FLOWS BETWEEN THE MEDIA AND THE CLINIC
Desiring Production and Social Production in Urban Beijing

In urban China, doctors of both biomedicine and traditional Chinese medicine have become active in communicating with people through mass media since the beginning of the reform (particularly since the early 1990s). Their participation is made possible by changes in the media. In the Maoist period, the media acted as the mouthpiece of the Chinese Communist Party, to impart the message of the party and the state and foster the socialist ethos of collectivism. Several decades of reform have turned the media into institutions largely motivated by economic incentives (i.e., profiting from advertisements). They have changed from being a self-contained system of work units responsive only vertically to the state to being a center of informational and cultural production responsive horizontally to the audience, in spite of continuous tight regulations from the state, particularly on the issues the state considers capable of provoking “instability of the country.” This change has turned the media into a site of dynamic interplay between the state and the market, between individuals and collective forces, a miniature of the whole society in transformation.1

In the late 1990s I began to pay attention to doctors’ involvement in the production of media messages in my fieldwork in a clinic and continued to observe it in the early 2000s. The doctors not only attracted an audience to their shows but also produced flows of patients to their clinics out of that audience. Dr. Ma, in Xingyixueke (性医学科, the Department of Sexual Medicine) of Yuquan Hospital in Beijing, is an example. As a doctor of biomedicine, he specializes in “sexual medicine” and treats sexually related disorders. His medical practice was intimately related to media production. He
was a regular guest speaker on radio and TV, and a guest for forums on the Internet. Most regularly he participated in *Whispering Tonight* (今夜私語時), a call-in show on Beijing People’s Radio Station, and in *Life, Reproduction, and Everyday Life* (生命生育生活), a program of Beijing Television Station (BTV). He received more patients the morning right after he went on the air than on other mornings of the week. Sometimes, he received twice as many patients the day after his show as on other week days. Walking into the consultation room and sitting down, many patients greeted him by saying, “Ma Laoshi [老師, teacher], I heard you on the air” or “You must be Ma Laoshi. I listen to your show.” In the opposite direction, some patients became or remained regular listeners of Dr. Ma after they saw him in the clinic, forming a circuit of flows of patients and audience members moving between the media and the clinic.2

This circuit of flows between *Whispering Tonight*, the show, and the sexual medicine clinic is embedded in the overall post-Mao social transformations.3 What was driving the flows? What happened to the individuals whose moves constituted the flows on the one hand and whose orientations were being reshaped by the flows on the other hand? What can the micro-process of remaking the patients as well as listeners in the circuit tell us about the overall transformation?

**Media Virtuality and Clinical Actuality**

Ethnographic studies of the relationship between the media and China’s transformation have developed greatly, mostly focusing on how reception and consumption of the media shaped new subjectivity of the audience (e.g., Erwin 2000; Farrer 2006; Friedman, this volume; Rofel 2007a; Schein 2008; Sun 2009; Sun and Choi 2012; Yang 1997). But most of the media effect was seen in discussions and opinions among the audience. The fact that many patients were listeners of Dr. Ma’s radio talk show triggered my curiosity about how their circular move manifested the interaction between the clinic and the media that not only changed the perspectives of the audience but also induced their actions, turning transparent the process of subject making. To observe the flows, I followed him to the radio station and listened to his show, and paid special attention to his listeners showing up in the clinic. I realized that the link between the radio station and the clinic was a link between two different spaces. I conceptualize this link into the one between media virtuality and clinical actuality.

“Media virtuality” refers to the sensorial and mental imagery of a concept,
a concern, or a sentiment constituted in the communication between the media and the audience. The term “clinical actuality” bears a resemblance to the term “clinical reality.” Defining the negotiation between the patient’s model of illnesses and the professional model of disease, “clinical reality” refers to a synthesis of what was brought in by the interplay—“the beliefs, expectations, norms, behaviors, and communicative transactions associated with sickness, health care seeking, practitioner-patient relationships, therapeutic activities, and evaluation of outcomes” (Kleinman 1980, 42). Integrating the effect of the media on clinical encounters, “clinical actuality” turns medical action into the process of negotiating or even redefining the subjectivity of the patients.

The intimate relationship between “media virtuality” and “clinical actuality” is derived from Deleuze’s discussion of the relationship between virtuality and actuality (Deleuze 1994, 2004). Unlike the common understanding that equates the virtual with the “unreal,” virtuality has its own reality, resonating with Baudrillard’s validation of virtuality as real. Virtuality is not opposed to the real, because it is real (Deleuze 1994, 208). Instead, virtuality is opposed to actuality, whereas possibility is opposed to the real. Whereas possibility turns real through “realization,” virtuality actualizes itself through “differenciation” (Deleuze 1994, 211). Note that “differenciation,” a Deleuzian term, is different from “differentiation,” because “differenciation” refers to “a genuine creation” that possesses a problem to be solved, whereas differentiation determines the virtual content prior to actualization (Deleuze 1994, 209–14).

Almost all questions and answers during the call-in show concern the differentials between the audience’s bodily experience and the virtual, normal body conjured up by the doctor. By motivating the audience to address the gap (a problem) between their bodies and the virtual, normal body and to act on their own bodies, the sensorial, mental imagery of the virtual, normal body differenciates (actualizes) into the flows of patients toward the clinic for local, medical solutions, a process I call the actualization of the virtual body.5

Because the double identity (listener and patient) is centered around the desire to have a normal body capable of sexual desire and pleasure, the flows between media virtuality and clinical actuality are essentially flows of desire. Forming and maintaining such flows constituted what Deleuze and Guattari (1983) called “desiring production.” At first glance, desiring production refers to the production of desire in capitalist production (being motivated
and stirred up to gain capital, make investment, obtain ownership, etc.),
whereas social production refers to the production of social relations in clas-
sic Marxist terms.

But Deleuze and Guattari collapsed the divide between the production of
desire and social production, and pointed out that the production of desire
depends on, constitutes, and overcomes the production of the social.6 An
analysis of capitalist production is nothing but an analysis of the combina-
tion of political economy and the economy of desire, examining “the intrin-
sic power of desire to create its own object” and understanding “the objec-
tive being of man, for whom to desire is to produce, to produce within the
realm of the real” (Deleuze and Guattari 1983, 25, 27). In the end, “social pro-
duction is purely and simply desiring production itself under determinate
conditions” (29).

That the body emerged as the focus of one’s attention and investment
(time, money, energy, etc.) in order to have a normal body was evidence
of social production embodied by desiring production. Three important
changes constituted the “determinate conditions” for the flows between the
media and the clinic to emerge. The first was the marketization of both the
media and the clinic. The hospitals and the radio stations both had a strong
incentive to generate as many listeners and patients as possible in the circuit.
At the same time, listeners and patients also obtained a consumer identity
by consuming both virtual images and medicines. Even though the radio
call-in show was free to listen to, a number of factors made it an act of
consumption. For example, in addition to the expense involved in making
phone calls, writing letters, or sending short text messages to the radio sta-
tions, the listeners were exposed to the commercials of medicine on the air,
a phenomenon that began in post-Mao reform. A listener had the potential
to become a consumer of medicine through becoming a patient, forming a
relationship between production and consumption of both signs and ma-
terials.

The second condition was the de-moralization of social life and the body.
Paying attention to the body through a new perspective from the radio, one
shifted the attention away from the Maoist moralism focusing on the purity
of the soul (for example, attending small group meetings to engage in self-
criticism for materialistic aspirations) toward care about one’s immediate
bodily interests.7 The desire to have a normal body was first and foremost
historical flight from moralization of the body and diseases (particularly
sexually related diseases), differing from the seemingly similar process of
medicalization in some other contexts.8 Furthermore, the increased choices
in what to listen contributed to the rise of individual choices in the society in the “consumer revolution.”

