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“A Good Guy” Again: Biosociality in a Cancer Self-help Organization

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ABSTRACT

The notion of biosociality has been employed in the understanding of forging new forms of social groupings and other forms of social solidarity, with its feasibility and basis challenged in non-Western contexts. According to our study of a Chinese cancer self-help organization, an emergent biosociality occurs through an increasingly common diagnostic biomedical category, cancer. But what truly binds these people tighter is the pre-modern local knowledge of *qi*, as well as state ideology about living a useful life. A new form of biosocial citizenship, “a good guy (*haoren yige*),” linked to cancer, is thus endowed.

KEYWORDS

China; biosociality; cancer; good guy; qigong; self-help organization

“At one time, a diagnosis of cancer was like being on the Titanic: falling into the cold water, struggling, crying for help, and feeling lonely and hopeless.” This is an excerpt from President Gu’s pep-talk to new recruits on why he had established Leyuan, a cancer self-help group in Southern China.¹ “The doctors only cure the disease,” he continued, “but no one cares about how you feel. Your colleagues avoid you like you have the plague. Your family does not comprehend your fear or sorrow . . . But you can find all the support you need here. ‘Brothers’ and ‘sisters’ at Leyuan will help you rehabilitate, both physiologically and psychologically. Leyuan, like a lifeboat, is sure to rescue you and deliver you ashore.”

We heard these words regularly as we conducted ethnographic research of this self-help organization, which began in 2016. Every time, we were moved, just like the newcomers. Self-help organizations like Leyuan provide survivors with “a unique sense of community, unconditional acceptance, and information, in contrast to isolation, rejection, and lack of knowledge experienced outside the group” (Ussher et al. 2006: 2573). Around the world, they are considered unique places where post-treatment transitions may occur (Bell 2012: 591).

Conventionally Chinese people with cancer have sought support from within the family (Wang et al. 2015). However, over the past 30 years, we have witnessed a boom of cancer self-help organizations in China. According to the official statistics from October 1999 (most recently available data), there were 89 self-help organizations across 21 provinces (Mok et al. 2000), and in April 2010, over 104 self-help organizations were invited to participate in a mass anti-cancer and cancer rehabilitation conference. A decade later, the number of cancer self-help organizations is still on the rise. Unlike their professionalized Western counterparts (Bell et al. 2010), these organizations were initially promoted by a group of *qigong* practitioners (Mok et al. 2000). Practitioners in these groups believe that the rebalancing of *qi* through *qigong* can assist with rehabilitation, regardless of cause or kind of cancer (Guo 2010). As a result, people with different forms of cancer participate in the same organization, devoting themselves to proving that “cancer does not necessarily mean death” (Yang 2004: 8).

The concept of biosociality coined by Rabinow (1992) is generally accepted as key to understanding the forging of social solidarity (Burke 2015; Dimond et al. 2015; Novas 2008; Raz et al. 2018; Rose and Novas 2005). Biosociality, as Rabinow (1992: 244) illustrated, is the sociality constructed by biomedical

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Media teaser: What is it like to be a cancer survivor in China? Why is *qigong* important? And what binds biosociality? Let’s find out.

knowledge. New groups, for example, can form around “new truths” such as “chromosome 17, locus 16,256, site 654,376.” These new truths, in turn, are used by such groups “to help them experience, share, intervene, and ‘understand’ their fate” (Rabinow 1992: 244). Although diagnostic knowledge or apparent biological features are emphasized, therapeutic technologies are also a source of biosociality, especially in patient support groups (Whyte 2009). Meanwhile, social structures such as race and gender, a collectively held norms and values, and even shared emotions, coexist, interact with, and even bind biosociality (Dimond et al. 2015; Lemke 2015; Meleo-Erwin 2020).

In this article, we initially examine how biosociality happens in China, without reducing complex social relations to technoscientific explanations. Then, we reveal how even the understanding of “bio” itself is locally generated. The localized “bio,” along with the social, co-produces cancer rehabilitative knowledge that binds members of this biosocial community. In turn, a new form of biosocial citizenship, “a good guy (*haoren yige* 好人一个),” is constructed.

The obstructive and unanticipated social

As Rabinow (2008: 192) acknowledged, the term biosociality “does not apply everywhere and at all times.” Exploring the feasibility of biosociality beyond Euro-American contexts, accordingly, has been common in recent literature. The focus is always how “bio” enables people to congregate around aspects of their (failing) biology, and how the social obstructs this congregation, or facilitates it in an unanticipated way.

