of *habitus*. To the extent that *habitus* is made in practice, it is contingent on particular social, cultural and economic conditions. These conditions however are internalised, embodied as bodily dispositions which come to be taken as natural, and derive their legitimacy from being perceived as such. Accordingly, practices such as burning paper money derive their efficacy from being commonplace, and thus considered an

ineluctable part of life and habit. By extension, *habitus* serves to bridge the dichotomy between mind and body, because mind, as belief, exists only in so far as it is produced through practice and enacted through the body. The mind/body dichotomy can also be undermined on the basis of my conclusions on emotions in the previous chapter. There, I argued that emotions may be examined as *habitus* for two reasons. Firstly, because they are at once in the body and in the mind. Secondly, because they are perceived to both have effects on the body, but also to be produced or triggered by wider social conditions, such as family conflicts. Family conflicts then are embodied through emotions, and their effects on the body may not be set apart from the conditions which have brought them into being.

On the same grounds, I argue that *habitus* may be employed to understand religious efficacy because it shows that such efficacy is both a bodily experience (and derives its efficacy from bodily experience) and a social and cultural product. The following chapter is devoted to discussing therapeutic efficacy, with particular reference to surgery. Here I limit the debate to religious efficacy, and its interplay with social relations. *Habitus* provides a more productive way to study the spirit world and its relation to the social world because it offers a closer sense of how they mutually constitute one another. This in turn generates a better understanding of how efficacy is produced by religious practices because it highlights the interaction between religious efficacy and social relations. The following section will supply some examples of the porous interaction between these realms and conclude by examining their relationship through *habitus*.

Mourning and the spirit world

The impact of religious affiliations is perhaps greatest on mourning customs.[13] In uncle Cao's case there were no disagreements: Chen consulted one of the local *yinyang* masters (who was also her husband's fourth brother) to establish an appropriate burial time and location, and to compile a *shaoqi* 烧七 list.[14] *Shaoqi*, literally 'seven burning', is a list of times at which to burn incense, paper money and firecrackers at the grave. It should be performed seven times, every seven days, from the day of the person's death, and subsequently one hundred days from death and on the first three anniversaries. I did not attend these rites for uncle Cao, but attended all of them for uncle Xu. It was in fact during one of these occasions that uncle Xu and his wife became my adoptive parents.

A number of family disagreements were played out through the burial and mourning rituals. The first and most blatant regarded financial contributions towards the funeral. Dajie, her sister, her oldest and youngest brother and their respective families were in favour of offering paper money, firecrackers and incense to their father. Uncle Xu's wife, a committed Christian, agreed to contribute money but never took part in the rituals. Her second son and his wife, however, refused to contribute money towards it because they felt, as Christians, that these practices were wasteful and pointless. Like his mother, he and his wife would go to the grave site at the time of the offerings, but stand on the side, not taking part. None of her offspring reproached uncle Xu's wife for refusing to give offerings to her deceased husband. Her practice of abstention from rituals confirmed and reproduced her status within the family. On the one hand her established position of authority enabled her to abstain from the

[13] On funerary rites, see Watson and Rawski eds. (1988).

[14] The expressions *yinyang* master and *fengshui* were used interchangeably. There were two of these masters in the village, both were men. They were mostly consulted for building new houses, marriages and funerals. For a full length study of geomancy see Feuchtwang (1974). A recent monograph on the topic by O. Brunn (2003) examines its resurgence. Leonard (1994) examines local perceptions of geomancy.

rituals without criticism. On the other, allowing her not to participate further reinforced her authority and her children's respect for her. This may be understood as *habitus* because it is the combination of past conditions (her accepted authority), its encounter with new settings (mourning) and her practices within those settings (abstention from ritual) which both rely on her established status but also reproduce it. [15]

If uncle Xu's sons and daughters were accepting of their mother's practices, they were angered at their second brother for refusing to contribute. On the fifth *shaoqi* (12/03/05), the second brother commented sarcastically on those offering paper money, "I don't know what you're doing". Ready for a confrontation, the eldest brother responded "burning paper money, that's what we do... I'm like your God too". As he did every week of the *shaoqi*, he then proceeded to light two cigarettes, poured some white spirit on the grave and addressed his dad "don't have too much, you like drinking, I know... and look at all this money! You never had this much all your life, you have more than you could ever spend (*yong bu wan* 用不完)". As with uncle Xu's wife, the attitude of brothers and sisters towards their second brother both confirmed his status amongst them and in turn reproduced it. His self exclusion from mourning rituals produced him as a Christian and denied him participation in a practice through which the rest of uncle Xu's offspring materialised their attachment to their father and in turn their connectedness as a family.

Attendance of the *shaoqi* rituals was not always even. Just less than 40 people attended the first *shaoqi* ritual, including uncle Xu's wife, all of his offspring (three sons and two daughters) and their husbands and children; uncle Xu's two brothers and their wives; uncle Xu's wife's brother and his family; and some of his close neighbours. The first and last

[15] For a critical perspective on the political aspect of rituals and their role in legitimating social hierarchies see D. Gellner (2001: 61-80).

shaoqi, attended by roughly the same people, were the largest. Attendance in weeks 2 to 6 varied. The eldest brother and his wife attended every week. All the other family members except Dajie missed two or three occasions, due to work or illness. Dajie's husband attended on 3 occasions, including the most important (the first and the last) but otherwise was paid by the day to work as a carpenter and thus did not want to miss work. Dajie's sister lived relatively far, and failed to attend 3 times. When she did attend, she was always accompanied by her husband, who on one occasion attended without her, because she had flu. For the sixth ritual (19/03/05) only Dajie, her daughter, her mother, her sister's husband and I attended. The seventh *shaoqi* (25/03(2005),[16] being the final of the weekly rites, was more substantial than the preceding ones, and included a banquet lunch with around 40 guests. As I have mentioned, the spirit world had a significant impact on mourning practices, creating a rift between Christians and non-Christians. As this begins to indicate, family relations were produced and reproduced through these practices. The following section will examine these processes with reference to one ethnographic example.

The spirit world and family relations

Much has been written on whether religion is a mirror of society. This debate was central to the volume edited by A. Wolf (1974). Opinions varied, but generally problematised a conception of the spirit world as a simple reflection of society. S. Feuchtwang's contribution to this debate is central (1992). For Feuchtwang, local religion provided a sense of place supplementary to that of the ruling orthodoxy, thus presenting some potential for change. The significance of the metaphoric relationship between the world of the living and the world of the dead thus goes well beyond the reinforcement of secular politics. Contributions

[16] In fact, the final *shaoqi* should have been held on 26/03/05. However, the *fengshui* master advised the family to move it forward by a day because the 26th of March was the 17th day of the second lunar month. Since 17 contains a 7, and the rite was also the seventh of its kind, the clash of sevens would have been inauspicious.

to Shahar and Weller's book (1996) elaborate these issues further, with reference to specific case studies. For Shahar and Weller, gods are neither a passive metaphor for China's political order nor a simple reification of its social hierarchy. Chinese gods, in other words, also shaped the social order, compensated for it, upset it and changed it. My findings show that rather than being a mirror of social relations, the spirit world and the ways in which it is perceived by the living, offer an occasion in which social relations, and family relations in the particular case below, are negotiated, reproduced or challenged (see also Stafford, 2000: 79-83).

On 19/03/05, the sixth *shaoqi*, Dajie and her eldest brother reflected on how inappropriate it was that, over a month after their father's death, his ancestral picture was still left facing down on top of a grain storage unit, where it had been put after the funeral. Since the storage room, the place devoted to ancestor photographs, was shared by their mother and their youngest brother's family, the youngest brother was expected to hang it, but had so far failed to do so. There were no other pictures of ancestors on the wall. Instead, it was dominated by a large poster of chairman Mao. With Dajie's help, her eldest brother hung their father's picture next to Mao's face. We then went over to the burial site for the rituals. Upon returning to Dajie's mother's house, I heard her mother say "that one's come home (from the city)". On our journey back to the village, I asked Dajie for some clarifications. "It's my youngest sister-in-law. She convinced my youngest brother not to hang the picture. She says it's because her son [who is eight years old] is scared of dad. That's non-sense. *She*'s scared of him, because she was not good to him when he was alive, and now she's scared he will punish her" (19/03/05). A few days later, uncle Xu's picture was taken down by his youngest son. The eldest brother went over to his youngest brother's house, confronted him and put the picture back on the wall, only this time it was slightly lower, explained Dajie to her

nephew, because "it shares the wall with Mao, and your grandfather did not have as much grandeur (*weida* 伟大) as chairman Mao" (25/03/2005).

When I arrived at the eldest brother's house for the final *shaoqi* (25/03/2005) he, his wife and his two sisters were all in the kitchen discussing the drama surrounding their father's picture as they prepared an epic amount of dishes for lunch. The youngest brother's wife had to be more or less dragged to the table. She sat next to me, in tears, and ate very little. None of the family talked to her. The only people who spoke to her were three elderly ladies who were neighbours. They told her not to cry and accompanied her back to the table on one occasion, after she had ran away mid-meal. At night, Dajie, her daughter, husband and I walked back to the village, and we took with us her youngest brother's son. Dajie and her husband did not waste the opportunity to interrogate their nephew about his grandfather's picture. "Were you scared? Is it you who wanted to take the picture down?". The child replied "yes, I felt uncomfortable (*bu shufu* 不舒服) and I was scared to walk past it". Dajie did not seem convinced. "Did your mum tell you to be scared?". The child could only mumble, which Dajie took as an affirmative answer. She continued, "You have nothing to be scared of, he'll protect you. You were always good to him, he just wants to see that you're safe coming back from school, watch over you while you do your homework" (ibid.).