Broadcasting Individual Desire

When it was first aired in 1998, the call-in show Whispering Tonight lasted one hour each time, from 10:00 p.m. to 11:00 p.m. Three types of questions were often raised through the hotline. The first type concerned bodily irregularities or discomfort (e.g., lower back pain after intercourse, small penises, etc.). The second type concerned anxiety about certain sexual impulses, behaviors, and capacities, such as erectile failure, premature ejaculation, masturbation, and so on. The third type concerned certain medication and food (such as the comparison between Viagra and herbal tonics strengthening the kidney yang). These three types of concerns converged on the issue of the normal body. The following question from a listener exemplifies how the desire to be normal was addressed. A remarried man asked, “When I had sex with my ex-wife, she did not make any sound. We got divorced ten years after our marriage. Different from my ex-wife, my current wife was very sensitive. She would scream as soon as I just touched her through her pants. We live in a two room apartment. My old parents live just in the room next to ours. It feels awkward when my wife gets excited so easily. Who is more normal, my ex or my wife?” Dr. Ma answered, “Your current wife is more normal.”

I was a little surprised by Dr. Ma’s black and white answer about sexual normality concerning such details, partly because many answers from him were not so black and white, and partly because the “habitual” alertness of an anthropologist trained in the United States to any tendency to essentialize sexual normality that would curtail creative sexual life and oversimplify sexual enjoyment. But the other part of my anthropological “self”—my life experience in China—cautioned me against swift judgments and brought my attention to the construction of sexological truth in the Chinese context.

Dr. Ma was a sexologist because he had familiarized himself with works of Western classic sexology. He was the main translator of the Chinese edition of Masters and Johnson’s Human Sexual Response and Human Sexual Inadequacy. He was also the major author of Modern Sexuality in Chinese. He holds a diploma from the American Sexology Board. Yet, what defines him as a sexologist is a kind of experience a sexologist in the West is unlikely to have. Dr. Ma was trained as a doctor of biomedicine. But he was not prepared to talk about sexual health until many years after he graduated in the 1960s from Beijing Medical College, one of the most prestigious medical schools in China. As a medical school student, he was not taught about
human sexuality then, except the reproductive body. In his recollection, only during his residency, when a senior doctor told him not to touch “that spot” (the clitoris) as he was examining a female body, did he start to wonder why. One of the professors in his medical school had coauthored a very basic sex education book in the 1950s and was tortured to death in the Cultural Revolution. Dr. Ma’s experience of being sent down to a People’s Commune in the half agriculture and half animal husbandry area in Qinghai Province in the west and becoming a doctor of the commune health care station was an eye opener. Coming from Beijing, he was shocked by the “openness” of the local Hui and Zang (Tibetan) ethnic minority people in enjoying sex. Unlike in Beijing, people there were free in talking about sex on all kinds of public occasions, such as meetings in the warehouse, or in the barn, or right in the field. It was not unusual that several men and a woman turned erotic play into sex in the field of crops. One boy got married in his teens and had married several times by the age of twenty. Having spent nine years in Qinghai, Dr. Ma heard many stories, including that of someone who had intercourse five times in one night, and that of someone who liked to swallow semen. He was shocked to the degree that almost three decades later he could easily come up with a long list of those sexual episodes in his memory.

Dr. Ma’s story of “internal Orientalism,” regarding exotic sexuality among ethnic minorities in Qinghai (Schein 1997), contrasted with the sexless medical education he had received in Beijing. What is more, his discovery of “Chinese sexuality,” documented in ancient literature he first read in England as a visiting scholar in the early 1980s, convinced him that there was something pretty “un-Chinese” in Chinese sexuality in the recent or not too recent history of China. In a library in England he had access for the first time in his life to Chinese ancient literatures of bedchamber arts, such as Sunu Jing (素女经, The classic of plain girl) and Yufang Miju (玉房秘诀, Secrets of the jade chamber). The literature of ancient Chinese sexual culture inspired him to talk about sex in a comfortable way in public, against the asexual culture he had been exposed to in Beijing in the Maoist period. He was convinced that instead of the stereotypical prudishness of the Chinese there had been a tradition of openness about sexual life in Chinese history, an openness that was lost, however, or pushed to the margin. This is why Dr. Ma was so sure that making sounds during sex, on the part of the female, was more normal than doing it without making any sound. This seemingly essentialist judgment carried with it an implication of articulating sexual desire against sexual repression.

Equally important was his daily contact with physical bodies of patients
and their problems with sex in everyday life. It was not unusual for a man to become suicidal because he imagined he was impotent, even though he had never had sex or had had sex only once but failed. Nor was it unusual for a man’s imagined impotence to turn real precisely because of the imagined fear of failure, or for a girl to become desperate only because of several black hairs on her upper lip that make her “neither a man nor a woman,” or for a woman to feel extremely guilty about having sexual fantasies while having sex with her husband, or for a man who has been married for years (the extreme case was nine years) but had not succeeded at penetrating his wife even once. There was a lot of anguish underneath the surface of everyday life.

Also, many people complained that they had no place to go if they wanted to get consultation about their sexual problems. For example, Dr. Ma realized that if a woman had problems with sexual desire, there was virtually no place for her to get consultation and solutions. When nanke (men’s medicine) was established in many places in China in the 1980s, men had a place to see doctors for sexual problems such as impotence. If a woman walked into a gynecology division, which ironically had been an established division of Chinese medicine for more than a millennium, to seek consultation about sexual pleasure instead of reproduction, both the woman and the doctor would feel awkward. Worse, the woman might get a strange look from the
doctor and be told, “You have come to the wrong place.” But where was the right place? In the mid-1990s Dr. Ma was authorized to open the first hospital department under the name of sexual medicine in China that treats both female and male sexual problems. His involvement in both sexual medicine and *Whispering Tonight*, the show, exemplified his determination to bring out the discussion of sexual desire in public.

Regardless of how similar (or different) sexual problems might have been between Maoist socialism and post-Mao consumer society, the contrast between the way the body and sex were talked about in public is absolutely enormous. It was those discussions of the body in public in the post-Mao era that legitimated the concern with one’s bodily discomfort and its expression in public space, allowed the body to draw public attention, and articulated individual desire. The articulation of desire was made possible by changes in the media. Two significant changes in the media that contributed to the articulation of individual desire were speaking softly and “bodying” the language.

**Speaking Softly**

It was impossible for shows like *Whispering Tonight* to emerge without great changes in the tone of voice of the broadcasters. Techniques, styles, and norms of communication in the media under Maoist socialism, particularly in the decade of the Cultural Revolution (1966–76), remained highly centralized and tightly controlled until the 1980s. Because the media was first and foremost the mouthpiece of the party and the state, the style was rigid, the tone of voice of the announcers or anchorpersons usually high pitched and argumentative, the performance of the broadcasters highly scripted, and interactions between the media and the audience rare.

Remembering the tone of voice of broadcasters and anchorpersons in the 1970s, I felt immediately attracted to Ms. Sun’s very intimate, soft, and almost sweet introduction of the show when I first listened to the program: “Dear listener friends, it is the time again for *Whispering Tonight* on middle wave 603 megahertz of our Beijing People’s Radio Station to meet you. I am Sun Yan.” Many listener-patients revealed the same feelings.

One cannot take this way of speaking for granted. Media virtuality is embedded in general sociality and functions under its regulating forces. The socialist state had been the sole regulating force for more than three decades, decades in which broadcasting was full of the “smells of gunpowder” characteristic of the era of class struggle. When I was working for a radio station as a reporter and an assistant editor of a program in the early 1980s in a big
city in southwestern China, an anchorwoman found herself having difficulty adopting a soft style of broadcasting in the new era, because of her habitual, forceful tone of voice formed in broadcasting texts such as editorials of the *People’s Daily* and long, heavy-duty articles of revolutionary repudiations (革命大批判), a routine in the Maoist period. Back then an anchorperson would begin a program by announcing: “Revolutionary Comrades, now I will broadcast.” At the beginning of the reform era, the introduction of the words “please” and “listener friends” to the vocabulary of broadcasting at the radio station I worked for caused a sensational transformation of the media space, bringing about a sense of closeness between listeners and broadcasters, and a kind of smile that “can be heard” on the air.

Eileen Otis’s work on how the smile became part of the new regime of discipline in the service industry in post-Mao consumer society, and on how it shaped a gendered, commodified space of subjectivity, can help us understand the two sides of this normalizing function of bodily discipline (Otis 2012). On the one hand, the service industry moved away from the tense and unfriendly treatment of customers that, to a large degree, resulted from scarcity and the lack of choice. Anyone who has had the experience of going shopping in the Maoist period (particularly in the 1970s) would remember well the long lines of customers and the unfriendly treatment. On the other hand, the new regime of discipline, including smiling, commercializes the bodies of service personnel and creates an impression of equality and congeniality among the consumers.