Bharadwaj (2008), for example, found that new scientific applications such as IVF and stem cell clinical trials did not change the fact that “Indian infertile patients” remained biosocially inactive. A primary obstacle was their already frail, isolated and stigmatized social bodies. Similarly, as Roberts (2008) found in Ecuador, infertility patients do not join associational groups around new assisted reproductive technologies. Further, they do not desire recognition from the state because the use of IVF as an infertility treatment is often considered a personalized care service, a source of pride, or even a sign of modernity. In these two cases, established social factors, such as deprivation, marginality, and other forms of social disadvantage, and the imaginary of modernity, are crucial in constituting local bodies while inhibiting biosociality.

The social does not necessarily have to be an obstacle. Both Chinese diabetes and American weight loss surgery patients have formed communities to share information and experiences, reflecting the lack (or perceived lack) of adequate medical knowledge from providers about the particularities of bariatric bodies (Bunkenborg 2016; Meleo-Erwin 2020). Other memberships of self-help groups are more opportunistic. In Tanzania, as Marsland (2012) discovered, widespread poverty determines that people are not “open” about their HIV status and ARV treatment, unless they receive tangible benefits like foodstuffs, livestock, school uniforms, soap, cooking oil, or even cash handouts. This is why a healthy man faked HIV positive status to join a self-help group.

In some circumstances, social factors such as ethnicity and locality, and the “bio” diagnosis, are intertwined. In Lemke’s (2015: 203) words, they are co-constituted in complicated ways. By *seeing* other survivors, breast cancer patients in urban India can be conferred with the will to live. This emotional exchange has been found to be pivotal for the constitution of biosociality, as the “propensity for visual apprehension as paradigmatic of social practice is considered to be particularly prevalent in Hinduism” (Macdonald 2015: 126). The needs of their “own” population group, especially for poor people and low-income seniors, were at the center of a Filipina Community Support Group for breast cancer in San Francisco (Burke 2015). On the other hand, among Turkish diabetes self-help group in Berlin, the fragmented belonging of marginalized people, rather than “ethnicity,” gave rise to biosociality (Guell 2011). In sum, in work on biosociality, firstly, there is growing consensus of the danger of falling victim to the widespread ontological individualism of mainstream Western (social) science (Beck 2011). Secondly, biomedical knowledge is not singularly responsible for constituting and transforming the identities of patients and their organizations (Lemke 2015), although a Western sense of “bio” is privileged over other medical knowledges.

In this article, we unfold the unique biosociality of Chinese cancer self-help organizations by interrogating both the social and “bio,” so enriching the literature on both biosociality and on patient self-help organizations. Below, we first briefly introduce our field site, Leyuan, as well as other cancer self-help organizations in China. We then focus on how pre-modern local *qi* knowledge and state ideology about living a useful life help binding this emergent biosociality. Finally, we explore the meaning of “bio-sociality” as well as ideas of the “good guy” in the Chinese context.

Field site and method

Leyuan is a typical cancer self-help organization in China. One indication is its name. China has a long tradition of naming rehabilitation organizations *Leyuan*, which literally translates as a “fairlyland where one can harvest joy.” Even the forcibly quarantined leper colonies of the 1950s, during China’s era of collectivization, were called *kangle* villages, meaning “happy rehab” (Liu 2018: 205). Following *Beijing Kang’ai Leyuan* (Beijing Anti-Cancer Paradise, BACP), one of the most influential cancer self-help organizations in China, many similar organizations in southern China include the name Leyuan to emphasize their optimism to counter cancer and ensure a better therapeutic future. The organization with which we worked was called, simply, Leyuan.

Unlike BACP, Leyuan receives neither government subsidies nor donations.² It was co-founded in 1998 by a Mr Gu and a Mr Wu. Mr Wu’s wife had been diagnosed with thyroid cancer in the late 1990s. After discharge, Wu accompanied her to BACP to learn the *Guo Lin qigong*. After healing, they returned to their home in southern China. Wu wanted to establish a similar self-help organization for cancer survivors who lacked the economic resources to rehabilitate in Beijing. Wu made the acquaintance of a businessman, Gu, who sold TCM (Traditional Chinese Medicine) herbal ingredients and dietary supplements, including lucid ganoderma³ spores, commonly used by cancer patients in China to inhibit cancer cell recurrence and metastasis. Together they founded Leyuan, with four paid employees.

