The Force of Love
Type II Diabetes in Vietnam as Tentatively Transformative Experience
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Published in: Ethos

DOI: 10.1111/etho.12317

Publication date: 2021

Document version: Publisher’s PDF, also known as Version of record

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**Abstract**  In Vietnam, as in many other countries across the world, type II diabetes is attaining epidemic proportions. Drawing on ethnographic fieldwork conducted in Vietnam’s Thái Bình province, this article highlights the affective complexities that arise when people strive to adjust to a life with this chronic, debilitating disease. While finding their daily existence radically altered, people with diabetes also actively resisted transformation, insisting on the continuity of their lives. This resistance to transformation was, the research revealed, fueled by the force of love: when their disease threatened to place them at the margins of family and community, people responded by enacting love, striving to attend to others as they always had. This study from Vietnam illustrates how transformative experiences may be characterized by hesitation, reluctance, and resistance, as people work against change while at the same time ambivalently embracing it. [attention, care, chronic illness, diabetes, love, Vietnam]

**Tóm Tít**  Tại Việt Nam cũng như nhiều nơi khác trên thế giới, bệnh đái tháo đường type 2 đang có tỷ lệ mắc cao. Dựa trên nghiên cứu di dân đã khảo tại dân tộc học thực hiện tại tỉnh Thái Bình, Việt Nam, bài báo này nêu bật những phức hợp cảm xúc di dân ra khi người bệnh có đang thích ứng với cuộc sống cũng cần bệnh mà tình đẩy suy nhược này. Trong khi nhân ra đối sống thường nhật của họ đã thay đổi một mẻ, những người bệnh tham gia trong nghiên cứu này cũng nói lực không cụ lại sự chuyển biến, nhất mực tiếp tục được đối hỏi. Sự không cụ chuyển biến này, như nghiên cứu đã chỉ ra, chưa chút sức mạnh yếu thuong: khi căn bệnh đẩy họ ra bên lề gia đình và cộng đồng, người ta đã đáp lại bằng cách bộc lộ sự yếu đuối, nỗ lực chăm sóc nhau như họ vẫn hàng thể. Nghiên cứu từ Việt Nam này cho thấy cách mà các trải nghiệm chuyển biến đã diễn ra như thế nào cùng với nội e đê, sự lương lữ và sự không cụ, khi mà người ta vừa có đang chống lại sự chuyển biến vừa vấn đền nhiều một cách mệt mỏi.

Every love story is a potential grief story.  
Barnes (2014, 67)

“Love (yêu quý) and harmony (thuận hòa) make your mother happy. Love and respect (yêu kính) for father and mother is all that I want. Money, silk, or brocade cannot compare to that. You give me family love (các con tặng mẹ tình thân gia đình). You have already given this to father and me... respect for your grandparents, love for your parents, harmony among siblings…”

Vân’s wife, An, shakes her head, laughing. “No, I forget!” We are sitting next to the house where Vân and his family live, in a makeshift sofa arrangement placed in the comfortable shade under a longan tree. It’s a mild April day, not yet too hot to sit outside during the
afternoon hours. From a neighboring house, the sounds of a pop song reach us. Apart from that, the village is quiet, and we can hear the wind rustling in the leaves above us. “I wrote this poem myself,” An says, “on the occasion of March 8, the International Women’s Day. And now I cannot even remember it!” She laughs again, shaking her head. We all laugh with her, and Dung says, in a comforting tone, “It’s because the poem is so long…” The children depicted in An’s poem have forgotten to prepare a Women’s Day gift for their mother. But this does not matter, the mother tells them: their love for her is the best gift they could give her. “Dear children,” she exclaims, “your gift is not far away. It is right here in our house.”

This was Friday, April 5, 2019, according to the solar calendar, or the third day in the third month in the lunar year. It was Thanh Minh, the day when people go to tend the graves of their ancestors, a day of family gatherings and collective remembrance. My colleague Dung and I reached Văn’s house early in the morning. Our original plan was to talk to Văn about his life with diabetes, but once we realized that this was Thanh Minh, we accepted Văn’s invitation to join his family for the celebrations, visit their ancestral graves, and have lunch together. Văn’s son and daughter-in-law, who would normally work during the day, were at home too. Like several times before, Dung and I were struck by the casual way Văn treated his disease. He told us he rarely attended his monthly diabetes checkups; he often forgot to take his medicine; he did not eat a special diabetes diet, but shared in ordinary family meals; and he was very vocal about the fact that he did not consider his diabetes a problem at all. Văn’s casualness seemed, however, to be inflected with a certain alertness, one we had noticed during interactions with other patients too. In her field notes, Dung wrote:

Talking to Văn, I sense his optimism. But I also sense a high degree of awareness of his disease. Even though he appears normal, as if he has no disease, he also seems very conscious of how to prevent getting worse by eating in healthier ways than he did before…. This man strives to appear normal so that his family does not have to worry about him. But inside he is constantly conscious of how to control his blood sugar and the symptoms of the disease.

