

On Not To Be Gay:

Aversion Therapy and transformation of the Self in Postsocialist China

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Abstract

In this article, through a critical reading of the published diaries written by gay ‘patients’ who received aversion therapy in south China in the 1990s, I examine how the transformation of subjectivities from gay to straight was made possible by such ‘self-technologizing’ practices as writing and communication. I also consider the centrality of the body and affect in the process of subject (trans)formation, and ask how a new, coherent and authentic ‘self’ was fabricated through bodily and affective experiences. This discussion not only reveals the social construction of the self as central to China’s postsocialist governmentality, but also the central role that gender and sexuality play in processes of self-formation.

Keywords: gay, health politics, aversion therapy, the self, postsocialist, China, society

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H. Bao¹

1. Introduction

This article is constructed around a critical reading of the diaries of Chinese gay men who were the subjects of aversion therapy—a form of medical treatment which aimed to turn gay people into straight—in south China in the 1990s.² In framing these narratives in the light of the history of what is often referred to in academic research and modern literature as “queer desire”, I want to explore how the transformation of subjectivities was made possible by a series of political, social and cultural factors other than the medical treatment itself, and how a sexual self was constructed in the process equally shaped by these wider cultural forces. The particular aversion therapy examined in this article is recorded in a published study titled *Studies on Chinese Homosexuality*, published in Chinese in 2005. In this article, I shall first provide a brief account of how aversion therapy was practiced in China in the 1990s by citing from a gay man’s diary in which he recounted his experience of this form of therapy. I then return to the historical and social background for the emergence of gay identity in post-Mao China. When reading these gay patients’ diaries, I focus on the centrality of ideas about the self framed by the imperative of “knowing the self” and “transforming the self”. In order to put this “self” into its historical context I trace a genealogy of the self that foregrounds links between the Maoist and the post-Mao era. Following this, I discuss the importance of diary writing as what Foucault calls “technologies of the self”. This can be understood, in the broader sense, as underlining the importance of first-person narratives in health and cultural studies. In the course of this discussion I also want to stress the importance of affective communication in the process of such treatment of the self. This discussion not only reveals the social construction of the self as central to China’s postsocialist governmentality, but also the central role that gender and sexuality play in processes of self-formation. It also points to the multiple ways that governing strategies might fail in their operations as well as the complexities to policy construction when seeking to engage with identity.

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II. Aversion Therapy in Postsocialist China

Lu Longguang, a neurologist of the Nanjing Medical University, was one of the first medical professionals to conduct medical research into homosexuality in post-Mao China. In the 1980s he developed a method to treat homosexuality which he named *shudao jiaozheng xinli zhiliao* (“guided corrective psychotherapy”). His treatment was essentially a combination of psychological counselling and aversion therapy – it was intensely physical and psychological. Over a period of ten years from the 1980s to the 1990s, he treated 1,000 gays and lesbians with a reported “success rate” of 13.5% (Liu & Lu, 2005, p. 283). Based on the classic Pavlovian model of stimulus and response, a model which had bolstered the physiological psychology of the 1930s through the research of Watson, Hebb and Lashley, treatment involving aversion therapy proved one of the more controversial ways of intervening in the practices of human sexuality, correction and coercion. Taking into account the various approaches to treatment, from electric shock to injections, the overall goal of the treatment when it comes to homosexuality is to associate homosexual desire with feelings of discomfort, sickness, disgust and even pain: psychologically and physically so. Doctor Lu’s method included giving patients homoerotic material to look at or even paid male models to engage in certain acts which were deemed necessary for “therapeutic ends”: Lu injected his patients with apomorphine, a pharmaceutical drug and more precisely a dopamine agonist, that made the subjects feel physically nauseated. He repeated the experiment until the patients were able to associate their homosexual desire with a feeling of abasement, signaling that they were “recovering” from the “disease”.

Using aversion therapy to treat homosexuality was by no means exclusively Chinese, and thus not a method patented by Lu. It was a widespread practice in the West throughout the 1960s and 1970s when homosexuality was considered by some as both a pathological disease and moral sin and when the drugs central to such treatment were available. The clinical treatment I refer to in this article occurred during post-Mao China’s modernization drive in the 1990s, when Chinese medical professionals were especially committed to “catching up” with Western medical interventions by importing an “advanced” medical science. In granting visibility to these medical cases, this article does not seek to condemn the doctors and patients for their “ignorance” from an assumed position of intellectual and ethical “superiority”, or of entertaining readers with an orientalist image of a “backward” China struggling with a “belated” modernity: there are unequal power relations in a global political economy and disjuncted flows of “technoscapes” (Appadurai, 1996) in the history of globalization. I recognize that this inequality is not purely confined to the everyday lived social reality; it is manifest in medical knowledge production as well. An understanding of modernity based on a particular snapshot of Western scientific knowledge was central to the post-Mao narrative of *kaiifang* (“opening up”). A sense of the time lag in modernization seems to have put China, and the Chinese medical professionals that I will discuss below, in a disadvantaged position within a world wherein “human rights” have become an inalienable and unquestionable part of our being and society. Instead of describing “crude” behaviors that have the potential to violate the “human rights” that many people hold sacred (especially when it proves useful for the criticism of others), I will try to put these aversion therapy cases in context and consider their rationale.