Drawing lessons from BACP, Leyuan’s chief activity was *Guo Lin qigong* courses, and they invited *qigong* masters from Beijing to give workshops every quarter. *Qigong* is a form of self-cultivation that reformulated traditional breathing and meditation techniques. In the post-Mao era, it offered individuals cheap and accessible (alternative) opportunities to self-manage health. People took up *qigong* also as a healing practice after life-threatening illness such as cancer (Chen 2003: 1: 55). With the slogan of “treat in hospital, and rehabilitate in Leyuan,” Gu and Wu emphasized that to participate in the program, members must believe that Leyuan plays an irreplaceable role in helping them fight cancer. Otherwise, patients will drop out. Thus far, according to Gu, Leyuan has had over 20,000 registered members over the past 20 years, although attrition rates are high. On the other hand, about 50 regulars, according to our observations, participate in weekly singing and dancing sessions, and in other intermittently scheduled activities. Later, we learned their title: they were the “anti-cancer stars” (*kang’ai mingxing* 抗癌明星).

The published literature on support groups suggests that women rather than men are most likely to join support groups (Bottorff et al. 2008; Gray et al. 1997; Krizek et al. 2001; Seale et al. 2006). This is true for Leyuan. Eighty percent of the regulars are women, and most are over 60 (the official retirement age). They generally come from middle- or upper-class families.

Our fieldwork, involving participant observation, took place from November 2016 to May 2017, and from March 2018 to July 2018. A total of 75 on-site observations of specific events organized by Leyuan were made in these eleven months to explore the role of “bio” and social factors in shaping these biosocialities. In-depth interviews were also conducted with 15 female and six male regulars, both founders, and all staff, at both Leyuan’s office and at places where *qigong* was practiced. All participants provided oral informed consent. All interviews were recorded, transcribed verbatim and coded. We visited Aunt Ren’s and another three key informants’ homes dozens of times, and sometimes slept over.⁴ We also spent time following two WeChat groups (one for a choral and one for a *qigong* class), following up on their daily activities. The division of labor was as follows: The first

author Li undertook most of the data collection and fieldnotes, while the second and corresponding author Wang provided analytical and theoretical support. Discussions were conducted through weekly meetings, based on the coded fieldnotes. Each researcher had an essential role in the study. All names mentioned below are pseudonyms.

Rebalancing Qi

For cancer survivors, living in prognosis means living in the folds of various representations of time, where death is central to life (Jain 2007). The fear of recurrence and unpredictable death, along with a sense of disorientation, loss, and loss of control is inescapable (Crouch and McKenzie 2006; Gilbert et al. 2013; Hansen and Tjørnhøj-Thomsen 2008; Little et al. 1998; Navon and Morag 2004). Survivors are trapped in a liminal phase, neither healthy nor sick, where disorientation, sense of loss, and loss of control dominate (Little et al. 1998; Navon and Morag 2004). Practicing *qigong* can beat this fear of uncertainty by the regularity of its bodily practice.

A living being in China has long been viewed as a temporary concentration of *qi* (气), a fundamental energy at life's source that supports generative vitality. For a long life free from sickness, it is vital that the blood (*xue* 血) and *qi* flow unobstructed (Furth 1999: 21). Although this knowledge is not new, to cancer survivors, it is. Unlike the genome which tells them where the cancer comes from, *qi*, the Chinese version of "bio," is said to tell them where the cancer goes.

"Good *qi* (*zhengqi* 正气) generates health, while evil *qi* (*xieqi* 邪气) leads to disease. Evil *qi* accumulates, and then comes the cancer." Members in Leyuan often explained why people get cancer in this way. Strengthening the good *qi* while inhibiting the evil is thus the key to rehabilitation. To achieve this goal, *qigong* is a must.

Unlike many other *qigong* exercises that are aimed at nurturing life (Farquhar and Zhang 2012), and unlike other self-help organizations for other purposes and conditions where *qigong* is not necessary, the *Guo Lin qigong* practiced at Leyuan is designed for cancer survivors. Its members are convinced that only this particular type of *qigong* can help them, even those believed to be terminally ill, to survive longer and prevent the recurrence. *Hearing* from others the mystery of Guo Lin is said to be the best proof.

Guo Lin, a cervical cancer patient diagnosed at 40, endured five major operations, and then lived to 75, which she explained as a result of *qigong*. Especially in her early 60s, she faced political pressure, bravely disseminating *qigong* therapy to the masses in the era of the Cultural Revolution, when the "Four Olds" (Old Customs, Old Culture, Old Habits, and Old Ideas), including *qigong*, were to be eradicated.

Qigong is not simply a technique for breath control. It is essential to learn from *qigong* master how to distribute *qi* throughout the body. Members admit, "If it was not for the *qigong*, I wouldn't have joined Leyuan in the first place." Uncle Zhu, 65, who had survived nasopharyngeal cancer for 20 years, always tried to convince others of the benefits of regular *qigong*:

My father told me that I must learn *Guo Lin qigong*. It was an opportunity, probably the only opportunity for me to get rid of the cancer and rehabilitate. I got up at 6:00 am and went to the park, doing *qigong* at 7:00 am every single day, rain or shine. Nothing could stop me, nothing.