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This article is based on ethnographic fieldwork conducted in Thái Bình province, Vietnam, among families affected by the country’s rapidly evolving diabetes epidemic. At its center is the case of Văn and his family. When we first met, in November 2018, Văn was 55 years old and lived with his wife, son, daughter-in-law, and two grandchildren in a house at the edge of the rice fields in a commune close to the provincial capital. Văn had been diagnosed with diabetes two years earlier. Like many other people with diabetes we met, he seemed to strive to reconcile conflicting feelings regarding his condition. On the one hand, he emphasized how his life was entirely normal, almost like before the diagnosis. And yet, on the other hand, his everyday life appeared to be full of precautions, marked by a new form of alertness. As described by Văn and other people with diabetes in this community, a diabetes diagnosis was a transformative experience, one that altered their existence from one day to the next—and yet it was not. Life remained the same; personhood was unaltered. Subjecting oneself to a diabetes diagnosis was, in other words, an ambivalently transformative experience.
This article focuses on these conflicting feelings—this desire to downplay and diminish the importance of a disease that seems, at the same time, to provoke heightened everyday vigilance. Comprehending this ambivalence demands that we attend to the complexity of everyday emotional engagements; it is, our research in Thái Bình indicates, people’s efforts to enact love which compel them to downplay the significance of their disease while trying to protect themselves against it. Although existing anthropological studies of affective lives in Vietnam have framed emotion primarily as discourse, narrative, cultural category, or moral doctrine (e.g., Nhi, Hanh, and Gammeltoft 2018; Phinney 2008; Salemink and Nguyễn 2020; Schwenkel 2013; Shohet 2017, 2021; Tran 2015, 2018), in this essay, I direct attention to the lived immediacies of emotion—to people’s everyday practices of love and their affective ramifications.3 Inspired by fieldwork experiences in Thái Bình, I explore the analytical insights that can be produced by taking An’s poetic evocation of the gift of love seriously, attending to the urges and intensities involved when people feel loved or love others. We all know the force of love—the desire to protect a child, to embrace a lover, to comfort a friend in pain, to guard an ailing mother. In this article, I place this force at the center of my efforts to understand the transformative implications of chronic disease. Love has, Murdoch (2014, 2) observes, been “theorized away” in contemporary philosophy; a similar tendency seems to have been at work in anthropology.4 This article attempts to counter this tendency. I understand love along the lines laid out by Rapport (2017, 126) who characterizes love as not merely a private and domestic virtue, but “a public and civil practice: a structuring of social interaction by means of affects appreciation of individual others.”

The Study: Vietnam’s Diabetes Epidemic

Since the era of French colonialism, health care services in Vietnam have aimed to combat infectious diseases such as malaria, tuberculosis, diarrhea, dengue fever, HIV/AIDS, and, most recently, SARS and COVID-19. In the 1960s and 1970s, under the leadership of late president Hồ Chí Minh, a nationwide grassroots health care system was set up, established, and developed in close alignment with armed mobilization against French colonizers and US forces. In northern Vietnam, ambitious primary health care programs were launched, providing child immunizations, family planning, maternity care, hygiene campaigns, and other primary level services (e.g., Craig 2002; Wahlberg 2012). In the late 1980s, Vietnam’s government initiated its Đối Môi reforms, beginning the transition to a “market-oriented socialism.” This has entailed dramatic health system changes: private medical practice has been legalized, user fees introduced, public services have become increasingly revenue-based, and health care facilities have gained high degrees of independence from political control (e.g., Hoang and Nasca 2018; London 2014). Along with these health system changes, disease patterns have changed too: While infectious diseases continue to burden the country, an epidemic of noncommunicable diseases (NCDs), such as cancers, cardiovascular disorders, and diabetes, is currently placing new demands on the health care system. Nearly 6% of the adult population live with diabetes, and the prevalence is rapidly rising (International Diabetes Federation 2019). People with diabetes often experience co-morbidities and complications, such as heart or kidney problems, eye damage, foot damage, depression, hearing impairment, skin conditions, or
nerve damage causing loss of feeling in limbs. Although most diabetes patients hold health insurance that covers monthly checkups and 80–90% of the costs of standard medication, expenses for households can be high due to transportation costs, lost income, purchase of medicines not covered by health insurance, and treatment of complications (Nguyen, Luyen, and Trung 2017).

To strengthen Vietnam’s capacity to tackle the growing prevalence of chronic disease, in 2016, the Ministries of Health of Denmark and Vietnam launched a strategic sector cooperation (SSC) project titled, “Strengthening the Frontline Grassroots Health Worker: Prevention and Management of NCDs at the Primary Health Care Level.” This article is based on collaborative research conducted in cooperation with the SSC project, exploring the informal forms of support that people with type II diabetes receive from relatives and community members. Following the WHO, we see informal caregivers as important members of the primary health care workforce on whom a society’s capacity to respond to NCDs depends (World Health Organization 2018). Combining epidemiological and ethnographic methods, the research project includes a pilot intervention study, two cross-sectional surveys, and an extended case study involving 27 people with diabetes and their household members. It was in the context of the extended case study that we met V˘an.

**Living with the Specter of Diabetes: V˘an’s Case**

“Did you feel that your life changed when the doctor told you that you had diabetes,” Dung asked. “No,” V˘an replied, “generally speaking, there hasn’t been any change. In terms of diet, I watch out myself. We prepare our meals as we always did, and I simply eat less than the others. I have to take control of this myself.” We talked for a while about the family’s eating habits, and then Dung asked V˘an, “Now that you have diabetes, does your wife support you a lot?” V˘an replied: “No, because I don’t need any support.”