Extracts, from gay patient’s diaries communicate a vivid experience of the ways and means of how aversion therapy was employed in China. We are witness to daily therapies where pornographic material and male models were used to create excitation and inhibition (to use two terms dear to such Pavlovian inspired interventions) in “patients”. The result, as one patient recounts:

The doctor injected me with medicine [apomorphine]. ... After a while (about ten minutes), I suddenly felt very sick. My head ached. I felt feeble and drowsy. I sweated all over. My mind went blank. I lost interest in

the pictures and the videos. I did not want to continue. With the doctor's insistence, I held on. I did not want to touch I could not stop vomiting when I saw pictures ... This lasted about twenty minutes... After the treatment, for about twenty minutes, I felt like vomiting.³ (Liu & Lu, 2005, pp. 295-296)

In his account of the second treatment, a model was introduced to assist in the treatment of this patient:

The doctor then injected medicine into me. I soon felt sick. I felt like vomiting. I threw up, more and more intensely. At that time, I hated him [the model] The doctor insisted that I hold out and I did. I felt extremely uncomfortable and my only feeling was the desire to vomit ... During the whole process of treatment, I only felt disgust and febleness; I kept sweating all the time. From the bottom of my heart, I didn't want to touch ... I felt that the treatment was very effective for me. I should say that I was treated successfully. I felt sick [...] I feel deeply that I am on my way to a normal life. (pp. 296-297)

The following diary entry demonstrates the desired outcome of the treatment:

Yes, I have succeeded. I have walked out of adversity and suffering. Now my wife has been pregnant for three months and I will be a father soon ... I used to think that I am hopeless as a gay man. The practice has proved to me that nothing is impossible. Everything in the world can be changed, including my psyche. I feel deeply that I should not feel inferior to others; nor should I succumb to the frustration and failures of the past. I have seen the hope of life. I will have the confidence to overcome every difficulty! (p. 290)

And,

After the treatment, I felt most strongly that the doctors were really good to me. I am grateful to them from the bottom of my heart. [...] The doctor and I talked for a long time. I cannot express my gratitude to them. (p. 292)

Lu acknowledged that "the treatment of homosexuality is very difficult" (D. Liu & Lu, 2005, p. 274). Among the 1,000 patients he treated in the course of this published study, 32.8% received aversion therapy. A one-year follow up survey revealed that out of 82 people treated, 11 were "basically" cured (13.5%), 11 made "obvious progress" (13.5%), 32 made "certain progress" (39%), and 28 did not evidence any change (34%) (p. 277). The outcome of the treatment, as the doctor acknowledges, was far from satisfactory and consistent.

Controversial as it was, and however questionable its justification or even success, aversion therapy required new ways of thinking about sexuality, identity and the self. In this context, the historical background concerning the relation between homosexuality and a genealogy of the self focused on post-Mao China is an important frame for the researcher to raise the question of health, culture and society.

³ The original text is in Chinese. All the translations are of the author unless otherwise specified.

III. Homosexuality, Medical Governmentality and the Critical Attitude

Lu explained his motives for conducting aversion therapy:

Homosexuality has been tinted with mystery in China for a long time. People regard it as taboo; they do not like talking about it. In reality, this phenomenon has been in objective existence since time immemorial. Instead of avoiding it, all walks of society should pay attention to and care about it. Unfortunately, there are many disagreements in understanding the issue due to the lack of research from multiple perspectives in our country. We have analyzed the cases of 2,500 [homosexual] patients who have come to us for treatment from the perspective of clinical psychology and sociology... Psychologists have the responsibility to help patients gain relief from their suffering, to achieve psychological balance and to enjoy the joys of their lives.... I think that conducting research into homosexuality from different perspectives will bring blessings to people; help society build a higher level of civilization and eliminate social problems that are hard to predict. Meanwhile, it will also help people to have more understanding of and sympathy towards the suffering of homosexuals and provide them with good and effective medical guidance and treatment. (pp. 1-2)

When Lu wrote this preface in 2002, he was well aware of the social pressures confronting gay people and the challenges associated with conducting medical research into homosexuality.⁴ He not only advocated “more understanding and sympathy towards the sufferings of homosexuals” but also called for “conducting research on homosexuality from different perspectives”(p. 1) . After addressing the paradox of the “objective existence” of homosexuality “since time immemorial” and “the lack of research from multiple perspectives in our country”, he noted with some regret that “there are many disagreements in understanding the issue”. “Disagreements”, in this context, should be understood as those who “regard it [homosexuality] as taboo and do not like talking about it” and, by inference, those who did not support his research into homosexuality. Liu explained in his preface written in 2004 that the contract for their book was signed in 1994, but it was not until eight years later that the publication details were finalized “for various reasons” (p. 7). The reasons are further explained in the epilogue:

For a long time, sexual science has been a forbidden area. After twenty years of efforts by numerous people, the prohibition has been broken. However, the sexual problems of some special groups are still forbidden areas, homosexuals as a good example. (p. 332)

Liu continued by summarizing the significance of the book: “To understand homosexuality, we must study it. Some colleagues in the field of science have ventured into this forbidden area. I feel that our research is an important one.” (p. 332)

Liu and Lu shared the “critical attitude” cherished by many of their colleagues in post-Mao China. By critical attitude, I draw on the words of Michel Foucault: “a mode of relating to contemporary reality; a voluntary choice made by certain people; in the end, a way of thinking of feeling; a way, too, of acting and behaving that at one and the same time marks a relation of belonging and presents itself as a task” (1991, p. 36). Drawing on Foucault, Catherine Driscoll (2010) contends in her book *Modernist Cultural Studies* that modernity is characterized

⁴ This book was published in January, 2005. It contained four prefaces written respectively by a German sexologist in February, 2003, Lu at the end of 2002, and Liu in July 2002 (revised in September 2004), Liu in May, 2004. It also ended with an epilogue written by Liu before the Spring Festival in 2004. According to the authors’ introduction, the book contract was signed in 1994. The first draft was completed in the mid-1990s and the second draft between 2002 and 2004.

by this “critical attitude”. This departs from the conventional understandings of modernity either as a historical period, as a mode of production and as a rationality to organize society. In the above quote, Liu and Lu apparently situated themselves in a historical continuum and understood their role in relation to history and certain political determinants steering their science. They were not satisfied with merely “knowing” the historical and social context; they were eager to participate in the process of changing the history and society. There was a sense of heroism in their narratives: they considered what they did, however small as it might seem to be, a necessary and significant part of China’s nation-building and modernization strategy. In this way, they connected their mundane everyday lives to the nation state and to national history. They were not only concerned with the present, but also with China’s past when “feudalism” and Maoism had “impeded” China’s entry into modernity and a future when China will become a stronger country with greater degree of freedom brought about by the promise of, and faith in, modern science. More importantly, they were concerned with the transformation of themselves through their heroic and quotidian practices. As Foucault elaborates, drawing on the example of Baudelaire, “To be modern is not to accept oneself as one in the flux of the passing moments; it is to take oneself as object of a complex and difficult elaboration” (1991, p. 41). In this sense, the doctor’s attitude towards Chinese history and towards himself is certainly modern, and because of this, complex.

