

Panel 12: CARING HOMES: Home-based Health Care in Contemporary China

Access to healthcare for citizens of China presents an ever taxing issue - one that is both hotly debated by lay people and one to which the state has recently turned its attention. Given the obstacles to carrying out fieldwork in the PRC until recently, medical anthropology of health in China has predominantly focused on practitioners and on TCM. This panel proposes to privilege the study of how lay people themselves understand illness and how they deal with it. Situating everyday practices related to health and healing within the context of people's lives in their homes will provide a better understanding of the challenges they face and the obstacles they encounter in their attempts at overcoming them. The focus is not only on the religious and ritualistic aspects of care (such as sacred healing and shamanism), but also on its more "mundane" aspects, such as herbalism, traditional manipulative techniques, special systems of exercise and dietary changes. Medicine will be assessed alongside other daily practices through which individuals and their families shape their bodies. Focusing on sufferers rather than medical systems, and advocating a bottom-up account of sufferers' agency, this panel aims to highlight the ways in which sufferers creatively and simultaneously resort to a variety of means to safeguard their health and that of their families.

Papers will focus on how care is managed in the home: who takes responsibility for healing? How is authority established? When caring practices fail, who is held accountable? In which ways are generational and gender differences negotiated through choices around care? How has globalisation impacted on home based practices of health maintenance and healing? How do globalised images of what is healthy interact with locally and historically formed perceptions? As such, contributions will show 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. A closer understanding of these micro-processes of healthcare within the home, is inextricable from the macro-setting, and is intended to enhance the understanding of wider social processes at play within local settings.

Panel chair: Prof. Judith Farquhar (University of Chicago)

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12.01 Rising and Resting: Practical Habit and Health Knowledge in Chinese Everyday Life

Judith Farquhar

Families and communities in modern China manage health with a constant flow of apparently trivial advice. There is homely knowledge about everything: how many layers of clothes to wear in winter, what kind of tea to drink in summer, how and when to bathe, when to go to bed and when to get up, the importance of avoiding drafts and cold drinks, how to use particular foods for health, why anger and painful memories are harmful, and so on. In many parts of the world this kind of information exists entirely below the radar of either systematic medicine or institutional public health; it is a taken-for-granted substratum, entirely naturalized as "good hygiene" and "common sense." Anthropologists tend to think of this domain of cultural understanding as subsumed by an inarticulate habitus, and they link its existence as tacit knowledge with a cultural conservatism: the life of bodily habit changes slowly, if at all.

This paper considers the modern Chinese forms of discourse in which habit continues to become explicit as knowledge, sometimes quite technical knowledge. Interviews with Beijing residents who practice various kinds of life nurturing (yangsheng) hobbies are used in the paper to demonstrate the importance of a continuous re-evaluation of wholesome uses of time, space, and bodies. The interesting category of qiju, often translated as everyday life but more literally understandable as rising and resting, is focused on. Connections of qiju knowledge to Chinese and western medical ideas, to classical Chinese philosophy, to public health activism, and to the family management of health are also explored.

12.02 Fighting for breath: healthy men, cancer and caring families in rural Sichuan

By Anna Lora-Wainwright

As many of the Sichuanese farmers I lived and worked with, 62 year-old Gandie was fervently opposed to surgery when he was diagnosed with oesophagus cancer. Attributing his attitude to financial motives provides only a superficial explanation of how farmers understand surgery. Past experiences and living conditions, which fostered particular bodily attitudes to health, healing and perceptions of the wider good, intersect with the consumerist turn in the reform period to produce surgery as socially and culturally inefficacious. 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. This paper examines how Gandie's family took care of him, how divergent contributions by family members were interpreted and how they reinforced or undermined family relations. It outlines some of the ways in which morality is performed and constituted through caring practices which at once presuppose a loving relationship and reinforce it. Comparing his example to other case studies gathered during anthropological fieldwork from 2004 to the present I show how cancer is treated at home, and how home care is constituted as not only financially more feasible but also as morally desirable. -- Dr. Anna Lora-Wainwright Research Fellow in Contemporary Chinese Studies Centre for Chinese Studies, Manchester University Oxford Rd. Manchester M13 9PL

12.03 Balancing Tobacco: Family, Disease, and Smoking Cessation in Contemporary China

Matthew Kohrman
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Cigarette smoking is the leading cause of preventable death in the world today. In China, where more cigarette smokers reside than any other country, rates of tobacco-related diseases are increasing sharply. This rising tide of sickness and more refined techniques for assessing it are prompting Chinese leaders to give wider berth to tobacco control advocates. To date, advocacy has largely emphasized stemming demand rather than restricting supply. Two moves include striving to educate smokers of the dangers of tobacco (providing knowledge based on modern scientific discovery) and encouraging quitting. A key barrier for smoking cessation is a notion held by many in the PRC. This is the idea that quitting disrupts the "balance" of a smoker's health, which in turn will precipitate illness. This notion draws its authority in large part from what informants refer to as "traditional Chinese medical principles." As such, smoking cessation in China today is often framed as and serves to reify a wider discursive debate between two perspectives for life management, one seen as more "traditional," one seen as more "modern." Would-be quitters commonly traverse this debate in close dialogue with family members. Confronting rising knowledge of tobacco's toxicity, calls to quit, and family members addicted to cigarettes, households struggle with several overlapping questions, How best to serve the family? How to protect the household from catastrophic illness? How to impede tobacco use without disrupting family equanimity?

12.04 'Everyday Strategies for Survival During the Great Famine in China'

Zhou Xun, University of Hong Kong

In contrast to other modern famines, the massive mortality caused by the famine during Great Leap Forward (1958-1961) and its aftermath is relatively unnoticed. Recording oral histories of ordinary survivors, now in the last stages of their lives, this paper documents how rural Chinese coped with the famine. The central questions will be how individuals and community mediated traditional practices with public health advice. What/how did they eat? How does the devastation of famine survive in cultural memory and continue to structure everyday life in the countryside? It will describe ordinary people's survival strategies and responses to state policies and political indoctrination. The paper will shift focus from dry statistics to lived experience, most poignantly for women and children. Intentionally eliciting family knowledge and practice of healing and nutrition, this paper will use Chinese obsession with food talk, their remedies and recipes, to explore and record vivid accounts of those difficult years. Villagers were forced to sacrifice their homes/possessions to build socialist

collectives, but today many survivors are left without home, health care and sometimes food, despite an economic boom in the cities.