We first met V˘an and his family on a bright November day in 2018. We had asked V˘an to tell us a little about his life. In rendering his life story, V˘an emphasized his time in the army: he had spent eight years in the armed forces, serving in the border wars with Kampuchea and China. These years in the army were, he told us, the most memorable of his life. “It was a very difficult time,” he said. “We lived deep in the forest, and we were always hungry. We had only cassava to eat; the food came in boxes from Russia. But even though we were hungry and miserable, we still loved life. We still kept fighting. This is what makes it a memorable time to me.” After dwelling for a while on V˘an’s experiences in the army, our conversation turned toward his life with diabetes. Like other people with diabetes we had met, V˘an placed an intense emphasis on the continued normalcy of his life: despite his disease, he said, he could still work, and he lived largely as he had always done. There were no major changes. And yet, as our conversation unfolded, it became clear that V˘an did feel that his life had changed: he had reduced his alcohol and tobacco intake and had altered his diet significantly. “In the past,” he said, “I used to eat fat meats, dog meat, but now I don’t eat that anymore. I have changed to fish and tofu.” Being an open and talkative person, he used to like hanging out
with his male friends, chatting, smoking, drinking beer, and eating “male” foods such as dog meat and blood pudding. These social habits had since changed. His friends would still come by occasionally, calling on him to join them, but he usually declined, preferring to stay at home. Without alcohol, meat, and cigarettes, male socializing is difficult. “You know,” Dung explained, as we listened to Văn talking about the loss of friends he had experienced since his diagnosis, “Vietnamese men often need alcohol; without it they cannot feel close to one another.” “My friends joke with me,” Văn said, “they say, ‘ah, now you eat vegetables, tofu, fish, you don’t eat meat anymore, you don’t eat pig’s blood pudding anymore?’ In the past, they would come every day to call on me to go out eating pig’s blood pudding…” “So, there has been a lot of change since you found out that you had diabetes,” Dung probed. “Yes,” Văn replied, “before I got sick, my life was very different.”

As our conversation evolved, this theme ran through like a red thread: On the one hand, Văn claimed that his life had not changed; on the other, he described how much his life had changed. Văn seemed highly aware of his disease, including its possible long-term implications. His lifestyle changes attested to that. Yet he struggled against the identity transformation that a disease like diabetes involves, as if trying to hold on to his former self, to the person he used to be. We noticed this ambivalence in many other cases too: like Văn, most people we met characterized their everyday lives after the onset of disease as changed and yet unchanged. If diabetes was, as Văn and others indicated, a transformative experience, one that made life “entirely different” then this ambivalent feeling of change-yet-no-change was at the heart of the experience—in other words, a highly hesitant transformation. Most people with diabetes seemed, like Văn, to try to push the disease away, living their daily lives as if it were not there. Yet it always appeared to be there, refusing to go away.

Chronic Illness as Transformative Experience: The Quest for Ordinariness

The identity changes that accompany chronic illness have long been objects of inquiry in medical and psychological anthropology. Existing studies show that chronic health conditions can change people’s sense of self, social relations, and basic modes of being in the world in profound ways (e.g., Carel, Kidd, and Pettigrew 2016; Good 1994; Irving 2017; Kleinman 1988). Researchers have often framed these identity changes through the metaphor of transition: when struck by chronic illness, people are compelled to recalibrate who they are, transitioning from one sense of self to another (e.g., Becker 1997; Kralik and van Loon 2009; Paterson et al. 1999). After a period of crisis and disruption at the moment of diagnosis, selves and lives usually find a new equilibrium, as the disease is incorporated into the individual’s self-image and order is restored to life. Existing research has found that at the heart of this identity shift is a quest for ordinariness: When struck by chronic disease, people often respond by trying to normalize their lives, creating continuity by insisting on the normalcy of their new lives with a disease (e.g., Naemiratch and Manderson 2008; Robinson 1993). From a health care perspective, this transition into a “new normal” is of vital importance: Unlike individuals who reject or resist their diagnosis, those who make this chronic illness...
transition successfully—actively acknowledging and accepting their condition, incorporating it into their daily lives—have a better chance of managing their disease in biomedically appropriate ways.

This shift into a new and disease-embracing self was not, however, what we observed in Thái Bình. Rather than transitioning into a balanced and coherent new identity as a person living with a chronic disease, people like Văn seemed to find themselves caught in an uneasy state of ambiguity, living with a persistent inner nervousness, an affective tone of mild discomfort. Their shift was, it seemed, a shift into another, more complicated and troubled way of being (Gammeltoft et al. 2021).

**Habits and Moods: Recalibrating Everyday Life**

“To begin with,” Hài said, “I nearly gave up.” Tiến and I were sitting together with Hài in his living room, surrounded by large white plastic sacks with rice. Hài was 49 years old and shared a house with his 83-year-old mother. His son was studying in Hanoi, and to sustain the family financially, his wife was working in Taiwan. Besides relying on the remittances that his wife sent him, he and his mother lived from the meager income that their rice fields provided. Sitting in Hài’s wooden sofa, I was struck by the quiet heaviness that suffused the room—the dark furniture, the large rice sacks, the semiclosed shutters, the absence of other household members—a dark mood that seemed to match the emotional state that Hài evoked. As he sat there, in his neon green t-shirt, an air of solitude surrounded Hài’s thin, sinewy body. Seemingly reading my thoughts, Tiến asked, “Don’t you feel sad, being so few people in the house?” “I do,” Hài said. “But how else can we live?”