The rhetoric of “truth” is manifest in the doctors’ narrative, entwined with his insistence on the importance of the progressive human acquisition and cultural distribution of modern science. It is generally believed by people in China and the West today that during the Maoist era the Chinese people were deceived by political ideology; they could not think critically as class struggle dominated the social imaginary and every word that Mao uttered was taken as indisputable “truth”. Two popular slogans in and immediately after the Maoist era conveyed this understanding as they were disseminated in Chinese public culture: “taking class struggle as the guiding principle” (*yi jieji douzheng wei gang*) and the “two whatevers” (*liangge fanshi*) -- whatever Chairman Mao said was truth and whatever Chairman Mao said would be followed to the line. Many Chinese intellectuals suffered greatly in the numerous political campaigns including the Cultural Revolution due in the main to their divergence from the Party. The beginning of the post-Mao era witnessed heated debate concerning the criteria for “truth” among intellectuals. The 1978 Communist Party Conference stipulated “practice” as the sole criteria for truth, represented by the state slogan “practice is the sole criterion for truth” (*shijian shi jianyan zhenli de weiyi biao zhun*). The significance of the slogan lay in the premise that “truth” could be debated and had to be tested by “practice”, a notion not to be countenanced in the late Maoist period. The “Four Modernizations”, a guideline for post-Mao China’s modernization program, highlighted the importance of science and technology.⁵ This was reiterated by the state slogan “science and technology is the primary productive force” (*kexue jishu shi diyi shengchanli*) proposed by Deng Xiaoping in the 1980s. Despite widespread scientism that prevailed in post-Mao China, there have always been contesting discourses between different schools of scientists. Sex and sexuality were brought into this debate. Homosexuality was then considered by sociologists and medical doctors (including Liu and Lu) a problem that China needed to deal with and overcome. Some Chinese intellectuals considered all discussions of sex and sexuality politically dangerous, symptomatic of “bourgeois liberalism” (*zichan jieji ziyouhua*) and incompatible with socialism and China. Others saw talking about sex and sexuality as adopting a “scientific” approach to the pursuit of “truth”. Discourses addressing sex and sexuality were often associated with China’s continued pursuit of modernity: while some of China’s elites preached maintaining “traditional values” (which involved a conservative attitude towards sex and sexuality) in China’s new modernization process, others equated asceticism with “feudalism”, and

⁵ The ‘Four Modernizations’ (*sige xiandaihua*), proposed by the late Chinese premier Zhou Enlai in 1964, refers to a series of efforts by the Chinese Communist Party to modernize China in the sectors of industry, agriculture, defense, and science and technology.

modernity with “the West”. In the post-Mao era, the “West” has proven an ambivalent social and cultural imaginary: its material wealth and “sexual opening-up” are both attractive to pursue and corruptive to fear. In the same way, homosexuality paradoxically became both a “feudal remnant” and a “Western import”, both a benchmark for social progress and a symbol of moral degradation. It is my contention that the ambivalence of homosexuality as a social identity manifests the ambivalence of post-Mao Chinese modernity.

Liu and Lu’s book is clearly situated in this debate surrounding medical research into homosexuality. Despite the taboo on homosexuality that commonly prevailed in the medical field—indeed in the whole society—since the 1980s, Liu and Lu were brave and innovative enough to carry out their research. While their research of the topic was not the first to be undertaken in post-Mao China, it was certainly one of the most influential research projects of this kind. Their determination to discover the “truth” and to combat the bias against homosexuality in both the medical field and Chinese society in general is indicative of the “critical attitude” shared by many Chinese intellectuals in post-Mao China. Moreover, the same attitude is required of, and instilled in, the subjects of this treatment.

IV. Narrating the Self in Post-Mao China

According to Lu, to achieve success when using “guided corrective psychotherapy”, the establishment of a rapport between doctor and patient is essential. A doctor should, above all, be sincere in his approach. When he speaks to the patient, he must “consider how to light a fire in the patient’s heart and touch the patient’s optimistic string so that the patient’s agency can be motivated and his confidence in the treatment can be strengthened” (Liu & Lu, 2005, p. 279). A patient should, moreover:

understand the self in a correct way; analyze the essence of one’s psyche; discover the basic rules for the development of the psychological disease; erase the mystery of the psychological disease and psychological treatment; find the right way to transform one’s personality constantly and to develop the harmony of one’s mind and body (p. 279).

The above extract, which appeared as a guide for doctors, outlines an understanding of homosexuality as a psychological disease that can be cured by psychological and physical treatment. I see in this description a hybridization of Western medical/ psychological terminology, traditional Chinese philosophy, and Maoist voluntarism. The idea of “develop[ing] the harmony of one’s mind and body” is derived from traditional Chinese medicine informed by Taoist philosophy. The emphasis on the doctor’s leading role in guiding and inspiring the patient’s agency to “find the right way to transform his/her personality constantly” is typical of the language of “thought work” (*sixiang gongzuo*) that was widely practiced in the Maoist era with the aim of transforming people’s subjectivity. It is important to note that when Lu, along with other Chinese medical professionals, imported Western medical science to China, he did not copy the Western model uncritically. Rather, he incorporated Western psychology and aversion therapy with concepts drawn from traditional Chinese medicine, meshing these with Maoist strategies for “thought reform”. Another doctor even innovatively utilized Chinese herbs in the treatment of homosexuality (Fang, 1995).