Whenever Zhu talked about this experience, he would get excited, with pride in his eyes. For many, although instructions are personalized according to each person's bodily and mental conditions, daily exercise was easier said than done. If one member slacked off, the cultivated mutual supervision (*xianghu jiandu*, 相互监督) would often evaporate. On one occasion, Xie, a man with colorectal cancer, had been complaining that the customized plan the *qigong* master had provided him was too long. Chen, a woman with the same disease, was seated nearby, and she intervened:

Xie: I can't exercise that long.

Chen: Why not? Worried about others' opinions?

Xie: No, it just takes me a lot of time.

Chen: You are shamelessly cutting corners! Don't you think *qigong* is one of the most important things that can truly save your life?

(Silence ...)

Xie: Do you sleep well?

Chen: Yeah, *qigong* does help. ...

By fixing a time and place for practice, people begin to feel they have control over their bodies. Especially during and even after *qigong*, they are encouraged to imagine that their tumors are shrinking. They will also find other positive cues that confirm their regimen is working, for example, "my sleep is getting better," as Mrs Chen said to Xie. "You are your own best doctor," they are told by the *qigong* masters, "Western medicine relies heavily on biomedical indicators that are universal. You guys have to learn to feel your own bodies ... This is the best and personalized medicine, for you." Unsurprisingly, *qigong* matters a lot to Leyuan and probably all other cancer self-help groups in China.

Qigong, inspired by Taoist philosophy, emphasizes harmony and balance. Thus, the goal of *qigong* is not to eliminate the evil *qi*. Rather, harmony and balance must be achieved between the good and the evil *qi*. Therefore, Leyuan members learn and understand that they derive benefits to coexist with cancer, by psychologically imagining it as a curable inflammation. Guo Lin *qigong* entails special breathing and hand gesture techniques to achieve this balance.

In the interests of its members, Leyuan invites *qigong* masters to visit from Beijing. Their flights, local accommodation and an honorarium are significant expenses, but the tuition for the twelve-day *qigong* courses – 800 yuan (c 120 USD) per person – covers most of these. Family members are welcome to accompany them for free, and members from poor families can have their tuition waived. As a result, the sales of TCM herbal ingredients and dietary supplements keep the business running. Eating in modern China is a form of "technology of the self" (Farquhar 2002), and tonics and *qi*-supplementing foods and drugs are advocated as supplementary means to balance *qi* and boost immunity. Their purchase, however, is not compulsory, making this revenue stream unstable.

Not everyone chose or would choose to remain at Leyuan after mastering the bodily *sensing* techniques of *qigong*. Members can assemble freely wherever they live, and continue *qigong* practice at a nearby park. However, Leyuan does not completely let go. Volunteers are sent to these parks, usually on Saturdays, to check whether the *qigong* is being practiced correctly. Members are also informed of major celebratory events by phone and WeChat groups. Members occasionally share cancer prevention information with each other by WeChat too. Leyuan's anniversaries commonly attract about 400 participants. Participation is voluntary, and not everyone attends – younger members have already returned to their previous jobs or been transferred to a new one, and there may be scheduling conflicts. Senior members often shoulder the responsibility of caring for grandchildren. Even Aunt Ren was excused from all Leyuan's activities for a while, when her daughter and grandchildren visited her: she just "had to take care of them."

Being a "Useful person"

Fighting cancer itself can be a "new job" for patients. Entry into treatment, for example, could be considered "entering a new workplace when a "new social network of cancer colleagues" may be generated (Parsons et al. 2008: 1830). This does not apply in China. Becoming a "useful person" (*you yong de ren* 有用的人) in the early days of reform and opening-up, even in the present day, is a major objective for education and self-cultivation.⁵

The mystery of Zhang Haidi,⁶ a young woman with paraplegia, has been well-known since the 1980s due to state propaganda. Zhang was said to have taught herself medicine, acupuncture, and classical literature, as well as English, German, and Japanese. But what made her a national idol was

taking pleasure in helping others, and what was described, in official discourse, as “serving the people” (Zhang 1999). By doing this, she explained, “I finally became a ‘useful person’ for the people” (Liu and Li 1983: 3). At the same time, China has advocated a view of aging where “the elderly need to be utilized properly” (*lao you suo yong* 老有所用), and this is seen as a “matter of general concern for the retired” (Hao 1982: 44). Cancer survivors, like retirees, hope to one day be “properly” utilized.

