

Sub-optimal Health/Pre-clinical Conditions: Subjectivities In The Conceptual Space Of “Neither Health Nor Illness”

Background

The concept of suboptimal health (亚健康, can be simplified as sub-health) first emerged in the Chinese context in the 1980s/1990s. It was proposed as a novel “concept for the 21st century”, while being part of a marketing campaign for a health tonic targeting the urban white-collar workers. The product did not sell well, but the concept took off and became a buzzword at the time, appearing in diverse advertising discourses and public health discourses, as well as becoming part of public health knowledge production. Many physical symptoms have been thrown into this conceptual space of “in-between health and illness”, including general fatigue, low energy levels, headache, neck pain, and the list goes on. They are constructed to be tied up to health complaints of the urban residents in China. Over the years, subhealth has ceased to be a buzzword, but it remains a commonly understood conceptual space in the Chinese context and continues to be invoked in various contexts. So far, this concept has attracted very limited sociological or anthropological attention. Bunkenborg (2014) situate the concern with subhealth in the context of state concern with the quality of bodies in contemporary China; on the other hand, Jing (2019) sees the concept of suboptimal health to be a result of collective health anxiety but dismisses the concept as “unscientific”. Following Bunkenborg (2014) in acknowledging the way “the story of subhealth also tests the limit of analytical frameworks that emphasize the population and the state” (p.140), this project sets out to explore subjectivities in this conceptual space and how this concept functions in liberalized health care and in the mundane everyday discourses.

Aims and research questions

Since the initial coining of this concept in the Chinese context, it was associated with TCM. For this reason, my initial plan was to investigate the function of this concept in TCM by conducting fieldwork in a traditional Chinese medicine clinic in England as it situates at a cross-cultural setting and would be an ideal context to observe how this concept is invoked, understood and practised in the lived world of Chinese medicine while noting the way it functions as a boundary object. The initial plan was to look at the way the doctor adopts the concept of sub-health in speaking with the patient, and the ways patients view and experience their own health status through the lens of sub-health, and how that shapes their life decisions. The aim was to observe how sub-health is used to complement, contradict and mesh with a biomedical understanding of health in an alternative medical setting. The specific objectives included:

1. To explore the genealogy of sub-optimal health
2. To explore the lived experience and meaning of sub-optimal health

Methodology and the impact of the pandemic

The plan for the project includes tracing the development of the concept in the documents of related Chinese medicine institutions, observing at a TCM conference and participant observation and interview in a Chinese medicine clinic in England. The TCM clinic is seen as a particular setting to investigate the way the concept enables participants to make sense of their everyday experience, and methods include participant observation at the clinic, structured observations of consultations and a series of interviews with the doctor and participants.

I had already observed at a TCM conference and had started my observation at the clinic and had conducted some of my interviews when the pandemic broke out in England and when face to face research had to come to a stop. Due to the pandemic, I had to make a series of adjustments to my research methodology and methods, and made minor changes to the focus of my project accordingly.

Revised methodology due to the pandemic

Since the onset of the project, the methodology is a combination of genealogy and ethnography. Due to the pandemic, the ethnography at the TCM clinic had to go through a transition into digital ethnography, with some online interviews with Chinese people. This is partly because of the need to half ethnographic fieldwork at the clinic and coincides with my initial finding after conducting my observation at the clinic and interviewing the clinic visitors that this concept plays a very marginal role in the clinic. To locate the sphere where it is more commonly invoked, I turned to Chinese social media, most specifically, Weibo. Therefore, due to both practicality and idea development, I reconsidered my project as multi-sited and partially virtual, drawing on formulations of multi-sited ethnography (Marcus, 1995 & 2012) and virtual ethnography (Hine, 2011 & 2020). After passing the ethical modification, I searched the keyword “亚健康(subhealth)” on the platform of Weibo on a daily basis for the time span of over half a year and made notes about the posts I see, while collecting the posts and compiling them. In this way, I got to encounter the concept in its natural field to see it unfold in time and the vast backdrop of the internet. It also helped me with “finding out how sense is made out of the ineffable” and in turn, help me “carve out arbitrary field sites” on Weibo (Hine, 2011). I did eventually change the daily basis to less frequently and used a web crawling tool to help me collect posts.

My aims and objectives largely remain the same but my site of ethnography became broadened and reconceived, and my effort to trace the concept of subhealth went beyond the TCM clinic.

Progress to date

1. Collected different documentary data and mapped the genealogy of the concept
2. Conducted fieldwork and interviews around the clinic until March 2020 and had to stop due to the pandemic
3. Conducted digital ethnography on Weibo and interviewed Chinese people on their experiences of suboptimal health

Findings from preliminary analysis

Firstly, in terms of the genealogy of the concept, I examined the knowledge production of subhealth and its entanglement with commercial imperatives and sees the role of the professional project of TCM in shaping the contemporary understanding of the concept. At the clinic where I did my fieldwork, the doctor sometimes equated subhealth with “pre-clinical condition” for a more bio-medical touch. At the same time, current knowledge production on subhealth in the field of TCM research highlights Traditional Chinese Medicine’s historical lineage in “treating diseases before it takes place” (治未病) and constantly conflates the two terms. The concept seems to play a mediating role between a holistic view of the body and a biomedical view.

After starting my digital ethnography, I looked at digital subjectivities captured in the conceptual space of subhealth and looked at new entanglements of the concept with the young in the

contemporary discourses on Chinese social media. Behind the contemporary iterations of subhealth is the embodied experiences facing the 996 work pattern (the expectation to work from 9 am to 9 pm for six days a week).

The iterations of subhealth are full of contradictions. The young joking or wholehearted talk about their subhealth, a private experience yet publicly constituted as a condition for *possibly all the young people including themselves*. On the one hand, it is an embodied concept, a private matter in personal narratives. On the other hand, it is constructed as a public narrative, revealing the vital entanglements between bodies and environments. In both private and public narratives, subhealth is always situated in relation to the boundary between health and illness. It is constructed as the normal but invoking the vocabulary of the pathological; it is subjectively experienced but objective health tests and the growing trend to quantify one's health are also reshaping what it means to be "subhealthy".

Activities supported by prize and how the prize has enhanced my study

The prize has greatly helped me with my fieldwork and with my process of adjusting the methodology. As I mentioned in the my original application to the prize, I had some serious financial difficulties during my PhD and had to work to support my living expenses; at times, it significantly slowed down my research and led to hurdles for my data collection. Thanks to the generous help of the prize, I get to complete some of my interviews (before the pandemic) and get to have some financial support in making adjustments to my research after the pandemic broke out and during the most difficult and most uncertain time of the pandemic. This prize greatly supported my data collection, and I am deeply grateful for it.

References

Bunkenborg, M., 2014. Subhealth: Questioning the Quality of Bodies in Contemporary China. *Medical Anthropology*, 33(2), pp.128–143.

Hine, C. (2011). *Virtual Ethnography*. London: SAGE Publications Ltd London

Hine, C. (2020). *Ethnography for the internet: Embedded, embodied and everyday*. London : Routledge

Jing, J. (2019). *Gong min jian kang yu she hui li lun =: Citizen's health & social theory*. Beijing : She hui ke xue wen xian chu ban she

Marcus, G. E. (1995). "Ethnography in/of the world system: The emergence of multi-sited ethnography." *Annual Review of Anthropology*, 95–117.

Marcus, G.E.. (2012). Multi-sited ethnography: Five or six things i know about it now. *Multi-Sited Ethnography: Problems and Possibilities in the Translocation of Research Methods*.