Lu’s recommendations for other doctors highlight the centrality of the self in the modern era. The process of aversion therapy suggests a deeply-hidden “self” that can be reached by psychological counseling and self reflexivity. It also points to the possibility of transforming oneself by using these means. The “self”, in this context, is not simply a Freudian (or post-Freudian) psychic self with multiple layers of conscious matter. Rather, it is a self that is constantly mobilized in Maoist and post-Mao Chinese society.

The ambivalence of the “self” was particularly manifest in Maoist China. The individual self was considered antithetical to the “collective” and emphasis on the individual self was synonymous with “selfish” or “anarchistic” – a pejorative term. It was also related to modes of “bourgeois liberalism”, a popular term during the Maoist era that denoted an individual subjectivity incompatible with the socialist revolutionary hegemony that emphasized the “common” and “public”. For these reasons the “self” needed to be repudiated in the people’s consciousness. At the same time, the complete erasure of the “self” was neither possible nor desirable, as the “self” was still needed to maintain the existence and superiority of the “collective”. The “self” thus became subject to constant criticism, reformation, and transformation. The Maoist concept of “permanent revolution” thus stressed the possibility and necessity of transforming the “self”. The theory of “permanent revolution”, initiated by Marx and developed by Trotsky and Mao, was above all a “formula for the continuous revolutionization of human consciousness and energies as the key to the achievement of the social and economic goals” promised by socialist revolution. In Mao’s view, “the emergence of the new society presupposed the emergence of a spiritually transformed people.” (Meisner, 1986, pp. 197-198) Two popular slogans, “criticism and self-criticism” (*piping yu ziwo piping*) and “serving the people heart and soul” (*quanxi quan yi wei renmin fuwu*), conveyed this ambivalence concerning the “self” in the Maoist era. And although the self was the target of criticism by different parties (including self-criticism), it was still necessary for the “collective” to affirm its superiority. Numerous movements that proliferated in the Maoist era, including thought reforms, the Great Leap Forward, and the Cultural Revolution, all illustrated the regime’s unrelenting effort required to transform the “self” in the interests of the making of a new society.

China’s exposure to the West, together with the influence of consumerism, saw post-Mao China witness the resurgence of the “self”.⁶ The post-Mao “self” is characterized by shifting ambivalence from its Maoist predecessor. On the one hand, post-Mao hegemony required the emergence of the “self” to mark its rupture from its past. The imagination of an increasing liberal governmentality shared by the Chinese state and people at large, along with the sweeping forces of the market economy, called for the appearance of a new “self”. On the other hand, communist polity still required the centrality of the “collective”, represented by the nation state and the Party, to be prioritized over the “self”. Thus, the “self” is both fixed and fluid, defined yet made relative, by the state and the capitalist market. As with sex and sexuality, post-Mao public rhetoric has ambivalently both hailed the self as manifesting the “liberation of human nature” and cautioned that this self was a “threat” to Confucian and socialist values. The expression of one’s “true self” was also increasingly linked to romantic love, sex and sexuality. The new emphasis on modernizing medical science in the postsocialist era, especially its direct incorporation of scientific psychology and psychoanalysis, has reinforced this inter-relation of self, sex and sexuality. Many people in China, especially among the younger generation of the Reform era, enthusiastically talk about finding a “true” self and liberating sex and sexuality from its long history of suppression. Subjectivities and identities are widely perceived as not inherent and fixed within this rhetoric. But in fact the self has to be understood as fluid and malleable so as to be mobilized by the nation state when necessary and fit itself in the rapid development of the society as quickly as possible. When anthropologist Xin Liu (2002) talks about the “otherness of self” in the dominant personality of Reform-era China he is recognizing this necessarily fluid subjectivity appropriate to a rapidly changing society.

With this brief genealogy of the self I suggest that the transformation from a Maoist society to a post-Mao society has given rise to an increasingly ambivalent public conception of the “self”. This self is necessarily a social

⁶ The notion of the self was central to the late Qing and May Fourth intellectuals’ imagination of a new society and a new humanity at the end of the nineteenth century and the beginning of the twentieth century (Wang, 2004). Western psychology and psychoanalysis entered China’s social discourse at the beginning of the twentieth century (Larson, 2009). This is why I use the term ‘resurgence’ in the post-Mao context.

construction and historically contingent, without many inherent qualities or origins. To consolidate hegemony, the dominant subjectivities of a society need to be constantly made and remade, reformed and transformed. If the Maoist revolutionary hegemony mobilized certain subjectivities, the Reform and Opening-up in the post-Mao era required even more rapid and dramatic transformations of subjectivity. The locations, occupations, philosophies of life, and lived experiences of many Chinese have been drastically changed in the modern era. From this broad historical perspective, it is not that aversion therapy arrives in the post-Mao era to transform gay people into straight. It is that post-Mao Chinese society gives birth to gay Chinese identity. After discovering this identity as one incompatible with post-Mao hegemony, methods of marginalizing or even expunging gay identity with medical and psychological intervention help construct it as opposed to modernization. It is the rapidly-changing post-Mao society that makes the transformation of sexualities possible.

V. Diary Writing as a Biographical Technology of the Self

During the psychological counseling and aversion therapy sessions to which I am referring in this article, each patient was required to keep a diary to record the progress of his/her treatment. The doctor would read and comment on these diaries, accordingly making or revising plans for further treatment. In this section, I examine the diaries written by some of these gay patients, together with the doctor's comments, in order to consider how their transformation was made possible.

It should be pointed out that the diaries that the gay patients kept have inklings with the "red diaries" during the Maoist era. People in the Maoist era kept diaries every day, reflecting on their thoughts and conduct, and repeatedly expressing their determination to transform themselves to the subjects that the revolutionary hegemony required. These diaries manifested processes of subjectification. However, not all these diaries conformed to the requirements of the Party. Some non-political entries that detailed everyday experiences evaded subjectification of political ideology. Similarly, the diaries kept for aversion therapy also manifest varying degrees of resistance to the medical regimes that govern these subjects.