The complex effect of the commercialization of the body, including the requirement of smiling, triggered debates in the media in the early 1990s as to whether a smiling face of the service person is an improvement. Emphasizing the “hypocritical and alienated nature” of the use of the body in the consumer society, one view was critical of the commercialized, “inauthentic” smile because it was motivated by profit and signified the emerging regime of gender and class hierarchy, though it did so through creating a false appearance of democratic consumption. However, many who had lived in the Maoist period and were used to seeing the cold and unsmiling faces of revolutionary service members (革命服务员) simply preferred the “hypocritical smile” to the “sincere” coldness. The good feeling gained from hearing the “smiling voice” on the air concurred with the argument in favor of the “smiling face.”

Another component responsible for this change was the emerging question-and-answer format, through either letters or hotlines. This format turned the media into a more personal space than ever before. At the
beginning of the reform, it was quite something when radio stations aired programs in response to the requests or questions of the audience. One of those programs was *Songs Chosen by Listeners* (听众点播). It was rewarding for many listeners to hear their names being read aloud on the air and their choices accepted. Although each time only a very small portion of letters from the audience was eventually picked up by editors, a large number of letters continued to pour in to the radio station each week. The letters articulated the increasing demand for individual space and attention in the public, resonating with the decentralization of economic as well as social life, a departure from the previous era, when being an anonymous hero (无名英雄) was encouraged. In the 1990s and the 2000s the interactive format in radio broadcasting was common.

This format looks like no big deal now, but it was unthinkable to have live conversations between broadcasters and listeners when everything had to be recorded before it was aired, a measure taken to maintain revolutionary vigilance because of a possible sabotage on the battlefront of public opinion (舆论阵地) in the Maoist period. In the nerve-racking, precarious atmosphere of heightened class struggle back then, a radio announcer who made what Charles Bosk (2003) would call a “technical error” on the air—reading a key word wrong and reversing the meaning of the sentence—could immediately be accused of making a moral and political mistake. This “normative error,” in Bosk’s terms, would jeopardize the broadcaster’s political status and credentials. In contrast, direct interactions between the audience and the broadcasters now expanded room for more spontaneous and less scripted performance to emerge, and therefore opened up a new horizon for reordering the senses, imaginations, and analytics on the air.

I also realized, when I saw Ms. Sun and the technical assistant not shutting the door of the studio tightly, that the vigilance toward background noises during broadcasting had lowered significantly since the late 1970s. I asked Ms. Sun whether this was part of the general tendency to soften the tone of voice in broadcasting. She said it was partly so and partly because of the great improvement of the quality of the microphone. By softening the tone of voice, broadcasters (particularly talk show hosts) started to speak as they would when chatting with people off the air.

**Bodying the Language in Public**

Almost every word in the call-in show of *Whispering Tonight* was about the body. I call this phenomenon “bodying the language.” The hostess, Ms. Sun, a graduate of Beijing Broadcasting College with a major in anchoring, had
been hosting several programs, including programs on legal education, on flowers and plants for the family, and on adolescent education. *Whispering Tonight* was the one she liked most and found most rewarding, because she felt very close to specific members of the audience. This closeness had to do with the fact that the audience showed great curiosity about their own bodies, bodily irregularities, or bodily discomforts. As Ms. Sun described, listeners now liked to *zhuomo* (琢磨) their own bodies. “Zhuomo” has two connotations. One is to carve and polish jade. The other is to think something over, or to turn something over in one’s mind. Either taking action to perfect the body or turning something over in their minds, individuals were encouraged to pay attention to their bodies.

Again, we should not take the phenomenon of bodying the language for granted. In the Maoist period, public discourse discouraged one from paying attention to oneself, including one’s own body. *Wubingshenyin* (无病呻吟), which means “to moan and groan without being ill,” and *xiaobingdayang* (小病大养), which means “to pay excessive attention to a small illness,” were common criticisms of anyone who was suspected of lacking revolutionary will. Many who had had the experience of listening to the radio in the Maoist period may remember well that in broadcast stories, particularly in long feature stories (长篇通讯), revolutionary heroes were often praised for en-
during discomfort, pain, and illnesses without seeking medication. Illnesses were often regarded as a test of one’s moral strength and loyalty to the party, the country, and Chairman Mao.

The purpose of downplaying illnesses and emphasizing heroism was to give priority to the collective body. As a result, the language used in talking about the body was highly moralized. For example, it was common to quote a hero as saying: “This headache and fever do not matter; what matters is the revolutionary cause!” The body was disparaged as though a revolutionary cause should be disembodied. But it was not that health was completely disregarded. Instead, it was often emphasized. For example, “shenti shi geming de benqian” (身體是革命的本錢, the healthy body is the most fundamental investment for the revolutionary cause) was a common slogan, but the focus was on how the healthy body was a means for strengthening the revolutionary cause as an end. In other words, one should be concerned about bodily discomfort as a threat to one’s ability to contribute to the collective cause and ultimately a threat to the collective cause. It is no wonder that in public discourse the body—and bodily pain and discomfort—became a site of struggle for political and moral purity. To borrow Nietzsche’s words, the concerns during the Maoist era about collective moral purity that took precedence over concerns for the individual body reflected the beliefs of those who “despised the body: they left it out of the account; more they treated it as an enemy” (1968, 131).

The phenomenon of “paying attention to the body” and “bodying the language” exemplified by the call-in show indicated the relocation of the body from the periphery toward the center of public attention. Over the past decades, the Chinese had drastically increased their consumption of material goods and investment in private property. But perhaps one of the most significant changes was that the body had emerged as an increasingly important target for the investment of time, money, and energy. The slogan “The body is the most fundamental investment for revolution,” used in the Maoist period, could now well be rewritten as “The body is the most fundamental investment for individual enjoyment.” In the show Whispering Tonight, listeners asked questions concerning the sexual body, ranging from serious obstacles to sexual pleasure and reproduction, questions involving impotence and infertility and what looked like rather insignificant irregularities. A man was concerned about a small growth on the foreskin. A woman was asking about several black spots on her husband’s penis. Questions about the colors of urine, the density of semen, or the size of the scrotum were often heard on the air. It was those seemingly trivial public discussions of the body that
allowed the body to emerge as the focus of public attention. Even though now in city streets or on the Internet one can get an impression of the excess of signs (posters, advertisements, etc.) and voices talking about the body and an indulgence in the body, there was a complete lack of this kind of public attention to the body merely three decades ago.

FROM DESIRE TO BE MORAL TO DESIRE TO BE NORMAL

It took a while for Ms. Sun to become relaxed in talking about the body and sex, however. She recalled how uncomfortable she had felt when she first wrote down the term shouyin (手淫, masturbation) on the back of listeners’ letters she was sorting and putting under different rubrics, not to mention her discomfort voicing the term through the microphone to the public. Now she was feeling comfortable presiding over discussions about it.

Indeed, masturbation, one of the most frequently raised topics for the call-in show, was a good example of how “bodying the language” had changed the connotation of the sexual body. What was at stake when masturbation could not be talked about in the Maoist period was yu (欲, desire), which is considered harmful. Talking about masturbation is easier now because of the change of wording in the 1990s from shouyin (being lustful with hands) to ziwei (自慰, comfort by oneself, or self-consolation). The term “shouyin” indicated an offense against the moral economy of preserving jing
(精, seminal essence), which was promoted by Chinese medicine as well as religious beliefs such as Daoism, because lust would do harm to life due to excessive expenditure of seminal essence. In the Maoist period, the rise of xiyi (Western medicine) had relaxed the concern for the economy of seminal essence. However, in response to the political climate, the concern shifted to the harm it might cause to the collective body and the “Communist moral character” (Wang et al. 1956, 30–31). The economy of seminal essence was moralized into the economy of revolutionary, collective energy. This shift confirmed the continuity in the concern about the harm “lust” might cause to the moral character of the person and social institutions from imperial China to Republican China to socialist China. Therefore, under socialism the purpose of preserving seminal essence was not to promote individual longevity, but collective unity.