Two years before his wife left for Taiwan, Hài had been diagnosed with type II diabetes. He described how he had felt a deep hopelessness when receiving the diagnosis. “I felt depressed,” he said, “I felt that for sure I would die from this. I felt it was a death sentence.” His life with diabetes was, Hài told us, radically different from the life he had led before his diagnosis. He realized that this was a chronic disease; he would have to live with it forever. But he did not want to die from it, so he had changed his habits: before, he used to be fond of alcohol, drinking half a liter of rice wine per day; now, he had reduced this to one small cup per day. He still smoked but planned to quit. He tried to eat more vegetables, and he went for long walks every morning. But despite all these efforts, he still felt depressed. His awareness that this condition was unchangeable, that he would never recover from it, haunted him, suffusing his daily existence. Being a man of action, a leading member of village cultural and political associations, he was used to handling things through action. But due to the chronic nature of this disease, he told us, he felt powerless.

As described by Hài and others, a diabetes diagnosis changed their lives along two main lines: it changed their habits, and it altered their moods. The changes of habit typically included a new and constant attention to diet and exercise, monthly health checkups including blood glucose measurements, and a daily consumption of diabetes medicine—most often a combination of “Western” biomedical and “Eastern” herbal drugs. The mood changes usually
consisted of the ushering in of anxiety, particularly regarding the health problems that might lie ahead and the potential economic burdens due to lost working time and medication costs. This disease, people seemed to feel, had dark prospects. Some, such as Hải, would explicitly mention death. Others would speak in less direct terms, yet the loss of life always seemed to hover. Diabetes changed daily existence by evoking bodily demise and death; suddenly the blurred horizon of the end of life that was always there, at the edges of consciousness, moved to its center. This awareness of death was often accompanied by anxieties regarding what might happen on the pathway to the end of life: it was well known how other people with diabetes in the community—neighbors and relatives—had succumbed to the disease. People knew of ulcers, blindness, and lost limbs. They knew what it means to die slowly, one’s body losing the strength and capacities it used to have. They knew of the pain of becoming a burden rather than an asset to one’s family, of causing new worries among one’s loved ones. Hải had recently seen a 46-year-old neighbor die from diabetes. “He wanted to keep his disease secret,” he said, “so he didn’t take his medicine, and he continued drinking a lot of alcohol, living exactly like he used to. He felt depressed. He knew that this disease cannot be cured, and so he didn’t want to change his life. People who continue living like they used to, they die quickly.”

This is what makes life different. It is not only the medicine that one has to take, the monthly hospital checkups, the diet vigilance, or the restrictions on social life such as the constant caution when attending a wedding or a funeral, or, for men, not joining the drinking parties that are the glue of male sociality. What makes life different is also the anxiety that suffuses it—the uncertain survival prospects, the bodily frailty, and incapacity that may lie ahead. This disease threatens to undo people in a quite literal, bodily sense, and in a moral, emotional, and existential sense. And yet, people would insist on the ordinariness of their lives; they insisted that despite their disease, life continued as before. As Bà Sim declared, speaking in a firm tone, “I still eat, still work (vǎn ĩn, vǎn lâm). I don’t know how my husband would manage without me.” Many seemed to be willfully ignoring their condition, holding on to their predisease social self. This steadfastness turned their diabetes into a hardly discernible, shadowy disease, one that hovered at the edges of everyday existence. In other words, diabetes changed everyday life by changing its form, complicating it and adding a spectral dimension to it. As people strove to hold on to their lives and selves as they knew them, acts of attention and care achieved new meanings. A poem written by 71-year-old Trọng, who was diagnosed with diabetes in 2017, captures the turbulent nature of the diabetes experience, the struggle to maintain social and existential balance, and the joyous feeling of being alive that Văn also described:

Struggling for years through mountains and rivers
Happy to be alive, to be right here
Feeling a mental fullness
My health still stable
Rain and storm attack me, but I’m still steady
Thunderstorm tosses me around, but I do not complain
Life is frugal, but precious
My mind is light, in my heart I maintain the ways of the family
Figure 1. Technologies of love (1): The bicycle [This figure appears in color in the online issue]

The insistence on life—ordinary life—and on family values that Trọng’s poem conveys resonates with sentiments expressed by many other people we met.

An Ordinary Life: Maintaining Capacities to Care

I noticed the bicycle immediately as my colleague Ái and I entered Bà Đào’s yard. It was leaning against the wall, an old and heavy bicycle of the kind that people in rural villages have been driving for decades. In the back rested a child seat made out of iron; in the front sat a basket to carry groceries or other goods. A conical hat lay on the handrail, ready to offer protection against the scorching midday sun. Bà Đào was 64 years old and lived with her husband, their daughter-in-law, and three grandchildren, while her son worked in the south of Vietnam. Her 106-year-old mother lived a few lanes away with Bà Đào’s elder brother and his family, and her daughter lived just around the corner with her husband, son, and grandson. As we talked, sitting on the porch outside the house, I could imagine Bà Đào on this bike—an everyday technology that kept her daily life together (Figure 1). Ái led the conversation, as Bà Đào told us about her life and everyday routines:

In the morning I get up at 4:30 am. I do my morning exercise, and at 5:30, I go to see my mother and help her get washed and dressed. Then I return home and serve breakfast for my grandchildren. At 8 o’clock, I go to take care of my great-grandson, and at noon, I return home to prepare lunch for my husband. While he takes his nap after lunch, I go back to take care of my great-grandson. Two or three days a week I also give my mother a bath in the afternoon... Every day I go around on my rattling bike like this. It’s a lot of work, but I feel it’s a happy life. Even if I have diabetes, I can still try. There has never
been any slackness (tri trệ) in my life. From the past and until now, I’ve always been on top of things… but maybe that will change now…. I have many grandchildren, a lot of work [Ái: Do you still attend weddings and other celebrations in the village?]. Yes, of course, I still have to go. We are close to each other, so we must all attend (cbí em tình cảm là minib vân phai đầy đủ).