The following paragraph is taken from a series of diary entries written by a final-year university student after his first few psychological counseling sessions with Lu:

I understand that the fundamental reason for the failure of my previous treatment is not that I am stupid or that I do not work hard but that I do not have a strong psychological condition. I must transform my personality and improve my psychological quality if I want to live a relaxed life. To transform my personality, I must first of all realize my "faults". Only by knowing myself correctly can I defeat the devil of disease. I feel that I have the following shortcomings: 1. being too careful and perfectionist in doing things; 2. having a strong sense of vanity; 3. not fitting into the collective; 4. having a strong self-esteem; 5. Being weak and coward-like; 6. often having unrealistic fantasies. Of course I have other shortcomings too. This needs to be realized and changed gradually through practice. Meanwhile, I need to overcome the "fear". It is fairly difficult to do all of these but I will try my best. (Liu & Lu, 2005, p. 283)

Lu responded to the student's writing promptly when the latter expressed "doubts":

We have dealt with his feedback in time. We have made him realize clearly that he has made some progress and that the treatment is effective to some extent. Although he has doubts, it is very important for him to keep up the practice [of receiving the therapy]. We also point out that haste will not work in such a process of transforming the self. He is very likely to have doubts and even go back to where he started. He should continue working hard. Both we and he should have confidence. There should not be any "fear"! (p. 285)

Five days later, the student wrote:

I have realized clearly that I still have too many “fears”. It is sometimes very difficult to overcome them. However, I should not have “fear” in dealing with such ups and downs [...] In fact, I find myself too naive. I am lacking in social experience and my circle of life is too narrow. I used to confine myself to my small world and have all kinds of fantasies. Also, after I have realized that my disease is partly related to my poor bodily condition, I often (almost every day) go to the playground to play basketball and football as well as to fight and wrestle with other boy students. On the issue of “knowing the self”, I am afraid that I may have a wrong understanding. I hope that the doctor can give me some guidance. (p. 286)

The doctor commented on this in terms of the diary’s work of documenting doubt as confessional therapy:

The university student has different psychological conditions alternating during the treatment: doubt, hope, joy, weakness and strength. Sometimes conflicting thoughts emerge in a single feedback. This is a hard exercise for him. To his and to the doctor’s joy, he is going in a better direction. He has hope, after all. (p. 286)

Dairy writing is self-examination. Foucault considers such biographical documentation as a “technology of the self”, one we would do well to remember, that is an important dimension to medical and social knowledge. While Foucault’s essay on this topic traces the emergence of modernity in Western culture through the transformation of ethical relations to the self into the confessional, self-examining subject, we can see a related emergence in the self-interrogations of Maoist and therapeutic diaries. However, Foucault’s delineation of the emergence of the modern self from the feudal/medieval “confessional” self rather than the Greek notion of the self overlooks the coexistence and mixture of multiple cultural modes. While the self-examining, confessional self is central to the formation of the modern subject, there are still elements, and sometimes traces, of other modes of the self in contemporary society. I am primarily interested in how these other modes of the self are manifested in the aversion therapy diaries. As suggested previously, the Confucian and Taoist modes of the self are all evident in these diaries, aside from the Maoist and post-Mao modes. For example, self-examination requires a conception of the self as both the subject and object of one’s identity formation. But the “faults” or “shortcomings” that the student referred to in his diary also have strong Confucian and Maoist imprints, in that they encouraged conformity with the collective and discouraged individuality; they advocated working-class pragmatism and rejected “petit bourgeois” (*xiaozhi*) idealism. This mode of the self is apparently different from the modern neoliberal Western self.

The friend/enemy dichotomy in these processes of therapeutic self-examination is characteristic of Maoist governmentality more widely. Mao Zedong (1965) famously stated: “Who are our enemies, who are our friends? This is the question germane to the revolution.” During the Maoist era, extensive efforts were made to distinguish enemies from friends in international and domestic politics, in class struggles, and in thought reform (*sixiang gaizao*). To align oneself with friends and to fight against enemies was a crucial task required by the revolutionary hegemony. In this process one gets to know the self and construct an identity. Most important of all, through constant self-examination, self-criticism (*ziwo piping*), and “struggle against selfishness and criticism of revisionism” (*dousi pixiu*), individuals were expected to internalize the self-enemy dichotomy. Michael Dutton glosses Mao’s line in his analysis of Maoist governmentality:

The enemy was not just a problem for the collective revolutionary body but one that the individual body of the revolutionary must face. The external question of friends and enemies was internalized just as the collective question becomes the individual revolutionary’s own existential one ... That this question of the enemy could be both “germane to the revolution” (Mao) and, simultaneously, one’s own (ontological) question as a figure (Schmitt), indicates the degree of intensity and level of commitment necessary to drive this form of politics. It required sacrifice and sometimes that was given in blood. (2009, p. 35)

Dutton is referring here to aspects of what I have called Maoist governmentality. In the Post-Mao era, this form of governmentality still persists. Like a specter, the friend-enemy dichotomy still hovers over people's everyday lives, and plays a crucial role in constructing post-revolutionary subjectivities. The self-examination process required in the writing of confessional diaries as part of aversion therapy exemplifies a type of subject formation required by a continuum between Maoist and post-Maoist ideologies concerning the self. The transformation from gay to straight reproduces the strategies employed by the Maoist and post-Mao regimes that aimed to construct legitimate subjects.