Dr. Ma was among the first to use the phrase ziwei in place of shouyin in the mid-1990s. His argument was not too different from that of early sexologists in the West, when they fought inhibition from the Victorian period onward, although the reason for vigilance against masturbation then had been different. An interview with Dr. Ma, titled “Reverse the Verdict on Masturbation,” published in a youth magazine in the mid-1990s, caused a tremendous response. Letters from readers poured into his office. In this interview, he relocated masturbation from the moral economy of seminal essence and the moral economy of revolutionary energy to the realm of medical normality.

According to Foucault, the public crusade against masturbation in Western Europe played an important but different role in defining the emerging modern sexuality between the period from the late eighteenth century to the first half of the nineteenth century and the period of the second half of the nineteenth century (the Victorian Period). During the crusade in the former period, the central tactic was to characterize masturbation as “somatization,” as opposed to the moralization in the latter period. In the former period, the state expressed its central concern, through exaggeration, for the possible damage masturbation could do to the health of the young. In the latter period, public vigilance was directed to the nonproductive body of desire (Foucault 2003). The central argument on this transition was consistent with Foucault’s critique of the repressive hypothesis, in that in both periods the power that “repressed” sexual desire had its positive functions. What led to an excessive attention to masturbation in both periods was this “positive” power aimed at constituting “a sexuality that is economically useful and politically conservative” (Foucault 1990, 37), reflecting the con-
cern of the state about the early death of children as a result of illnesses or ill behaviors such as masturbation (Foucault 2003, 255).

In my view, Foucault’s discussion of the “positive” nature of power makes more sense with regard to sexual normality in post-Mao China than his critique of repressive hypothesis does with regard to the moral vigilance in response to sexual desire in the Maoist period. Instead of producing “politically conservative” citizens, the moral economy of seminal essence in the Maoist period contributed to the production of selfless revolutionaries.21 Lesley Hall (1992) and Thomas Laqueur (2003) discuss the struggle sexologists had later on in relaxing the worry about and moral vigilance in response to masturbation more than Foucault does. Dr. Ma shared the view of many Western sexologists and made consistent efforts to reverse the public perception of sexual desire from being negative to being positive in post-Mao China, as seen in the case of de-moralizing masturbation.

Dr. Ma’s reinterpretation of masturbation had multiple implications. It may have represented a celebration of sexual desire. It may also have indicated the increasing influence of the biomedical perspective on masturbation and the use of the body. Regardless of what it signified, it sent a clear message: masturbation as well as individual desire could be comfortably talked about. This increasing comfort with sexual desire-related topics on the air signaled the emergence of “the realm of erotics,” to use the phrase of Mankekar and Schein (this volume), in public. The emergence of such a realm in public was a powerful transformation of the public image of the erotic body, a transformation from an image of an erotic body that indicated lust and immorality in the Maoist period to an image that celebrated enjoyment of individual desire in the new era.

**Speaking desire**

The flow between the virtual space of *Whispering Tonight* and the clinical actuality of sexual medicine was only one of the numerous new flows in post-Mao China. Those flows came up as a historical flight from tight restrictions on sexuality under Maoist socialism, a shift from the collective aspiration for being moral to individual desire to be normal. In this context, being normal means being able to face and articulate sexual desire. The call-in show increased the awareness of desire as well as the obstacles to realizing desire, and turned the awareness of desire into material flows—the flows of patients—into the clinic. Here desiring production was not so much to desire the release of primordial libidinal tension, as psychoanalysis would argue, as it was to create the body capable of desiring.
Listening to the show could result in radical changes. Mr. Du, a fifty-year-old worker, complained about his inability to satisfy his wife because his wife wanted sex almost every day. Usually, questions from female listeners focused on reproduction. This time, Mr. Du came to the clinic and spoke explicitly for his wife about her sexual desire. He said:

She wasn’t like this before. I was born to a landlord’s family before 1949 and was classified as having a bad family background in the era of class struggle under Mao. I thought I would never be able to get married. Indeed, I did not marry a woman until 1979, after the Cultural Revolution was over. My sister did the matchmaking, introducing my current wife in another county to me. I didn’t like her right away, but I still married her. She was short, and came over to my village only with two suitcases. Now, our elder child is studying at a two-year college program, and our younger one is going to junior high. Our life is good. She can make some money by vending small items in the street. She was passive in the past, but now she was tingchongde [挺冲的, quite demanding or even aggressive]. We watch TV and listen to radio. We listen to Dr. Ma’s radio show together. She wants it everyday.

Several layers of desiring and social production can be teased out here. First, the system of political class under the Maoist socialist state had prevented him from transgressing the boundary between revolutionary classes
and bad classes to marry a peasant woman. But after the system was invalidated, his desire opened up. Second, the call-in show shaped the desire of his wife so effectively that he was forced to match her desire to enjoy more sex. The social production—the new relationship with females due to the change in the state—was intertwined with the desiring production, producing the desire to desire more sex. More interestingly, under the influence of the virtual body, desiring production lost the balance because Mr. Du’s desire could not match his wife’s, so he now desired to restore it with high intensity, by seeking medication. His desire to marry, her desire to have more sex, and his desire to match hers testified to the effect of a virtual body capable of desiring, an overall change in the production of social relationships.

But desiring production is not just decoding (loosening up restrictions); it is also recoding (regulating it under new restrictions). Take the issue of premature ejaculation (PE) as an example. The disorder was one of the most frequently raised questions. Premature ejaculation was part of a relatively recently created category of disorders, compared to other problems such as impotence, according to the ancient literature of Chinese medicine. There had been an intensified tendency to medicalize it as a disease in recent decades, during post-Mao reform, along with the increasing visibility of the phenomenon of impotence. However, under what condition and for what reason PE was medicalized as a disease is beyond an objective standard. For example, how long intercourse should last and how fast ejaculation after penetration should be considered “premature” had to do with gendered ideology. In the past, the limited discussion of PE had been largely male-centered and dismissive of female desire, in that it focused on the male’s inability to fully enjoy sex and its damage to the masculine self-esteem. What was the implication of openly talking about PE now?

My interview shows three types of responses from women concerning this issue. The first was the lack of awareness of PE. The second was the woman’s dissatisfaction with it but her tolerance of it anyway, either because she did not feel comfortable talking about her own desire by pointing out the man’s PE, or did not want to “embarrass” him. The third one was the action of complaining about it and asking the man to improve. One woman shed tears after her husband’s PE and asked her husband to use his fingers to satisfy her, but the man did not want to, because, as he said, using fingers made him less than a real man. Medicalizing PE entailed the introduction of new norms, a recoding of sexual desire, and required a clear definition of what “premature” means and what the norms were. Dr. Ma did not specify how long intercourse should last, but designated that it should be long
enough for the female to reach an orgasm. He also instructed that the male should perform longer foreplay and stimulate the female more in order to synchronize his ejaculation with her orgasm. Clearly, how PE is dealt with has a bearing on the gendered nature of desiring production regarding the justification of women’s desire.

After listening to the show, some men started to pay attention to PE. Mr. Jiao, in his sixties, came to see Dr. Ma, saying that he did not know PE was not good for women until he had listened to *Whispering Tonight*. Mr. Zhao, in his fifties, said that he came to see the doctor for PE, even though his wife did not want him to seek treatment.

On all similar topics, the show promoted individual desire; that is, it decoded desire. At the same time, it recoded desire by drawing the boundary between normal and abnormal sexual desires. It regulated desire so that flows of desire had to stay within the boundary of heterosexual, respectable, middle-class norms. However, this recoding differs greatly from the coding in the Maoist period, in that the public perception of individual desire has changed from negative to positive.

**Listening as Refashioning Desire**

Broadcasting called attention to the body, through the bodily poise of listening, as “a somatic mode of attention.” “Somatic mode of attention” refers to “culturally elaborated ways of attending to and with one’s body in surroundings that include the embodied presence of others,” particularly in ritual healings (Csordas 1993). In light of this notion, listening can be regarded as a way to attend to the body.

In Thomas Csordas’s discussion, sensory modalities of religious healings consist of a sense of certainty, words (an intuitive expression of inspiration), and bodily touch between the healer and the afflicted. Such sensory modalities were seen in nonreligious healings (e.g., psychotherapy) as well. In Charles Hirschkind’s study in Cairo, listening to the sermon recorded in the cassette engaged the body with the self-disciplinary ethics of Islam, helping the listener to achieve Islamic piety and self-improvement of personhood through “the sensory conditions (modes of attention and inattention)” (Hirschkind 2001, 641). Despite their different theoretical and ethnographic agendas, the somatic modes of attention and the sensory conditions (or a sensorium that features modes of attention and inattention) resonate with each other, highlighting the recipient’s existence in his or her active attention to the body evoked by ritualistic actions.