A cancer diagnosis is a biological disruption, as Bury (1982) argued, and among all disrupted social roles, occupation is the most seriously disrupted. Cancer patients in China are regularly regarded as incapable of any work-related tasks, and survivors are reported to retire early (Yao et al. 2019). Yuan Zhengping,⁷ founder of China’s first cancer self-help organization, *Shanghaishi Aizheng Kangfu Julebu* (Shanghai Cancer Rehabilitation Club, SCRC) was medically confirmed to have “completely lost the capacity for work” after his cancer diagnosis. In addition to complaints like fatigue preventing them from work (Pryce et al. 2007), social factors also exclude cancer survivors from various activities. These persist no matter how hard they try to persuade others that a return to work symbolizes their recovery and their capacity to live a normal life (Boer et al. 2008; Kennedy et al. 2007). One of our informants, a breast cancer patient still undergoing treatment, shared her annoyance with this attitude:

I deserved a higher salary! I was one of the first batches of technicians of that tech company, you know. But when I got cancer and had to ask for lengthy sick leave, can you imagine what my boss did? He cut my pay because I could not create value for the company as I once had ... I was totally pissed off.

At Leyuan, people are never treated like this. Members, especially the “anti-cancer stars,” are encouraged to be public storytellers. Wen, an anti-cancer star, narrated her miracle at Leyuan:

I got lung cancer seven years ago. The following year, it spread to the adrenal gland. After genetic testing, the doctor told me I could not take the targeted medicine. I felt desperate until my neighbor who had had breast cancer introduced me to Leyuan. I had no choice, but took Chinese medicine and ganoderma products, did *qigong*, talked about cancer with fellow members, and was encouraged by anti-cancer stars. Fortunately, I survived. I really appreciate Mr Wu. It’s he who guided me along this successful path.

This is the only requirement to be nominated as an anti-cancer star is for a survivor who pass their five-year “birthday”⁸ at Leyuan. As Mr Gu, founder of Leyuan explained, “the gold standard of winning respect is living longer, whether you are rich or poor, high officials or ordinary people ... Living long and well is the best way to reciprocate (*huibao* 回报) Leyuan.” Gu truly meant this. People enjoy being convinced by *seeing* other survivors (Macdonald 2015). Leyuan’s other founder, Mr Wu, for instance, is responsible for routine consulting and recruiting. Without any medical background, his wife’s life course stories are his best testimony. Wu’s wife and others’ stories inspire members of Leyuan to live useful lives, to be anti-cancer stars themselves.

Cancer self-help group like Leyuan cannot rely on regular paid social workers or registered volunteers, and the anti-cancer stars – informal volunteers – are crucial in saving labor costs. Unlike SCRC where members commit to external community service to restore their dignity and self-worth (Wang et al. 2015), Leyuan prefers its members to volunteer with the organization.

We first met Zhu in the park near Leyuan’s headquarters. His hands were clasped behind his back, like a *qigong* master, and he had been correcting other *qigong* practitioners on their postures. Though not a master, Zhu was one of the first *qigong* course mentees at Leyuan. He is the “big bro,” in Mr Gu’s words. Before being diagnosed with cancer, Zhu had been a real estate contractor – a prosperous, yet hectic career in rapidly-urbanizing China:

I was involved in (developing) a golf course when I was diagnosed with cancer. There were no cell phones at that time, so they left a bunch of messages on my beeper. I was still in the hospital, you know ... I quit to have enough time for *qigong*.

Zhu described himself as a man with the courage to give up his career. He said this about his wife: “She (temporarily) quit her job too, to take care of me by making me all kinds of different meals.” Zhu admitted that he had been lucky to have found his life back at Leyuan, by learning *Guo Lin qigong* along with twelve other mentees. Together, they had been honored as the “Thirteen Warriors,” since

they had witnessed the founding of Leyuan. Zhu takes pride in this title, treating it as recognition of his anti-cancer career. At collective activities like lectures or celebrations, Zhu is invited to share his experience. He never tires of this, and as his physical conditions improve, he voluntarily shoulders more responsibly for “passing down the love” as the “big bro.” He thus chose to be a tutor for *qigong* courses:

I got my health here at Leyuan, and I want other members to get their health as well. So, I became a volunteer when my illness stabilized. There was another organization in the city which had wanted to invite me to teach *qigong*, and had promised to pay me handsomely. Without hesitation, I rejected them. Why? I'm one of the “Thirteen Warriors,” and patients at Leyuan need my help! I'm not going anywhere other than Leyuan.