Affective communication in Aversion Therapy

One factor which makes such self-transformation possible is the use of affect. I use "affect" here to encompass a wide range of feelings and emotions. Affect "affects" because it not only operates on human bodies but on the widely accepted notion of human "souls".⁷ Lu attributed the key to the success of the treatment to "guiding" (*shudao*), namely guiding and channeling patients' emotions so as to change their minds and souls:

A doctor should start from the patients' emotions. Teach them the grave consequences of their sexual inversion on themselves and on their families, make them determined to co-operate closely with the doctor and determined to change the inner dynamic structure of their homosexual psyche and behavior. (Liu & Lu, 2005, p. 278)

Different techniques were devised to make the project of changing people's "souls" possible, from the "talking cure" to groups meetings, from reading health manuals to writing the personal diaries, from listening to tape cassettes to watching videos. Reading these required diaries can constitute and move the reader: the suffering and pain of these individuals flows through a simple, emotional and descriptive language; yet the reader in seeing this pathos, is inspired by the strength of determination to discard an old subjectivity and strive to embrace and affirm anew:

I am determined to overcome the difficulties and to keep on. I have encountered some difficulties in transforming my personality. I feel very uncomfortable; I have had a stomachache, bad appetite, headache, bad memory, depression and even worse psyche [than before] ... To my joy, I have been familiar with, and have mastered, a set of methods to combat the disease. I said to myself: "Don't be afraid. This is a paper tiger (*zhi laohu*).⁸ I will fight against it." (p. 293)

⁷ Here we are reminded of Foucault's warning against speaking of a metaphysical soul: "the soul is the prison of the body" (1977, p. 30). He further elaborates on the materiality of the soul: "It would be wrong to say that the soul is an illusion, or an ideological effect. On the contrary, it exists, it has a reality, it is produced permanently around, on, within the body by the functioning of a power that is exercised on those punished—and, in a more general way, on those supervises, trains and corrects, over madmen, children at home and at school, the colonized, over those who are stuck at a machine and supervised for the rest of their lives" (1977, p. 29). It is in this sense that we use the term "soul".

⁸ 'Paper tiger' (*zhi laohu*), a phrase that Mao (1965) used in a 1956 interview with the American journalist Anna Louise Strong to describe the United States: "In appearance it is very powerful but in reality it is nothing to be afraid of; it is a paper tiger. Outwardly a tiger, it is made of paper, unable to withstand the wind and the rain." Mao (1965) said "all counter-revolutionaries are paper tigers" in a 1957 speech at the Moscow Meeting of Representatives of the Communist and Workers' Parties.' The term "paper tiger" has been used in China to refer to enemies or obstacles that are seemingly strong and powerful but in reality weak and fragile.

This individualized process of guided self-transformation was never independent of the social and indeed constantly referred to it. One particularly effective element of the treatment was the organizing of “tea parties” (*chahuahui*), group meetings at which the patients and their parents, friends and relatives could share success stories and encourage each other. After one such meeting, a “patient” wrote:

This was really moving. Who would believe that everything was real without seeing it with his own eyes? I felt the glory of humanity from the mutual support between the patients. Xiao Hu used to be very shy. Now he is brave enough to stand on the platform and look at people [and tell his story]. His father was wiping away his tears [when listening to his speech]. Tears filled my eyes when I saw all those scenes. They reminded me of my heart-broken sister and mother [because of my sexuality] and my father. With the understanding and love of the doctor, with the love of my parents and relatives, I shall never be discouraged. I am determined to overcome the disease. (p. 300)

In many ways, these meetings resemble the group meetings held in the Maoist era when people were organized to “tell the bitterness” (*suku*) resulting from the old regime and to reflect on the benefits that the new revolutionary regime offered. The importance of “telling bitterness” publicly lie in successfully linking the speaker’s individual experience and emotions with those of the collective, forging an imagined collective identity and building an affective community that the revolutionary regime demanded (Hershatter, 2002; Rofel, 1999). The practice of holding “tea parties” still continues in contemporary China, when Party branches organize “tea parties” designed to involve people in the community during festival seasons. At these “tea parties” people are encouraged to share their personal experiences, often in relation to the Communist Party, and to seek emotional support from others. The process of sharing stories effectively constructs a group identity of socialist camaraderie. It is more appropriate to consider these “tea parties” ways in which the “pastoral power” (Foucault, 1984) of the Party State is exercised rather than seeing them as “sovereign power” and “false consciousness”.

Kenneth Plummer’s (1995) symbolic interactionist theory demonstrates the importance of such collective story-telling activities in constructing identities and communities. Plummer points out that stories do not simply reflect practical and symbolic action; they are also part of the political process. And the question of power is essential to the dynamics of such story-telling: “The power to tell a story, or indeed not to tell a story, under the conditions of one’s own choosing, is part of the political process.” (1995, p. 26) In this context, the patients have strictly reduced capacity to refuse to tell a story, and the stories they tell are in many ways predetermined. These stories are imbued with ideologies of hetero-normativity and familism, and mark a violent rejection of homosexual desire incompatible with the socialist and postsocialist governing rationalities.

Lu’s program of treatment at times seems successful in its published representation. One patient wrote to him:

You have brought me new hope and are the light of life. You, like God, brought sunshine and love to everything in the world, and brought your medical expertise and warm heart to the patients. I am always indebted to you. (Liu & Lu, 2005, p. 303)

This language may resemble that used by the evangelical Christian Church, but in this case, the legacy of Mao was more manifest.⁹ In her seminal work regarding gifts and *guanxi* (personal connection and reciprocity) in

⁹ It is important to note Foucault’s notion of the technologies of the self turns largely on the emergence of the Catholic confessional self and on the relation between faith and grace.