This series of events shows that the ancestral picture was seen, by all involved, to embody the deceased, who is enabled to guard over their family through it.[17] For most of the family, uncle Xu's presence enabled by the portrait was regarded as benevolent and protective. For his youngest son's wife however he was potentially harmful. This distinction functions to distinguish those who had been caring towards uncle Xu and those who had not. Fear or lack

[17] Similar remarks on the equation of the image with the god or spirit were made by D. Graham (1927), who worked as a missionary in Sichuan between 1911 and 1949. His work is examined by Flower and Leonard (2006c), http://xiakou.uncc.edu/chapters/belief/bodybeliefstate.htm, accessed 04/04/06.

of fear of uncle Xu's efficacy through his picture served to articulate family relationships, to position family members vis-à-vis one another. All brothers and sisters, except the youngest, agreed that the youngest brother's wife was scared of uncle Xu because she had not been caring towards him when he was alive. Exactly how she had been bad to him was never commented on, and I had not noticed anything at the time. Antipathies between uncle Xu and his wife on one side and their youngest son's wife on the other may have been generated by the fact that even though they had separate kitchens, they all lived in the same house, presenting daily occasions for small disagreements and confrontations. Whatever her past behaviour towards uncle Xu, it was clear to his family that if she was scared of uncle Xu harming her, it must be because she was aware that she had not treated him adequately. In turn, her refusal to have his picture hung in the store room presented a further instance of her unfilial attitude, a refusal to recognise and respect uncle Xu as her ancestor.

The youngest brother was also considered to have behaved inadequately. It was his responsibility, not his wife's, to hang the picture. Indeed his eldest brother had apparently been violent during his confrontation with him, pushing and slapping him, while he did not physically attack his youngest brother's wife. Yet he and the rest of the family blamed her rather than their youngest brother for their failure to hang the picture. They felt that their second brother had no fault previous to the picture incident. They did not think that uncle Xu would be angered at him or wish to harm him. This is telling of the position of the wife in the family. Any unfilial behaviour on the part of the youngest brother was not seen to be his fault, but was blamed on her negative influence, since they assumed that she, not originally a member of the family but only acquired through marriage, would have been less predisposed to be filial towards her husband's parents. Indeed, the picture incident served as a focal point around which relationships were negotiated. Disputes surrounding uncle Xu's picture

functioned to articulate family relationships, both with uncle Xu and amongst family members.

I am reminded here of the case presented by M. Wolf of a young woman who failed to become a shaman (1992). Wolf traced Mrs. Tan's failure to her identity as an outsider – as a woman, as a member of a family new to the village, and as therefore not sufficiently integrated in the village to have earned credibility. Because of her outsider status, she lacked the social ties which would have produced her efficacy, and convinced other villagers to believe in her, and in turn persuade her to pursue the shamanic path (ibid.: 107-113). Mrs. Tan was "too low in all of the hierarchies to achieve legitimacy as a full member of her community" (ibid.: 113) and thus could not enlist the support and status which is the prerequisite for becoming a shaman. The outcome, Wolf proposes, depended on "cultural, social, ritual and historical forces" (ibid.: 93).[18]

This case offers insights on two levels of analysis I have pursued so far. First, it highlights that religious efficacy relies on social cultural settings. As I have illustrated, religious efficacy depends on the *habitus* of those involved, and on their ongoing practices. Efficacy depends on the presence of social ties, and simultaneously produces or challenges them. Secondly, it shows that involvement in religious practices both requires a pre-existing level of sociality and produces such sociality. In turn, not having such sociality, as was the case for Mrs. Tan in Wolf's case and for the youngest brother's wife in mine, makes these women more vulnerable to criticism. Indeed, this is why brothers and sisters were much more critical of their sister in law than of their youngest brother although they were both equally guilty of not hanging the picture – she was blamed because her status within the family was lower. At the same time, her perceived failure in the past to fulfil her obligations to her father in law

[18] See also Gellner (2001: 197-220) on the importance of the wider social and cultural context for understanding mediums' role.

reproduce her outsider status and make future exclusion from the family more likely. In this sense, it was the youngest brother's wife's *habitus* (her supposed history of being uncaring towards uncle Xu) which predisposed her to be cast as an outsider, and her unfilial practices in the present (failing to hang the picture) which reproduced her status. Practices of caring for uncle Xu, even after he passed away, are central to reproducing or challenging family relations. In turn, this demonstrates that family relations are always produced and contested through daily practices.

Conflicts between the brothers which had originated during the *shaoqi* rituals continued for months after these rituals were over. Eldest brother and his wife continued to display their disapproval of their youngest brother by refusing to reply when the youngest brother's son to called them aunt and uncle.[19] Given that name calling is an important way in which relationships of familiarity and closeness are produced, their refusal to do so served to negate their relationship with the child and by extension his parents. Dajie's mother explained "he [the young boy] calls them aunt and uncle when he walks past their house, but they don't reply, so now he's stopped calling them" (28/03/05). By refusing to reply to their nephew's greetings they cast their youngest brother's family outside their kinship group and outside their web of relations.

The eldest brother clearly manifested and materialised his disapproval of his two brothers (of the second brother for his refusal to contribute to the rites, and of the youngest for his delay in hanging his father's picture) in two instances. The first was his decision to carry out the *qingming* 清明 (ghost festival) rites in early April on his own. This deeply hurt Dajie, and took quite some apologies from her brother's wife, whose excuse "he did not mean any harm

[19] On the importance of 'name-calling' for establishing and maintaining relationships see, for instance, Kipnis (1997: 32-8).

towards you" only marginally appeased Dajie (04/04/05). The second was his refusal to host a birthday party for his mother in June 2005, because he claimed they had already spent too much money on his father's illness and funeral. Dajie interpreted this as a form of protest against her other two brothers. Their mother did not make a big deal of it, and trying to placate disagreements amongst her offspring, she claimed she did not want a birthday party. Outraged by this, Dajie hosted a small party for her mother at her own house. As becomes clear, the impact of beliefs in the spirit world on family relations during and after the period of mourning is considerable. The youngest brother's refusal to hang his father's picture caused a stir in the family. The second brother's decision not to contribute to the mourning rites of burning paper money also unsettled family relations.

Based on his research in rural Shaanxi, Adam Chau claims that "popular religion is thoroughly social: not only socially embedded, but also *socially produced*" (2006: 125). My case studies were also aimed to show that religious practices are socially produced, and they are in turn central to family relations. My emphasis that family relations are produced rather than given points to the importance of the incessant engagement of all involved. *Habitus* is a productive concept in this context because it serves to understand that family relations are produced in practice but also rely on perceptions formed in the past. It also draws attention to how unequal power relations within the family are reproduced – for instance in the case of the youngest brother and his wife.

The ways in which sufferers and their families approach illness and death is entwined with their religious allegiances. More importantly, disagreements generated by differences in attitudes to the spirit world become occasions to articulate family relationships. As an often fatal illness, cancer also engenders debates over financial resources which equally serve to mould interactions between family members. These disagreements are exacerbated by

diverse attitudes to mourning practices. Whether or not family members decide to offer paper money, incense and fire-crackers to the deceased works to produce, reproduce or challenge their position within the family. An analysis of local attitudes to cancer thus benefits from considering the centrality of the spirit world and family relations to the ways in which illness and death are dealt with. Whether family relations are reproduced or challenged is inextricably tied to practices of care. Attention to these practices is thus central not only to understanding attitudes to cancer, but also social relations more widely.

CHAPTER 7: *Habitus* and the social inefficacy of surgery for cancer

This chapter proposes that the concept of *habitus* provides an insightful approach to understanding how treatment efficacy is produced. I briefly consider Aunt Zhang, the only case in brigade 8 of successful surgery for oesophagus cancer. Predominantly, locals regarded this success to be the result of the relative wealth of the sufferer's family. As it will become clear, locals' emphasis on the cost of treatment is indeed central to their perceptions of efficacy and (non)entitlement to care. Yet, I argue that the widespread failure to resort to surgery is not simply a consequence of lack of funds. With reference to uncle Xu's case in particular, I show that Bourdieu's concept of *habitus* offers a tool through which to understand the complex set of aspects which converge to produce a predisposition against surgery.

Firstly, I consider how uncle Xu's social identity (his gender, his position within the family and his past as a local official) informed his bodily disposition towards treatment. Secondly, I examine how such attitudes intersect with family and social relations, highlighting that efficacy is both a product and a producer of these relations. I explain that these aspects have already been stressed by anthropologists of efficacy, yet approaches to date fall short of fully elaborating on how they intersect with wider cultural and socio-economic processes, both in the past and in the present, through which efficacy is produced.

I suggest the need to combine attention to social identities and relations with a study of how both perceptions of therapeutic efficacy and the social relations which subsist in them are produced historically, through past experiences and engagements with the present environment, both encompassed by *habitus*. I argue that *habitus* enables the study of how the interaction between all of these aspects shapes efficacy. It lies at the intersection of: (1) locals' past experience of lack of care, which fosters a self-abnegating attitude in favour of the wider family, (2) their current experience that surgery is very often ineffective, which engenders a sense that cancer cannot be cured, and (3) their perception of the high cost of surgery as part of the commodification of medicine and within the wider context of the consumerist turn in the reform period.

The decision not to seek hospital care is problematic and contested, imbued with claims to filial piety and family duty and care from all parties involved. Attention to the *habitus* of sufferers and their families reveals that perceptions of efficacy intersect with their past experiences and living conditions, which fostered particular bodily attitudes to health, healing and perceptions of the wider good. In turn, these are not prescriptive, and themselves interact with forms of capital and social positions – including the sufferer's social standing, their gender role, their position within the family and the community and their sense of duty – which come together to configure *habitus* in innovative and partly unpredictable ways.

A success case

Aunt Zhang, who had successful surgery, was in her early fifties, and lived in a part of brigade 8 which could only be reached on foot, walking roughly ten minutes from the village road through hillside woodland or through the paddy fields below it. She lived in a newly built concrete house, with her husband, uncle Cao. They had three sons, all of whom were married and migrant workers. Two of them each had a daughter, who also lived with aunt Zhang and uncle Cao. Uncle Cao was the older of two brothers, the younger lived beside the paddy fields below with his wife and 17 year old son. When I questioned aunt Zhang as to how she discovered her cancer, she recalled feeling as if she had a cold that would not subside. After a month of this, she went to hospital for tests, and was diagnosed with oesophagus cancer. The family was told that surgery may be successful. I am not aware of whether aunt Zhang herself was promptly informed of her diagnosis, nor of whether the doctor advised her family to do so. I can only speculate that she may have been informed fairly soon after the tests and promptly underwent surgery.