The semiritualistic occasion of the talk show called attention to the body.
The listener was encouraged to zhūomo the body (to turn the body over in his or her mind) and to ask questions about the body. The technicality of the talk show—speaking softly, bodying the language, and creating the sense of certainty in the form of the authorities—aroused sensory imageries of the virtual, normal body to which a listener aspired. Here “sensory imagery,” instead of referring to “an empiricist conception of imagination as abstract representation,” is “a phenomenological conception of imagination as a feature of the bodily synthesis” (Csordas 1993, 148). It is neither only a mental image nor only an abstract concept, nor only a sense perception. It is neither a representation nor an abstraction. Instead, “sensory imagery,” as a result of listening, emerges as a bodily comportment and becomes an affect that “efface[s] distinctions between the psychic, the cognitive, and the corporeal” (Mankekar and Schein, this volume). To many, paying attention to the body through listening became the entry to the virtual space of body-evoking and desire-refashioning.

A migrant worker in Beijing listening to a radio call-in show on sexual health was different from a Muslim taxi driver in Cairo listening to a sermon through cassettes. Changes in the mode of somatic attention in Catholic ritualistic healings differ from the change a listener in Beijing would undergo. One difference among others is that listening to radio in China had changed dramatically over the past three decades from an exposure only to the state’s voice to “personal voices,” to borrow Emily Honig and Gail Hershatter’s term (1988). For a migrant worker, listening was more a relaxation than anything else. According to Ms. Sun, who went over all letters to the program on a weekly basis, “a radio set is a good baner [伴儿, a good friend that keeps one company] in the city.”

Listening to the radio in the Maoist period was often a collective practice. One of the governmental techniques then was to establish a broadcasting station in every commune, however basic that station was. In a village, one could hear the ritualized broadcasting from the commune broadcasting station. Most of the time, though, the broadcasting station from the level of commune up to that of the county aired next to nothing of its own programming. They primarily transmitted “Beijing’s voice,” from Central People’s Radio Station, in Beijing. This was a way for the state to synchronize different locations throughout the country and exercise “ideological indoctrination” (思想灌输) combined with administrative, financial, and military control. Villagers listened to the voice from Beijing through the loudspeakers hung on a big post, a tree, or the wall. The listening behavior tended to be collectivist, unified, and public.
Now when migrating to the city, many migrant workers listened to radio in the evening in their dormitories or their rented rooms, while having meals or smoking cigarettes. Some listened to it after they got into their beds and were about to sleep. According to my investigation and Ms. Sun’s knowledge, the three most common groups of listeners—migrant workers, soldiers, and students—shared something in the pattern of listening. When the “whispering” began at 10:00 p.m., some held their radio sets or put them next to their pillows with or without their headphones on, listening to the conversations about the body, masturbation, desire disorders, and so on, while falling asleep. It became a ritualistic, private moment of relaxation, imagination, and sensorium formation.

As the unified listening to the state voice was replaced by diversified listening to the voices tailored to individualistic desire, there emerged room for negotiating oneself with the virtual body of normality. However, the virtual body of normality was already differentiated as soon as each self engaged its personal history with the voice. A listener tuned in to the show not as a “blank slate,” but as a person with a history of desire. How did one’s history prior to becoming a regular listener of the show influence the negotiation? To reiterate the Deleuzian distinction discussed previously, how does “differentiation” affect “differenciation”?

To refashion the question “Is there a history of sexuality?” (Halperin 1989), I ask: Does desire have a history? Deleuze and Guattari made a distinction between capitalist society and precapitalist society in desiring-production and shed light on the historicity of desire. They argue:

Desiring-production also exists from the beginning: there is desiring-production from the moment there is social production and reproduction. But in a very precise sense it is true that pre-capitalist social machines are inherent in desire; they code it, they code the flows of desire. . . . As we shall see, capitalism is the only social machine that is constructed on the basis of decoded flows, substituting for intrinsic codes an axiomatic of abstraction quantities in the form of money. Capitalism therefore liberates the flows of desire, but under the social conditions that define its limits and the possibility of its own dissolution. (Deleuze and Guattari 1983, 139–40; emphasis added)

Desire has a history in the sense that regulations of desire changed over time and therefore changed the way desire formed and flowed over time. The coding of desire—deploying restrictions on it and regulating it tightly in the Maoist period—made it uncomfortable to talk about the sexual body and resulted in a lack of places to see a doctor for sexual desire-related problems.
In contrast, in post-Mao China, particularly since the 1990s, the decoding of desire—loosening the control—prompted the articulation of desire in public and the formation of the circuit of flows between *Whispering Tonight* and the clinic of sexual medicine.

Desire, according to Deleuze and Guattari, may or may not flow smoothly, depending on the combination of the mode of deterritorialization (less confined) and reterritorialization (confined). How do different modes of desiring production and social production shape one’s personal history of desire, and how is desire de-territorialized and re-territorialized at the same time? In what way was one’s desire, in post-Mao China, made to flow on the one hand and rendered stagnant on the other? Moreover, how did this combination affect a person’s sense of happiness, worth, and accomplishment as a desiring subject? Let us look at the case of Mr. Wang. He listened to *Whispering Tonight* and became a patient of the clinic of sexual medicine.

**A History of Desire**

**From Poverty of Desire to Desiring in Poverty**

Mr. Wang, a migrant worker from Anhui Province, came to the clinic with a desire to be normal. He was forty-four years old and an illiterate. He could not even read shop signs in the streets. Somebody in his village in Anhui
had taken him to Beijing three years before. He had worked as a janitor in a large shopping center in downtown Beijing. He did not make much money—about 500 yuan each month.

Mr. Wang heard Whispering Tonight and learned of the hospital. He decided to see the doctor for his recent concern about his potency. He found his way to the hospital and approached the registrar’s window. The receptionist asked him which department he wanted to go to. He could not remember the name of the Department of Sexual Medicine, but pointed to his lower body, saying that he wanted to have his xiashen (下身, the lower body) examined. The term “xiashen” is a euphemism primarily used by people of lower classes and education, referring to sexual and reproductive organs. The receptionist sent him to Dr. Ma’s consultation room.

He was still single at the age of forty-four. He described his life to me:

I have an elder brother and a sister. My brother finished elementary school and is still a farmer. My sister and my brother all had their families. Because my family was poor, nobody ever had tried to be a go-between to find me a wife. My sister and brother used up my parents’ laoqian [老錢, savings]. They all married our cousins.

When I was five years old [1960], my parents died in the famine. In some families in our village, the whole family died. I was taken to an orphanage, and survived by having two spoonfuls of corn porridge every day. I started to look after buffalos when I was thirteen. When I was twenty, in 1976, I was separated from my brother. Later in the late 1970s I was allotted two mu of rice paddies and grew rice. I made several dozen yuan by selling rice after I paid the grain tax.

There are not many girls in my village. Now they all went out to Beijing. I cannot afford to have a wife, because it costs several tens of thousands of yuan. Building a house costs twenty to thirty thousand yuan. There were several persons like me in each village.

I first used my hands to get an erection when I was over twenty years old. I felt good when touching it. Now I do it every other day. In all my life I have seen women’s body twice. The first was a woman in my village when I was in my twenties. We had sex and she gave me two or three yuan. The second time was in my thirties. It was similar to the first time. It did not feel too different from masturbation.

Now in Beijing I got to know a woman also from Anhui. She has two children. Her older child is already thirteen. She works as a janitor too. A go-between put me in touch with her. She invited me to dinner twice. I felt good about her. I like her. She said that it was very tiring to be a janitor, and she could not make money.
in the city. She asked her mother to look after her younger child and sent her elder one to her ex-brother-in-law’s place. She suggested that I go with her back to her village.

We just started dating. She is considering living together and getting married. Now I am afraid of impotence. Sometimes at one or two o’clock in the morning I feel that the penis becomes hard, but I am not sure about it. I want to have an examination.