China, Mayfair Mei-Hui Yang (1994) elucidates a number of affective means developed by the “Mao cult” by which Maoist subjectivity was constructed. The Adoption of particular types of language and rituals to express certain emotions enhances a sense of community, identity and belonging. Dutton (2009) uses the phrase “passionately governmental” to highlight the emotional intensity of the Maoist language. To quote Judith Butler: if, as Louis Althusser (1971) suggests, people are “interpellated”, or “hailed”, into subjects; then, what makes the process of “interpellation” happen? What makes people “turn around” when they hear the hailing? What makes people become “passionately attached” to their identities? (Butler, 1997, p. 5) Affect, it seems, is crucial to the transformation of identities in the notion of “passionate attachment”. Affect makes it possible for power to turn people into subjects and for new forms of governmentality to appear. It also provides a means by which people can evade “hailing” and find the “middle range of agency” (Sedgwick, 2003) that is not manifested by public resistance. In *The Order of Things*, Foucault (2002) lists ways in which the world is “held together”, including ideology, scientific knowledge and everyday experience. Ideology is often considered to be manipulated by political powers; scientific knowledge controlled by experts; people’s everyday experiences may be outside the realms of both. Experience, embodied and affective, point to ways in which ordinary people’s agency is located—not necessarily through political mobilization, or saying no to power, but through everyday lived experiences. The research into the everyday life, according to Martin Manalansan IV, “unveils the veneer of the ordinary and the commonplace to lay bare the intricate and difficult hybrid negotiations and struggles between hegemonic social forces and voices from below”(2003, p. 90) .

Aversion therapy is an affective project. Affect was mobilized by doctors, nurses, patients, and people with different modes and intensities of connectivity, acquaintances and strangers alike. All were active participants in the project, which also draws on numerous literary and medical texts, the mass media and many forms of cultural representation and articulation. Both Laurent Berlant (1997) and Lisa Rofel (2007) show how the nation state mobilizes affect by creating certain national public culture to create particular types of citizenship. In this sense, the “structure of feeling” (Williams, 1961) is both structuring and structured. I suggest here that it is not medical treatment *per se* that turns gays straight in such treatment. It is the cultural intelligibility of heteronormativity and of an affect project that privileges heterosexual desire as necessary to participation in the regimes of family, marriage, and community that marginalizes any desire that threatens heterosexual normativity.

Performance and Performativity

What is striking in reading the records of this type of aversion therapy was the theatricality of the treatment process. First there is an enactment of same-sex eroticism, followed by the transformation of homosexual identity to heterosexual identity. Both the male model and the gay “patient” risk becoming too involved in the homosexual identity they performed. The doctor, however, seemingly like an experienced stage director, makes sure that the performance proceeds smoothly. Medical science, as a sovereign regime that governs the modern human body, imbues doctors with indisputable confidence and authority in such carefully delimited contexts. The most remarkable aspect about this program of aversion therapy was that both the doctors and the patients seemed completely devoted to their roles, cherishing great hope for the program’s success.¹⁰ People performed their identities so seriously that there was no room to represent the absurdity of the performance.

In *Gender Trouble* and *Bodies That Matter*, Judith Butler (1990, 1993) links gendered and sexed identities with the notion of “performativity”. According to Butler, gender does not describe something that pre-exists; rather, it is a form of “doing” that brings gendered subject into existence. Gender performativity is a “stylized repetition of acts” enacted by the body within the cultural norms that define gendered identities. Cautioning critics and readers

¹⁰ This also resembles psychoanalysis, which relies on emotional attachment to function.

against a voluntaristic reading of the concept, Butler distinguishes “performativity” from “performance”: while “performance” presumes a subject, “performativity” is “the vehicle through which ontological effects are produced” (Butler, Osborne, & Segal, 1993). In a collection of essays written by a number of scholars working in the field of gender studies and performance studies, Andrew Parker and Eve Sedgwick (Sedgwick, Parker, & The English Institute, 1995) call for a reconsideration of the convergences, instead of the differences, between “performativity” and “performance”. Drawing on J. L. Austin and Jacques Derrida, Parker and Sedgwick ask when and how “is saying something doing something”. These questions, they argue, have created “one of the most under-articulated, of such crossings ... [namely] the oblique intersection between performativity and the loose cluster of theatrical practices, relations, and traditions known as performance” (1995, p. 1). Indeed, by linking “performance” to “performativity”, we are asking questions about how identities are formed through reiterated bodily practices, and, in so doing, reveal the instability of identities and the fictitiousness of our lived realities. By theorizing performativity and performance, Butler, Parker and Sedgwick draw our attention to the theatricality of the treatment and its relation to social norms.

If gender is the effect of reiterated performativity, then the whole society participates in this grand scene of enactment. In this social script, compulsory heterosexuality suppresses homosexual desire. Multiple social discourses, including medical, legal, media and popular cultural, all contribute to gender and sexual inequality. Human bodies become sites wherein different social discourses intersect and are contested. As Foucault points out in his account of the emergence of a modern disciplinary power which is the necessary precursor to governmentality, “the human body was entering a machinery of power that explores it, breaks it down and rearranges it ... Thus discipline produces subjected and practised bodies, ‘docile bodies.’”(Foucault, 1977, p. 138)

The reality was that these proper performances of gendered sexuality did not prove as successful as it seemed to be at some points in the expert commentary. The majority of these aversion therapy cases failed and the doctor did not detail the course of the “failure stories”. However, from the “success stories” recorded in his book, we can catch a glimpse of the possible failures of such a treatment. Despite their “good cooperation” with the doctor during the therapy, the patients on occasion expressed doubts regarding the treatment:

The numerous cases that the doctor showed me make me come to the conclusion easily: some of them suffered from the disease [homosexuality] longer and more heavily than I do. Since they can be cured, I can certainly be cured. However, thinking of the backward psychotherapy in our country, I still have some doubts about the doctor’s words. I still think that my behavior has not done any harm to the society. What mistakes have I made? Some people think that it [homosexuality] is a sign for human civilization. Gay people like da Vinci and Plato have all made great contributions to humanity. (Liu & Lu, 2005, p. 283)

One important aspect to note about the above quote is that the patient made some references to the West, such as Plato and da Vinci. This demonstrates the multiple, and often contradictory, discourses concerning homosexuality circulating in Chinese society at the time. Homosexuality is at once considered a disease and “a sign for human civilization”. It is important to bear in mind that social discourses are never singular, and nor are they coherent. It is the coexistence of these contested discourses that offers space for people to negotiate and to contest them.