Aunt Zhang claimed that her health was generally precarious, even before her cancer diagnosis, and that she often consulted doctors. Her long term experience of monitoring her health closely may have fostered a *habitus* of attentiveness to bodily changes which proved vital towards early diagnosis. Such bodily awareness may also have been enhanced by the fact that, as most women in the village, she did not smoke and she drank little, both practices which potentially desensitise men to discomfort in the oesophagus and in turn delay

diagnosis. Finally, given her poor health record, she and her family may have felt that, without surgery, she had no chance of survival, and therefore motivated them strongly towards it. Aunt Zhang and her family were not keen to discuss their experience with cancer, they lived in a part of the village rather far from where I had settled, and where my relationships with villagers remained relatively distant. The data I collected is therefore scant. It does nonetheless serve to raise questions about how perceptions of treatment efficacy are constituted. From the data I gathered, it seems that the choice to undergo surgery for aunt Zhang's case was in all likelihood due to early diagnosis, which itself may have been the result, paradoxically, of her generally poor health. No doubt, aunt Zhang was able to promptly have surgery because the required financial resources were available from her family. Aunt Zhang drew on the money accumulated by her migrant worker sons and their partners for her treatment. She estimated the total price, including hospital check-ups, surgery, and medication to have been well over 10,000 yuan.

Aunt Zhang's was an exceptional case. No other villager had had successful surgery for oesophagus cancer, and when I asked the village doctor if he knew of anyone else who had, he could only quote one other example, from a different township, who had had surgery six years before and was still healthy. Indeed, aunt Zhang's neighbour, also in his fifties, had had surgery for oesophagus cancer but died the following year. Another villager in his early forties, suffering with cancer (in his case of the bladder) had undergone surgery and died in the operating theatre. His family was poor by comparison, and his only son, 14 years old and a good student when his father had been diagnosed, discontinued his studies and migrated to

Chengdu to work in a factory to finance his father's operation. Through telephone contact I heard that another villager, a 50 year old man, was diagnosed with oesophagus cancer in May 2006, after I had returned to the UK. His family sold all their pigs and chickens and borrowed money from relatives so he could undergo surgery. He died the day after the operation. His case was related to me by those I spoke to as yet another example that surgery is not efficacious, and is likely to have reinforced such perceptions. Given the cost of surgery and its poor success rate, cancer-stricken villagers usually "waited to die (*deng si* 等死)".

When villagers discussed cancer, they often mentioned aunt Zhang's case as an exception to the rule that cancer cannot be cured (*kan bu hao* 看不好). In most cases I encountered in the village, the reasons given for avoiding surgery were that "we found out too late (*faxian le tai wan le* 发现了太晚了)" or "it's too expensive (*tai gui le* 太贵了)". Oesophagus cancer is indeed notoriously difficult to diagnose, and when symptoms become manifest it is very often too late for surgery to have any effect. Aunt Zhang's success was probably due to early diagnosis, but villagers were keener to stress that it was due to her relative wealth. It would thus be misleading and unrepresentative of the local community to argue that financial considerations do not play a role in people's attitudes towards surgery. Indeed, costs were often at the forefront of locals' accounts.

On these grounds, I may have chosen to focus on the economic and structural constraints to accessing treatment, what Paul Farmer calls "structural violence" (2003: 40). Yet, partly because the poverty faced by Langzhong villagers was not of the same kind as that

encountered by Farmer in shanty-town Haiti, and partly due to my theoretical inclinations, I find his approach would fail to convey the complexity of villagers' engagement with treatment. In fact in some cases, such as that of uncle Xu, sufferers and their families were able to afford hospital treatment by investing all of the family's resources or even by borrowing money. But they chose not to. The question should thus be what circumstances and expectations made them opt against it, and what types of resources they mobilised. I argue that expectations about the outcome of treatments are rooted in locals' *habitus*, constantly generated by the convergence of a variety of fields (social, economic, cultural, historical, political and so forth; see Bourdieu 1990: 66-8). An analysis of the encounter between these fields and the bodily dispositions that they produce may then offer a better sense of why sufferers and their families are (more likely not) predisposed towards surgery.

Uncle Xu's case

Uncle Xu's case is especially interesting because, as opposed to most other villagers who were diagnosed late with cancer and did not have an operation, his family was advised that surgery did present some hope for recovery. However, according to Dajie, the doctor also told them that "if he just relaxes and controls his temper, it will go away" (19/10/2004). Faced with this mixed feedback, and genuinely convinced that not informing uncle Xu of his cancer may increase his chances of survival, his family opted not to tell him. By the time uncle Xu realised he had cancer, he had been in pain at least two months, and had a clear sense of the deteriorating state of his body. This experience may have contributed to his

perception of his cancer as already too advanced to be curable, and to the conviction that surgery would not have long term effects. Local cancer aetiologies which related it to negative emotions may partly explain patterns of nondisclosure, which in turn may have disposed uncle Xu against treatment (see chapter 5). Here I focus on the range of other aspects which contributed to creating a perception of surgery as inefficacious and motivating its rejection. In a nutshell, I argue that surgery was not part of locals' *habitus* and therefore lacked social, cultural and historical efficacy. Approaching therapeutic efficacy through the prism of *habitus* allows an understanding of the interaction between social identity, historical experience, wider social change and how all of these are embodied in attitudes to treatment.

As I mentioned in chapter 4, once uncle Xu became aware of his cancer, his family promptly suggested surgery. Only uncle Xu was opposed to it. Examining how treatment both relies on and articulates family relations begins to explain their respective attitudes. Uncle Xu's children's insistence that he undergo surgery and take medication was an embodiment of their filial piety (*xiao* 孝), their affection and respect for him.[1] The ability to care adequately for their father would have legitimated their social position and materialised their care and concern. Conversely, being unable to relieve their father from pain exacerbated their sense of unfulfilled filial piety towards him, which became stronger as the cancer aggravated. Towards the final stages, on 02/02/05, his youngest son complained "This illness has no filial sons (*zhe ge bing meiyou xiao zi* 这个病没有孝子)". This resonates with the widespread proverb "long illnesses do not have filial sons *jiu bing wu xiao zi* 久病无孝子" (Dong, 2001:

[1] On filiality see the volumes edited by A. Chan and S. Tan (2004) and C. Ikels (2004). See also *The Classic of Filial Piety* (*Xiaojing*, 1975).

166). His offspring was faced with the dilemma of being unable to spare their father suffering, which for them displayed a lack of filiality.

In turn, uncle Xu's own filial piety committed him against surgery because this would desecrate the entirety of the body given to him by his parents. According to Confucian doctrine (*Xiaojing*, 1975: 2-3), a failure to preserve one's body would imply a lack of respect for one's parents. This may have convinced uncle Xu that surgery was unfilial, and thus inappropriate. This ideology, at the same time, provided a culturally legitimate rationale for not seeking expensive treatment, and thereby alleviated uncle Xu's family's moral obligation to care for him by putting forward an alternative morality. M. Nichter (2002) interpreted a case who refused treatment for TB on the basis that it was not compatible with her body by suggesting that "cultural concepts are used by the poor to cope with hard choices" (ibid.: 92). According to Nichter's model, it would follow that uncle Xu resorted to Confucian doctrine in an almost utilitarian way, with the explicit aim of justifying lack of treatment. In so far as Nichter explains resort to cultural concepts as produced by its socio-economic settings, his approach is valid. Yet it fails to fully elaborate on the more dialectical relationship between culture and socio-economic conditions and on the role of culture in producing social inequalities. Culture is not only a product of these conditions, but also serves to articulate them. *Habitus* allows us to understand the social production of cultural concepts and their employment, how they become naturalised through embodiment, and what relations they serve to reproduce or challenge. I will return to an analysis of the wider contexts in which *habitus* is produced below.

Indeed, uncle Xu's decision to avoid surgery produced and embodied his responsibility (*zeren* 责任) for the care for the 'wider self' of *jia* (家), his family including all three sons, two daughters and their families, who would have contributed money towards the operation. It highlighted the fuzzy contestability of what constitutes 'filiality', moral behaviour and family boundaries. Other aspects of his social identity – such as having worked as a local official – created a sense of responsibility for the wider good which predisposed uncle Xu against surgery. It may also have put him in a position of a certain social standing which, he may have felt, required him to limit investments on himself, even long after he had stopped practising as an official. His sense of responsibility thus contributed to shaping his perception of the efficacy of surgery. He argued on moral grounds that it would be pointless to invest in something with short term effects like an operation, but rather more desirable to invest in the long term future of his family members.

Uncle Xu's gender also influenced both his own perception of cancer and treatment, and that of his family. He was considered a very healthy man by all those I talked to, and his cancer came to all as an unexpected shock. Initially at least, his family thought he was healthy, he simply needed to stop getting angry. At some level, he may have been perceived as healthy enough to overcome cancer. The expectation that a strong man would be in a good position to fight off illness may have paradoxically worked to his disadvantage. It may also be that his social position within the family and the local community predisposed him to endure pain for longer without drawing attention to himself, which in turn proved detrimental. These social

identities – as a healthy man, a filial son, a former official and the head of the family – merged to form a *habitus* of self abnegation in favour of the welfare of his wider family, which in turn made surgery both socially and culturally inefficacious for uncle Xu.

As it begins to emerge, efficacy is not only inherent in treatment, but also dependent on its social, cultural, and economic contexts. Anthropologists have generally considered efficacy as a cultural construction with biological and social dimensions (Etkin, 1988; Etkin et al. eds. 1994). In other words, alongside therapeutic efficacy, treatments also have a 'social' and 'cultural' efficacy, that is they mark people's identities, they produce or contest family and social relations, they intimately affect their perceptions of themselves and enable particular kinds of social and symbolic processes (Van Der Geest et al., 1996: 156-7). Pointing out, as I have done above, that treatments articulate social identities and relations which in turn are inseparable from the production of efficacy is therefore not an innovation. Yet *habitus* enables us to combine a study of social identity, social relations, wider socio-economic settings (both of the past and the present) and how these are embodied in dispositions towards treatment in ways that have not been achieved by previous approaches to efficacy.