Like Zhu, most volunteers spoke with devotion and sincerity of Leyuan. Leyuan does not pay them, despite them being its most valuable intangible asset. Still, volunteers benefit in other ways – occasional free boxed lunches, free health product samples, free fruit and snacks at activities such as choir, and receiving small gifts like travel mugs with the Leyuan logo on them. The primary reason Zhu stays, he explains, is that patients need his help. As a “warrior,” his role as “Master Zhu” is necessary to Leyuan, but also to himself. To Leyuan, Zhu's existence proves that cancer can be overcome, and he is testimony to the rehabilitation program. To Zhu, on the other hand, the sense of being needed is more important than a paycheck. It was the best reward for his “new job,” he confessed. Volunteers at Leyuan report being very busy, but their sense of self-worth and achievement derive from being needed and respected by others. Replacing their previous work with volunteering, makes them feel “useful” again.

The relationship is mutually beneficial. The volunteers gain a sense of being needed and respected by sharing their cancer-fighting experiences, accepting the praises of others, and enjoying a useful existence.⁹ Like such role models as Zhang Haidi, who they had learned about when young, they act as role models for rehabilitating cancer survivors, providing their time and efforts free to the organization. Volunteers with exceptional skills, like Zhu, are selected to become members of Leyuan's council. Approximately 20 of Leyuan's most committed volunteers are eligible to compete for a chair on the council at the top of the organizational pyramid, where they are able to make decisions for the organization. This “promotion” system is described to new members when they first join. Learn from the anti-cancer stars and council members, they are told, and then become one of them.

Bio-sociality

If we take a non-fundamentalist position on Rabinow's (1992) notion of biosociality, the group and individual identities formed at Leyuan fall into this scope. Rather than genetic testing, the community is defined by an increasingly common diagnostic biomedical category, cancer, which sets the parameters of membership. In addition, what binds these people together is local knowledge of *qi*, or more precisely, the *qigong* therapy, as well as state ideology about living a useful life, “becoming a useful person.” The two unified in Leyuan's discourse around being a “good guy.” “Good guy” primarily means that members take the sovereignty of bodies in their own hands, just like a healthy (*hao 好*) person. To regain this bodily sovereignty, *qigong* is said to be essential.

In China, when Leyuan was established, *qigong* was criticized as “quackery” and “pseudo-science” (Palmer 2007). As Wu confessed to newly recruited members: “If you do not firmly believe in it, you can never achieve the best effect. If there is any doubt, I would rather you not join in the beginning.” Nevertheless, as Zhang (2018: 46) reminds us, cultivating a therapeutic self must be “embedded in a specific historical, cultural, and political nexus.” Knowledge of *qi*, in the sense of regaining bodily control, is important.

After being discharged from hospital, the only medical advice people who have had cancer receive is to have a regular follow-up. But they are told, by their relatives, friends, and probably neighbors, that *qigong* might be a lifeline. They are encouraged, mobilized and convinced by the best practitioners including Wu's wife, Guo Lin, and many other “anti-cancer stars,” and by a sense of their own bodies. Manderson (2015) has suggested paying greater attention to differences in cancer, and Bell (2014) has

argued that breast cancer may either inhibit or facilitate the formation of a distinctive biosocial identity. In Chinese cancer self-help organizations, however, the type of cancer does not matter. A principal concern is the relationship between the cosmos and the microcosm of the body (Furth 1999). Central to its rehabilitative techniques are “collecting good *qi* from one’s own internal organs” (Guo 2010: 28). After rebalancing good and evil *qi*, so regaining control over their own bodies, they count as “good guys.”

Members are also welcome to explore other ways of bodily control. Altering their diets on the basis of practicing *qigong* is one way. A light diet, typically with less oil, salt and sugar, and more fiber, cereals, and stir-fried vegetables, especially sweet potatoes, are considered a good choice, and food taboos, such as against dog meat and carp, are observed. These food prescriptions and proscriptions can be explained in accordance with *qi*. Or they may stick to Western concepts of nutritious food and a balanced diet (Bell et al. 2009), or rely on theories such as the alkaline diet to “starve cancer cells.”

Members of Leyuan are allowed to broaden this new form of citizenship, as long as the creed that cancer is “under control” remains unchallenged. However, unwritten taboos persist. People rarely use expressions like “death” or “pass away.” Leyuan stipulates that members cannot use demoralizing words or behaviors. Crying, for example, is discouraged. As Gu explained, “We advocate a happy mood, for the greater good of members. Things that might result in depressive episodes or sorrow should be strictly avoided.” Anyone who expresses negative emotions at Leyuan, intentional or not, are warned or even kicked out. Once, a woman nicknamed “Happy” forwarded a message about the bone metastasis of a cancer patient to a WeChat group, prompting several members to worry about their own conditions. As they were discussing means of prevention, Leyuan staff warned Happy and everyone else not to “spread negative energy.” Happy, a new Leyuan member, defended herself, insisting the article was not negative, but rather accessible cancer prevention information. She was warned again and apologized publicly; she never again shared articles on WeChat groups. The threat of excommunication inhibited her, as she was told Leyuan had dismissed several others before. People who spread negativity are seen as the “bad guys,” although no one used this term.