Like Bà Đào, the people with diabetes we met often placed resolute emphasis on their continued capacity to care for others, stressing—explicitly or implicitly—the energy and vigor that characterized their daily lives. Pursuing the original aims of the research, we often asked about the support that our interlocutors received from others; however, many would immediately turn the question around, focusing instead on the support they provided to others. Văn, for instance, told us in elaborate detail about how he cared for his father, 84-year-old Long, who also had diabetes. Besides helping his father, Văn also held the primary responsibility for taking their granddaughters to and from daycare and school, bringing them in the morning and picking them up in the afternoon. This scheme allowed his wife to focus on domestic tasks and their son and daughter-in-law to work long hours, leaving the house in the early morning and returning home at dinner time. When in the company of family members, many explained, they would usually try to downplay their disease, seeking to minimize others’ attention to it. Talking about family meals, for instance, Bà Đào told us how she would often eat before other household members to conceal her restricted diet:

For me, the most important thing is to create good conditions so that my children can go happily to work every day. The meals are our most joyful moments, so I want my children to be happy and cheerful during meals. I don’t want them to worry. I never tell my children if I feel weak or have a headache, I never complain to them about my disease… I prefer to confide in my friends and people around (cbí em)... This is what a mother’s psychology is like. One does not want one’s children to worry.

Hence, the ordinary lives that people strove to maintain were lives that rendered them capable of caring for others as they always had. Leading an ordinary life meant being able to give and receive, to reciprocate and respond. It is tempting to interpret people’s insistence on their caregiving capacities as a matter of duty and reciprocity: by providing care, they could justifiably expect others to reciprocate this care later on. Care could, in this perspective, be seen as a moral investment made within a finely tuned ethical system of everyday family relations. Such an interpretation would probably not be entirely wrong, and it would be well in line with anthropology’s focus on love and kinship as matters of exchange and reciprocity (Venkatesan et al. 2011). What interests me here, however, are not primarily the moral deliberations, but rather the affective force that fueled people’s caregiving efforts.

When Bà Đào spent her mornings darting from house to house caring for her relatives, and when she downplayed the significance of her disease, she was not merely living up to prescribed moral obligations as a daughter, wife, mother, grandmother, and great-grandmother. She was also enacting love, sensing others’ needs, and trying to respond to them. Similarly, in taking care of his aging father and two young grandchildren, Văn was attending to others, engaging not just with his father and grandchildren but also with his siblings, who were spared
the hard work of nighttime care for the old man, and with his son and daughter-in-law who could go to work knowing that their children were well cared for. These acts of care were, I suggest, driven not just by a sense of obligation, but by a sense of love—by a finely tuned attention to others. In approaching people’s caregiving acts as matters of love, I understand love similarly to Iris Murdoch—as a form of perception, an attentiveness and openness to one’s others: “Love is the perception of individuals. Love is the extremely difficult realization that something other than oneself is real” (Murdoch 1997, 215). At the heart of people’s strivings for ordinary lives was, I contend, the force of love. To date, most anthropologists studying the social impact of chronic health conditions have chosen care as their analytical optic, approaching care as a moral act (Black 2018; Buch 2015; Kleinman 2019), while love often has been relegated to the margins of the research. There may be good reasons for this, including the risks of romanticizing and the difficulties of accessing people’s inner lives to produce the empirical evidence that ethnographies rely on. But by marginalizing love, we also marginalize a vital force in human lives and disregard people’s insistence on its importance. Shifting the analysis onto the terrain of love may, therefore, open other pathways of analysis.

**Terrains of Love**

When engaging with families in northern Vietnam, I have often been struck by the intensity of the feelings that people expressed at times of conflict and crisis, as well as peaceful cohabitation. In my research, I have often focused on conflict-ridden and dramatic moments in domestic lives: moments when important decisions had to be made, when violence erupted, or when families divided over inheritance, marital strategies, or economic obligations (e.g., Gammeltoft 2014, 2018, 2021a). This ethnographic material from Thái Bình has, however, compelled me to attend to more mundane and less dramatic aspects of families’ emotional lives. When I reflect on my fieldwork in Vietnam over the years, it is as if love has always been there, as a powerful undercurrent, a pervasive and persistent cultural mood. While love—maternal, romantic, and patriotic love in particular—is intensely celebrated in Vietnamese popular culture, love is also a quiet everyday practice that neither attracts nor demands much attention. Take, for instance, this scene from fieldwork in a Thái Bình village in November 2018:

The image of Bà Đào standing next to the old woman in the wheelchair, gently stroking her grey hair, supporting her head so that it did not tilt, has continued to stay with me. The scene arrested me, drawing me out of the conversation I was engaged in. Seeing the two there—Bà Đào, an elderly woman herself, and another woman even older, with eyes that did not seem to see much—I wanted to take a photograph, to capture this image and keep it with me. The village house with the porch in front, the yard full of potted flowers, the dazzling sunlight, the sounds of chicken, the loving gesture—all of this was so very ordinary and yet so very special. But the scene was also intense; the connection between the two women seemed so strong, that I could not get myself to disrupt the situation by asking for permission to take a picture. Instead, the mental image of the two has stayed with me—as did the photograph
I later took of the old woman’s homemade wheelchair (Figure 2). Tiền and I were visiting an elderly man with diabetes, Ông Thành. As we reached his house, the first person we encountered was the old woman in the wheelchair on the porch. Her arms were tied to the chair with white cotton strips to prevent her from getting up and falling. We greeted her, and she responded, her eyes blurred. Ông Thành invited us in, explaining that this was his mother. Until recently, she had been in good health, but this summer she had suffered a fall and hurt her legs, and this had weakened her. Ông Thành and his wife would carry her in and out of bed several times each day. She could sit in the wheelchair for a few minutes only, then they had to take her back to bed. While we talked to Ông Thành, Bà Đào was standing next to the old woman, holding her head, stroking her hair. Belatedly, I realized that Bà Đào and Ông Thành were siblings, so this was Bà Đào’s mother too.