For instance, D. Moerman (2002) set out to study the social and cultural efficacy of treatment through the concept of 'meaning response', "the psychological and physiological effects of *meaning* in the treatment of illness" (ibid.: 14). This is a crucial insight for understanding uncle Xu's case. As I have shown, it would reveal that the ways in which he understood surgery also produced his perceptions of its efficacy, and may explain his choices and

attitudes. Yet Moerman does not provide a framework with which to understand how efficacy is produced and situated historically, and how it is linked with perceptions of the cost of treatment. It would highlight that the meaning surgery had for uncle Xu made it inefficacious (because of his social identity), but it would fail to detail the ways in which surgery produces (or fails to produce) a set of embodied social and family relations. Thinking through the *habitus* concept by contrast suggests that uncle Xu's embodied attitudes themselves were produced socially and historically, they were not simply responses to meanings already sedimented in cognition.

G. Lindquist (2002, 2006) has provided a closer sense of the importance of family interactions and perceptions of the self, lifestyle and status for establishing a treatment's efficacy. She proves that efficacy is established not simply between the patient and the practitioner, but in the intersubjective realm of negotiations between practitioners and "health-seeking units", that is patients and their families, which are themselves imbued with conflicts (2002: 338; see Nichter 1996, 2002). However, her accounts of the family negotiations on healthcare are based on the retrospective narrative formulated by the patient's mother, who seems to be the most influential decision-maker. The experience of the patient herself is nearly absent, and only perceived through her mother's description. By contrast, part 2 of this study has presented the very process of negotiation between family members, before consensus is reached (or imposed). It has shown that practices of care produce family relations through reference to concrete ethnographic examples – uncle Xu's family's insistence that he undergo surgery, and his refusal of it, his grandson's visits home, frequent

visits by relatives, offers of gifts, but also his second son's refusal to contribute to mourning rituals and the youngest son's failure to hang his father's picture. These processes are inseparable from the production and evaluation of therapeutic efficacy. Examining them as practices which both generate and are generated by social relations enables a closer look at the active and incessant production of efficacy, at the processual nature of both attitudes to efficacy and family relations which are articulated through it.

A focus on practice rather than cognition is also Susan Whyte's aim, in her study of uncertainty, illness and healing in Uganda (1997). She employs J. Dewey's pragmatism to argue that "humans are actively and intelligently engaged in creating a degree of insurance despite the lack of assurance" (1997: 18). She suggests that focusing on practice rather than thought directs attention to the empirical, the changing and contingent (ibid.: 19). This in turn enables a perception of people as actors dealing with uncertainty rather than thinkers and spectators (ibid.: 20). Ultimately however, Whyte finds Dewey's approach lacking for an understanding of more complex purposes and deliberations as they are situated in social life more widely (ibid.: 33). Bourdieu's approach by contrast allows attention to practices as a generative principle (as Dewey did for Whyte) but also to the social and cultural settings in which they are situated.

A volume on the *Social Lives of Medicines* (2002) compiled by S. Whyte, S. Van der Geest and A. Hardon also suggests a focus on practice as a productive approach to efficacy. Examining Anita Hardon's work on self-care for common problems in Manila, they pointed

out that mothers' choices of cold remedies for children are fixed, due to habit (Whyte et al., 2002: 26). Commonly recognised treatments, they argue, have a social efficacy, they constitute mothers as caring and appease husbands and mothers-in-law, and therefore mothers resort to them habitually. Whyte, van der Geest and Hardon stress that habitual treatments have social efficacy because they are part of a symbolic system, shared by those going to the same shops and listening to the same television programs (ibid.: 27). But they fail to elaborate on how this symbolic system is produced, on the power relations involved in its production, and on the role of habit towards their reproduction. In an endnote (ibid.: 172, note 2), the authors suggest that Bourdieu's concept of *habitus* would be useful to understanding these processes, but they do not employ it in their analysis.

Efficacy and *habitus*

The concept of habit is not as heuristically useful as *habitus*. *Habitus* draws attention to how habits are formed, and to their social and cultural effects. It allows a focus on the practices through which efficacy is produced and positions efficacy within the wider historical and socio-political context, both a product and a producer of social relations. This study argues that efficacy is produced by *habitus,* the embodied intersection between social identity and the production of social relations (which I have already outlined above), and historical background, current socio-economic context and perceptions of the state and responsibility (which I detail below). Chapters 1-3 have highlighted how historical processes are embodied. Here I return to the understanding of *habitus* as embodied history, creating a sense that

certain practices (in this case surgery) are outside one's reach and entitlement. This perception not only denies the social efficacy of surgery but also constitutes refusal of it as socially efficacious. As I show below, the social efficacy or inefficacy of a treatment become intelligible when they are situated within the wider set of circumstances and living conditions which the sufferer and their family endured, and that shaped their bodily dispositions towards treatment.

Bourdieu's concept of *habitus*, and economic *habitus* in particular (2000), are useful to understanding Uncle Xu's attitude, and may highlight possible reasons for the differences between him and his offspring. Bourdieu (2000) argued that 'rational choice' as it was defined by neoclassical economics is commonly assumed to be natural, but in fact it is historically situated. Economic dispositions, therefore, need to be historicised and examined within their social contexts. Social and economic changes, such as the encounter with wage economy, engender a conversion in bodily attitudes. If diverse economic environments generate different economic *habitus,* uncle Xu's attitude ought to be examined in light of the living conditions he endured. I propose that, alongside other aspects of his *habitus* I outlined above (his gender, experience as a local official, and filial piety), uncle Xu's socio-economic conditions in the past (also part of *habitus*) disposed him against surgery.

Attitudes to life and economy fostered by subsistence agriculture and those engendered by the necessity to supplement it with migrant labour are divergent, though now, crucially, required to coexist, as I argued in chapter 2. The case of uncle Xu illustrates this. His refusal

of surgery makes sense once it is understood as grounded in a *habitus* produced by subsistence farming and an existence characterised by food shortage, austerity, hard work, and near absence of healthcare, most of all hospital care. The *habitus* fostered by these life experiences did not predispose him towards surgery. Indeed, it made the probable (lack of healthcare) into reality (refusal of it). Having learnt, through chronic shortage, to put the good of the family before the good of the self, uncle Xu was not inclined to invest a large amount of money on himself at the expense of his family. Even though the poverty uncle Xu endured in the past was no longer characteristic of his life, his experience shaped his sense of non-entitlement, which was retained even when economic conditions changed. As I noted in Orientations 2 (p. 47), during the Mao period rural healthcare was organised as a three-tier system, therefore county hospitals would only be resorted to in cases that could not be tackled by lower levels. The experience that hospitals are only for exceptional cases placed them outside of his *habitus*.

These predispositions formed in the past intersected with the socio-economic setting of the present and perceptions of the state and the current political economy of reform and consumerism to inform uncle Xu's considerations on the efficacy of treatment. On a most basic level, the near-inaccessibility of hospitals was perpetuated to a large extent by the healthcare reforms, following which the cost of hospital care escalated to levels often unaffordable for those without insurance (see orientations 2, pp. 47-9). Indeed hospitals, and in particular the more sophisticated 'People's hospital' in Langzhong city, are seen as places where farmers 'don't dare go in' (*bu gan jinqu* 不感进去), or 'can't afford to go in' (*jinbuqi*

进步起). The cost of a minor surgical operation amounts to around 3,000 yuan and a more serious one, of the kind required for oesophagus cancer, starts at 6,000. Informal costs are also extortionate: financial 'presents' of 500 yuan for minor and 1,000 for major operations are offered to doctors. To these costs should be added those of hospitalisation preceding and following surgery, and of other medications. Considered that according to township statistics, per capita annual income is 2,300 yuan (see table II.3, p. 33), these costs usually entail spending all the family's savings and very often borrowing money. This should partly explain why locals were keen to stress that aunt Zhang had successful surgery because she was wealthy.

Still, aversion to hospitals is not only due to their cost. Indeed, for services that are only available there, such as technologically elaborate check-ups, farmers still resort to hospitals. Their general reluctance to do so also lies in their distrust of hospitals and their staff. It is well known and debated both within and outside the People's hospital that doctors prescribe expensive treatments to gain profit. As a friend working in the financial administration of the People's hospital remarked, "before, doctors served the people (*wei renmin fuwu* 为人民服务), now they serve the (people's) money (*wei renminbi fuwu* 为人民币服务)" (01/07/05). While this may be an overstatement, and a romanticisation of the past, it is very telling of how hospital treatment and staff are perceived, and has crucial implications for patterns of resort and perceptions of efficacy. A widely used medication, penicillin capsules, may serve as an example. Staff at the People's hospital told me the price for a capsule could range from 0.5 to over 10 yuan, depending on the company marketing it, but price does not necessarily

reflect better quality. Villagers and doctors alike maintained that some practitioners prescribed capsules from the expensive range because they were bribed by the company producing them, and this fostered a widespread sense of scepticism mixed with alertness to avoid being conned.

In this context, sufferers adopt various strategies to identify adequate treatment and avoid being cheated into paying more than is necessary. For flu, for instance, doctors usually suggest a number of different pills and capsules to be taken together. Patients are in my experience very conversant with the cost of each of these pills, and often design their prescription with the doctor, asking him or her to replace the most expensive pills with less costly options. Another widespread strategy is to obtain a prescription from hospital and then consult a more trusted doctor or chemist to establish whether there are any cheaper alternatives without compromising too much on quality. At any rate, villagers commented to me that they would never buy medicine in hospital, because the same or similar treatment is available at local drug shops or from the village doctor for less money. Indeed, both uncle Cao and uncle Xu resorted to hospital doctors for check-ups and for the initial prescription, but obtained medicines from smaller, prefecture- or township-level clinics.