The shopping center Mr. Wang was working for had been a big department store for a long time before the 1990s. Now it was refashioned into one of the biggest shopping centers in Beijing, with dazzling inflections of different colors from the commodities and shiny glass cases on every floor. Apparently this world of consumption was not for him to relish, but only a place for him to survive the struggle every migrant worker was having.

Yet, there was something new in Mr. Wang’s life. That he started to be concerned about his potency was a sign that an opportunity emerged in the struggle for survival. Chinese society, while being rapidly restratified, was providing some opportunities, partly because of the flow and the mobility between the village and the city. He was finding something he had never experienced—bodily gratification with good feelings. Different from the two instances of sexual intercourse a long time ago, or from masturbation, the recent gratification filled him with something new.

Dr. Ma had tried to reverse the negative implications of masturbation and had relocated masturbation from either the moral economy of seminal essence or the moral economy of revolutionary energy to the realm of normality. Even though this reversal was couched in the language of normality—xingjiankang (性健康, sexual health)—instead of in the language of “erotic desire” (Mankekar 2004), many men plagued by worry and the sense of guilt concerning masturbation were greatly relieved. After all, according to Dr. Ma, masturbation is nothing more than a safe way to release sexual tension. Yet, a conversation between Dr. Ma and a listener on the air called attention to the need to restrict masturbation again after its justification. A listener asked: “Since masturbation does not do harm to the body, should we do it whenever we want it?” Dr. Ma answered, “Masturbation can bring about gratification. But the gratification gained from masturbation is cheap. This is because during masturbation one does not need to make much effort to gain gratification. The gratification one gains from masturbation does not contribute much to one’s spiritual development and does not have much meaning.” This is an example of the “recoding of desire.” Whether Mr. Wang
heard this on the air, or even whether this made sense to him at all, he was definitely more attracted to the gratification he gained from the significant “other” because he simply equated sexual intercourse without feelings with masturbation.

His life showed the contradictions of social life in post-Mao China. On the one hand, he was struggling to earn a living. Yet, having sexual gratification with feelings, in the form of marriage, was no longer an unreachable dream as it was in his village. On the other hand, he was living in “relative poverty” amid an abundance of wealth and the rise of the new hierarchy. His desire could soon be doomed to disenchantment, however lacking he was in class consciousness, as the endless expansion of wealth and the flow of desire for consumption he witnessed at his worksite would push him to face the widening gap between those who can afford and those who cannot, between the affordable and the unaffordable. His girlfriend already wanted him to return to her village, not interested in the several hundred yuan he was making. The new class hierarchy and the lack of an effective system to check corruptions began to severely prevent economic gains and opportunities for consumption from being shared equally. The desire to consume and the desire to be normal may find their limits in the limited opportunities for the poor amid the huge expansion of wealth for the rich.

But looking back at the way he was talking to me, I remember that he was one of the few patients in the clinic during my entire fieldwork who looked happy and relaxed. The worry he had about his potency was eliminated by Dr. Ma in the examination. Mr. Wang had a good erection after he received an injection to measure the blood flow in his penis. Hearing Dr. Ma say that his erection was very good, he walked away with a smile on his face. He was a desiring subject, even though he was not much a subject of consumption yet, not only because he was not able to spend much, but also because he was not yet subject to the mentality of equating happiness with consumption. Did his worry-free psyche simply confirm the thesis regarding the false consciousness of the masses? Or did he fit into Wilhelm Reich’s insight, rephrased by Deleuze and Guattari: “Desire can never be deceived. Interests can be deceived, unrecognized, or betrayed, but not desire. Whence Reich’s cry: no the masses were not deceived. . . . It happens that one desires against one’s own interests” (Deleuze and Guattari 1983, 257)?

My answer is neither. There is more in Mr. Wang’s social world and history than the power of the two theories can cover. His desire to be normal was as much a constructed linguistic event as an experience of his retrieved and refashioned bodily longing. The normal body in the media virtuality
prompted him to come to the clinic, only to give a form to his long experience of sexual life as lack in the village. It was not so much the state repression as the “absolute poverty” that prevented him from being able to have a sexual life with feelings. Then what is the relationship between the desiring subject and the socioeconomic status? Do desiring subjects of different classes have the same take on desire itself, and on the desire to be normal?

**Class Differentiations and a Smile for Life**

The desire to be normal may be blocked in many ways or may not flow with the same intensity and smoothness across different terrains. Class differences and class distinctions are two of the forces that render the flow of desire dwindling, broken, or stagnate. It was not new that class differences shape desire, and that one’s place in the relationship of the production of both materials and signs, both the virtual and the actual, plays a role in deciding whether one’s desire is recognized as realistic, legitimate, or realizable, and in forming the relationship one has with the object of consumption. In this sense, Mr. Wang’s desire to be normal was disadvantaged, compared to that of a private entrepreneur, a government official, or a white-collar professional.

However, class differences do not determine the effect of the use of the body. The effect of the use of the body in relation to bodily enjoyment is not predetermined by class differences. For example, according to my field investigation, impotence as a disease is not correlated with socioeconomic status. It is only when it comes down to managing impotence that socioeconomic status matters much. An entrepreneur is able to consume Viagra at will, whereas five pills of Viagra would cost Mr. Wang the whole of his monthly salary. The entrepreneur’s desire to be normal is made more flowing and more legitimate than Mr. Wang’s by the relationship of production. But overall, the complex etiological relationship between impotence and socioeconomic status makes a classic Marxist analysis of production and alienation less than accurate in delineating the complex effect of the participation of economic agents in making currents, subcurrents, or countercurrents of desire. In sum, if socioeconomic status is not an important index of one’s potency, or one’s probability to develop the condition of impotence, it is an index of the power one may have in medicalization and the range of choices one may have for medication. This would make a difference in how the normal body of sexual desire in the media is virtuality actualized in the clinic and in everyday life.

I want once again to emphasize the historicity of the body of Mr. Wang,
particularly because he lived through the two eras. The absolute poverty under the “egalitarian relationship of production” of Maoist socialism, which many studies have shown to be only a partial truth, filled Mr. Wang’s body with want and wish that could not be satisfied. His vulnerability in that era was the vulnerability of bare life. When thirty million people, including Mr. Wang’s parents, died of starvation within three years (1959–61) because of the disastrous policies of the state, and when many people ended up eating bark and clay, where was the place of sexual desire, as life itself was perishing? Surviving overrides desiring, in that it is the most fundamental and ultimate desire. Therefore, for Mr. Wang, the historicity of the body should not be obscured by the romanticized notion of Maoist socialism, particularly its practices with life. At least, when class consciousness is needed in guiding our critique of neoliberalism under postsocialism, I am sure that for Mr. Wang, Maoist socialism was not an alternative. The historicity of desire presents limits to directing the search for a better society back to Maoist socialism. The deprivation of desire in absolute poverty in the time when villagers died of famine preceded the relative poverty Mr. Wang was suffering in the city now. In his memory, life was lost. I am not sure Mr. Wang would want to go back to that village.

THE LIMITS OF DESIRING PRODUCTION

Unlike Mr. Wang, a number of men found themselves walking away without solutions and suggestions from the doctor about what to do after the medication could not help them regain potency. For example, some impotence patients, after trying everything, including Viagra, or Viagra combined with herbal medicine, still could not get an erection good enough to penetrate a female. Flows of desire seemed to come to a dead end. Dr. Ma was reticent about this dead end. Did desiring production also come to a dead end? In practice, some patients explored alternative ways to satisfy themselves and their female partners, by increasing foreplay, utilizing a variety of techniques of sexual intimacy, including nonphallocentric intimacy, lesbian eroticism in combination with Viagra or herbal medicine, or practicing an assemblage of all of the above. Coming from this new perspective, eroticism beyond the fixed erogenous zones has focused instead on the intensity and pervasiveness of desire to transgress the boundaries of sexual normalcy, constituting something like “the Body without organs” in Deleuzian terms (Deleuze and Guattari 1983).