When members found that someone had not shown up at Leyuan, their first thought would be that he or she might have made inappropriate remarks. Sometimes, this was the case. In the case of cancer recurrence or death, Leyuan would refer to medical science for excuses, explaining these in terms of possibility and risk. Members who experienced recurrence were also encouraged to regard it as a “test of will.” “I just went back to where I started . . . What I should do is persevere, and insist on what I used to insist on.” Carelessness is another reason given to explain recurrence: ignoring the recommended lifestyle, slacking on *qigong*, and so on. In these situations, Leyuan prefers to remain backstage, letting the anti-cancer stars speak. Zhu, for example, who is punctual and proud of it, loves to warn his fellow survivors to heed his advice to avoid the possibility of recurrence.

I told her that in her condition, relaxation is the most important thing. “Don’t worry too much about your family and work,” I warned her. But she didn’t take my advice and remained burdened with family and work responsibilities. The result was that she experienced a recurrence and passed away in the hospital.

To Leyuan, a “good guy” can avoid returning to hospital, except for follow-up monitoring. This image is even an irreversible process of becoming. A pattern of narratives speaks to this – “Yesterday I was sick and betrayed, today I’m cheerful and supported, and tomorrow you will be me.” It echoes the national slogan: “The Soviet Union’s today is our tomorrow.” There is no “bad guy” in this revolutionary vision, provided members commit to becoming the masters of their own bodies.

Better bodily control allows better contributions. This is the secondary meaning of “good guy.” The national state remains as the source of inspiration: The idea of becoming a “useful person” is rooted in people’s minds. Useful is good (*hao* 好). Contributing can help restore members’ disrupted social roles, and this is possible in many ways. Going back to previous work is one. So is helping care for grandchildren. Such attrition is acceptable, provided that members inform peers that they have

survived as a result of the effectiveness of Leyuan rehabilitation. They are still invited to anniversaries and other celebratory events, and excused if they “really don’t have time.”

However, as a self-help organization without extra money for employees, Leyuan needs some of those who have been rehabilitated to sow “good seeds” as volunteers. Consider Aunt Ren’s life, as shared with new members:

How about the doctor? That busy man didn’t have a second to talk to me . . . I knew it was fate . . . I reaped my new life here, learning how to rehab, singing, dancing, guiding new patients as volunteers. It was not just me, all of them (cancer survivors) were convinced that I was a good guy again. You might easily become demoralized, or even depressed. Don’t worry! Look at me! Think less and leave behind all the energy regulating your body. Live your own lives (*guo rizi* 过日子). It is a good deed (*zuo haoshi* 做好事) as well as a charity (*zuo shanshi* 做善事) to share my experiences, right? There are so many things for me to do, so many that I feel 24 hours a day is not enough.

This pattern of narrative is reenforced by artifacts such as stories in an annual magazine and photos hung conspicuously on the wall of honor, and through rituals of repetition. After anti-cancer stars, or “brothers and sisters” (as Gu calls them), finish their storytelling, Leyuan staff, usually Gu, will comment from an organizational standpoint. The comments affirm the positive parts of any story, while ignoring the rest. Members can also stay at Leyuan, in the choir or as a dance troupe affiliate, rather than as public storytellers. Their performance can still entertain audiences before open lectures and clinics after all.

Conclusion

Living in prognosis, where death is central to life, is miserable (Jain 2007). After hospital discharge, cancer survivors are told that current biomedical knowledge can do nothing to increase their likelihood of survival. A recent survey has shown that at least 80% of patients in China receive no details concerning follow-up care and monitoring (Yao et al. 2019), and statistics on five-year survival do not reveal on which side of the line individuals will fall (Jain 2007). This may be one reason why professionally managed cancer support groups have emerged worldwide since the 1970 s (Borkman 1999; Klemm et al. 2003). China is no exception. Cancer has been its leading cause of death since 2010 (Chen et al. 2016), and as Mok (2001) has documented, self-help organizations supported survivors in China for over 30 years. Still, they remain little understood in terms of the dynamics of the collectives organized.

As Rabinow (1992) highlights, new groups, as well as individual identities and practices, can arise out of new (or newly asserted) biomedical classifications. Thus, new alliances and loyalties are forged (Hacking 2006). Biosocial groupings, like self-help organizations, can mobilize and empower patients by means of these alternative shared identities (Raz et al. 2018). In line with this, as noted above, certain types of cancer are found to be matter. Breast cancer in North America has a cultural prominence, so that comparisons with breast cancer may stimulate the emergence of an alternate, politicized form of biosociality (Bell 2014). In other contexts, by contrast, social factors may both be obstacles and bind these biosocialities. A breast cancer survivor support group at a local Filipino community in the US, for example, may run in an “appropriately Filipino way” (Burke 2015: 113).