The patients’ doubts took the forms of subversion and parody at times:

I do not know how other patients got cured. I do not cherish much hope for the treatment. Long-term spiritual torment has made me wonder if I am a human being or a ghost. If it is really difficult to change, I may as well find a boyfriend as early as possible. It will help me recover from my psychological pain and develop a healthy personality. Otherwise, I am really afraid that my personality will become even more abnormal. Doctor, if you do not mind, will you please introduce me to a boyfriend? (p. 285)

In the midst of all these questions, doubts, despair and irony, the myth of a perfect performance and a coherent gender and sexuality began to collapse.

VI. Conclusion

These narratives written by Chinese gay men receiving aversion therapy manifest both the transformation of subjectivities and the construction of a self through aversion therapy. Both processes are built on the violent rejection of homosexual desire which is intrinsically located in the post-Mao Chinese project of making governable citizens who are defined in significant ways by having legitimate desires. Many techniques of Maoist governmentality, such as the “friend/enemy” dichotomy and the political use of emotional intensity, are explicitly at work in this therapeutic project. Furthermore, these narratives demonstrate that the Maoist rhetoric on sex is often represented as de-individualizing and asexual, whereas the dependence of this therapeutic narrative on Maoist images of self-transformation demonstrates that it is not. Bodies, sexualities and desires often act as sites for state intervention. The aversion therapy diaries bear witness to the remaking of both bodies and subjectivities by the social engineering project of post-Mao China and by the pervasive medical governmentality of modern society more widely.

This study has demonstrated the political, social and cultural aspects of identity formation. In health science, identity has long been treated as biological, innate and coherent. Medical and psychological interventions into human health have presupposed a self-knowing subject that is open to medical intervention, which will hopefully bring an un-knowing, incoherent self into a self-knowing, coherent condition. This study illustrates that the self, is an important dimension, especially in terms of biographical elements which form the voices of patients. This ‘self’ is always already in the constant process of formation, reformation and transformation. This notion of the self is necessarily a political, social and cultural construct rather than a purely biological product. If we recognize this aspect of the self, the transformation of the self from gay to straight described in this article would not seem so alien and absurd to today’s readers. More importantly, this knowledge of the self is helpful for health science professionals to realize that human identities today may also be subject to political, social and cultural forces and may also be in the process of transformation. A departure from an essentialized understanding of the self will open up spaces for a more inclusive and engaged non-identitarian politics, and possibly, more diverse voices in health, culture and society.

This study also reminds us of the different modes of the self in various historical, political and social contexts. The particular mode of the self that wishes to transform from gay to straight is validated through the context where the aforementioned diaries were written. They may appear to today’s readers in many countries and cultures to be extremely aberrant and inhumane. Foucault’s notion of the “limit attitude” is relevant here: “that criticism is no longer going to be practiced in the search for formal structures with universal value, but rather as a historical investigation into the events that have led us to constitute ourselves and to recognize ourselves as subjects of what we are doing, thinking, saying” (Foucault, 1991a: 45-46). Foucault further comments in his discussion of the use of history by his contemporaries, that, “the critique of the injustices of the past by a truth held by men in the present becomes the destruction of the man who maintains the knowledge by the injustice proper to the will to knowledge” (1991b: 95). Policy makers and practitioners need to have this historical-limit understanding of the self in mind so as to avoid committing epistemic violence in making value judgments of things past and present.

It is also important to acknowledge the “agency” of the self, however limited and controversial, on both ends of the medical process: medical professionals are often seen as “active” agents who hold truth in their hands and “patients” are seen merely as passive recipients of the medical process. In this study, neither the doctor nor the “patients” were in complete control of the situation; rather, they cooperated and interacted with each other as the treatment proceeded; one made changes in response to the other’s feedback. In other words, the medical process is the process of mutual interaction of different agents: medical professionals, patients and medication. This is an

interconnected and interactive full-circle and none can exist in isolation from another. A successful medical process depends on the interactions between the three, instead of being the sole task of one. An interconnected understanding of the medical process does not have to be built on an essentialized understanding of the self. The medical subjects, including both the doctor and the patient, are not and do not have to be all-knowing. Medical processes, like any other scientific processes, are necessarily “trial and error” processes; some processes are more successful and widely accepted than others in certain historical and social contexts. Participants of a medical process have “limited agency” caused by historical and social reasons. In this study, the “patients” did not have the agency to come to a coherent gay self, or to realize the irrationality of the medical treatment they underwent; they, however, demonstrated a strong determination and capability to transform the socially abject self into a self fitting for social and cultural norms. The “patients” sometimes displayed doubts and resistance to the medical process. All of these demonstrate that the “limited agency” of the participants in the medical process should be seen as transformative forces that have the potential to make both the transformation of the self and the transformation of society possible.

In summary, I have argued for a politicized understanding of the self. As Giorgio Agamben (1995) points out, the politicization of bare life constitutes the decisive event of modernity. Such issues as human sexuality, which may seem biological, are inevitably subject to political influence. What types of sexuality and identity are legitimate and what types of bodies are desired is subject to how power and governmentality works in a society. When modes of governance and governmentality change (as in the case of the transformation from socialist China to postsocialist China), sexuality and identity may also be subject to transformation and mobilization, hence the gay man’s strong imperative to turn from gay to straight in this study. This story, pessimistic as it sounds, has its optimistic aspects. In today’s China, queer politics has become a transformative force that changes the Chinese society radically. Most of the medical professionals in China today are strong advocates of gay rights, and many have participated actively in Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) social movements. Health science today, which plays an important role in legitimate queer desires, is inevitably involved in the process of political and social change. Instead of considering health sciences as purely “objective” and hence having nothing to do with politics, we should recognize health science as a political project that has the potential to transform contemporary political and social landscapes: the transformation of society and civil liberties. Indeed, health science has done much to improve the well-beings of the human society; its radical potential in contemporary Leftist politics has yet to be fully recognized. To pace Marx: health science professionals have tried to restore a world to its order; the point now is to change it.

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