In her study based on interviews with impotence patients and their sexual partners, Annie Potts (2004) discovered how they tried to have nonphallo-
centric erotic pleasure even in the face of the failure of Viagra. She calls the nonphallocentric erotic “extra-Viagra eroticism.” The nonphallocentric means for gaining sexual pleasure (touching, rubbing, nonpenetration orgasms, etc.) emerged to destabilize the ideological framework of Viagra, as well as the hegemonic normative mode of sexuality, masculinity, heterosexism, and orgasm-oriented and vagina-penetration-centered coitus. Nonphallocentric eroticism resonates with the notion of “the Body without organs,” as the phrase refers to the intensity of desire and its pervasiveness in morphology, countering the repressive, confined triangle of the Oedipus complex and castration complex in early psychoanalysis. Moreover, as the actualization of the virtuality is differentiation, a genuine creation, “the Body-without-organs” type of sexual practice is nothing short of a genuine creation.

Thus, flows of desire went beyond the narrowly defined erogenous zones and became diffused with the whole body, emphasizing the diffused intensity of desire and showing a potential to reshape the current mode of desiring production in the circuit of Whispering Tonight and sexual medicine into genuine creation. Although there were bodily limits to restoring erections and potency among a number of impotent men, there seemed no limit to developing desire-centered subjectivity for anyone.

At the same time, different types of actualization of the virtual imagery of the normal body were emerging. Dr. Cao, a doctor of traditional Chinese medicine, talked about desire in a different way on the air. For example, he emphasized the function of cultivating life through much regulated sex, while cautioning against masturbation. Potency, in the understanding of many doctors of Chinese medicine and ordinary folks, was not just the ability to get an erection, but a vitality of the whole body. Realizing desire through alternative ways and enhancing potency through the cultivation of life make desiring production a more complex, contingent, and creative process than a unified, fixed one, a differentiation again. Desiring production seemed to have, again, been subject to the “determinate conditions” of the new era. They are not the repression from the state, but the revival of the traditionally coded body, or the recoded desire. To understand how this recoding, a seeming countercurrent to the decoding of desire, could facilitate the production of desire, we need to ask: What is desiring production up to? What, indeed, is desire?
Inconclusion: From Desire to Pleasure

When desire is everything that flows and decodes along the lines of flight, when it is always in the state of becoming, we may not need to ask what desire is (Deleuze and Guattari 1997, 188). We are only concerned about what desire does. But, this question becomes important when we want to understand the historicity of desire; that is, when we look at desire not only in capitalist society but also in socialist society, when we look at it in the transformation of the latter, conceived of by many as largely in the format of the former, and when we want to understand the alternatives to normal ways of realizing desire, I find the discussion drawn toward the notion of “pleasure.”

Foucault and Deleuze had an intellectual conversation comparing desire with pleasure. According to Deleuze, Foucault said that what he calls pleasure is perhaps what Deleuze calls desire. But Foucault needs a word other than desire, because he could not keep himself from thinking or living that desire = lack as in psychoanalysis (Deleuze 1997, 189). Foucault made it very clear that pleasure is so central and yet so enigmatic that we should take it seriously. Foucault wrote, “I think that pleasure is a very difficult behavior. It’s not as simple as that to enjoy one’s self. . . . I always have the feeling that I do not feel the pleasure, the complete total pleasure, and for me, it’s related to death” (Foucault 1997, 129). Despite Deleuze’s constant clarification that desire is not a lack at all and his preference for desire over pleasure, he nonetheless calls “pleasure” “the only means for a person or a subject to ‘find itself again’ in a process that surpasses it,” in “a re-territorialization” (Deleuze 1997, 190). Reterritorialization, in the Deleuzian sense, means a countermove to deterritorialization, a rechanneling of flows in whatever form—state machine, biopower, or the revival of the cautious use of the body in the logic of the cultivation of life, for that matter.

Despite desire’s being constrained in reterritorialization, Foucault brings the constraint into perspective, which Deleuze calls “find[ing] itself again.” Suppose that the subject of desire is first deterritorialized and gets “lost” in its flight and its pervasiveness at large in defining social life, every social event, and even general sociality. In contrast, pleasure means that the subject of desire finds itself again in the terrain of immanence, the intensity of which only death can match. In light of the process of the actualization of the virtual, a question arises: Does Mr. Wang have any pleasure?

Answering this question may require an economy of desire combined with an analytics of pleasure. In analyzing the movie Zhaole (找乐, Looking for fun), Judith Farquhar (1999) makes the point that ordinary people ex-
plore answers in the face of the rapidly commercialized society under post-socialism. Reframing the question of pleasure in a seemingly lighthearted way, one asks: Has Mr. Wang had fun yet? The question arises out of concerns about the dazzling changes: the more commercialized social life testifies to the increasing dominance of instrumental rationality, material gains have become the sole indicator of one’s worth in the eyes of many people, and psychiatrists have revealed that the pressure to make more money has dramatically made vulnerable those who had not been vulnerable to the sense of worthlessness symptomatic of many mental disorders. This is a question about what is an ideal and methodic life, a question of being. Many traditions (Daoism, Buddhism, and Confucianism, etc.) have been undergoing a revival and reconstruction in today’s China, contributing to the exploration of such an ideal (Goossaert and Palmer 2011). Having fun, understood in a lighthearted way, means having moments of zideqile (自得其樂, one gains enjoyment in a methodic way without being motivated to satisfy any external standard or judgment) in everyday life; understood in a more serious way, it may mean an accumulation of the potentials for pleasure as small and approachable as everyday fun, toward what Foucault calls “the complete total pleasure.”

It is beyond this chapter to offer a comprehensive review of the debate about “the complete total pleasure.” By differentiating desire from pleasure, I merely point out the limits of desiring production in post-Mao China. The satisfaction of desire may not inevitably lead to pleasure, because pleasure may lie outside any immediate actuality.

Overall, the rise of individual desire in post-Mao China, in contrast to the dominant aspiration for collective moralism in the Maoist period, constituted the flows and was intensified by the flows between the media and the clinic. An examination of the flows from the perspective of desiring production exposed a structural flaw in both periods—the invalidation of individual desire under Maoist socialism, and the unequal distribution of opportunities for realizing desire in post-Mao China, pointing to the hope of a better condition for desiring production. Ultimately, the limits to desiring production raises the question about whether or not the realization of desire would lead to pleasure. This is the ethical question any effort to further the perspective of desiring production and social production must address.
Notes

1. On the change in the media, see Shirk’s (2010) study. On an overall effect of privati-
   zation, see the work of Zhang and Ong (2008).

2. My observation focused on those who were drawn into this “circuit.” Prominent in
   this circuit was the increase in the patient visits for treatment for impotence. On the
   implications of such an increase, see Zhang’s (2007a) study.

3. The term “circuit” refers to the trajectory of the flows consisting of patients and lis-
   teners, just like the trajectory of the flows of money (e.g., investing and consuming,
   spending and saving, purchasing and selling, depositing and withdrawing), which are
   often circular. A media circuit is similar to “a commercial circuit” (Deleuze and Guatt-
   tari 1987, 360).

4. With the notion of the simulacrum, Baudrillard destabilized the distinctions be-
   tween the real and the unreal, between the original and the copy, between the authen-
   tic and the inauthentic, radically altering modern sensibility into a postmodern sub-
   jectivity that transpires in the fragmented, fluid, incoherent production of signs and
   desires (Baudrillard 1990).

5. Medicalization is commonly understood as homogenization instead of differen-
   ciation, so here the actualization of the virtual body between the media virtuality and the
   medical actuality does not seem to fit into “differenciation.” Yet, inspired by Bergson,
   Deleuze replaces the notion of transcendental being with the notion of the virtual
   being. The virtual being is actualized in the coexistence of past and present constituted
   through memory, and is understood as differenciation, a genuine creation (Deleuze
   2004, 22–31). Similarly, in this context the virtual being is presented through the co-
   existence of the past and present, that is, through a memory of the inadequate body
   against the normal body. In the sense that this virtual being became a problem to be
   solved, the virtual is actualized anew, a differenciation.

6. Critically benefiting from Kant and Marx and reversing one of the most impor-
   tant principles of psychoanalysis concerning desire as indicating “lack,” Deleuze and
   Guattari propose “desiring production” as a core content of their schizoanalysis of
   capitalism. According to Judith Butler, the transition from the coding of desire to the
   decoding of desire in their schizoanalysis reveals the Hegelian binary template as well
   (Butler 1999).

7. The typical expression of the concern about purifying one’s soul in the Maoist period
   was to “raise the level of ideological and political conscientiousness” (提高思想政治
   覺悟).