During our conversations, Bà Đào never described her love for her mother in words. And yet, as I saw the two women together on the porch, the force of love—understood through Murdoch (2014, 33) as a matter of “just and loving attention”—was palpable. Without being verbally expressed in the way that makes it easy for the anthropologist to record, love was there, vaguely yet manifestly present: in the gentle support that Bà Đào provided for her mother, in the soft and protective way that her hands held her mother’s head, and in her tone.
of voice as she spoke to her. In other situations, love seemed to be present as a form of powerlessness. Take, for instance, the case of Bà Lan, a 70-year-old woman with diabetes. When Tiến and I asked for permission to record our conversation with her, Bà Lan nodded her consent and then immediately bent over toward the voice recorder on the table, saying, in a loud and insistent voice: “I DO NOT WANT TO BE A BURDEN ON MY CHILDREN.” During our conversation, Bà Lan told us how intensely painful her deepening physical frailty was to her—not so much because of what it did to her, but because of what it did to her children. Like Ba Đào, Bà Lan did not express her love in words, yet it was there, a formidable force throwing her into daily agony over her incapacity to help her children and provide for them in the ways she longed to do.¹³

These were merely a few examples of fieldwork situations where the force of love emerged, manifesting in dense and compelling moments of interpersonal attentiveness (Gammeltoft 2021b). The illness ambivalence we noticed seemed to be fueled by this force: While recognizing that they suffered from a chronic and sometimes debilitating disease, people with diabetes strove to continue attending to others—thereby upholding their capacity to enact love, understood as “the human practice of respecting the individuality of other lives” (Rapport 2017, 129). The significance of such loving interactions reached far beyond situations of immediate interpersonal attention and care. As an everyday moral practice, loving care for another person is more than a contribution to that specific individual. It is also a social and moral contribution to the collective, “cái chung.” By caring for an ailing mother, or for a child, one also contributes to building and upholding the family, the community, and the nation, actively recognizing the importance of these collectives as sites of social integration.¹⁴

Love is, seen from this perspective, a moral and affective force that keeps families, communities, and the nation together (Gammeltoft 2014; Shohet 2017)—a stream of energy that makes worlds cohere. Love is, as an article in an online Vietnamese popular magazine put it, “a connection, formed by running currents of positive emotion” (một sự kết nối, được bính thành bởi dòng chảy cảm xúc tích cực) (Mai 2015).

This figuration of love as a current of emotion that runs through and connects everything resonates with Buddhist thought (e.g., Hanh 2016) and with Confucian philosophy. The primary moral virtue in Confucianism, ren, or, in Vietnamese, nhân, can be translated as “benevolence,” “human-heartedness,” “ethical concern,” or “love.” In Confucian thought, ren is rendered as “an affectionate concern for the well-being of all humans” (Cua 2002, 177). Confucius defined ren as the “basis of all goodness,” representing a person of ren as a person of love, and classical Confucian texts describe the good society as one in which all human interactions are suffused by ren (Chan 1969, 738, 556). Ren is often depicted as an all-embracing ethical ideal, one that can be identified with dao, “the Way.” In Confucian tradition, Self, Heaven, and Earth form a dynamic triad, each person’s self-cultivation and the “creative transformation” that such cultivation involves contributing to overall cosmological coherence and balance (Wei-Ming 1997).¹⁵ Seen from this perspective, the currents of emotion that course through society’s body have a cosmological dimension: love is generative, creative, a vital force that ties together individuals, generations, and the universe. Rather than merely an inner, individual feeling, love is, within a Confucian worldview, also a communal and cosmological force.
Enacting Care, Enduring Love

Diabetes transforms lives. This is not merely a biomedically complicated disease but also a disease that complicates inner lives, demanding adjustment and recalibration. The identity changes that people described—habit changes and mood changes—all threatened to pull the individual out of the collective, drawing him or her away from the shared social activities that wove through the fabric of daily lives. “Mình là khác,” “one is different,” as one woman put it. Many would explicitly explain that this was what made adherence to diabetes care guidelines difficult: they wanted to integrate (hòa nhịp) with family and community, to remain members of larger collectives. Their diabetes, however, complicated this endeavor. Eating a special diet, needing support with transportation or medicine, abstaining from alcohol, having trouble seeing clearly, and other diabetes-related problems made them stick out, tearing them away from the collective. This disease threatened, in other words, to place people at the edges of their social worlds, at the margins of family and community. In response to this threatening marginalization, loving care for others became vitally important. By caring for others, enacting their normal social roles, people also held on to their place in the collective, contributing to and upholding it. Reflecting on Bà Đào’s caregiving work, Ái wrote in her field notes: “This makes me feel that she is a devoted (bét lòng) woman who endures love and endures hardship (chưu thương chịu khổ) for her family.” Love, as Ái represents it here, is something to be endured, something larger than oneself. It is not merely a matter of inner emotion, but a larger force that one takes upon oneself and accepts and receives in the same way that one might accept misfortune. Living with this disease, people were not only enduring its symptoms and the lifestyle changes it demanded—they were also enduring love, doing what they had to do as members of this social collective.