These perceptions have two major consequences on sufferers' practices and on their attitudes to efficacy. Firstly, receiving treatment from a trusted practitioner – whether it be because the sufferer had connections with them, or because it had been suggested by neighbours – contributes to producing the treatment as efficacious. Local doctors, such as the village

doctor, indeed draw much of their efficacy from being part of the local community, as I have discussed elsewhere (2005). Practitioners one knows, or those associated with the positive experiences of others, accrue social efficacy. Similarly, when the needed treatment is only available in hospital, the extent and quality of connections between hospital staff and the sufferer's family contribute crucially to perceptions of the quality of treatment and of the advice given. For instance, when I became close to some members of staff at the People's hospital, some villagers sought me to serve as a reference point to have check-ups or find medicine with a positive balance between cost and quality. Local knowledge and neighbours' advice on which doctors had successfully treated particular problems and were reasonably priced, or, even better, neighbours who counted a doctor amongst their relatives, also served as a key resource for securing adequate treatment and producing it as efficacious.

Secondly, and conversely, hospital treatment like surgery is usually seen to be inefficacious because it often lacks a network of connections to ensure that practitioners will not cheat their patients. The presence of connections may still not be enough to legitimate its efficacy. Uncle Xu's second son boasted that he had very good connections (*guanxi hao de hen* 关系好得很) with many doctors at the People's hospital – a wealth in social and symbolic capital, as Bourdieu would put it (1990: 108-21) – because his wife had successful surgery for breast cancer 5 years before. But uncle Xu still refused surgery. Despite the presence of connections, surgery still lacked social and cultural efficacy for uncle Xu, because it remained outside his *habitus*: he had little if any experience of hospitalisation, and was

surrounded by people of a similar age who had also been diagnosed with oesophagus cancer and not undergone surgery, or had undergone it unsuccessfully.

There is yet another aspect which contributed to form uncle Xu's attitude – the wider context of attitudes to the commodification of healthcare, and in turn to life experiences after reform. Villagers' routine complaints about the cost of more affordable and widespread treatments, for instance penicillin pills or cold remedies, are proof that objections about the cost of healthcare are not simply due to an inability to afford it, but are also attacks on the political economy which sustains it, and on the ideology which legitimates it. Indeed, the commodification of healthcare has exacerbated perceptions of the state as unable or unwilling to fulfil its responsibility to its people. This in turn weakened the state's claims to legitimacy. H. Ku's ethnography of a Guangdong village (2003) presents similar evidence. Ku's central argument is that villagers perceive their relationship (*guanxi* 关系) to the state in terms of reciprocity, and that therefore it is their moral responsibility (*zeren* 责任) to fulfil their obligations to each other in order to maintain the relationship. Villagers feel that social security and welfare are owed to them by the state, thus when the state is seen not to comply with its requirements, *guanxi* is no longer binding, and resistance to state policies is seen as legitimate.[2] Similarly, uncle Cao's assertion that he has not "received even a penny from the state" (26/10/04, see pp. 149) shows that the high cost of healthcare is perceived as a symptom that the state does not care for its citizens.

[2] For an earlier study on morality see Madsen (1984).

What Ku fails to point out is that the relationship between perceptions of the state as uncaring and perceptions of healthcare as an expensive commodity are engaged in a vicious circle, by which doubtfulness around the Party's willingness to care for its citizens reproduces perceptions of hospitals' unwillingess to care for their patients, and viceversa. People's worries about being conned should not be simplistically taken as evidence that invariably they are conned, but rather as a symptom of a more general anxiety produced by feeling that the speed of change has required people to interact in contexts which have historically been outside their *habitus,* beyond their knowledge and control.

On the basis of his fieldwork in South Asia, M. Nichter (1996: 265-326) argues that the effects of regarding health as a good to be bought and the exaggerated claims of healthcare engender a false sense of security, and decontextualise healthcare issues from wider social issues. In his account, people mostly follow the dominant commodification rhetoric of a pill for every ill, albeit with their cultural appropriations of what medicines do. This in turn reduces their impetus to mobilise in favour of a better environment and hygiene. I found that the commodification of health has had different effects on perceptions of healthcare in China. Locals are highly critical of the consumerist approach to healthcare, which has fostered a widespread distrust of care outside one's social network, most typically hospital care. They cannot, as a form of resistance, avoid healthcare altogether, but their active engagement in the diagnosis and healing process – cross-checking hospital prescriptions with more trusted practitioners, purchasing medications in local clinics, and refusing treatment which has historically been outside their *habitus* – reveals their scepticism.

P. Bourdieu's concept of *habitus* facilitates an analysis of the complexity of villagers' attitudes and practices. It allows a grasp of how encounters with surgery are shaped by people's social identities, social relations, past and present experiences and perceptions of the current political economy, thereby outlining a dialectical middle ground between patients' agency and constraints upon it. It explains why social reproduction – in this case failing to resort to surgery – takes place without resorting to mechanistic theories, economic determinism or to the hegemony of ideas and thought over practice. As D. Swartz, an insightful critic of Bourdieu's work, has put it: "choices do not derive directly from the objective situations in which they occur or from transcending rules, norms, patterns, and constraints that govern social life; rather, they stem from practical dispositions that incorporate ambiguities and uncertainties that emerge from acting *through time and space*." (1997: 100).

This explanation of Bourdieu's approach to social action begins to point out that dispositions are not pre-given, nor are they prescriptive of practices. Practices remain to some extent unpredictable because they are the result of the encounter between a variety of possibly conflicting fields and dispositions. As we have seen, uncle Xu's family were all in favour of surgery, only he was against it. His second son claimed to have the connections required to ensure reliable hospital care. His claim was aimed at convincing his father to have surgery, and as such embodied his filial piety. Yet, even though uncle Xu's family had some of the social capital necessary to produce surgery as efficacious, other aspects of uncle Xu's *habitus*

still disposed him against it. By refusing surgery, uncle Xu reproduced his care and responsibility towards his family, in tune with the *habitus* engendered by his position as the family head, a former official and a strong or heroic (*xiong* 雄) man, and by his past experience of shortage and lack of hospital care, and the present perception of health as a commodity.

A close assessment of the extent to which *habitus* serves to perpetuate the status quo is required in order to maintain this complexity. As I have shown in part 1 of this study, *habitus* is formed historically, but because it is embodied it is also naturalised. Through such naturalisation, *habitus* is central to social reproduction. Following *habitus*, the "practical evaluation of the likelihood of the success of a given action in a given situation brings into play a whole body of wisdom, sayings, commonplaces, ethical precepts ('that's not for the likes of us')" (Bourdieu, 1977: 77). In other words, for Bourdieu, "aspirations tend to correspond to the formative conditions of their respective *habitus*, [... generating] self-fulfilling prophecies according to different class opportunities" (Swartz, 1997: 103-4). Through *habitus*, aspirations are adjusted to expectations based on the perceived probabilities for success. Thus, aspirations and expectations converge: when people realise the impossibility of a desire, the desire itself disappears. Quoting Marx, he explains "If I have a vocation to study, but no money for it, I have *no* vocation to study, i.e. no *real, true* vocation" (1977: 77). In a nutshell, people become predisposed to select life trajectories which do not contradict (or exceed) their expectations, and in which they are most likely to succeed given their experience.

For Bourdieu, the intention to act and the capacity to act are conflated through *habitus*, and thus capacity to act is limited to what is envisioned as possible. This stance has spurred critiques of his work for lacking in conceptualisations of agency (see Orientations 1, pp. 24-26). For D. Swartz, Bourdieu's failure to deal adequately with the theorisation of the difference between expectations and aspirations in turn precludes agency (1997: 111). He points out the crucial difference between hoping to attend university but choosing not to and having no desire and no expectations for it. Along similar lines, I am not suggesting that uncle Xu did not expect to have surgery because he did not aspire to it, or that, viceversa, he had no desire for surgery because it was outside of his *habitus,* of his expectations. Indeed, the disagreements between uncle Xu and his family testify that, at least his family, wanted him to have surgery despite the obvious difficulties in obtaining it. Dajie phrased these conflicting attitudes very clearly "of course it's a better result going to hospital, but he won't be cured whatever he does. We could find money, but you know how hard that money is to earn? So he may as well just take a bit of medicine and wait to die... that's what it's like for peasants, it's not like city people, who have insurance, that's a lot of money for an uncertain result, so if we have to die we just face it and die" (10/11/04). Her statement shows a clear ambivalence towards hospital treatment. In the same breath, she acknowledges it was the option with most chances of success, but also dismisses it as probably inefficacious. She defends his decision not to resort to surgery but she is also very aware of the circumstances which inclined him to reject surgery, of the social inequalities that imbue his decision, and of the difficulties and conflicts involved in it.

When the conflicting attitudes to healthcare are highlighted, it becomes clear that proposing that farmers stop *aspiring* to hospital care because of their *habitus* is too simplistic. People's attitudes towards surgery are configured in relation to their *habitus* – their embodied experiences with treatment, relations within the family and beyond, social status, their gendered and generational identities, past living conditions, and perceptions of the consumerist turn in healthcare and in China's political economy more widely. Given these conditions, uncle Xu did not expect surgery. Yet he rejected it not because he ceased to aspire to it, but because by doing so he reproduced his social identity and his relationship with his family, and thereby expressed a particular (dis)engagement with the commodification of healthcare and the state's unfulfilled responsibilities.

With this caveat in mind, *habitus* offers a productive approach to understand efficacy. It fosters an understanding of agency which takes economic and political constraints seriously especially when they are incorporated as supposedly natural dispositions. In turn, it also refutes a static notion of structure and economic determinism. Bourdieu's approach may be partly structuralist, but his structuralism, he argues, is "genetic" (Mahar, 1990: 33), concerned with how social groups are formed and how social structure becomes incorporated. These aspects make *habitus* useful for understanding attitudes to the body, illness and healing, by regarding them as moulded by living conditions and social structures, but also as active engagements with these structures. Despite its problems, Bourdieu's insistence that action is generated by the interaction of opportunities and constraints with

dispositions presents a great advance towards grasping the intersections between culture and power (Swartz 1997: 291). Provided that the concept of *habitus* is defined more carefully and clearly applied to specific case studies, as I hope to have done in this study, it offers a tool with which to understand social reproduction and change as they are lived in everyday practices of eating, caring and healing. Bourdieu's emphasis that these processes take place in the body thus provides a theory for situating the body in its historical, social, cultural, economic and political contexts.