8. See the work of Lock and Nguyen (2010) for discussion of medicalization, and Clarke
   et al. (2010) for the discussion of biomedicalization.

9. “The consumer revolution,” a theme of the edited volume of that title by Deborah
   Davis (2000), characterizes the significance of the change from Maoist socialism to
   the post-Mao consumer society in progressive terms. As I will discuss later, a strong
   sense of breaking away from the state-ordered, centralized everyday life justified this
   characterization (Yan 2010). As the members of the society started to be restratified
economically, more and more attention has been paid to the unequal distribution of opportunity, capital, and wealth in consumption, particularly in the late 1990s and the 2000s (Anagnost 2007; X. Liu 2009; Pun 2003). But the latter studies do not cancel out the contribution of the former studies (Davis 2005). See also Zhang’s (2010) study for an effort to address the two sides of the issue.

10. Judith Farquhar made the point in her comments on the survey conducted by Liu Dalin et al. on sexual behaviors (Farquhar 2002). In her view, the Chinese sex-education literature “is an attempt to impose a relatively alien way of organizing intimate experience and private relationship in the name of modernity and (arguably) in the service of a consumer economy” (Farquhar 2002, 232).

11. Similar “openness” can be seen in other places remote from Beijing. Yunxiang Yan documented erotic scenes in a rural area in Heilongjiang (Yan 2003, 67). He attributes the difference in sexual behaviors to the difference between the elite and commoners, and between urban areas and rural areas.

12. Those texts, known as continuations of the tradition established by the Mawangdui scripture in the Han Period (206 BCE to 220 CE) (Harper 1998), were part of the erotica that delineates the use of sex largely in the tradition of the Daoist bedchamber arts aiming for the cultivation of life. The emphasis on sexual pleasure and sexual cultivation are equally prominent. As for the tradition of bedchamber arts, see the work of Furth (1994), Hu and Lü (2004), J. Li (2000), L. Li (2006), Liao (1994), Liu (1999), van Gulik (1974), and Wile (1992).

13. Kathleen Erwin’s (2000) work on radio call-in shows of this type in Shanghai in the mid-1990s showed its popularity.

14. In Veena Das’s (1997, 70) view, Wittgenstein renders lively the effect of the sensations of the body in the use of language, which is the “bodying forth of words.” In the bodying forth of words, language gains a power it might otherwise not be able to have. Here I highlight the phenomenological plethora of references in the show, to the body, body parts, organs, fluids, skin, limbs, and so on. These references formed the imaginaries of the virtual, normal body that is forthcoming in and between words.

15. Strengthening the individual body for the cause of nationalism was a common appeal (Brownell 1995).

16. The rise of qigong (N. Chen 2003) and yangsheng (the cultivation of life) (Farquhar and Zhang 2005) in the post-Mao era confirms such a trend.

17. See Evans’s (1997) study of this change.

18. Literature on the economy of seminal essence is abundant.

19. Concerns about the moral economy of seminal essence dominated the literature of Chinese medicine and Daoist scriptures. As regulations and punishment against illicit sex in late imperial China had tightened (Sommer 2000), the public moral discourse put more emphasis on how to prevent lust and desire from corrupting the moral character of the person, ruining one’s honor and rank and damaging the moral standard of the family and clan, than on how it would ruin one’s life and reproduction (Xu 1996). In the Republican Period, however, the concern about the harm masturbation could do was elevated from the familial body to the racialized Han body (see Zhang 2007a).
Lisa Rofel’s (2007a) timely study examines how the rising desire in post-Mao China, particularly in the 1990s, had been forming a “desiring China.” I share the perspective, but put more emphasis than Rofel does on how desire had a history of being repressed. She recognizes collective passion as being much promoted instead of being repressed under Maoist socialism. My point is that the promoting of collective passion (e.g., passion for being a moral person) went hand in hand with the sublimation and repression of the desire of the individual.

On this contrast, see Zhang’s (2005) study.

The notions of “coding” and “decoding,” as part of Deleuze and Guattari’s schizooanalytks are different from the terms’ common usage in semiotics and communication studies (as in, “put it into a code” and “decipher the coded message”). Deleuze and Guattari refer to the unsmoothness of flows as coding, whereas they refer to the smoothness of flows as decoding.

The official framework of sexual health has changed over time, from a more “conservative” one to a less “conservative” one, in Dr. Ma’s view. For example, the state’s tolerance of same-sex romance and relationships has increased over the past decade, a change that can be seen in news coverage. For a discussion of same-sex love in China, see Zhang’s (2011a) study and the work of Engebretsen (2009), Y. Li (2006), and Rofel (2007a). Dr. Ma’s use of the label “conservatism” was by and large consistent with the label as it was used in the debate on sex education in the United States (Irvine 2001).

Many healing rituals focused on changing the locus of the self through changing the sensory of the body, and had an effect of calming down the previously disturbed mentality. Whispering Tonight was a semiritualistic interaction, loosely speaking. Moreover, it often sent the messages that “stir up,” instead of calming down, desire.

“Ideological indoctrination” was not a negative term in the Maoist period, in that it was believed that capitalist ideas could arise spontaneously, whereas socialist ideas had to be indoctrinated.

It might be true that radio listening as a social behavior has been associated more with lower classes as shown in the studies of radio culture in other societies (Spitulnik 2001).

From a Deleuzian perspective, desire is not romantic feelings, passion, love, or affection. Nor is it libido. It is a construction of and experience with an aggregate, a whole context, and an assemblage. It involves multiple factors, including “state of things,” style, “delirium” (a complex state of being free from refrain, but not becoming insane), and a territory (in relation to which desire is either deterritorializing and reterritorialized) (Deleuze 1988).

Lévi-Strauss once discussed old bachelors and their miserable position in the community. He attributed the cultural milieus tolerant of celibacy in some societies to the relatively easy production of food, or to the structural consequence of strict exogamy (Lévi-Strauss 1969, 39–41). However, Mr. Wang was among those who could not afford to get married due to poverty, a phenomenon that had more to do with the social structure than with cultural customs.

Some indirect links between impotence and socioeconomic status can be inferred.
Diabetes, high blood pressure, cardiovascular diseases, depression, and so on, are among the most prominent risk factors associated with impotence. If those diseases are associated with socioeconomic status, then that association provides indirect links between impotence and socioeconomic status. But even if the links between those diseases and impotence can be established in epidemiological studies, it is far from clear how valid it is to infer the effect of socioeconomic status on impotence.

30. “Bare life,” in Giorgio Agamben’s (1998) terms, means a life that can be killed but cannot be sacrificed. It is the biological existence without legal, legitimate protection. A person who had a life like Mr. Wang’s did not exactly have a life without any legal rights and could not be subject to death without any justification. But in the situation of the Great Famine, from 1959 to 1961, the citizenship of people like Mr. Wang’s parents became so feeble that they died like insects. In this sense, I call the life of his parents as well as his a “bare life.”


32. For a discussion of the change in the governance of life from Mao to post-Mao and its moral implications, see the work of Zhang (2011b); and Zhang, Kleinman, and Tu (2011).

33. For an analysis of inequality in the Maoist period and during post-Mao reform, see Whyte’s (2010) study.

34. My fieldwork shows that prosthetic surgery and penile venoligation are two alternatives in the event of the failure of anti-impotence drugs. For example, in Taiwan, venoligation surgery still attracted patients in the “Viagra era.”

35. For a discussion of different understandings of potency, see Zhang’s (2007b) study.

36. Kleinman et al. (2011) offer an elaborated discussion of the contradictory, moral implications of human existence in China today, including conflicting selves, changing moral practices, and the shifting sense of adequacy in life.

37. Foucault made a distinction between “enjoying one’s self” and “the complete total pleasure,” and considered it very difficult to achieve the latter. He did not say whether or not the latter can be achieved through the former. In some practices of Chinese religion, it is achievable. Acknowledging the complete total pleasure as an objective of life under modernity for many, I speculate on the religiously achievable pleasure. The two different types of flows—flows of desire and flows of beliefs (Deleuze and Guattari 1987, 219)—complicate the issue of pleasure. The total pleasure might not be achievable through enjoying oneself immersed in the flows of desire, but is achievable through the flows of embodied beliefs. Obviously, a thorough discussion of the difference and relationship between the two types of flows is left open-ended here.