As Dung and I left Văn’s house on the day of our first meeting, we admired his yard. Facing the green rice fields, the yard was neatly swept and full of potted red, yellow, and purple flowers. There was also a small pond, and a stone staircase leading down to the surface of the water (Figure 3). “I built this pond myself,” Văn said. “It was a lot of work, but the children love it. On summer afternoons, the neighborhood children come here to swim.” Standing there, I imagined the atmosphere of late afternoons in Văn’s garden during the blazing hot summer months—dragonflies zig-zagging through the air, heat and humidity swathing people’s bodies like an extra layer of skin, children’s bright voices piercing the air. I imagined Văn and An having tea in the shade under the longan tree, watching the children play, perhaps feeling a sense of belonging to this community, one in which they have both lived since they were children. I thought of Văn’s words about his years in the army being the most memorable time of his life. We still loved life, we still kept fighting. Like so many times before, I was struck by the importance that people placed on being part of something larger—a family, a community, an army unit, a nation. A shared social body, a collective effort, a joint struggle, a goal that unites everyone. The pond in front of Văn’s house was a contribution and a commitment, not just to his own children and grandchildren but to the local community. So was his care for his aging father and for his grandchildren; he was caring not just for individuals, but for family, community, and nation. People’s strivings for normalcy and ordinariness, their emphasis on continued caregiving despite their disease,
could be seen in this light too: in caring for an aging father or mother, for a spouse or for a child, they were caring for the family as a collective, and through that, for the community, for everyone. Fearing that their own bodies might fall apart, they struggled to keep social bodies together.

**Conclusion: Tentative Transformation**

Across the globe, increasing numbers of people are living with chronic, degenerative conditions that require lifelong management in health facilities and homes. This development raises questions—for individuals whose identities are altered, for families who are confronted...
with new caregiving challenges, and for health care systems that must tackle new and often complex tasks of care and management. Whereas previous ethnographic research on the identity changes that accompany chronic disease has pointed to the transitional nature of disease-struck selves, this article has documented other kinds of identity transformation. Rather than moving gradually from one relatively stable state of being to another, participants in this study found themselves thrown into an unstable condition of permanent, profound, and precarious illness ambivalence. Going about their everyday lives, they struggled with their disease as they might a ghost: the disease was there, and yet not, a disturbing spectral presence. When their diabetes threatened to place them at the margins of family and community, at the edges of life, they responded by enacting love, insisting on their continued capacity to attend to and care for others. The transformation they experienced was tentative and hesitant, one that they submitted to with skepticism and reluctance. Transformative experiences may, this suggests, involve intense inner resistance: when human lives are challenged and changed, people may hold on to what was before, resisting transformation while ambivalently embracing it.

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Notes

Acknowledgments. This research was conducted under the auspices of the VALID project (Living Together with Chronic Disease: Informal Support for Diabetes Management in Vietnam) (17-M09-KU) (https://anthropology.ku.dk/research/research-projects/current-projects/living-together-with-chronic-disease-informal-support-for-diabetes-management-in-vietnam). The project is funded by the Ministry of Foreign Affairs of Denmark and runs from 2018 to 2022, with approval from Vietnam’s Ministry of Health (6638/QD-BYT) and ethical approval from Thái Bình University of Medicine and Pharmacy (TBUMP) (1209/HDDD). I am grateful to colleagues in Vietnam and Denmark for inspiring collaboration and particularly to the TBUMP researchers engaged in the ethnographic components of the research: Bùi Thị Huyến Dương, Đặng Thị Ngọc Anh, Lê Minh Hiếu, Nguyễn Thị Ái, Nguyễn Văn Tiến, Phạm Thị Mỹ Hạnh, Vũ Đức Anh, and Vũ Thị Kim Dung. I also thank TBUMP leaders and teachers, Thái Bình health authorities and health care workers, and the families and individuals who participated in the research. For helpful comments on earlier versions of this manuscript, I am grateful to Susanne Bregnbæk, Ib Bygbjerg, Anne Line Dalsgaard, Robert Desjarlais, Greg Downey, Alexa Hagerty, Phạm Thị Mỹ Hạnh, Aja Smith, Tyler Zoanni, and three anonymous *Ethos* reviewers. Finally, I thank Nguyễn Thu Hương and Phạm Thị Mỹ Hạnh for translating the abstract into Vietnamese and for stimulating conversations about health care challenges in Vietnam.

1. All personal names cited in this article are pseudonyms, except for the names of my Vietnamese colleagues: Ái, Dung (pronounced “Dzung”), and Tiến. Like other research projects I have conducted in Vietnam, this is a collaborative and capacity-building project, involving Vietnamese and Danish researchers and producing Vietnamese as well as English-language publications (e.g., Gammeltoft 2020; Gammeltoft et al. 2021; Ái et al. 2019; Vũ Đức Anh et al. 2019).