A careful study of local perceptions of the costs of cancer and of who should shoulder them is also telling of people's relationships to the state and how it is articulated through healthcare. The emphasis throughout this thesis is on negotiations within the home and the immediate social surroundings of sufferers. This serves to contextualise their practices in a way that is often largely ignored by studies concerned with the role of medical institutions or the state, and elucidate how these wider processes are played out on a micro level. *Habitus* is useful to this type of project because it offers the link between micro and macro levels, social forces and individual agency. A closer understanding of these micro-processes, of healthcare within the home, is in fact inextricable from the macro-setting. By providing a more vivid sense of the lived reality of health and illness, of how family life and social relations are constituted by health-maintenance and healing practices, this study also hopes to enhance the understanding of wider social processes at play within local settings.

Conclusion

This study has illustrated the micropolitics of how attitudes to the body are produced, and how they work to reproduce or challenge social relations. It has attempted to outline the interface between embodied experience and historically contingent social processes and cultural values. With the examples of intergenerational, class and status differences articulated through eating practices, it has elucidated that competing parameters for what constitutes health and illness are not given but always produced in practice, both embodied and historical, and with important effects on social relations. With reference to cancer, it has detailed that perceptions of illness and healing are situated within particular social, cultural and political economic contexts, but also produce or challenge those contexts. The concept of *habitus* has demonstrated that health and illness are both spheres of existence and of socio-political formation; both powerfully embodied experiences, and loci for the production of meaning and social relations, interconnected with local bio-bureaucracies such as clinics and hospitals. It has outlined the many forces that contribute in shaping health and illness, as they are placed at the intersection of bio-bureaucracies, lived experience and the unrelenting re-fashioning of self by individuals and their families in view of their contexts.

Having heard from my immediate neighbours about my long evenings at my desk, villagers often advised me to 'take it easy' (*manman lai* 慢慢来). One 38 year old friend who particularly liked to discuss the positive and negative aspects of collectivism and reform routinely and only half-jokingly resorted to a famous Maoist slogan, "comrade, 'the body/health is the capital of the revolution'" (*tongzhi, 'shenti shi geming de benqian'*; 同志, '身体是革命的本钱') to urge me to limit what seemed to him to be an unhealthy practice. When I searched for examples of this statement through Google to locate it in Mao's writings, I was presented with approximately 688,000 results. Yet the webpages I consulted

had little to do with Maoist rhetoric or with collective revolutionary efforts. Most results were websites and blogs on health and self-cultivation, predominantly offering advice to cure sleeplessness and (ironically) cautioning against long hours surfing the web.[1] For example, a webpage in the self-cultivation section (*baojian yangsheng* 保健养生) of sohu (*souhu* 搜狐), one of the most popular websites in China, uses Mao's dictum to urge 'night owls' (*yemaozi* 夜猫子, literally 'night cats') not to drink strong teas or coffee before bed, to soak their feet in hot water for 15 minutes and have a glass of milk to ease sleep.[2] No reference is made to the revolutionary aim which originally required healthy bodies. Yet the employment of this slogan may still recall, for some, experiences and *habitus* formed when resort to it was less ironic. Its usage is a symptom of the many ways in which consumerist and collectivist ideologies continue to co-exist and are assessed against each other.

Reflecting on a major drug company's use of Lei Feng, a revolutionary icon, to promote its products, J. Farquhar explained that it derived its success from transferring the mass political movement Lei Feng once stood for into the "the neoliberal environment of the Chinese free market", juxtaposing collectivism and "easy access to the individual desideratum of "health"" (2002: 287). Even in its new context, she argues, Lei Feng powerfully evokes socialist ideals and the Maoist past, hailing "a remembered, embodied, and therefore far from lost self" (ibid.: 291). Like Lei Feng's image, the Maoist slogan so commonly appropriated by websites to promote and market personal health combines the pursuit of health as a consumerist quest with the evocation of the hardships but also the simple pleasures of socialism. Embodied attitudes produced by the diverse experiences of collectivism are measured against the *habitus* fostered by the reform period, and viceversa. *Habitus* then highlights how past and present – and their respective ideologies – merge in bodily attitudes.

[1] See for instance http://health.online.jx.cn/ItemIndex.asp?ID=1724; http://www.backchina.com/news/2006-09-12/102472.html, http://beebee.com.cn/jinnylife/?p=513, last accessed 17/09/06.
[2] See http://health.sohu.com/29/45/harticle17394529.shtml, last accessed 17/09/06.

In this light, it would be unrealistic to characterise an individualist present as opposed to a collectivist past.

Ethnographies of the reform period have all, in a variety of ways, attempted to grasp how people make sense of the transition precipitated by Mao's death and of the new circumstances it ensued. It has by now become dogmatic to argue that, faced with new challenges, Chinese people reconstitute aspects of their past to critique the present. Yet the extent to which anthropologists have succeeded in striking the balance between change and continuity and conveying the complexity of these processes varies greatly. Yunxiang Yan's ethnography (2003) has been widely hailed as one of the best to have been written on rural China, and it does indeed fill a lacuna in the anthropology of individuals and emotions in China. However, I am less convinced by the validity of his moral judgement of the present as egotistic and uncivil. According to Yan, older villagers lament the waning of emotional and moral aspects of filial piety (ibid.: 223), and criticise young farmers for staying in bed late, which they take as a symptom of their selfishness (ibid.: 224). Since the 1980s, he argues, an extreme form of egotism has developed. This for Yan is not a form of resistance to the state, rather "the socialist state [... is] to a great extent, the creator of the freak of the uncivil individual" (ibid.: 226).

Given that Yan set out to give more attention to the study of individuals rather than families, it is paradoxical that he concludes by condemning excessive individualism as uncivil. His moral judgement resembles closely that phrased by older villagers, and may well be rooted in his own experience and commitment to the collective good in the 1970s as a rusticated youth. Yet it is presented not as a historically produced assessment of morality, which may be upheld by older but not by younger villagers, but rather as a universalising definition of the parameters of civility. The result is the branding of the present as uncivil without a

recognition of the contingency of the parameters used to define it, or of the ways in which so-called current 'individualist' practices are attempts at establishing new parameters of morality and civility in radically different contexts.

Reforms, I would argue, do not simply foster individualism, but rather collaboration in rebuilding the local culture and social relations in the face of crisis. J. Jing (1996) has successfully illustrated this in the context of collective trauma, and with particular reference to the revival of a local temple and lineage group following forced resettlement. Similarly, E. Mueggler's work amongst the Yi minority in rural Yunnan (2001) is a brilliant example of how people inhabit their intimate spaces (such as their bodies, their houses, and the imagined state) in the face of a collective past (and present) of loss or violence. This study has focused on crises such as cancer which are smaller-scale socially speaking, but no less unsettling and challenging, and also intimately tied to wider socio-economic conditions.

Indeed, uncle Xu's rejection of surgery may be seen as a moral response to crisis, based on parameters (such as morality but also responsibility and filiality) formed historically, which to some extent persisted beyond their conditions of production, but which were also newly activated by the socio-economic conditions of reform. Self-abnegation functioned to reproduce uncle Xu's sense of responsibility and care towards his family. Conversely, their insistence he undergo surgery embodied their care and concern for him. Perceptions of the present society as corrupt, and of hospitals as money-oriented powerfully informed uncle Xu's attitude. Yet rather than take his judgement at face value, as evidence that corruption is an ineluctable fact, I suggest considering it as a social fact, which carries the important social effect of producing new ways to deal with corruption and constitute alternative moral worlds. One example of this was presented in chapter 7: perceived immorality reproduces a sense that social networks are vital to guarantee fair treatment, and vice versa, their presence

produces a given treatment as fair, reliable and efficacious. Rather than stress the immorality of the present, I have examined how people redefine their local moral worlds in the face of perceived corruption, by setting themselves apart from it. My experience was not one of egotistic individuals, of people resigned to corruption and blindly joining in for their individual benefit, but of people who care for each other, who adopt complex and sometimes conflicting strategies to maintain or challenge family and social relationships and produce competing moral orders.

Indeed, if, as I argued, perceptions of the past and the present are not unified, they also have divergent effects on everyday practices. Chapter 3 has highlighted this with reference to attitudes to food. Chunyan and her family adopted some of the new consumerist values as part of their life trajectory and stressed that milk and meat were central to 'eating well' (*chihao* 吃好). Dajie was no less concerned with ensuring a good diet, but cultural predispositions to meat and milk and her past *habitus* of food shortage intersected with consumerist values in ways that constituted meat and milk as unnecessary pleasures, not vital to ensuring a healthy body nor to constituting her as a caring mother, wife and host. She felt her responsibilities were fulfilled by providing a nutritious diet without relying on these two foods and ensuring that financial resources were devoted to other investments, such as her daughter's education. Both Chunyan and Dajie were concerned to act as responsible carers, yet their parameters, produced by divergent combinations of perceptions of the past and the present, differed resulting for the former in the adoption of new dietary patterns, for the latter in the persistence of a frugal *habitus.* Chapter 6 provided further evidence that perceptions of morality and ways to produce it are not unified. Uncle Xu's sons and daughters (with the exception of his second son) embodied their respect for their father by burning incense, paper money and firecrackers at his grave. Uncle Xu's second son and his wife by contrast abstained from mourning rituals because they had converted to Christianity. Christianity

provided a moral order by which burning paper money was not a respectful practice to honour the dead, but a superstitious waste of money. Both practices laid claims to morality, and their encounter caused conflicts within the family, and challenged family relations. Characterising the present through the prisms of individualism and immorality would fail to encapsulate the complexity of these social processes and the conflicting attitudes which characterise them.