In Chinese cancer self-help organizations, the differences are even greater. The groups are defined by an increasingly common diagnostic biomedical category, cancer. As a result, people with different forms of cancer participate in the same organization. Rather than campaigning for rights and combatting stigma (Rose and Novas 2005), or providing emotional support and sharing medical knowledge (Bunkenborg 2016), these organizations offers many activities: talk therapy, singing and dancing, free clinics associated with the sale of TCM herbal ingredients and dietary supplements, rehabilitation tourism, anniversaries and “birthday” celebrations, and other celebratory events (Hou 2014; Zhou 2016). But in addition, there is always *qigong*. The rebalance between good and evil *qi* through regular *Guo Lin qigong* is supposed to help not to restore health, but to store lost bodily sovereignty as experienced by a healthy (*hao* 好) person. Practices of this local pre-modern “bio” knowledge, accordingly, binds the group members together.

After “graduation” from *qigong* courses, members are free to practice *qigong* in a nearby park, under the supervision of volunteers from the organization. The rest of the time, the vast majority simply return to work or help care for grandchildren. Occasionally, they return to participate in anniversaries or other celebratory events. Some members stay, however, serving in the organization as anti-cancer stars and volunteers, providing free labor and publicly offering testimony. The point is they are all needed. McMullin (2016: 262) reminds us that the alleviation of human suffering is derived primarily in “what ethnographies can tell us about the diverse modes of community response to suffering.” After diagnosis, inability strips people of social and especially occupational roles, leading to self-denial as a useful person. Persistent state propaganda on the “useful person,” even among an aging population, worsens the situation. At Leyuan, they learned that damaged social roles can be repaired, and learning to live a useful life like a good (*hao* 好) person gives rise to biosocialities.

Self-help organizations like Leyuan, to be noticed, prefer people to volunteer, but whether they do so or not, members can identify themselves as “good guys.” Without their commitment, however, the future of these groups is not promising. In this regard, these organizations are like cancer survivors living in prognosis, responsible for themselves. Even so, the Leyuan model is still unique: it operates in a large, affluent city, and its regulars are from middle- or upper-class families. This affords them access to non-essential TCM herbal ingredients and dietary supplements, even if they take them only because of peer pressure.¹⁰ To be sure, there is little opportunity for Leyuan’s model to diffuse to less affluent and smaller cities, or to China’s rural areas where there may be no other self-help organizations. People who are poor and marginalized may travel to overcrowded urban hospitals to access some elements of specialist cancer care, although travel time itself sometime can make the difference between life and death (Stalford 2019). Still, they lack local places for rehabilitation programs and support in rural areas, and as a result, disproportionately suffer from cancer’s after effects.

Notes

1. The entry threshold for Leyuan is low, and 200 yuan (c US\$30) covers lifetime membership. Leyuan members then have unlimited access to services provided by the organization.
2. The same holds true for most other cancer self-help organizations in China. Necessary expenditures for these organizations include office space, staff salaries and day-to-day expenditures. Thus, they lack the extra money for more regular employees.
3. In Chinese folk tales, Ganoderma is said to have the power to conjure the dead.
4. The four key informants are all female. Three are anti-cancer stars, with an average age of 63, and an average of 12 years after treatment. The other one is a staff member, who had worked at Leyuan for three years.
5. Written in 1922, “The Peanut” (*Luo Huasheng*), by writer Xu Dishan, conveys the idea of becoming a useful person, and was set as a textbook for primary school students.
6. Zhang was regarded as the Helen Keller and Pavel Korchagin of China. She was elected as chairwoman of China Administration of Sports for Persons with Disabilities (CASPD), the national paralympic committee of China.
7. Yuan was diagnosed with advanced malignant lymphoma in 1980 when he was in his early thirties. He suffered the stigma of cancer and lost his job. Thus, he decided to establish a space for cancer patients to comfort each other and establish lines of communication.
8. The metaphorical birthday stands for a celebration of the time since cancer diagnosis or surgery. To cancer survivors, rehabilitation means renaissance.
9. To motivate anti-cancer stars to volunteer their time to Leyuan, they are offered a discount, contingent on how much they contribute to the business. The exact discount is confidential, as are salaries in workplaces.
10. The most popular ganoderma product in Leyuan, for example, costs survivors about 2000 yuan (c US\$290) per month.

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