2. The family love (*tình thân gia đình*) that An’s poem evoked is an intensely celebrated moral ideal in Vietnam. It has been so throughout the socialist era, appearing as a luminous figure, a bright red thread running through and weaving together anticolonial resistance, war, socialist revolution, mobilization campaigns, and, most recently, posteconomic reform drives for modernization and growth. While political goals change, family love—as a moral
ideal, a felt urge, and an emotional demand—seems to have remained constant through the country’s recent history; through dramatic, and often intensely painful, upheavals of revolution, war, and economic liberalization.

3. Following Lutz, I use the terms “emotion” and “affect” synonymously, seeking to capture “what moves and matters in human life” (2017, 182). In attending to the lived immediacies of love, I am also inspired by Desjarlais’ (1991, 1992) work on the felt immediacies of emotion and the transformative power of poems and songs, by Rosaldo’s (1993) thoughts on the cultural force of emotions, by Csordas’ (2013, 240) reflections on “experiential immediacy,” understood as both the temporal sense of the immediacy of a moment and the sense in which an experience may be unmediated by conscious reflection, and by critical feminist epistemologies of knowledge (Dominguez 2000; Jaggar 1989; Lutz 2002).


5. In the quantitative part of our research, 82% of 848 people with diabetes answered “yes, sometimes” (19%) or “yes, usually” (63%) to the question: “Do you try not to think about your diabetes?”

6. In Thái Bình province, many families rely financially on remittances from labor migration. This economic system also affects care arrangements, placing increased caregiving demands on household members who stay at home—most often children and the elderly.

7. In April 2020, Trọng sent this poem via email to my colleague Ái:

   Bốn năm khắp sen hạ
   Vui vì được sống đúng là ta
   Tìm thân có thể vẫn viên mạn
   Sức khỏe xem ra vẫn ổn mâu
   Mưa gió đập vui nhưng vẫn vững
   Giông bão quảng đạt chẳng ken ca
   Cuộc đời thập đâm những mâu tuyệt
   Tâm sảng, lòng tròn giữ nên nhở

   The poem was translated into English by Ái and me. The family values and mores (nếp nhã) that it evokes are intensely culturally celebrated in Vietnam, often depicted in popular and political culture as the affective and moral glue that keeps nation and families together. As one news media article puts it: “Life changes, but family values and mores (nếp nhã) remain the same through generations, contributing to the enduring vitality of the people” (Tuấn 2013).

8. It seems important to bring anthropological reflections on ethics closer together with discussions of emotion, giving the feelings and passions that drive people’s (moral) actions more attention (see, for instance, Fassin 2013; Lambek 2013; Throop 2012).

9. Rather than a matter of choosing and acting, Murdoch maintains that morality is about perceiving things “with just and loving attention” (2014, 33). Murdoch’s work on loving attention is, she writes, inspired by the philosophy of Simone Weil (1997, 327); in anthropology it has been taken up by Rapport (2017, 2019). This understanding of love also resonates with Buddhist notions of love as compassionate listening and understanding (see, e.g., Hanh 2016).

10. In a 2010 interview about his long-term role as caregiver for his wife who suffered from Alzheimer’s disease, Arthur Kleinman opened the conversation with these words: “It is love” (https://www.pbs.org/wnet/religionandethics/2010/10/01/october-1-2010-arthur-kleinman-on-caregiving/7146/; accessed December 13, 2021). However, as mentioned earlier, love often tends to slip away from anthropological analyses.
11. Such subdued, everyday emotion is beautifully captured in Shohet’s ethnography from central Vietnam: family lives, she shows, are often suffused by sentiments that are “mute and secretive, affirming sacrifice by minimizing explicit attention to one’s own loss and affirming that of others” (2021, 158).

12. I have noticed similar loving care during exhumation rituals in Vietnam where the bones of deceased family members are cleaned before relocation, and people are given a last opportunity to publicly mourn the loss of a relative. Such assumptions about the connections between people’s bodily gestures and their inner sentiments can, of course, be questioned: if people do not verbalize their feelings, how can we as ethnographers know that we are making credible assumptions about their inner lives? My answer is that there will always be interpretive uncertainty, whether we interpret gestures or words. While words may serve as important ethnographic evidence, it is often through bodily movements, facial expressions, and tones of voice that inner feelings are most forcefully expressed. The capacity to capture such nonverbal forms of expression is therefore an important part of our methodological repertoire as anthropologists (see Bregnbæk and Gammeltoft, this volume; Gammeltoft 2016, 2021a, 2021b; Mattingly and Grøn 2022).

13. The pain that Bà Lan conveyed stemmed, I sensed, not merely from the agony of burdening her children but also from a deep uncertainty regarding whether her love of them would be returned later on when she became even weaker, manifesting in a willingness to help and “serve” (phục vụ) her during her last years of life. Such concerns regarding whether love is or will be reciprocated are, I have found, prevalent in parent–child relations in northern Vietnamese communities, not least in the context of chronic illness (Gammeltoft 2021b).

14. In Vietnamese political imagery, families are represented as the real and symbolic building blocks of the nation; hence a contribution to the family is also a contribution to the nation (Gammeltoft 2014, 66).

15. Etymologically, ren consists of two parts, one suggesting the human figure/the self, the other with two horizontal strokes indicating human relations (Wei-Ming 1997, 84). This has, writes Tu Wei-Ming, led scholars to interpret ren through two semiotic foci: “1) as the tender aspect of human feelings, namely, love, and 2) as an altruistic concern for others” (Wei-Ming 1997, 84).

16. Similar desires for integration are expressed by people in Vietnam living with other chronic health conditions, such as HIV (see Bùi et al. 2011; Oosterhoff et al. 2010).

References Cited


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