Through *habitus,* I have highlighted the incessant interplay between past and present, as they are embodied, and thereby pointed to the continuities between them. Therefore, on the one hand, my study emphasises that parameters are formed historically and differ for each period. Yet, periodisation needs to be done with care, to avoid a portrayal of history as neatly contained in bounded stages of time. Indeed, there are powerful continuities between historical periods and in the aspects of *habitus* which are brought to bear on experience. In the encounter with present conditions, past *habitus* is drawn on with conflicting results. Reappropriating some aspects of the past may maintain continuities and inform attitudes through *habitus* whose conditions of possibility have since changed (as in uncle Xu's rejection of surgery or in Dajie's refusal to buy milk and meat). At the same time, reappropriations may also highlight contrasts between past and present, constituting the present as corrupt and the past as morally unassailable. Striking a balance between change and continuity is difficult but necessary, in order to retain the complexity of people's experience.

This study has looked not only at easily identifiable moments of crisis – such as illness – but also beyond them, at everyday practices of eating, cooking, farming and wage earning. It has examined how they are suffused with bodily attitudes which are at once engendered historically and engaged with the present in creative ways. Part 1 in particular has been

concerned with how macro-historical change has been experienced and has affected everyday practices. My study has shown that, for instance, the qualities of energy (*you jin* 有劲) appreciated in the past have been devalued but only to some extent, and they continue to play a part in the current political economy (chapter 2). While different generations are endowed with different dispositions resulting from embodied engagements with diverse living conditions, these are modified by their encounters with a shared present. Chapter 3 has developed this argument by highlighting ruptures within generations, which shows that the interplay between past and present produces competing forms of *habitus.* Finally, Uncle Xu's refusal of surgery (chapter 7) provides a clear example of how aspects of *habitus* formed in the past intersect with those produced by the current political economy and by his sense of care and responsibility to his family, converging to inform his attitude towards treatment.

Through the concept of *habitus,* I have endeavoured to overcome the reification of Mao and post-Mao periods and the unproblematised romanticisation of the latter versus a corrupt present, by highlighting how these two realities intersect and conflict in people's *habitus.* Examining these bodily attitudes as *habitus* rather than embodiment emphasises that they are "embodied history" (Bourdieu, 1990: 56), and thereby points to both the processes through which they are configured, to their historical contingency but also their immediacy and taken-for-grantedness as dispositions of the body. *Habitus* draws attention to the social, economic and cultural production of supposedly biological and natural attributes. By doing so, it breaks the dichotomy between social and biological and shows that historically situated contexts are inseparable from how the body is experienced.

The careful treatment of temporality allowed by *habitus* is also central to bridging the opposition between agency and structure. It shows that, on the one hand, 'structure' affects

the body and is embodied: perceptions of skill, or perception of what foods are desirable or superfluous are historically produced. On the other, these forms of *habitus* are also productive of structure and have consequences for social reproduction beyond the economic conditions which have contributed to producing them. For instance, uncle Xu's refusal of surgery was not simply due to structural and economic constraints, but also to his historically engendered attitudes. In turn, his choice had the social effects of reproducing his care and responsibility towards the wider family. As such therefore, *habitus* also overcomes the divide which underlies that between structure and agency – that between economic constraints and socio-cultural contexts. It challenges economic determinism but still takes economic constraints seriously by illustrating how perceptions of economic constraints formed in the past and in the present shape attitudes to eating practices (chapter 3) and surgical treatment (chapter 7). It highlights that economic, cultural and social settings are inseparable; that economic constraints should not be regarded as pre-given facts but as they are mediated by people, imbued with cultural dispositions, social relations and perceptions of filial piety and morality. Equally, agency should not to be seen as free will, but acting within *habitus,* within embodied parameters formed on the basis of past experience. Setting out these parameters is also a form of agency, of engaging strategically with one's surroundings.

In a volume published posthumously on *The Social Structures of the Economy*, Bourdieu (2005) focuses his attention on petit-bourgeois suffering, particularly in France. He argues that their suffering originates in their own unfulfilled hopes and desires. "It is not 'decisions' of the rational will and consciousness or mechanical determinations resulting from external powers that underlie the economy of economic practices – the reason immanent in practices – but the dispositions acquired through learning processes associated with protracted dealings with the regularities of the field" (ibid.: 8-9). I would stress that this does not as such imply that the economic base has no influence on people's actions, but that its influence

is mediated by socio-culturally shaped attitudes to it. Bourdieu points out that the social world cannot be bracketed out to outline economic behaviour, but rather economic practices are shaped historically, socially and culturally, and are inseparable from morality. My account of uncle Xu's refusal of surgery shows that it was not shortage of funds as such which motivated his choice, but its intersection with historically moulded dispositions, his social identity and social relations which inclined him to perceive it as too much money to spend on himself.

Implications for policy making and for a study of people's relationship to the state

Premier Wen Jiabao's government work report and the policy plans drawn up as part of the government's new five year plan (2006-10) were presented to the fourth session of the Tenth national people's congress on March 14th 2006. [3] The plan stressed the importance of building a "new socialist countryside", by increasing rural investment and agricultural subsides and improving social services (see also Chen, 2004). Amongst its aims is the resolution of two problems villagers were particularly vociferous about: education and healthcare. In response to the first, the plans are "The nine-year compulsory education in rural areas will be secured by the public financial system starting from this year. The central government will invest 125.8 billion yuan (US$15.2 billion) and local governments 92.4 billion yuan (US$11.1 billion) into the programme". [4] In response to the second, "Starting from this year, both the central and local governments will spend more to construct the rural co-operative medical service system, which is scheduled to cover the countryside by the end of 2008. And a three-level rural health care service network will be established by 2010 to satisfy residents' needs" (ibid.). But do these policies and the change in economic conditions

[3] See http://english.people.com.cn/zhuanti/Zhuanti_478.html, last accessed on 15/09/06.
[4] 'Your guide to "new socialist countryside"', http://english.people.com.cn/200603/08/eng20060308_248839.html, last accessed on 15/09/06.

they produce automatically trigger changes in attitudes? This study goes some of the way to explain why this is not the case. With reference to Dajie's practices of caring through food and to uncle Xu's rejection of surgery I have shown that more complex negotiations take place, and that new economic conditions are, at least initially, perceived through the prism of socio-economic conditions experienced thus far. I shall provide one final example – of rural healthcare cooperatives – which also points to the wider applicability of grass-root micro-studies such as that pursued here.

During fieldwork, I was told about local corruption, high levies and the failure of the state to provide for farmers on almost a daily basis. As I mentioned, healthcare cooperatives have been gradually implemented in rural China since the mid 1990s, and were introduced in Langzhong in December 2005. Their success however, both locally and nationwide, has been mixed. With contributions by those who join set at only 10 yuan per year, even the poorest households would be in a position to afford it. Unwillingness to join must therefore have alternative motivations. Development studies literature points to some of the problems of implementing cooperatives. In poorer areas there are few local resources to finance these schemes, and in sparsely populated or remote areas, the time and costs of travel and the cost of transport, accommodation and food to gain access to healthcare may discourage people from seeking it. A further problem is that co-ops only cover the cost of hospitalisation and only 40% of that, and do not pay upfront, which means people have to have the money to pay it first.[5] Anthropologically speaking however, there are other social and cultural conditions which predispose people against cooperatives.

Most crucially, people's past experiences of the state's provision and especially of local officials has important effects on the reception of new policies and on their potential to have

[5] See Bloom and Tang (1999); Carrin et al. (1999); Liu et al. (2002).

a positive outcome. Those responsible for implementing cooperatives and for administering funds are local officials, those same local officials who were widely perceived as corrupt, as charging non-existent fees and failing to invest funds in local developments. If local officials, who embody the level at which the tangible encounter with cooperatives takes place, are not trusted on the basis of experience with other fees, contributions towards healthcare cooperatives may well be regarded in the same light. Healthcare cooperatives were implemented locally after I returned to the UK, and I therefore have collected no ethnographic data on the topic. Over the course of various phone conversations with Dajie and other local families however I gained a sense of widespread scepticism (December 2005-present). Dajie was convinced that cooperatives were yet another ploy conjured up by local officials to collect fees for no returns whatsoever. It is still too early to put forward any conclusions on the potential for implementing cooperatives. New *habitus* does not form overnight: locals will require a new set of experiences of local policies and their executors to be convinced that what they invest in healthcare cooperatives will indeed benefit them. Attitudes cannot be assumed to change automatically following structural change. A careful assessment of the social effects of perceptions of the present society (and officials in particular) as corrupt may provide insights into why policies are received in given ways. Failing to pay attention to these processes would hinder understanding of why some locals remain frugal about food, refuse surgery and are sceptical of cooperative schemes. This would be a failure not only for academic scholarship, but also for the provision of people's well being.

QUESTIONNAIRE (CHINESE, TRANSLATION OVERLEAF)

一．疾病

1．家庭成员所患的疾病及其医疗费用

2. 生病时，费用主要由谁承担，是否能承受

3．看病地点，医生，所用药物，药效如何

4. 是否会去看师娘子或阴阳先生，曾经看过吗

5. 如果有机会，是否愿意参加医疗合作，为什么愿意，为什么不愿意

二．对健康的认识

1．对肥胖有什么看法，为什么这么想，(从哪里知道的)，是否认为肥胖的人有力气

2．除了给小孩吃一般的食物之外，还要给他们吃哪些有利于健康的食品，如奶粉，哪一种奶粉最好。小孩生病时通常要吃哪些食物

3．什么样的人才是健康的

三．对疾病的认识

1．怎么知道患了感冒。当感冒时感觉是什么样子的。觉得哪些方法治疗感冒效果好。感冒时应该吃什么食物，不应该吃什么

2．怎么患的风湿，得了多长时间，什么感觉，什么方式可以缓解，怎么知道的这些方法

3．被诊断为癌症之前，身体有什么异样。得了癌症后，身体有什么变化。是否知道阆中的食道癌比率非常高，你觉得是什么原因引起的

4．一天要抽多少。你认为抽烟对你的身体有影响吗？如果有害，为什么要继续抽

5．喝酒/同上

6．生孩子后，是如何避孕的/戴环，结扎，服药。对身体有影响吗

7．对艾滋病病如何看

感谢合作

QUESTIONNAIRE (ENGLISH)

1. *ILLNESS*

    a. What illnesses have there been amongst family members and what have your expenses on treatment been?

    b. When you are ill, who covers the cost? Can you or your family afford treatment?

    c. Where do you seek treatment? Which doctors do you consult? Is treatment effective?

    d. Have you consulted a spirit medium or a geomancer? Have you ever done so?

    e. If you were given the chance would you join healthcare cooperatives? Why yes? Why not?

2. *PERCEPTIONS OF HEALTH*

    a. What do you think about fatness? Why do you hold these views? (Which sources have influenced your opinion (experience, media etc.)?) Do you think that fat people are strong?

    b. Apart from regular food, what other nutritional and healthy foods do you give children? For instance, milk powder? What kind (of milk powder) is the best? What particular foods do you give children when they fall ill?

    c. What makes a person healthy?

3. *PERCEPTIONS OF ILLNESS*

   a. How do you know when you have a cold? How do you feel when you have a cold? What remedies are effective to treat colds? What food should you eat and avoid during a cold?

   b. How/why did you develop rheumatism? How long have you had it? How does it feel/where does it hurt? How do you treat it? How did you decide on those types of treatment?

   c. Before being diagnosed with (stomach or oesophagus) cancer how do people feel (for instance neighbours, relatives etc.)? Are there any visible symptoms? How does the body change as a consequence of cancer? Did you know that the incidence of oesophagus and stomach cancer in Langzhong is extremely high? Why do you think this may be the case?

   d. How much do you smoke per day? Do you think that smoking affects your health? If it is harmful why do you not quit?

   e. Alcohol (see above)

   f. What contraception do you use? IUD? Vasectomy? Pill? What effects has this had on your health?

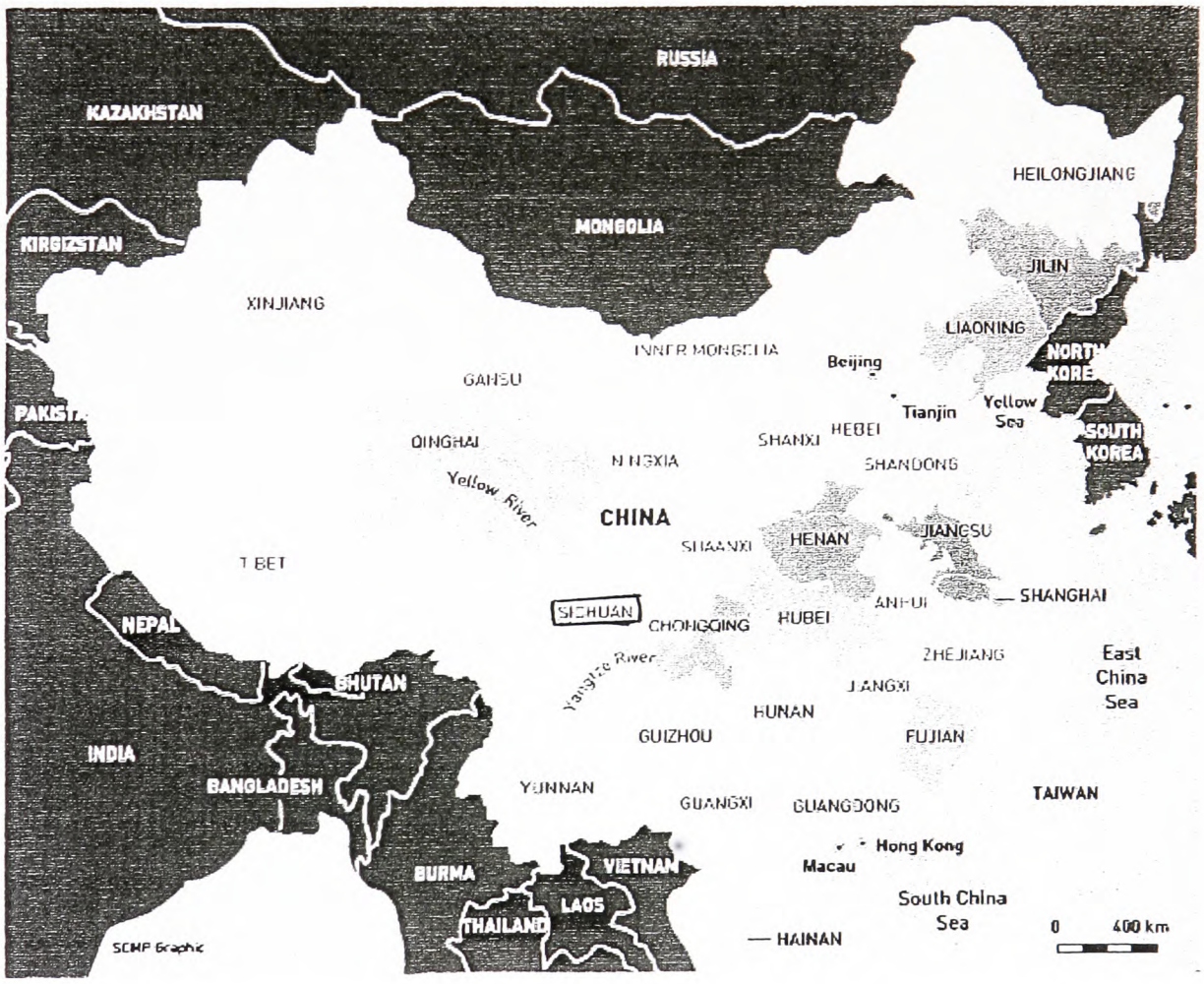
   g. What do you know about AIDS?

Thank you for your cooperation

MAP 1:

The People's Republic of China

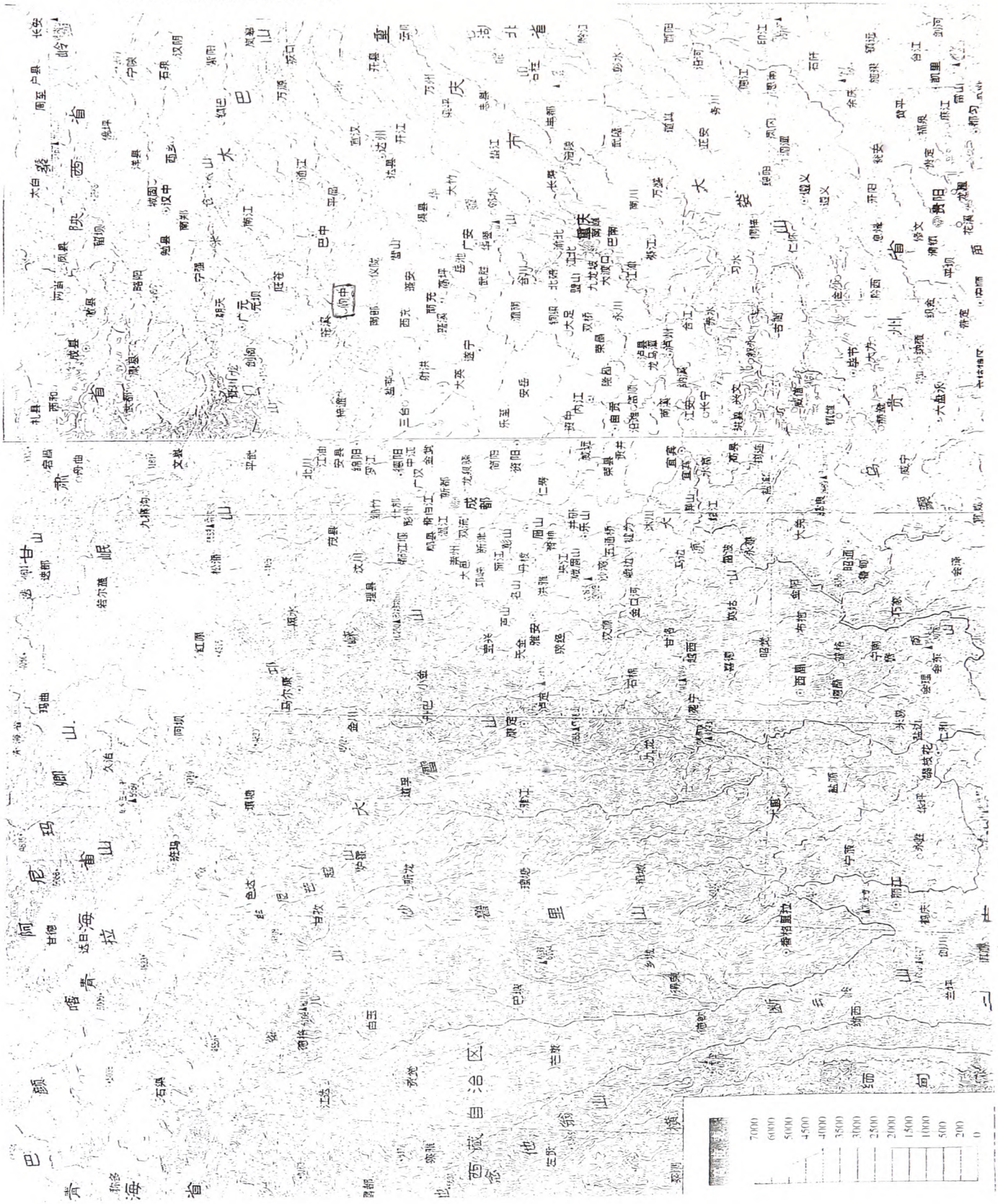
(Source: http://china.scmp.com/map/ last accessed 08/03/2006)



MAP 2:

Sichuan Province and the location of Langzhong county

(Source: Hu. 2004: 3-4)



MAP 3:

Langzhong county and townships

(Source: Hu, 2004: 55)

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